**Medical Care Collection Fund (MCCF) eInsurance Compliance Phase 3**

**NSR #20140413**

Requirements Specification Document



Department of Veterans Affairs

**February 2016**

Version 4.0

Revision History

Note: The revision history cycle begins once changes or enhancements are requested after the Requirements Specification Document has been baselined.

| Date | Version | Description | Author |
| --- | --- | --- | --- |
| 2/10/16 | 4.0 | 2/10/16: Updated RSD to reflect changes associated with a change request (11-003 eInsurance CR002).   * RSD #s: 2.6.2.1 and 2.6.2.2 – clarified the definition of an active policy as it changed during UFT testing. * RSD #s: 2.6.3.1 and 2.6.3.2 – updated to fix the name of an action. * RSD # 2.6.4.9 – dropped duplicate reference of a field. * RSD #s: 2.6.5.2 and 2.6.5.3 – dropped ‘how’ the requirement would be accomplished as it changed during the development phase. * RSD # 2.6.9.19 – correct the screen name and menu path. * RSD #s: 2.6.10.17, 2.6.10.18, and 2.6.10.22 – defined the two new Master switches * RSD # 2.6.16.3 – changed to reflect customer requested changes during the development phase * Updated several paths listed in the “Requirements” and the “Notes/Comments” columns in section 2.6 of the document.   - - - - - - - - - - - - - - - - - - - -  11/3/2015 : Updated RSD to reflect changes associated with a change request (11-003 eInsurance CR001).   * RSD #s: 2.6.5.4 through 2.6.5.11 are dropped as they will be picked up by another development team. |  |
| 04/23/2015 | 3.0 | Incorporated feedback from client (VA). Corrected typos and fixed the title associated with requirement #2.6.7.4 |  |
| 04/2015 | 2.0 | Incorporated feedback from client (VA) |  |
| 03/2015 | 1.0 | Initial Version |  |

Artifact Rationale

The Requirements Specification Document (RSD) records the results of the specification gathering processes carried out during the Requirements phase. The RSD is generally written by the functional analyst(s) and should provide the bulk of the information used to create the test plan and test scripts. It should be updated for each increment.

The level of detail contained in this RSD should be consistent with the size and scope of the project. It is not necessary to fill out any sections of this document that do not apply to the project. The resources necessary to create and maintain this document during the life cycle of a large project should be acknowledged and clearly reflected in project schedules. Do not duplicate data that is already defined in another document or a section in this document; note in the section where the information can be found.

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# Introduction

Insurance identification and verification is vital to the success of the Department of Veterans Affairs (VA) revenue collection process. Accurate insurance information is needed to effectively submit claims and collect payments from third-party payers for medical care and services provided to Veterans by the Veterans Health Administration (VHA). In an effort to provide all revenue staff the necessary tools to become more efficient at their collection duties, this patch seeks to provide the software updates and reports needed to assure the insurance information is valid and accessible to all Billing, Accounts Receivable (AR) and Revenue Utilization Review (RUR) staff. The reports will enable Insurance Verification personnel to review and ensure that the information captured in the Patient Insurance File is updated with the latest insurance information possible. Management personnel will be enabled to obtain any insurance information as required by Office of Inspector General (OIG), Chief Business Office (CBO), and Consolidated Patient Account Centers (CPAC) Program Management Office (PMO) in an efficient and timely manner. Standardization is also promoted to ensure insurance information and processes are consistent throughout the nation.

VHA is home to the United States’ largest integrated health care system and is committed to achieving the full benefits of Electronic Data Interchange (EDI) Health Care processes. This project supports VA’s strategic goal to support Veterans’ rights to receive benefits, and meet expectations for quality, timeliness, and responsiveness.

The Patient Protection and Affordable Care Act (PPACA) was passed in March 2010 with the intent of implementing standardized operating rules and processes to increase the portability, efficiency and quality of health care services. As a federal entity and the nation’s largest integrated health care providers, the VHA is required to comply with all mandates. This legislation requires that health care providers structure health care operating information in a way that is universal amongst entities across the country. In an effort to meet the spirit of the legislative mandate, the VHA must continue to secure a stable software solution that is cost effective and that meets both regulatory and business needs.

## Purpose

The purpose of this Requirements Specification Document (RSD) is to outline the requirements for the Medical Care Collections Fund (MCCF) eInsurance Compliance Phase 3 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 CBO’s eBusiness Solutions eInsurance Team, and the software end users.

## Scope

This section describes the project scope which includes changes to the Veterans Health Information Systems and Technology Architecture (or VistA). This initiative entails:

* Modifications to the electronic Insurance Verification (eIV) Extract Logic (insurance buffer extract and appointment extract)
* Modifications to several screens in Integrated Billing
* Modifications to the following reports
  + List Plans by Insurance Company
  + Patients without Medicare Insurance
  + Active Policies with no Effective Date
  + eIV Auto Update Report (currently known as the eIV Patient Insurance Update Report)
  + Creation of new missing data report
* Modifications to the Worklist: Move Subscribers to a Different Plan
* Modifications to the Patient Policy Comments
* Modifications to the eIV Site Parameters
* Modification to the existing NIF Interface
* Documenting the eIV related 270 and 271 transactions

For a list of Owner Requirements that were defined by the customer as being out of scope prior to the initial submission of this document (3/27/15) refer to **Appendix C**.

## References

* **20140413 MCCF eInsurance Compliance Phase 3 BRD**

http://your\_srver.domain.ext/warboard/anotebk.asp?proj=1733&Type=Active

* **eInsurance\_RSD\_Meeting\_Austin 2\_24\_2015 Minutes[[1]](#footnote-1)**

http://your\_srver.domain.ext/warboard/anotebk.asp?proj=1733&Type=Active

* **Integrated Billing (IB) V. 2.0 User Manual**

<http://www.domain/vdl/documents/Financial_Admin/Integrated_Billing_(IB)/ib_2_0_um_r0115.doc>

* **HIPAA (Health Insurance Portability and Accountability Act of 1996)**

<http://www.gpo.gov/fdsys/pkg/PLAW-104publ191/pdf/PLAW-104publ191.pdf>

* **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>
* **The Department of Veterans Affairs M Programming Standards and Conventions**

<http://vaww.yourserver.domain/communities/app_dev/sac/default.aspx>

# Overall Description

## Accessibility Specifications

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

## Business Rules Specification

Non-functional Business Needs (BN):

BN 1: Adhere to the Enterprise Level requirements.

BN 2: Utilize nationally standardized terminology for all VistA IB Package Development.

Refer to the section on Functional Specifications for all other business needs.

## Design Constraints Specification

* Technical: Graphical User Interface (GUI) displays such as icons, windows applications that allow simultaneous programs to run, mouse selection/move, are not available in VistA.
* Technical: Editable image file formats are not supported by VistA.
* Non-Functional: The system must be secure and meet VA standards for information privacy and security.
* Non-Functional: The code must be able to be maintained by VistA Product Support post deployment.
* Non-Functional: The system must be scalable, i.e. easily expanded or upgraded based on evolving insurance data needs to include an ability to maintain performance (speed, response time, data integrity) along with data expansion.

## 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.

## 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 potential changes:

* IB V.2.0 User Manual – if applicable
* IB Technical Manual/Security Guide – if applicable
* EDI Billing User Guide – if applicable
* Electronic Insurance Verification (eIV) User Guide – if applicable
* Electronic Insurance Verification (eIV) Technical Manual/Security Guide – if applicable
* eIV Interface Control Document (ICD) document – if applicable
* Version Description Document

### Document: Map eIV Transactions

The updates to the manuals listed above in section 2.5 will also include the necessary changes to meet the following user requirements:

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| OWNR 19.1 | 2.5.5.1 | Map eIV – Trace eIV’s 270 transmission | Map eIV - Trace the 270 data from VistA (starting from an appointment extract/request insurance inquiry - pulling from Patient file (#2) and starting from the insurance verification processor file (#355.33)) to the HL7 mapping to the X12 mapping. |  |
| OWNR 19.2 | 2.5.5.2 | Map eIV – Document eIV’s 270 transmission | Map eIV - Document the 270 data from VistA (starting from an appointment extract/request insurance inquiry - pulling from Patient file (#2) and starting from the insurance verification processor file (#355.33)) to the HL7 mapping to the X12 mapping. |  |
| OWNR 19.3 | 2.5.5.3 | Map eIV – Trace eIV’s 271 transmission | Map eIV - Trace the 271 data from the X12 mapping to the HL7 mapping to the IIV Response file (#365.1) to the Insurance Verification Processor file (#355.33) to the Patient Insurance File (#2). Identify any differences that there may be with storage of data if the eIV response was auto updated rather than processed through the insurance buffer. |  |
| OWNR 19.4 | 2.5.5.4 | Map eIV – Document eIV’s 271 transmission | Map eIV - Document the 271 data from the X12 mapping to the HL7 mapping to the IIV Response file (#365.1) to the Insurance Verification Processor file (#355.33) to the Patient Insurance File (#2). Identify any differences that there may be with storage of data if the eIV response was auto updated rather than processed through the insurance buffer. |  |

## Functional Specifications

### Feature: eIV Extract Logic

| OWNR # | RSD ID# | Title | Requirement | Notes/  Comments: |
| --- | --- | --- | --- | --- |
| NEW REQ | 2.6.1.1 | eIV Extract Logic – Drop dependency on eIV contact info | eIV Extract Logic – The eIV batch extract shall run regardless if the eIV contact info is populated in the eIV Site Parameters. |  |
| NEW REQ | 2.6.1.2 | eIV Extract Logic – Remove eIV contact info from site parameters | eIV Extract Logic – The eIV appointment extract shall run regardless if the eIV contact info is populated in the eIV Site Parameters. |  |
| OWNR 20.6 | 2.6.1.3 | eIV Extract Logic – Create verification eIV inquiries with Subscriber ID when possible | eIV Extract Logic – The eIV buffer and appointment extract shall be updated if needed so that they follow the following business rules:   1. If the Subscriber ID is present on the patient’s active policy, regardless if the Subscriber ID is required or not required by the payer, eIV shall create 1 verification eIV inquiry with the Subscriber ID on the inquiry. 2. If the Subscriber ID is \*NOT\* present on the patient’s active policy and the Subscriber ID is required by the payer, eIV shall either create a new insurance buffer entry or modify an existing insurance buffer entry to indicate that manual verification is required. 3. If the Subscriber ID is \*NOT\* present on the patient’s active policy and the Subscriber ID is \*NOT\* required by the payer, eIV shall create 1 verification eIV inquiry with no Subscriber ID populated on the inquiry. |  |
| OWNR 20.11 | 2.6.1.4 | eIV Extract Logic – eIV Appointment extract will include Prescription only type of coverages. | eIV Extract Logic – The eIV appointment extract shall be updated to process active insurance companies whose TYPE OF COVERAGE (#36, .13) = "PRESCRIPTION ONLY". |  |
| NEW REQ | 2.6.1.5 | eIV Extract Logic – eIV Appointment extract will include Prescription type of plans | eIV Extract Logic – The eIV appointment extract shall be updated to process active insurance companies whose group’s TYPE OF PLAN (#355.3, .09) = "PRESCRIPTION". |  |
| OWNR 20.12 | 2.6.1.6 | eIV Extract Logic – eIV appointment extract will not use DOD for deceased patients | eIV Extract Logic – The eIV appointment extract shall use the appointment date as the date of service for deceased patients. |  |
| NEW REQ | 2.6.1.7 | eIV Extract Logic – eIV buffer extract will not use DOD for deceased patients | eIV Extract Logic – The eIV buffer extract shall use the date the entry was saved in the IIV Transmission Queue (#365.1) as the service date for deceased patients. |  |
| OWNR 20.13 | 2.6.1.8 | eIV Extract Logic – eIV Request Electronic Insurance Inquiry will allow inquiries for deceased patients | eIV Extract Logic – The "Request Electronic Insurance Inquiry" option shall allow inquiries of deceased patients. |  |
| NEW REQ | 2.6.1.9 | eIV Extract Logic – eIV Request Electronic Insurance Inquiry will not use DOD for deceased patients | eIV Extract Logic – The "Request Electronic Insurance Inquiry" option shall use the date of service entered by the user as the date of service on the inquiry (while honoring payer allowable ranges) for deceased patients. |  |
| NEW  REQ | 2.6.1.10 | eIV Extract Logic – eIV Appointment extract will exclude specific types of coverages | eIV Extract Logic – The eIV appointment extract shall be updated to exclude processing active insurance companies whose TYPE OF COVERAGE (#36, .13) = MEDI-CAL; MEDICAID; TORT/FEASOR; WORKERS’ COMPENSATION; VA SPECIAL CLASS. Therefore, the appointment extract will include all active insurance companies \* not \* listed here. |  |
| NEW  REQ | 2.6.1.11 | eIV Extract Logic – eIV Appointment extract will exclude specific type of plans | eIV Extract Logic – The eIV appointment extract shall be updated to exclude processing active insurance companies whose group’s TYPE OF PLAN (#355.3, .09) = AUTOMOBILE; MEDI-CAL; MEDICAID; TORT FEASOR; WORKERS’ COMPENSATION INSURANCE; VA SPECIAL CLASS. Therefore, the appointment extract will include all active insurance companies \* not \* listed here. |  |

### Feature: Enhance VistA – Date of Death (DOD)

| OWNR # | RSD ID# | Title | Requirement | Notes/  Comments: |
| --- | --- | --- | --- | --- |
| OWNR 14.1 | 2.6.2.1 | Enhance VistA (DOD) – When a patient dies active policies will automatically be termed | Enhance VistA (DOD) - When a patient is flagged as deceased, VistA shall automatically set the expiration date on all active policies (policies where the INSURANCE EXPIRATION DATE is not populated, regardless if the effective date is populated or not) associated with that patient as the date of death +1 day. |  |
| NEW REQ | 2.6.2.2 | Enhance VistA (DOD) – Pre/Post install of KIDs build will automatically term active policies for deceased patients | Enhance VistA (DOD) – As a one-time occurrence, upon installation of the VistA patch, all active policies (policies where the INSURANCE EXPIRATION DATE is not populated, regardless if the effective date is populated or not) associated with deceased patients shall be modified to set the expiration date equal to the patient's date of death +1 day. |  |
| OWNR 14.2 | 2.6.2.3 | Enhance VistA (DOD) – Patient Policy information screen will reflect the patient’s date of death | Enhance VistA (DOD) - The Patient Policy Information Screen shall display the patient's date of death (if populated) in the screen header. |  |
| OWNR 14.3 | 2.6.2.4 | Enhance VistA (DOD) – Pre/Post install of KIDS build will send MailMan message identifying policies that were automatically termed upon patch install | Enhance VistA (DOD) - As a one-time occurrence, upon installation of the VistA patch, a mailman message shall be sent identifying the patient's and policies that were automatically termed as a result of installing the patch. |  |

### Feature: Enhance VistA – Security Key (Key)

| OWNR # | RSD ID# | Title | Requirement | Notes/  Comments: |
| --- | --- | --- | --- | --- |
| NEW REQ | 2.6.3.1 | Enhance VistA (Key) – Security key is required to edit Add/Edit Coverage within the Insurance Company screen | Enhance VistA (Key) - Within the Insurance Company Entry/Edit option, VistA shall be restricted so that only users with the "IB GROUP PLAN EDIT" security key may edit Add/Edit Coverage (action CV). Path: Insurance Company Entry/Edit option (EI), followed by View Plans (VP), followed by View/Edit Plan action (VP), followed by Add/Edit Coverage action (CV). | EI > VP > VP > CV |
| OWNR 15.2 | 2.6.3.2 | Enhance VistA (Key) - Security key is required to edit Add/Edit Coverage within the Patient Insurance screen | Enhance VistA (Key) - Within the Patient Insurance Info View/Edit option, VistA shall be restricted so that only users with the "IB GROUP PLAN EDIT" security key may edit Add/Edit Coverage (action CV). Path: Patient Insurance Info View/Edit option (PI), followed by View Policy action (VP), followed by Add/Edit Coverage action (CV). | PI > VP > CV |
| NEW REQ | 2.6.3.3 | Enhance VistA (Key) - Security key is required to edit Annual Benefits within the Insurance Company screen | Enhance VistA (Key) - Within the Insurance Company Entry/Edit option, VistA shall be restricted so that only users with the "IB GROUP PLAN EDIT" security key may edit ANNUAL BENEFITS (action AB). There are two places (paths) that need to be updated. Path: Insurance Company Entry/Edit option (EI), followed by View Plans (VP), followed by Annual Benefits action (AB).  Path: Insurance Company Entry/Edit option (EI), followed by View Plans (VP), followed by View/Edit Plan action (VP), followed by Annual Benefits action (AB). | EI > VP > AB  And  EI > VP > VP > AB |
| OWNR 15.3 | 2.6.3.4 | Enhance VistA (Key) - Security key is required to edit Annual Benefits within the Patient Insurance screen | Enhance VistA (Key) - Within the Patient Insurance Info View/Edit option, VistA shall be restricted so that only users with the "IB GROUP PLAN EDIT" security key may edit ANNUAL BENEFITS (action AB). Path: Patient Insurance Info View/Edit option (PI), followed by View Policy action (VP), followed by Annual Benefits action (AB). | PI > VP > AB  And  PI > AB |
| NEW REQ | 2.6.3.5 | Enhance VistA (Key) - Security key is required to change plan info within the Patient Insurance screen | Enhance VistA (Key) - Within the Patient Insurance Info View/Edit option, VistA shall be restricted so that only users with the "IB GROUP PLAN EDIT" security key may CHANGE PLAN INFO (action PI). Path: Patient Insurance Info View/Edit option (PI), followed by View Policy action (VP), followed by Change Plan Info action (PI). | PI > VP > PI |
| NEW REQ | 2.6.3.6 | Enhance VistA (Key) - Security key is required to change plan info within the Insurance Company screen | Enhance VistA (Key) - Within the Insurance Company Entry/Edit option, VistA shall be restricted so that only users with the "IB GROUP PLAN EDIT" security key may CHANGE PLAN INFO (action PI). Path: Insurance Company Entry/Edit option (EI), followed by View Plans (VP), followed by View/Edit Plan action (VP), followed by Change Plan Info action (PI). | EI>VP>VP>PI |
| NEW REQ | 2.6.3.7 | Enhance VistA (Key) - Security key is required to edit UR info within the Insurance Company screen | Enhance VistA (Key) - Within the Insurance Company Entry/Edit option, VistA shall be restricted so that only users with the "IB GROUP PLAN EDIT" security key may edit UR INFO (action UI). Path: Insurance Company Entry/Edit option (EI), followed by View Plans (VP), followed by View/Edit Plan action (VP), followed by UR Info action (UI). | EI>VP>VP>UI |
| NEW REQ | 2.6.3.8 | Enhance VistA (Key) - Security key is required to edit UR info within the Patient Insurance screen | Enhance VistA (Key) - Within the Patient Insurance Entry/Edit option, VistA shall be restricted so that only users with the "IB GROUP PLAN EDIT" security key may edit UR INFO (action UI). Path: Patient Insurance Info View/Edit option (PI), followed by View Policy action (VP), followed by UR Info action (UI). | PI>VP>UI |
| NEW REQ | 2.6.3.9 | Enhance VistA (Key) - Security key is required to inactivate a plan within the Insurance Company screen | Enhance VistA (Key) - Within the Insurance Company Entry/Edit option, VistA shall be restricted so that only users with the "IB GROUP PLAN EDIT" security key may INACTIVATE PLAN (action IP). There are two places (paths) that need to be updated.  Path: Insurance Company Entry/Edit option (EI), followed by View Plans (VP), followed by Inactivate Plan action (IP).  Path: Insurance Company Entry/Edit option (EI), followed by View Plans (VP), followed by View/Edit Plan action (VP), followed by Inactivate Plan action (IP). | EI>VP>IP  And  EI>VP>VP>IP |
| NEW REQ | 2.6.3.10 | Enhance VistA (Key) - Security key is required to inactivate a plan within the Patient Insurance screen | Enhance VistA (Key) - Within the Patient Insurance option, VistA shall be restricted so that only users with the "IB GROUP PLAN EDIT" security key may INACTIVATE PLAN (action IP). Path: Patient Insurance Info View/Edit option (PI), followed by View Policy action (VP), followed by Inactivate Plan action (IP). | PI>VP>IP |
| NEW REQ | 2.6.3.11 | Enhance VistA (Key) - Security key is required to edit comments within the Insurance Company screen | Enhance VistA (Key) - Within the Insurance Company Entry/Edit option, VistA shall be restricted so that only users with the "IB GROUP PLAN EDIT" security key may EDIT COMMENTS (action PC). Path: Insurance Company Entry/Edit option (EI), followed by View Plans (VP), followed by View/Edit Plan action (VP), followed by Edit Comments action (PC). | EI>VP>VP>PC |
| NEW REQ | 2.6.3.12 | Enhance VistA (Key) - Security key is required to fast edit all plan specific information within the Patient Insurance screen | Enhance VistA (Key) - Within the Patient Insurance option, VistA shall be restricted so that only users with the "IB GROUP PLAN EDIT" security key may FAST EDIT ALL plan specific information (action EA). Path: Patient Insurance Info View/Edit option (PI), followed by View Policy action (VP), followed by Fast Edit All action (EA). | PI>VP>EA |

### Feature: Enhance VistA – electronic Insurance Verification (eIV)

| OWNR # | RSD ID# | Title | Requirement | Notes/  Comments: |
| --- | --- | --- | --- | --- |
| NEW REQ | 2.6.4.1 | Enhance VistA (eIV) – Insurance Buffer’s expand benefit will include additional eIV Response data | Enhance VistA (eIV) - The Insurance Buffer's Expand Benefit action shall be modified to display the data elements that are found on the eIV Response Report that are currently not on the Expand Benefit action. Path: Patient Insurance Menu (PI), followed by Process Insurance Buffer (BI), followed by Expand Entry action (EE), followed by Expand Benefit action (EB). | PI > BI > EE > EB |
| NEW REQ | 2.6.4.2 | Enhance VistA (eIV) – Insurance Buffer will no longer access the eIV Response Report via RR action | Enhance VistA (eIV) – The Insurance Buffer’s eIV Response Report action shall be removed from the buffer processing screens. There are several paths that need to be updated.  Path: Patient Insurance Menu (PI), followed by Process Insurance Buffer (BI), followed by Expand Entry action (EE), remove RR action.  Path: Patient Insurance Menu (PI), followed by Process Insurance Buffer (BI), followed by Process Entry action (PE), followed by Expand Entry action (EE), remove RR action. | PI>BI>EE>RR  PI>BI>PE>EE>RR |
| OWNR 16.1 | 2.6.4.3 | Enhance VistA (eIV) – Insurance Buffer’s accept entry process will display additional eIV Response data | Enhance VistA (eIV) - The Insurance Buffer's Accept Entry process shall be modified to display the data elements that are found on the eIV Response Report that are currently not on the Expand Benefit action. Path: Patient Insurance Menu (PI), followed by Process Insurance Buffer (BI), followed by Process Entry action (PE), followed by Accept Entry action (AE), followed by Expand Benefits action (BE). | PI > BI > PE > AE > EB |
| NEW REQ | 2.6.4.4 | Enhance VistA (eIV) – Insurance Buffer’s accept entry process will allow acceptance of additional eIV Response data | Enhance VistA (eIV) - The Insurance Buffer's Accept Entry process shall be modified to allow a user to save to the Patient file (#2) the data elements that are found on the eIV Response Report that are currently not displayed in the Expand Benefit action. Path: Patient Insurance Menu (PI), followed by Process Insurance Buffer (BI), followed by Process Entry action (PE), followed by Accept Entry action (AE), when user answers “yes” to prompt – “Save Benefits?” | PI > BI > PE > AE > loop through process to near end “save benefits” = yes |
| NEW REQ | 2.6.4.5 | Enhance VistA (eIV) – Patient Insurance screen will display additional eIV Response data | Enhance VistA (eIV) - The Expand Benefits action (EB) within the Patient Insurance Info View\Edit option shall be modified to display the additional fields that the eIV Response Report has. Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP), followed by Expand Benefits action (EB). | PI > VP > EB |
| NEW  REQ | 2.6.4.6 | Enhance VistA (eIV) – Patient Insurance screen from all Claims Tracking options will display additional eIV Response data | Enhance VistA (eIV) - The Expand Benefits action (EB) within the Claims Tracking option(s) shall be modified to display the additional fields that the eIV Response Report has. Path: Claims Tracking Edit options (CT), followed by View Policy action (VP), followed by Expand Benefits action (EB). | CT > VP > EB |
| OWNR 18.4 | 2.6.4.7 | Enhance VistA (eIV) – Insurance Buffer will display all Medicare entries to all users | Enhance VistA (eIV) - The Insurance Buffer shall display all Medicare entries to users regardless of the user's security keys and regardless of whether the patient has active policies or not. There are two places (paths) that need to be updated.  Path: Patient Insurance Menu (PI), followed by Process Insurance Buffer (BI), on the default main screen – Complete Buffer (CB).  Path: Patient Insurance Menu (PI), followed by Process Insurance Buffer (BI), followed by Medicare Buffer (MB). | BI > CB (default)  And  BI > MB |
| OWNR 35.4 | 2.6.4.8 | Enhance VistA (eIV) – Auto Update will only update active policies | Enhance VistA (eIV) - When Medicare eIV responses are processed via eIV's auto update, only active policies (Part A and/or Part B) shall be updated. |  |
| OWNR 35.5 | 2.6.4.9 | Enhance VistA (eIV) – Auto Update process will be modified to stop the editing of certain fields on a policy | Enhance VistA (eIV) - When eIV responses are processed via eIV's auto update, the following fields shall NOT be overwritten: Subscriber DOB (policy holder), Subscriber ID, Patient ID/Dependent ID, Subscriber Name/Name of Insurer, (Insured's Address 1, Address 2, City, State, Zip; Country; Country Subdivision), Coordination of Benefits, Subscriber SSN, Pt. Relationship to Insured. |  |
| NEW REQ | 2.6.4.10 | Enhance VistA (eIV) – IIV EC HL7 logical link will be updated to use a domain name | Enhance VistA (eIV) - The HL7 Logical Link "IIV EC" shall be updated to use the domain name of the receiving site rather than the IP address. |  |

### Feature: Enhance VistA – Integrated Billing (IB)

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| OWNR 18.1 | 2.6.5.1 | Enhance VistA (IB) – “Policy Not Billable” prompt will be reworded | Enhance VistA (IB) - Within the Patient Insurance Info View\Edit option, when the user selects the action 'Effective Dates' (ED) the user shall be prompted with "Is This Policy Billable?" rather than "Policy Not Billable". |  |
| OWNR 18.2 | 2.6.5.2 | Enhance VistA (IB) – Processing of the user’s response to the Policy Not Billable will be updated | Enhance VistA (IB) - VistA shall be updated so that the modification to the prompt from "Policy Not Billable" to "Is This Policy Billable", is reflected properly in the storage of the YES/NO answer. |  |
| OWNR 18.3 | 2.6.5.3 | Enhance VistA (IB) – Patient Insurance screen will be modified to fix the wording of “Policy Not Billable” | Enhance VistA (IB) - Within the Patient Insurance Info View\Edit option, in the 'Effective Dates' (ED) section the display shall show "Is This Policy Billable?" with the appropriate value rather than "Policy Not Billable". |  |
| ~~NEW REQ~~ | ~~2.6.5.4~~ | ~~Enhance VistA (IB) – View Insurance Company option will be modified to display the prescription address accurately~~ | ~~Enhance VistA (IB) - The View Insurance Company option shall display the address associated with the prescription under the Prescription Claims Office Information section if any part of the prescription address is populated.~~ | Drop ... as it will be picked up by another development team and will be included in IB\*2.0\*547 |
| ~~NEW REQ~~ | ~~2.6.5.5~~ | ~~Enhance VistA (IB) – Insurance Company Entry/Edit option will be modified to display the prescription address accurately~~ | ~~Enhance VistA (IB) - The Insurance Company Entry/Edit option shall display the address associated with the prescription under the Prescription Claims Office Information section if any part of the prescription address is populated.~~ | Drop ... as it will be picked up by another development team and will be included in IB\*2.0\*547 |
| ~~NEW REQ~~ | ~~2.6.5.6~~ | ~~Enhance VistA (IB) – View Insurance Company option will be modified to display the inpatient address accurately~~ | ~~Enhance VistA (IB) - The View Insurance Company option shall display the address associated with the inpatient patient under the Inpatient Claims Office Information section if any part of the inpatient address is populated.~~ | Drop ... as it will be picked up by another development team and will be included in IB\*2.0\*547 |
| ~~NEW REQ~~ | ~~2.6.5.7~~ | ~~Enhance VistA (IB) – Insurance Company Entry/Edit option will be modified to display the inpatient address accurately~~ | ~~Enhance VistA (IB) - The Insurance Company Entry/Edit option shall display the address associated with the inpatient patient under the Inpatient Claims Office Information section if any part of the inpatient address is populated.~~ | Drop ... as it will be picked up by another development team and will be included in IB\*2.0\*547 |
| ~~NEW REQ~~ | ~~2.6.5.8~~ | ~~Enhance VistA (IB) – View Insurance Company option will be modified to display the outpatient address accurately~~ | ~~Enhance VistA (IB) - The View Insurance Company option shall display the address associated with the outpatient patient under the Outpatient Claims Office Information section if any part of the outpatient address is populated.~~ | Drop ... as it will be picked up by another development team and will be included in IB\*2.0\*547 |
| ~~NEW REQ~~ | ~~2.6.5.9~~ | ~~Enhance VistA (IB) – Insurance Company Entry/Edit option will be modified to display the outpatient address accurately~~ | ~~Enhance VistA (IB) - The Insurance Company Entry/Edit option shall display the address associated with the outpatient patient under the Outpatient Claims Office Information section if any part of the outpatient address is populated.~~ | Drop ... as it will be picked up by another development team and will be included in IB\*2.0\*547 |
| ~~NEW REQ~~ | ~~2.6.5.10~~ | ~~Enhance VistA (IB) – View Insurance Company option will be modified to display the appeals address accurately~~ | ~~Enhance VistA (IB) - The View Insurance Company option shall display the address associated with appeals under the Appeals Office Information section if any part of the appeals address is populated.~~ | Drop ... as it will be picked up by another development team and will be included in IB\*2.0\*547 |
| ~~OWNR 18.5~~ | ~~2.6.5.11~~ | ~~Enhance VistA (IB) – Insurance Company Entry/Edit option will be modified to display the appeals address accurately~~ | ~~Enhance VistA (IB) - The Insurance Company Entry/Edit option shall display the address associated with appeals under the Appeals Office Information section if any part of the appeals address is populated.~~ | Drop ... as it will be picked up by another development team and will be included in IB\*2.0\*547 |

### Feature: Enhance VistA – Insurance Capture Buffer (ICB)

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| OWNR 35.2 | 2.6.6.1 | Enhance VistA (ICB) – ICB will not create a new insurance company if the user lacks the proper security key | Enhance VistA (ICB) - ICB shall verify the user has the proper security keys before allowing a new insurance company to be added. |  |
| OWNR 35.3 | 2.6.6.2 | Enhance VistA (ICB) – ICB will not create a new group plan if the user lacks the proper security key or it already exists | Enhance VistA (ICB) - ICB shall verify the user has the proper security keys before allowing a new group plan to be added while ensuring that the new group plan is not a duplicate. |  |

### Feature: Enhance VistA – Health Plan Identifier (HPID)

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| NEW REQ | 2.6.7.1 | Enhance VistA (HPID) – HPID query will be created when TRANSMIT ELECTRONICALLY field (#36,3.01) is changed to ”YES-LIVE” | Enhance VistA (HPID) - VistA shall send a HPID query to the NIF interface when the TRANSMIT ELECTRONICALLY field (#3.01) in the Insurance Company file (#36) is changed to 'YES-LIVE' and all other rules are met (i.e. TYPE OF COVERAGE (#36,.13) is of an allowable value). |  |
| NEW REQ | 2.6.7.2 | Enhance VistA (HPID) – Current trigger for a HPID query will honor TRANSMIT ELECTRONICALLY field (#36,3.01) | Enhance VistA (HPID) - The current trigger in Vista to send an HPID query upon modification of either the Professional or Institutional EDI Payer IDs within the Insurance Company file (#36) shall be modified to only allow the creation of the NIF query when the EDI Transmit flag is set to ’YES-LIVE’. |  |
| NEW REQ | 2.6.7.3 | Enhance VistA (HPID) - Current trigger for a HPID query will honor the TYPE OF COVERAGE field (#36,.13) | Enhance VistA (HPID) - The current trigger in Vista to send an HPID query upon modification of either the Professional or Institutional EDI Payer IDs within the Insurance Company file (#36) shall be modified to only allow the creation of the NIF query when the Type of Coverage field (#.13) is something other than: Tort/Feasor, Prescription Only, Medicaid, Medi-Cal, Disability Income Insurance, Workers’ Compensation, VA Special Class. |  |
| NEW REQ | 2.6.7.4 | Enhance VistA (HPID) – Confirm HL7 logical link (IB NIF TCP) is operating properly | Enhance VistA (HPID) - VistA shall be modified to check the existing “IB NIF TCP” entry in the HL Logical Link file (#870) on a daily basis and inform a client defined mailgroup if the logical link is not able to successfully send an HL7 message. |  |
| NEW REQ | 2.6.7.5 | Enhance VistA (HPID) – HPID query will be created when TYPE OF COVERAGE field (#36,.13) is changed | Enhance VistA (HPID) - VistA shall send a HPID query to the NIF interface when the TYPE OF COVERAGE field (#.13) in the Insurance Company file (#36) is changed to an allowable coverage type (see other requirements) and all other rules are met (i.e. TRANSMIT ELECTRONICALLY field (#36,.3.01) is equal to “YES-LIVE”). |  |

### Feature: Enhance VistA – Data Dictionary (DD)

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| NEW  REQ | 2.6.8.1 | Enhance VistA (DD) – Create new insurance company TYPE OF COVERAGE | Enhance VistA (DD) – VistA shall be modified to include new value/entry in the data dictionary for TYPE OF COVERAGE (#355.2) = VA SPECIAL CLASS. This can be user selected from the following path: Patient Insurance Menu option (PI), followed by Insurance Company Entry/Edit option (EI), followed by Billing/EDI Param action (BP). | PI > EI > BP |
| NEW  REQ | 2.6.8.2 | Enhance VistA (DD) – Create new insurance group plan TYPE OF PLAN | Enhance VistA (DD) – VistA shall be modified to include new value/entry in the data dictionary for TYPE OF PLAN (#355.1) = VA SPECIAL CLASS. This can be user selected from the following two paths.  Path: Patient Insurance Menu option (PI), followed by Insurance Company Entry/Edit option (EI), followed by View Plans action (VP), followed by View/Edit Plan action (VP), followed by Change Plan Info action (PI).  Path: Patient Insurance Menu option (PI), followed by Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP), followed by Change Plan Info action (PI). | PI > EI > VP > VP > PI  Or  PI > PI > VP > PI |

### Feature: Insurance Comments

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| OWNR 3.1 | 2.6.9.1 | Insurance Comments (History) – Rename ‘Add Comments’ action | Insurance Comments (History) - Within the Patient Insurance Info View/Edit option the action (AC) Add comments shall be renamed to (PT) Pt Policy Comments. Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP), followed by Pt Policy Comments (PT). | PI > VP > PT |
| OWNR 3.2 | 2.6.9.2 | Insurance Comments (History) – Add/edit/delete comment in PI from Pt Policy Comment screen | Insurance Comments (History) - Within the Pt Policy Comments screen, a user shall be able to add a new comment, delete a comment (following FY14 rules and restrictions), and edit a comment (following FY14 rules and restrictions). Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP), followed by Pt Policy Comments (PT), new action to edit a comment. | PI > VP > PT > edit a comment command |
| OWNR 3.3 | 2.6.9.3 | Insurance Comments (History) – Prompt for additional data when entering patient policy comments | Insurance Comments (History) – Within the Pt Policy Comments screen, a user shall be able to create a new comment, which includes populating the new 5 fields: 'PERSON CONTACT', 'METHOD OF CONTACT', 'CONTACT PHONE #', 'CALL REFERENCE NUMBER', 'AUTHORIZATION NUMBER'. Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP), followed by Pt Policy Comments (PT), new action to add a comment. | PI > VP > PT > add a new comment command |
| OWNR 3.6 | 2.6.9.4 | Insurance Comments (History) – Display additional data when viewing patient policy comments | Insurance Comments (History) - After selecting a comment to expand from within the Pt Policy Comments screen, a user shall be able to view the following data: 'PERSON CONTACT', 'METHOD OF CONTACT', 'CONTACT PHONE #', 'CALL REFERENCE NUMBER', 'AUTHORIZATION NUMBER', 'COMMENT'. Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP), followed by Pt Policy Comments (PT), followed by new action to expand a comment. | PI > VP > PT > expand command consistent with 2.6.9.18 |
| OWNR 3.7 | 2.6.9.5 | Insurance Comments (History) – Expand patient policy comment from the historical list of comments | Insurance Comments (History) - Within the Pt Policy Comments screen, a user shall be able to expand a comment in order to view additional data. Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP), followed by Pt Policy Comments (PT), new action to expand a comment. | PI > VP > PT > expand command consistent with 2.6.9.18 |
| OWNR 3.9 | 2.6.9.6 | Insurance Comments (History) – Remove the Insur. Contact Inf. (IC) action | Insurance Comment (History) - The Insur. Contact Inf. (IC) action shall be dropped from the Patient Insurance Info View/Edit option. Path: Patient Insurance Info View\Edit option (PI), remove action Insur. Contact Inf. (IC). | PI > ~~IC~~ |
| NEW REQ | 2.6.9.7 | Insurance Comments (History) – Move location of Group Plan comments | Insurance Comment (History) - Within the Patient Insurance Info View/Edit option, under the VP action, the 'Comment -- Group Plan' section shall be moved to be below 'Plan Coverage Limitations' section and above the 'Comment -- Patient Policy' section. Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP). | PI > VP > display change |
| NEW REQ | 2.6.9.8 | Insurance Comments (History) – Display the two most recent patient policy comments | Insurance Comment (History) - Within the Patient Insurance Info View/Edit option, under the VP action, the most recent two patient policy comments shall be displayed. Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP). | PI > VP > display change |
| NEW REQ | 2.6.9.9 | Insurance Comments (History) – Remove the Insurance Comment (last) section | Insurance Comment (History) - Within the Patient Insurance Info View/Edit option, under the VP action, 'Insurance Contact (last)' section shall be removed. Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP). | PI > VP > display change |
| NEW REQ | 2.6.9.10 | Insurance Comments (History) – Add new Group Plan Comment (GC) action | Insurance Comment (History) - Within the Patient Insurance Info View/Edit option, under the VP action, a new action Group Plan Comments (GC) shall be added which will call existing code/prompts. Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP), new action Group Plan Comments (GC). | PI > VP > GC |
| NEW REQ | 2.6.9.11 | Insurance Comments (History) – Display a list of historical patient policy comments | Insurance Comment (History) - Within the Pt Policy Comments screen, the following elements shall be displayed in a ListMan screen: Date comment was entered (descending order, date only), user name of person who entered the comment, method of contact, person contacted, and the first several characters of the comment (approx. 70-75). Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP), followed by Pt Policy Comments (PT). | PI > VP > PT > display screen |
| OWNR 4.2 | 2.6.9.12 | Insurance Comments (History) – Display patient policy comments in descending order | Insurance Comment (History) - Within the Pt Policy Comments screen, the comments shall be displayed in a ListMan screen in descending order based on the Date the comment was entered. Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP), followed by Pt Policy Comments (PT). | PI > VP > PT > display screen |
| NEW REQ | 2.6.9.13 | Insurance Comments (History) – Search functionality for historical patient policy comments | Insurance Comment (History) - Within the Pt Policy Comments screen, the user shall have the ability to do a Keyword search (contains xyz, not case sensitive) that checks the following 6 fields for that keyword; where a warning will be displayed to the user mentioning that it is an abbreviated list of comments so it may not contain all comments. Fields to be searched: 'PERSON CONTACT', 'METHOD OF CONTACT', 'CONTACT PHONE #', 'CALL REFERENCE NUMBER', 'AUTHORIZATION NUMBER', 'COMMENT'. Path: Patient Insurance Info View\Edit option (PI), followed by View Policy action (VP), followed by Pt Policy Comments (PT), followed by Search List (SL). | PI > VP > PT > SL |
| OWNR 6.1 | 2.6.9.14 | Insurance Comments (CT) – Add new Pt Policy Comments (PT) action to claims tracking screens | Insurance Comments (CT) - Within the claims tracking screens, a new action Pt Policy Comments (PT) shall be added following the defined menu path. Path: For each of the Claims Tracking Edit options (CT), followed by View Pat. Ins. (VP) action, followed by View Policy Info (VP) action, the new action (PT) shall be added here. | CT > VP> VP > PT |
| OWNR 6.2 | 2.6.9.15 | Insurance Comments (CT) – Display historical patient policy comments in claims tracking | Insurance Comments (CT) - Within the claims tracking screens, a new action Pt Policy Comments (PT) shall provide the user with the ability to display the history of the patient's policy's comments. Path: For each of the Claims Tracking Edit options (CT), followed by View Pat. Ins. (VP) action, followed by View Policy Info (VP) action, the new action (PT) shall be added here. | CT > VP> VP > PT > display screen |
| OWNR 6.3 | 2.6.9.16 | Insurance Comments (CT) – Display historical patient policy comments in View only mode | Insurance Comments (CT) - Within the claims tracking screens, in the new action Pt Policy Comments (PT), the user shall have the ability to display as view only the patient's policy's comments. Path: For each of the Claims Tracking Edit options (CT), followed by View Pat. Ins. (VP) action, followed by View Policy Info (VP) action, followed by the new Pt Policy Comments action (PT). | CT > VP> VP > PT > display screen, view only |
| OWNR 6.5 | 2.6.9.17 | Insurance Comments (CT) – Return to previous screen from the historical patient policy comments | Insurance Comments (CT) - Within the Patient Policy comment screen, the user shall have the ability to jump back to the Claims Tracking screen using normal FileMan/VistA methodology of "^" and an EXIT action. | Ability to CT > VP> VP > PT > EX  back to  CT > VP> VP |
| OWNR 6.6 | 2.6.9.18 | Insurance Comments (CT) – Expand patient policy comment from the historical list of comments | Insurance Comments (CT) - Within the Pt Policy Comments screen, a user shall be able to expand a comment in order to view additional data. Path: For each of the Claims Tracking Edit options (CT), followed by View Pat. Ins. (VP) action, followed by View Policy Info (VP) action, followed by the new Pt Policy Comments action (PT), followed by Expand Entry action. | CT > VP> VP > PT > expand command consistent with 2.6.9.5 |
| OWNR 7.1 | 2.6.9.19 | Insurance Comments (TPJI) – Add new Pt Policy Comments (PT) action to TPJI | Insurance Comments (TPJI) - Within the Third Party Joint Inquiry screens, a new action Pt Policy Comments (PT) shall be added following the defined menu path.  Path: Third Party Joint Inquiry (TPJI), followed by Patient Insurance (PI) action, followed by Policy (VP) action, followed by the new Pt Policy Comments action (PT). | If going into TPJI using a patient name: TPJI > PI > VP> PT |
| OWNR 7.2 | 2.6.9.20 | Insurance Comments (TPJI) – Display historical patient policy comments in View only mode | Insurance Comments (TPJI) - Within the Patient Policy comment screen in TPJI, the user shall have the ability to display as view only (in detail) all patient policy comments upon individual selection and expansion. Path: Third Party Joint Inquiry (TPJI), followed by Patient Insurance (PI) action, followed by Policy (VP) action, followed by the new Pt Policy Comments action (PT), followed by Expand Entry action. | TPJI > PI> VP > PT > expand command consistent with 2.6.9.5 > view only |

### Feature: MCCR Site Parameters menu (IV Site Parameters)

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| OWNR 13.1 | 2.6.10.1 | IV Site Parameters – Display Medicare Payer | IV Site Parameters - The eIV Site Parameter shall display the MEDICARE PAYER (#350.9, 51.25) field. |  |
| NEW REQ | 2.6.10.2 | IV Site Parameters – Allow edit of Medicare Payer | IV Site Parameters - The eIV Site Parameter shall allow the user to edit the MEDICARE PAYER (#350.9, 51.25) field. |  |
| OWNR  13.3 | 2.6.10.3 | IV Site Parameters – View only ‘Retry Flag’ | IV Site Parameters - The eIV Site Parameter shall display as view only the RETRY FLAG (#350.9, 51.26) field. |  |
| OWNR 13.4 | 2.6.10.4 | IV Site Parameters – View only ‘Timeout Days’ | IV Site Parameters - The eIV Site Parameter shall display as view only the TIMEOUT DAYS (#350.9, 51.05) field. |  |
| OWNR 13.5 | 2.6.10.5 | IV Site Parameters – View only ‘Timeout Mailman Msg’ | IV Site Parameters - The eIV Site Parameter shall display as view only the TIMEOUT MAILMAN MSG (#350.9, 51.07) field. |  |
| OWNR  13.6 | 2.6.10.6 | IV Site Parameters – View only ‘Number Retries’ | IV Site Parameters - The eIV Site Parameter shall display as view only the NUMBER RETRIES (#350.9, 51.06) field. |  |
| OWNR 13.7 | 2.6.10.7 | IV Site Parameters – View only ‘Default Service Type Code’ | IV Site Parameters - The eIV Site Parameter shall display as view only the DEFAULT SERVICE TYPE CODE 1 (#350.9, 60.01) field. |  |
| OWNR 13.8 | 2.6.10.8 | IV Site Parameters – Display ‘HMS Directory’ | IV Site Parameters - The eIV Site Parameter shall display the HMS DIRECTORY (#350.9, 13.01) field. |  |
| NEW REQ | 2.6.10.9 | IV Site Parameters – Allow edit of ‘HMS Directory’ | IV Site Parameters - The eIV Site Parameter shall allow the user to edit the HMS DIRECTORY (#350.9, 13.01) field. |  |
| OWNR 13.9 | 2.6.10.10 | IV Site Parameters – Display ‘EII Active’ | IV Site Parameters - The eIV Site Parameter shall display the EII ACTIVE (#350.9, 13.02) field. |  |
| NEW REQ | 2.6.10.11 | IV Site Parameters – Allow edit of ‘EII Active’ | IV Site Parameters - The eIV Site Parameter shall allow the user to edit the EII ACTIVE (#350.9, 13.02) field. |  |
| NEW REQ | 2.6.10.12 | IV Site Parameters – View only ‘HL7 Maximum Number’ | IV Site Parameters - The eIV Site Parameter shall display as view only the HL7 MAXIMUM NUMBER (#350.9, 51.15) field. |  |
| NEW REQ | 2.6.10.13 | IV Site Parameters – Remove ‘Contact Person’ | IV Site Parameters - The eIV Site Parameters shall no longer reference (no display or edit) the CONTACT PERSON (#350.9, 51.16) field. |  |
| NEW REQ | 2.6.10.14 | IV Site Parameters – Remove display of contact’s phone number | IV Site Parameters - The eIV Site Parameters shall no longer reference (no display or edit) the phone number associated with the CONTACT PERSON (#350.9, 51.16) field. |  |
| NEW REQ | 2.6.10.15 | IV Site Parameters - Remove display of contact’s email address | IV Site Parameters - The eIV Site Parameters shall no longer reference (no display or edit) the email address associated with the CONTACT PERSON (#350.9, 51.16) field. |  |
| NEW REQ | 2.6.10.16 | IV Site Parameters – Delete ‘Contact Person’ field | IV Site Parameters - The CONTACT PERSON (#350.9, 51.16) field shall be dropped from the IB Site Parameters file (#350.9). |  |
| OWNR 20.10 | 2.6.10.17 | IV Site Parameters – Allow FSC to update additional eIV parameters | IV Site Parameters - eIV Table updates shall be modified so that FSC may use a non-payer table update to control the following VistA fields:  HL7 MAXIMUM NUMBER (#350.9, 51.15)  MAXIMUM EXTRACT NUMBER (#350.9002, .05) for the buffer extract  MAXIMUM EXTRACT NUMBER (#350.9002, .05) for the appt extract  270 MASTER SWITCH REALTIME (#350.9, 51.26)  270 MASTER SWITCH NIGHTLY (#350.9, 51.27) |  |
| NEW REQ | 2.6.10.18 | IV Site Parameters – Add eIV Master Switch (real time) | IV Site Parameters – A new field shall be added to the IV Site Parameters (270 MASTER SWITCH REALTIME), as view only, that will be used to control whether any eIV real time 270 transactions can be created and transmitted to the Eligibility Communicator (EC). |  |
| NEW  REQ | 2.6.10.19 | IV Site Parameters – Change display page name | IV Site Parameters – Within the MCCR Site Parameters option, the insurance verification action resulting display page shall be renamed IV Site Parameters. | SITE > IV |
| NEW REQ | 2.6.10.20 | IV Site Parameters – remove edit abilities to ‘Failure Mailman Msg’ | IV Site Parameters – The IV Site Parameter shall display as view only the Failure Mailman Msg (#350.9, 51.2) field. |  |
| NEW REQ | 2.6.10.21 | IV Site Parameters – remove edit abilities to ‘Messages Mailgroup’ | IV Site Parameters – The IV Site Parameter shall display as view only the Messages Mailgroup (#350.9, 51.04) field. |  |
| NEW REQ | 2.6.10.22 | IV Site Parameters – Add eIV Master Switch (extracts) | IV Site Parameters – A new field shall be added to the IV Site Parameters (270 MASTER SWITCH NIGHTLY), as view only, that will be used to control whether any eIV 270 transactions from the extracts can be created and transmitted to the Eligibility Communicator (EC). |  |

### Feature: Report – List Plans by Insurance Company

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| OWNR 8.1 | 2.6.11.1 | Report (List Plans by Insurance Company) – Filter insurance company list | Report (List Plans by Insurance Company) shall filter data based on an **insurance company list selection** with options of ACTIVE/INACTIVE/ALL. | PI > INSR > LP |
| NEW REQ | 2.6.11.2 | Report (List Plans by Insurance Company) – When to display insurance company list | Report (List Plans by Insurance Company) shall provide a list of insurance companies to the user for selection in a ListMan display (only applies if the user selected to view ACTIVE or INACTIVE insurance companies) thus allowing a user to select one, or several insurance companies. (i.e. 1, 3-5, 7) |  |
| OWNR 8.2 | 2.6.11.3 | Report (List Plans by Insurance Company) – Filter group plan list | Report (List Plans by Insurance Company) shall allow the user to filter the **group** **plan list selection** with options of ACTIVE/INACTIVE/BOTH. |  |
| OWNR 8.5 | 2.6.11.4 | Report (List Plans by Insurance Company) – Add data to existing report | Report (List Plans by Insurance Company) shall display the following additional information regardless if the report is run with/without the subscriber detail - Timely Filing (FTF) at the insurance company level, Electronic Plan Type at the group level, Timely Filing (FTF) at the group level, Type of Plan at the group level. |  |
| NEW REQ | 2.6.11.5 | Report (List Plans by Insurance Company) – Add patient ID on detailed report | Report (List Plans by Insurance Company) shall display the Patient ID if the report is run with the subscriber detail included. |  |
| OWNR 8.8 | 2.6.11.6 | Report (List Plans by Insurance Company) – Allow report to print to paper | Report (List Plans by Insurance Company) shall allow the report to be printed to paper. |  |
| NEW REQ | 2.6.11.7 | Report (List Plans by Insurance Company) – Update existing SUBSCRIBER NAME/ID column | Report (List Plans by Insurance Company) shall be modified so that when the report is run with subscriber detail the existing column ‘SUBSCRIBER NAME/ID’ is split into the following two separate columns: ‘SUBSCRIBER NAME’ and ‘SSN’. |  |
| NEW REQ | 2.6.11.8 | Report (List Plans by Insurance Company) – Update display of SSN | Report (List Plans by Insurance Company) shall be modified so that when the report is run with subscriber detail the last 4 digits of the SSN will be displayed without the prefix of the initial of the patient’s last name and without brackets. |  |
| NEW REQ | 2.6.11.9 | Report (List Plans by Insurance Company) – Display Inactive indicator | Report (List Plans by Insurance Company) shall display an indicator for those groups/insurance companies that are inactive. |  |
| NEW REQ | 2.6.11.10 | Report (List Plans by Insurance Company) – Drop insurance company phone number | Report (List Plans by Insurance Company) shall not display the Phone number for the insurance company. |  |
| NEW REQ | 2.6.11.11 | Report (List Plans by Insurance Company) – Drop precert phone number | Report (List Plans by Insurance Company) shall not display the Precert Phone number for the insurance company. |  |
| NEW REQ | 2.6.11.12 | Report (List Plans by Insurance Company) – Drop ACTIVE/INACTIVE column | Report (List Plans by Insurance Company) shall not display the ‘ACTIVE/INACTIVE' column. |  |
| NEW REQ | 2.6.11.13 | Report (List Plans by Insurance Company) – Use indicator for individual plans | Report (List Plans by Insurance Company) shall not display the 'GROUP OR IND' column, but will display an indicator for those plans that are individual plans. |  |
| NEW REQ | 2.6.11.14 | Report (List Plans by Insurance Company) – Drop employer | Report (List Plans by Insurance Company) shall not display the 'EMPLOYER’ column. |  |
| NEW REQ | 2.6.11.15 | Report (List Plans by Insurance Company) – Drop ‘Ben Used’ | Report (List Plans by Insurance Company) shall not display the 'BEN. USED?' column. |  |
| NEW REQ | 2.6.11.16 | Report (List Plans by Insurance Company) – Drop ‘Ann. Ben?’ | Report (List Plans by Insurance Company) shall not display the column ‘ANN. BEN?‘ column. |  |
| NEW REQ | 2.6.11.17 | Report (List Plans by Insurance Company) – include/update help text | Report (List Plans by Insurance Company) - Newly added or updated features in the report shall have corresponding help text when user enters a question mark. |  |
| NEW REQ | 2.6.11.18 | Report (List Plans by Insurance Company) – End of Report tag | Report (List Plans by Insurance Company) - Updated "List Plans by Insurance Company" report shall display an "End of Report" tag regardless if the report was run with/without subscriber detail. |  |

### Feature: Report – Missing Data (\*New Report)

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| OWNR 8.6 | 2.6.12.1 | Report (Missing Data) – New report | Report (Missing Data) - A new option shall be created to allow a user to run a new "Missing Data" type of report. | PI > IR? (IBCN INS RPTS short cut TBD by FY14) > ?? name & shortcut TBD |
| NEW REQ | 2.6.12.2 | Report (Missing Data) – filter on active insurance companies | Report (Missing Data) – The report shall only include active insurance companies. |  |
| NEW REQ | 2.6.12.3 | Report (Missing Data) – Prompt for insurance companies | Report (Missing Data) – The user shall be prompted for all active insurance companies or the ability to select individual active companies. (Help text included.) |  |
| NEW REQ | 2.6.12.4 | Report (Missing Data) – Display list of insurance companies | Report (Missing Data) – Shall provide a list of insurance companies to the user for selection in a ListMan display (only applies if the user responded they wanted to select individual insurance companies) thus allowing a user to select one, or several insurance companies. (i.e. 1, 3-5, 7) |  |
| OWNR 8.4 | 2.6.12.5 | Report (Missing Data) – Prompt for missing data fields | Report (Missing Data) – Shall include the ability for a user to apply any or all of the following filters with the default being YES for each of the prompts: active groups with missing Group Number, active groups missing Type of Plan, active groups with missing Timely Filing Time Frame, active groups missing Electronic Plan Type, active groups missing Coverage Limitations, active groups missing BIN, active groups missing PCN. (Includes help text.) The filters work independently of each other. In other words, as long as the record with the missing data meets one of the filters then it will fall on the report. It does not have to meet all the filters to fall on the report. |  |
| NEW REQ | 2.6.12.6 | Report (Missing Data) – User required to select filter for missing data | Report (Missing Data) – Shall require the user to select at least one of the missing data filters before the report can be run. |  |
| NEW REQ | 2.6.12.7 | Report (Missing Data) – Display missing values using ### | Report (Missing Data) – Shall indicate the fields where data is missing by displaying number signs “#” on the report where the data should be. |  |
| NEW REQ | 2.6.12.8 | Report (Missing Data) – Honor missing data filters | Report (Missing Data) – Shall only include records that have missing data elements and meet the user’s selected filters. |  |
| NEW REQ | 2.6.12.9 | Report (Missing Data) – End of report tag | Report (Missing Data) - Shall display the "End of Report" tag. |  |
| NEW REQ | 2.6.12.10 | Report (Missing Data) – Print report to paper | Report (Missing Data) – User shall be able to print the report to paper. |  |

### Feature: Report – Patients Without MEDICARE

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| OWNR 9.1 | 2.6.13.1 | Report (Patients Without MEDICARE) – Filter on last appointment date | Report (Patients Without MEDICARE) shall add new filtering criteria based on Last Appointment Date using a user defined date range (from/to) with appropriate help text when user enters a question mark. | PI > IR? (IBCN INS RPTS short cut TBD by FY14) > WNR |
| NEW REQ | 2.6.13.2 | Report (Patients Without MEDICARE) – Last appointment date filter is required | Report (Patients Without MEDICARE) - The new appointment date range shall honor the following business rules: the user must enter both Start and End dates (they are required), there is no default date for the Start date, the default for the End date is today’s date, the End date cannot be a date in the future. |  |
| NEW REQ | 2.6.13.3 | Report (Patients Without MEDICARE) – Last appointment date range may cover a single date | Report (Patients Without MEDICARE) shall allow a user to pick a single day for the “Last Appointment Date”, meaning that from/to shall be allowed to be the same date. |  |
| OWNR 9.2 | 2.6.13.4 | Report (Patients Without MEDICARE) – Display last verified date | Report (Patients Without MEDICARE) shall display LAST VERIFIED DATE of the patient policy on the report data output. |  |
| OWNR 9.3 | 2.6.13.5 | Report (Patients Without MEDICARE) – Allow report to print to paper | Report (Patients Without MEDICARE) shall have the ability to print the report to paper. |  |
| OWNR 9.4 | 2.6.13.6 | Report (Patients Without MEDICARE) – Allow report to print to a delimited file | Report (Patients Without MEDICARE) shall allow a user the ability to export the data in a delimited file format that can be used by Microsoft Excel |  |
| NEW REQ | 2.6.13.7 | Report (Patients Without MEDICARE) – Appointment date is primary sort (descending) | Report (Patients Without MEDICARE) - The primary sort shall be appointment date in descending (from top to bottom) manner, meaning that the most current appointment date shall be at the top of the report. |  |
| NEW REQ | 2.6.13.8 | Report (Patients Without MEDICARE) – Drop choice of appointment date from secondary sort | Report (Patients Without MEDICARE) – The existing prompt for the sort shall be modified in the following manner: indicate in the help text and instructions on the screen that it is the secondary sort (where appointment date is the primary sort), drop appointment date as an option for the secondary sort, keep the Patient Name as the default for the secondary sort. |  |
| NEW REQ | 2.6.13.9 | Report (Patients Without MEDICARE) - include/update help text | Report (Patients Without MEDICARE) - The newly added or updated elements shall have corresponding help text when user enters a question mark. |  |

### Feature: Report – Active Policies with no Effective Date

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| OWNR 10.1 | 2.6.14.1 | Report (Active Policies with no Effective Date) – Filter patients based on living/deceased status | Report (Active Policies with no Effective Date) shall filter patient policies based on living patients/deceased patients/both with a default of living patients. | PI > IR? (IBCN INS RPTS short cut TBD by FY14) > NE |
| OWNR 10.2 | 2.6.14.2 | Report (Active Policies with no Effective Date) – Filter on last appointment date | Report (Active Policies with no Effective Date) shall filter based on Last Appointment Date with a user defined date range (from/to) regardless of initial sort criteria. |  |
| OWNR 10.3 | 2.6.14.3 | Report (Active Policies with no Effective Date) – Display last verified date using 2 digit year | Report (Active Policies with no Effective Date) shall display LAST VERIFIED DATE of the patient policy using a 2 digit year on the report. |  |
| OWNR 10.4 | 2.6.14.4 | Report (Active Policies with no Effective Date) – Display last verified by field | Report (Active Policies with no Effective Date) shall display LAST VERIFIED BY of the patient policy listed on the report data output. |  |
| OWNR 10.5 | 2.6.14.5 | Report (Active Policies with no Effective Date) – Allow report to print to paper | Report (Active Policies with no Effective Date) shall allow a user the ability to print the report to paper. |  |
| OWNR 10.6 | 2.6.14.6 | Report (Active Policies with no Effective Date) – Allow report to print to a delimited file | Report (Active Policies with no Effective Date) shall allow a user the ability to export the data in a delimited file format that can be used by Microsoft Excel. |  |
| NEW REQ | 2.6.14.7 | Report (Active Policies with no Effective Date) – Move and format date of death on report | Report (Active Policies with no Effective Date) - The date of death (as a 2 digit year) shall be moved to the last column on the report (far right side of the report). |  |
| NEW REQ | 2.6.14.8 | Report (Active Policies with no Effective Date) – End of report tag | Report (Active Policies with no Effective Date) - Updated "Active Policies with no Effective Date" reports shall display the "End of Report" tag |  |
| NEW REQ | 2.6.14.9 | Report (Active Policies with no Effective Date) – Include column headers | Report (Active Policies with no Effective Date) shall display column headers. |  |
| NEW REQ | 2.6.14.10 | Report (Active Policies with no Effective Date) – Update current display of data on the report | Report (Active Policies with no Effective Date) - SSN shall be trimmed from all to last 4, phone number shall not be displayed, "Reimb VA? Y/N" shall not be displayed, Age shall not be displayed, the label “Whose” and its associated value shall not be displayed, and group name shall not be displayed. |  |
| NEW REQ | 2.6.14.11 | Report (Active Policies with no Effective Date) – Add new data elements to the report | Report (Active Policies with no Effective Date) – The report shall be modified so that the following data elements will be added to the report: group number, Who verified coverage (VC By), Last Appointment date (2 digit year). |  |
| NEW REQ | 2.6.14.12 | Report (Active Policies with no Effective Date) – include/update help text | Report (Active Policies with no Effective Date) - The newly added or updated prompts shall have a corresponding help text when user enters a question mark. |  |

### Feature: Report – eIV Auto Update Report[[2]](#footnote-2)

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| NEW REQ | 2.6.15.1 | Report (eIV Auto Update Report) –Rename eIV Patient Insurance Update report | Report (eIV Auto Update Report) – The existing ‘eIV Patient Insurance Update’ report shall be renamed to ‘eIV Auto Update Report’ while maintaining the existing (IU) shortcut. | PI > EIV > IU |
| NEW REQ | 2.6.15.2 | Report (eIV Auto Update Report) – Reword existing prompt for insurance companies | Report (eIV Auto Update Report) – The existing prompt ‘Select Insurance Company’ shall be changed to ‘Select Payer’. |  |
| NEW REQ | 2.6.15.3 | Report (eIV Auto Update Report) – Filter on payers that are enabled for eIV auto update | Report (eIV Auto Update Report) – When displaying the list of available payers the report shall only include those payers that have the eIV auto update flag defined as yes. |  |
| NEW REQ | 2.6.15.4 | Report (eIV Auto Update Report) – New prompt for insurance companies (associated with the selected payer) | Report (eIV Auto Update Report) – Regardless of the type of report (summary or detail) for each payer selected (unless the user selected all payers) the system shall prompt whether or not the user wants to display associated insurance companies. |  |
| NEW REQ | 2.6.15.5 | Report (eIV Auto Update Report) – Filter eIV linked insurance companies | Report (eIV Auto Update Report) – If user wants to display insurance companies the system shall prompt the user for insurance companies filtering only those linked to the payer. |  |
| NEW REQ | 2.6.15.6 | Report (eIV Auto Update Report) – insurance company detail is optional | Report (eIV Auto Update Report) – The system shall allow the user to select none, one, or multiple insurance companies associated with a given payer. |  |
| NEW REQ | 2.6.15.7 | Report (eIV Auto Update Report) – Filter on eIV ‘autoupdate’ person | Report (eIV Auto Update Report) – The report shall only include the ‘autoupdate’ person. |  |
| NEW REQ | 2.6.15.8 | Report (eIV Auto Update Report) – Summary version, will honor the user’s selections | Report (eIV Auto Update Report) – The summary version of the report shall only include the user selected insurance companies associated with a given payer (with a total count of auto updated policies for that insurance company). |  |
| NEW REQ | 2.6.15.9 | Report (eIV Auto Update Report) – Summary version, total counts and sub-counts | Report (eIV Auto Update Report) – The summary version of the report shall include a total count of auto updated policies per selected payer; however, if insurance companies were selected by the user for that payer then the count for that payer is the sum of the auto updated policies for only the selected associated insurance companies. |  |
| NEW REQ | 2.6.15.10 | Report (eIV Auto Update Report) – Primary sort is the Payer’s name | Report (eIV Auto Update Report) – The report shall be sorted by the Payer’s name. |  |
| NEW REQ | 2.6.15.11 | Report (eIV Auto Update Report) – Drop several elements from existing report | Report (eIV Auto Update Report) – The detailed version of the report shall not display the following data elements: date the eIV response was received, ‘Ck AB’, the ‘Clerk/Auto’, and ‘Verified’. |  |
| NEW REQ | 2.6.15.12 | Report (eIV Auto Update Report) – Add additional elements to existing report | Report (eIV Auto Update Report) – The detailed version of the report shall include the following new data elements: Insurance Company, date the eIV inquiry was sent, the date the policy was auto updated, and the eIV Trace number. |  |
| OWNR 11.2 | 2.6.15.13 | Report (eIV Auto Update Report) – Allow report to print to paper | Report (eIV Auto Update Report) shall have the ability to print report data output to paper. |  |
| OWNR 11.3 | 2.6.15.14 | Report (eIV Auto Update Report) – Allow report to print to a delimited file | Report (eIV Auto Update Report) shall allow a user the ability to export the data in a delimited file format that can be used by Microsoft Excel. |  |

### Feature: Worklist – Move Subscribers to a Different Plan

| OWNR # | RSD ID# | Title | Requirement | Notes/Comments: |
| --- | --- | --- | --- | --- |
| OWNR 12.1 | 2.6.16.1 | Worklist (Move Subscribers to a Different Plan) – Display list of subscribers | Worklist (Move Subscribers to a Different Plan) - The worklist shall include a list of subscribers if the user answers they do NOT want to move the entire group. | PI > MV |
| OWNR 12.4 | 2.6.16.2 | Worklist (Move Subscribers to a Different Plan) –Add additional user prompts | Worklist (Move Subscribers to a Different Plan) - The worklist shall prompt a user with the following filters if the user answers they do NOT want to move the entire group:  - Do you want to filter out deceased patients? (yes/no);  - Do you want to filter subscriber ID? (yes/no); - Filter subscriber IDs that contain: ;  - Do you want to filter for active or inactive policies? (yes/no);  - List of active or inactive policies;  - Do you want to filter effective dates? (yes/no); - Prompt for Effective date range |  |
| OWNR 12.5 | 2.6.16.3 | Worklist (Move Subscribers to a Different Plan) – ListMan lookup of subscribers | Worklist (Move Subscribers to a Different Plan) - The ListMan lookup for subscribers shall display the following data elements:  - Header contains "Subscriber Selection" - Count of subscribers that met filter requirements - Patient Name, last 4 SSN, Subscriber ID, Effective Date, Expiration Date, “Whose” policy, and Patient ID |  |
| NEW REQ | 2.6.16.4 | Worklist (Move Subscribers to a Different Plan) –Search capabilities within subscriber lookup | Worklist (Move Subscribers to a Different Plan) - The ListMan lookup for subscribers shall allow a user to run a Search. |  |
| NEW REQ | 2.6.16.5 | Worklist (Move Subscribers to a Different Plan) – Update header for the ListMan lookup of Group Plans | Worklist (Move Subscribers to a Different Plan) - The header for the group plan ListMan lookup shall be changed from "Insurance Plan Lookup" to "Group Plan Lookup". |  |
| OWNR 12.6 | 2.6.16.6 | Worklist (Move Subscribers to a Different Plan) – allow user selection of subscribers | Worklist (Move Subscribers to a Different Plan) - The report shall allow a user to select from the list of filtered subscribers, one or more subscribers to be moved, including a range (i.e. 1, 4-5, 7). |  |

## Graphical User Interface (GUI) Specifications

No GUI interface will be modified as part of this effort.

## Multi-divisional Specifications

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

## Performance Specifications

Approximately 3,000 VHA staff members will potentially use this new modification, representing the same volume of existing system users. End users span the entire VHA third-party insurance, billing, and accounts receivable operation as well as system support staff. Data associated with each insurance verification message will continue to grow modestly and change based on new federal mandates. An estimated increase of 10 to 15% in the volume of electronic insurance verification transactions is projected as new electronic payers are added to the system. Additional increases are possible and dependent upon Veteran enrollment and usage.

## Quality Attributes Specification

All Mumps coding will comply with the VistA Programming Standards and Conventions[[3]](#footnote-3) as set forth by the Standards and Conventions Committee (SACC).

## Reliability Specifications

There are no reliability specifications specific to this effort.

## Scope Integration

Existing systems will not be affected by the scope of the enhancements described in this document.

* 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.

## Security Specifications

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

## System Features

Refer to the section on Functional Specifications for further detail regarding each feature.

* eIV Extract Logic
* Enhance VistA
* Insurance Comments
* Map eIV Transactions
* Medicare Care Cost Recovery (MCCR) Site Parameters menu - eIV Site Parameters
* Reports
* Worklist - Move Subscribers to a Different Plan

## Usability Specifications

This effort involves enhancements to existing Integrated Billing software. Updates to User Guide(s) will be provided. Minimal training, presented via on line meeting, may be required to introduce the changes resulting from this effort.

# Applicable Standards

The following standards apply to this effort:

* 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
* X12N/5010 Health Care Eligibility and Benefits Inquiry and Response TR3
* Committee on Operating Rules for Information Exchange (CORE)
* HL7 version 2.4 (for eIV HL7 messages)

# Interfaces

## Communications Interfaces

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

The VistA NIF interface at each VA Medical Center communicates with the VLTrader at the Financial Services Center in Austin, TX via HL7 messaging.

The ICB system at each VA Medical Center communicates with VistA at each VA Medical Center via remote procedure calls (RPC calls).

## Hardware Interfaces

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

## 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.

## User Interfaces

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

# Legal, Copyright, and Other Notices

This section is not applicable. The enhancements described in this document do not require notices such as legal disclaimers and copyright notices.

# Purchased Components

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

## Defect Source (TOP 5)

Not applicable as enhancements described in this document do not require purchased components.

# User Class Characteristics

| **Type of User** | **Description** | **IVP Access** |
| --- | --- | --- |
| Primary Users | VA Medical Center (VAMC) Patient Registration Teams | Create insurance entries, limited report access |
| Primary Insurance Verification Clerks (those employed by facilities and by CPACs) | Enter/Edit Patient Policy records, limited report access |
| Secondary Insurance Verification Clerks (those employed by facilities and by CPACs) | Enter/Edit Insurance Company File, Group Plan File, Enter/Edit Patient Policy records, limited report access |
| CPAC IV Supervisors, CPAC IV Leads, Facility Revenue Supervisors | Enter/Edit Insurance Company File, Group Plan File, Enter/Edit Patient Policy records, full report access |
| CPAC IV Managers / Facility Billing Managers | Limited parameters, full report access |
| CBO CPAC PMO | Report only |
| Secondary Users | Veterans Integrated Service Network (VISN) Business Implementation Managers | Report only |
| CBO Revenue Operations | View only access |
| Business Office Managers/Service Line Managers/Patient Information Collection Management (PICM) | Report only |
| CBO eBusiness Solutions Office | System parameters, national reports |
| CBO Business Information Office | Report only |
| VAMC Information Resource Managers (IRMs) | Limited parameters, report access |
| National Office of Information and Technology (OI&T) | System parameters, national reports |
| National OI&T System Administrators | Observations, troubleshooting |

# Estimation

[Function Point Count] To be determined later on in the project.

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 : Cumulative Probability (“S-curve”) Chart

[Insert Cumulative Probability (“S-curve”) Charts here]

# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Integrated Project Team (IPT) Chair Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Sponsor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IT Program Manager Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager Date

Appendix A Use Case Specification

This effort is not utilizing Use Cases methodology. The associated Test Case/Script document is a separate document and will not be attached here.

* 1. <Use Case Name>
  2. Brief Description
  3. Use Case Trigger
  4. Use Case Context Diagram

Figure : Use Case Context Diagram

* 1. Use Case Actors
  2. Preconditions

A.6.1. Precondition 1

* 1. Basic Flow of Events

A.7.1. *<First Step of Basic Flow>*

* 1. Alternative Flows

A.8.1. *< First Alternative Flow >*

A.8.2. *< Second Alternative Flow >*

* 1. Sub Flows

A.9.1. *<First Subflow>*

A.9.2. *< Second Subflow >*

* 1. Postconditions

A.10.1. *< Post Condition One >*

* 1. Special Specifications

A.11.1. *< First Special Specification>*

* 1. Extension Points

Extension points of the use case.

A.12.1. *<Name of Extension Point>*

Definition of the location of the extension point in the flow of events.

Appendix B Acronym List and Glossary

Glossary

| Term | Meaning |
| --- | --- |
| AR | Accounts Receivable |
| CBO | Chief Business Office |
| CPAC | Consolidated Patient Account Centers |
| CT | Claims Tracking |
| EC | Eligibility Communicator |
| EDI | Electronic Data Interchange |
| eIV | Electronic Insurance Verification |
| FSC | Financial Services Center |
| GUI | Graphical User Interface |
| HHS | Health and Human Services |
| HIPAA | Health Insurance Portability and Accountability Act |
| HPID | Health Plan Identifier |
| IB | Integrated Billing |
| ICB | Insurance Capture Buffer |
| ICD | Interface Control Document |
| IM/IT | Information Management/Information Technology |
| IRM | Information Resource Manager |
| IT | Information Technology |
| IVP | Insurance Verification Processor |
| MCCF | Medical Care Collections Fund |
| MCCR | Medical Care Cost Recovery |
| NIF | National Insurance File |
| OED | Office of Enterprise Development |
| OEID | Other Entity Identifier |
| OIG | Office of Inspector General |
| OI&T | Office of Information and Technology |
| PD | Product Development |
| PICM | Patient Information Collection Management |
| PMO | Program Management Office |
| POC | Point of Care |
| PPACA | Patient Protection and Affordable Care Act |
| PS | Product Support |
| RPC | Remote Procedure Call |
| RSD | Requirements Specification Document |
| RUR | Revenue Utilization Review |
| SACC | Standards and Conventions Committee |
| SQA | Software Quality Assurance |
| TPJI | Third Party Joint Inquiry |
| 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 |

Appendix C Requirements Out of Scope

Requirements dropped by customer prior to 3/27/15

| OWNR # | Requirement | Comment |
| --- | --- | --- |
| BN 3 | Provide the ability for users to add and view any Insurance Comments within the Patient Insurance in VistA. |  |
| OWNR 3.4 | Provide the ability to edit a previously dated comment. | No longer a need. |
| OWNR 3.5 | Provide the ability to select a specific comment. | Duplicate - covered by OWNR 3.6 |
| BN 4 | Provide the ability to manage multiple Insurance Comments entries for each associated insurance company |  |
| OWNR 4.1 | Provide the ability to enter multiple Insurance Comments entries, sorted by date entered for each associated ~~insurance company~~ patient policy. | Dropped – will be implemented by FY14 team |
| OWNR 4.3 | Provide the ability to store multiple Insurance Comments entries, sorted by date entered for each associated ~~insurance company~~ patient policy. | Dropped – will be implemented by FY14 team |
| BN 5 | Provide the ability to allow users to enter a subject line for new Insurance Comments. |  |
| OWNR 5.1 | Provide the ability to create a subject line for new insurance comments (containing 2 – 40 characters). | No longer a need. |
| OWNR 5.2 | Create the ability to view the subject line for each individual comment. | No longer a need. |
| OWNR 5.3 | Create the ability for users to edit the subject line. | No longer a need. |
| BN 6 | Provide the ability for users to view all Insurance Comments within Claims Tracking. |  |
| OWNR 6.4 | Create a shortcut to the new insurance comment ~~option~~ action. | Duplicate – covered by OWNR 6.1 |
| BN 8 | Create new data filtering and display additional data fields in the VistA: List Insurance Plans by Company Report |  |
| OWNR 8.3 | Ability for user selection of insurance company attributes that contain null values for display on a new “missing” type report. | No longer a need. |
| OWNR 8.7 | Ability to display all existing and new data elements on one report (either existing standard report or new “missing” type report) | Dropped – covered by OWNR 8.5 and new requirements associated with the new ‘Missing Data’ report (section 2.6.12 of this document). |
| OWNR 8.9 | Ability to export data output to Microsoft Excel. | Dropped – layout of the report is not conducive to this need. |
| BN 11 | Create new data filtering criteria and display additional data fields on the VistA: eIV Patient Insurance Update Report |  |
| OWNR 11.1 | Ability to add new filtering criteria (billable) to the insurance company. | No longer a need. |
| BN 12 | Create new menu option for List Subscribers Company (LS). |  |
| OWNR 12.2 | Ability to select one or more insurance companies. | No longer a need. |
| OWNR 12.3 | Ability to select one or more group plans within the selected insurance company(s). | No longer a need. |
| OWNR 12.7 | Ability to automatically jump (or be able to access information) from one screen to another (e.g., to view patient insurance management information for a selected patient).) | No longer a need. |
| OWNR 12.8 | Ability to exit Patient Insurance Management screen directly back to the worklist screen. | No longer a need. |
| BN 13 | Create new Management abilities of eIV Site Parameters under MCCR Site Parameters Menu. |  |
| OWNR 13.2 | Ability to view Freshness days. | Already exists today. |
| BN 14 | Automatically post Patient Date of Death to active patient policies. |  |
| OWNR 14.4 | Ability to export data output to Microsoft Excel. | No longer a need. |
| BN 15 | Enhance the VistA Security key capability to restrict additional insurance options |  |
| OWNR 15.1 | Provide ability to restrict the editing command lines within patient information screens. | Duplicate – Covered by OWNR 15.2 and OWNR 15.3 |
| BN 17 | Display eIV Response Reports and Expanded Benefits. |  |
| OWNR 17.1 | Provide the ability to display the requested Service Date and Service Type code from the originating Health Level Seven (HL7) in the Response Report. | Already exists today. |
| OWNR 17.2 | Provide the ability to display the requested Service Date and Service Type code from the originating HL7 in the Expanded Benefits. | Already exists today. |
| BN 20 | Adjust Appointment and Batch eIV extract rules. |  |
| OWNR 20.1 | Ability to adjust the eIV Appointment extract based on clinic code/stop code. | Dropped – dependent on IVP which is under development |
| OWNR 20.2 | Create a new High Dollar eIV appointment extract list. | Dropped – dependent on IVP which is under development |
| OWNR 20.3 | Create a new Low Dollar eIV appointment extract list. | Dropped – dependent on IVP which is under development |
| OWNR 20.4 | Ability to adjust the contents of the high dollar eIV appointment extract list based on clinic code/stop code to run. | Dropped – dependent on IVP which is under development |
| OWNR 20.5 | Ability to adjust the contents of the low dollar eIV appointment extract list based on clinic code/stop code to run. | Dropped – dependent on IVP which is under development |
| OWNR 20.7 | Ability to adjust how often the eIV appointment extract list generates i.e. days, weeks, months, etc. | Dropped – dependent on IVP which is under development |
| OWNR 20.8 | Provide the ability for authorized users to adjust certain insurance parameters (i.e., clinic lists, Medicare payer, etc.). | Duplicate – covered by OWNR 13.1 |
| OWNR 20.9 | Provide the ability for authorized users to only view certain insurance parameters (i.e., extract times, maximum/minimum days, HL7 maximum, etc.). | Duplicate - covered by OWNR 13.1 |
| OWNR 20.14 | Provide the ability to modify the eIV extract rules to accommodate HIPAA mandates. | Duplicate – covered by all the requirements that remain in section 2.6.1 of this document |
| BN 21 418324 ARCH143 | Provide Windows based GUI integrating VistA Patient File (#2), Patient Insurance File (#2.312), Insurance Company File (#36); Group Plan File (#355.3), Insurance Verification Processor (#355.33), IIV Response File (#365), and other such VistA files as deemed necessary for MCCF and Non-MCCF insurance verification purposes. |  |
| OWNR 21.1 419171 | System must utilize single sign on routine. | Dropped – dependent on IVP which is under development |
| OWNR 21.2 418884 | System shall synchronize VistA assigned menus with IVP assigned menus or user roles. | Dropped – dependent on IVP which is under development |
| OWNR 21.3 419023 | System shall provide the ability to access multiple VistA installations across multiple VAMCs, Veterans Integrated Service Networks (VISNs) and Regions with single sign on. | Dropped – dependent on IVP which is under development |
| OWNR 21.4 418867 | System shall be compatible with the majority of scanners in current use, regardless of manufacturer, model, and design. Only TWAIN driver scanners are used. | Dropped – under development with FY14 |
| OWNR 21.5 4188845 | Create new VistA Source of Information Code – IVP (#355.12). | Dropped – under development with FY14 |
| BN 22 NEED109 ARCH143 | IVP shall be accessible at CBO Revenue Operations, to include: CPAC PMO, eBusiness Solutions, and Business Information Office (BIO). |  |
| OWNR 22.1 418671 | System shall provide ability for CBO designated personnel to provide oversight over all system functionality. | IVP related |
| OWNR 22.2 418848 | All system data shall be available to designated CBO level personnel, including reports. | IVP related |
| OWNR 22.3 419510 | All system data and reports shall have the ability to be generated, viewed and exported. | IVP related |
| OWNR 22.4 418940 | CBO shall have access to view, add, edit and save IVP system parameters across all IVP system data and reports. | IVP related |
| OWNR 22.5 418853 | CBO shall have access to assign VAMC databases (VistA) to different geographic locations. | IVP related |
| BN 23 NEED112 ARCH143 | 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. |  |
| OWNR 23.1 418954 | System shall create the ability to assign user roles. | IVP related |
| OWNR 23.2 419064 | User Role 1 – High – Reserved for VAMC Information Resource Manager (IRM) and CBO access to system parameters, national reports and system troubleshooting. | IVP related |
| OWNR 23.3 418648 | User Role 2 – Med-High – Reserved for CPAC Insurance Verification Manager/Supervisor and non-MCCF Chief; includes limited parameter setting abilities and report access. | IVP related |
| OWNR 23.4 419519 | User Role 3 – Medium – Reserved for CPAC Insurance Verification Lead and designated insurance points of contact and non-MCCF Supervisor, includes report access. | IVP related |
| OWNR 23.5 418573 | User Role 4 – Medium-Low – Reserved for experienced insurance verification person, includes report access at limited levels. | IVP related |
| OWNR 23.6 418883 | User Role 5 – Low – Reserved for inexperienced insurance verification personnel, includes personal report access. | IVP related |
| OWNR 23.7 418796 | User Role 6 – Minimal – Reserved for insurance intake personnel, includes personal report access. | IVP related |
| OWNR 23.8 418832 | User Role 7 – Read Only – Reserved for non-insurance personnel to view insurance data without edit or creation capabilities, includes report access. | IVP related |
| OWNR 23.9 419485 | User Role 8 – Report Only – Reserved for personnel to view data reports only. | IVP related |
| BN 24 NEED115 ARCH143 | Provide Daily Appointment worklist to insurance intake personnel, with integrated VistA appointment check in. |  |
| OWNR 24.1 418718 | User Role 6 shall have access to utilize Daily Appointment worklist. | IVP related |
| OWNR 24.2 419210 | The IVP Daily Appointment worklist displays all patient appointments for ‘today’ for insurance intake personnel based on user’s VistA account settings for clinic location. | IVP related |
| OWNR 24.3 OWNR1333 (6.3) | The IVP Daily Appointment worklist automatically updates based on changes made to user’s VistA account settings for clinic location. | IVP related |
| OWNR 24.4 OWNR1334 (6.4) | The IVP Daily Appointment worklist is integrated into VistA live appointment scheduling; updating automatically upon appointment creation, edit or cancellation. | IVP related |
| OWNR 24.5 OWNR1335 (6.5) | System automatically marks VistA scheduling package as “patient checked in” once insurance information is addressed. | IVP related |
| OWNR 24.6 OWNR1336 (6.6) | System shall force the creation of an appropriate IVP entry prior to patient being checked in for appointment. | IVP related |
| OWNR 24.7 OWNR1337 (6.7) | System automatically marks IVP entries[1] with VistA Source of Information Code – IVP. | IVP related |
| BN 25 | Creation of IVP entries. |  |
| OWNR 25.1 OWNR1338 (6.8) | Insurance intake personnel can select existing active insurance to scan associated card, system files images with IVP entry containing minimum data required for VistA eIV module. | IVP related |
| OWNR 25.2 OWNR1339 (6.9) | Insurance intake personnel can select existing active insurance without associated card, system files IVP entry containing minimum data required for VistA eIV module. | IVP related |
| OWNR 25.3 OWNR1340 (6.10) | Insurance intake personnel can select existing active insurance to indicate patient asserts insurance is now expired; system files IVP entry containing minimum data required for VistA eIV module. | IVP related |
| OWNR 25.4 OWNR1341 (6.11) | Insurance intake personnel can create new insurance entry to scan associated card, system files images with IVP entry containing minimum data required for VistA eIV module. | IVP related |
| OWNR 25.5 OWNR1342 (6.12) | Insurance intake personnel can create new insurance entry without associated card, system files IVP entry containing with minimum data required for VistA eIV module. | IVP related |
| OWNR 25.6 OWNR1343 (6.13) | Insurance intake personnel can create ‘no insurance’ entry without associated card, system files IVP entry containing minimum data required for VistA to post ‘no insurance’ automatically to Patient Insurance file. | IVP related |
| OWNR 25.7 OWNR1344 (6.14) | Insurance intake personnel can create ‘not enough information available’ entry without associated card, system files IVP entry containing minimum data required to notate Daily Appointment worklist entry has been addressed. | IVP related |
| OWNR 25.8 OWNR1345 (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 IVP entry. | IVP related |
| OWNR 25.9 OWNR1346 (6.16) | Completion IVP entries and VistA “patient checked in” action will automatically update user Daily Appointment worklist as complete, removing patient name. | IVP related |
| OWNR 25.10 OWNR1347 (6.17) | System automatically marks IVP entries with user name, time & date stamp and clinic location for audit report tracking. | IVP related |
| OWNR 25.11 OWNR1348 (6.18) | System shall automatically stores user name, date, time, clinic location and patient details to an audit file when IVP entries are created. | IVP related |
| OWNR 25.12 OWNR1349 (6.19) | System automatically prevents users from creating duplicate IVP entries with exact matching insurance data. | IVP related |
| OWNR 25.13 OWNR1350 (6.20) | System automatically prevents unique patients to be asked multiple times to provide insurance information during same day appointments once an IVP entry has been created for that same day. | IVP related |
| OWNR 25.14 OWNR1351 (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. | IVP related |
| OWNR 25.15 OWNR1352 (6.22) | System shall automatically prompt insurance intake user to create additional IVP entries if multiple active entries exist in the patient’s VistA Patient Insurance file. | IVP related |
| OWNR 25.16 OWNR1353 (6.23) | System automatically suppresses existing expired patient insurance file entries from view for this user role. | IVP related |
| OWNR 25.17 OWNR1354 (6.24) | System shall provide access to create IVP entry for patient not currently on Daily Appointment worklist. | IVP related |
| OWNR 25.18 | System shall provide ability for user to process patient check in activities if insurance information does not need verification at this time. | IVP related |
| OWNR 25.19 | System shall remove patient name from appointment worklist when check in without insurance needing update is completed. | IVP related |
| BN 26 | During insurance intake, insurance card images are captured. |  |
| OWNR 26.1 OWNR1356 (7.1) | System provides ability for insurance intake user to view scanned image and re-scan prior to saving. | IVP related |
| OWNR 26.2 OWNR1357 (7.2) | System provides ability for user to default appropriate source scanner into user profile. | IVP related |
| OWNR 26.3 OWNR1358 (7.3) | System provides ability for user to set appropriate scanner settings based on scanner model for image size and quality. | IVP related |
| OWNR 26.4 OWNR1359 (7.4) | System automatically marks and stores images to be retrieved with associated IVP entry at any time. | IVP related |
| OWNR 26.5 OWNR1360 (7.5) | System automatically purges images based on selectable time parameter controlled by CBO. | IVP related |
| BN 27 NEED113 ARCH143 | System contains editable business rules for finalizing IVP entries for insurance verification action based on selectable parameters controlled by CBO. |  |
| OWNR 27.1 OWNR1361 (8.1) | Parameter setting shall be available to User Role 1 and have remote setting capabilities. | IVP related |
| OWNR 27.2 419001 | System shall provide multiple ‘days since last verified’ parameters to be applied to single insurance companies and/or groups of companies and ‘no insurance’ type files. | IVP related |
| OWNR 27.3 419466 | System shall provide mechanism for insurance verification personnel to override ‘days since last verified’ parameter on single patient basis to force verification sooner than system parameter. | IVP related |
| OWNR 27.7 OWNR1367 (8.7) | Selectable ‘no insurance’ parameter will prevent IVP entries from being finalized when calculated to be within the parameter setting. | IVP related |
| BN 28 NEED108 ARCH143 | Insurance intake data, including images are immediately accessible. |  |
| OWNR 28.1 419281 | All IVP entries are immediately visible in VistA IVP File. | IVP related |
| OWNR 28.2 OWNR1378 (9.2) | All IVP entries are immediately registered to the VistA eIV inquiry queue for processing. | IVP related |
| OWNR 28.3 OWNR1384 (10.1) | IVP entries are automatically marked processed and removed if VistA Buffer file is auto-updated via VistA eIV module. | IVP related |
| OWNR 28.4 OWNR1380 (9.4) | IVP entries will be marked with existing VistA eIV buffer entry status flags for viewing. | IVP related |
| OWNR 28.5 419211 | IVP ‘no insurance’ entries are automatically processed by the system, marking the VistA Patient Insurance File with ‘verification of no coverage’ without human intervention. | IVP related |
| OWNR 28.6 OWNR1386 (10.3) | System automatically marks ‘no insurance’ IVP entries with system user name, time & date stamp for audit report tracking when system processes them. | IVP related |
| BN 29 NEED102 ARCH143 | IVP entries are visible in an insurance verification working queue. |  |
| OWNR 29.1 OWNR1387 (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, source of information and appointment type. | IVP related |
| OWNR 29.2 OWNR1388 (11.2) | Insurance verification working queue display can be filtered by user selected features to include: Date and Time; Patient; Insurance Company; VistA eIV status; image; VistA Patient Status Flag, source of information, division and appointment type. | IVP related |
| OWNR 29.3 418947 | System contains selectable parameter to display multiple VistA system insurance verification entries under single user log in. | IVP related |
| BN 30 NEED101 ARCH143 | System shall provide capability to open, view, edit, save, and process insurance verification entries. |  |
| OWNR 30.1 OWNR1390 (12.1) | System shall provide ability to view in a single split screen the existing VistA patient insurance file, insurance verification entries, scanned image and eIV response report. | IVP related |
| OWNR 30.2 OWNR1391 (12.2) | System shall provide the ability to reasonably match insurance verification entry with existing patient insurance file entry (if available) and prompt user approval. | IVP related |
| OWNR 30.3 OWNR1392 (12.3) | System shall provide the ability of the insurance verifier to select matching existing patient insurance file entry (if available) to view simultaneously with eIV response report data. | IVP related |
| OWNR 30.4 OWNR1393 (12.4) | System shall provide the ability to reasonably match insurance verification entry with existing insurance company file and group plan file entry (if available) when matching existing patient insurance file entry does not exist. | IVP related |
| OWNR 30.5 OWNR1394 (12.5) | System shall provide the ability to the insurance verifier to select matching existing insurance company file and group plan file entry (if available) to view simultaneously with eIV response report data. | IVP related |
| OWNR 30.6 OWNR1395 (12.6) | System shall provide the ability to search existing VistA insurance company file when system cannot prompt for matching entry. | IVP related |
| OWNR 30.7 OWNR1396 (12.7) | System shall provide the ability to make edits to an existing VistA insurance company file entry if edits to matching or selected entry are needed based on user role. | IVP related |
| OWNR 30.8 OWNR1397 (12.8) | System shall provide the ability to create a new VistA insurance company file entry when the user cannot find an existing VistA Insurance company file entry based on user role. | IVP related |
| OWNR 30.9 OWNR1400 (12.11) | System shall provide the ability to search existing VistA group plan file when system cannot prompt for matching entry. | IVP related |
| OWNR 30.10 OWNR1401 (12.12) | System shall provide the ability to make edits to an existing VistA group plan file entry if edits to matching or selected entry are needed based on user role. | IVP related |
| OWNR 30.11 OWNR1402 (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 entry based on user role. | IVP related |
| OWNR 30.12 OWNR1403 (12.14) | System shall provide ability for insurance verification personnel to utilize OCR technology to selectively populate fields necessary to complete an insurance verification entry. | IVP related |
| OWNR 30.13 OWNR1406 (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 entry. | IVP related |
| OWNR 30.14 OWNR1413 (14.1) | System shall provide access to enter data to capture Annual Benefits, and save to VistA’s Annual Benefits file. | IVP related |
| OWNR 30.15 OWNR1414 (14.2) | System shall provide access to enter data to capture Coverage Limitations, and save to VistA’s Plan Coverage Limitations file. | IVP related |
| OWNR 30.16 OWNR1415 (14.3) | System shall provide access to enter data to capture Insurance Review, and save to VistA’s Insurance Review file, and automatically mark the resulting VistA entries with ‘Insurance Verification’. | IVP related |
| OWNR 30.17 OWNR1416 (14.4) | System shall provide access to view, enter and accept data imported from the VistA Patient file regarding completing the VistA Patient Insurance file ‘Subscriber’s Information’. | IVP related |
| OWNR 30.18 | System shall provide smart logic mechanism to identify pharmacy policies and implement additional required fields as necessary. | IVP related |
| OWNR 30.19 | System shall provide the ability for insurance verifiers to delete an improperly scanned image without deleting the IVP entry data. | IVP related |
| OWNR 30.20 | System shall provide audit trail of improperly scanned images that were deleted for output reports. | IVP related |
| BN 31 | System contains editable business rules for processing insurance verification entries based on selectable parameters controlled by CBO. |  |
| OWNR 31.2 | System shall automatically write changes made to the VistA Insurance Company file and VistA group plan file during insurance verification entry processing to VistA, applying changes to all groups and members based on user role. | IVP related |
| OWNR 31.3 | System shall automatically prompt for user approval for edits to the VistA Insurance Company file and VistA group plan file during insurance verification entry processing. | IVP related |
| OWNR 31.4 | System shall automatically store user name, date and time to an audit file when edits are made to the VistA Insurance Company field and/or the VistA group plan file (#355.3). | IVP related |
| OWNR 31.5 | System shall provide 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. | IVP related |
| OWNR 31.6 | System shall provide the ability for insurance verification entries to be processed to completion utilizing looping business rules examining data for completeness and accuracy where possible. | IVP related |
| OWNR 31.7 | System provides the ability use VistA buffer filing flag option overwrite pushing all changes to VistA storage locations including “blanks”. | IVP related |
| BN 32 | System shall create an audit file to include creation, edits, and completion of all IVP entries. |  |
| OWNR 32.1 | System shall generate number and percentage of entries made versus entries needed to be made (exceptions) based on clinic location and individual intake personnel | IVP related |
| OWNR 32.2 | System shall store number and percentage of entries made versus entries needed to be made (exceptions) based on clinic location and individual intake personnel | IVP related |
| OWNR 32.3 | System shall retrieve number and percentage of entries made versus entries needed to be made (exceptions) based on clinic location and individual intake personnel | IVP related |
| OWNR 32.4 | System shall generate number and percentage of images associated with IVP entries. | IVP related |
| OWNR 32.5 | System shall store number and percentage of images associated with IVP entries. | IVP related |
| OWNR 32.6 | System shall retrieve number and percentage of images associated with IVP entries. | IVP related |
| OWNR 32.7 | System shall generate number and percentage of entries worked by insurance verification personnel. | IVP related |
| OWNR 32.8 | System shall store number and percentage of entries worked by insurance verification personnel. | IVP related |
| OWNR 32.9 | System shall retrieve number and percentage of entries worked by insurance verification personnel. | IVP related |
| OWNR 32.10 | System shall generate entry specific data including but not limited to; entered by date/time, saved by date/time, processed by date/time, entered by person, saved by person, processed by person, lag time, billable versus not billable, number of images, source of information, new company, new group plan, new patient policy, insurance company name, patient name, subscriber ID, clinic location, appointment date/time, etc. | IVP related |
| OWNR 32.11 | System shall store entry specific data including but not limited to; entered by date/time, saved by date/time, processed by date/time, entered by person, saved by person, processed by person, lag time, billable versus not billable, number of images, source of information, new company, new group plan, new patient policy, insurance company name, patient name, subscriber ID, clinic location, appointment date/time, etc. | IVP related |
| OWNR 32.12 | System shall retrieve entry specific data including but not limited to; entered by date/time, saved by date/time, processed by date/time, entered by person, saved by person, processed by person, lag time, billable versus not billable, number of images, source of information, new company, new group plan, new patient policy, insurance company name, patient name, subscriber ID, clinic location, appointment date/time, etc. | IVP related |
| OWNR 32.13 | System data shall be accessible using VistA Fileman when IVP GUI interface is not operational or available for use | IVP related |
| BN 33 | System shall create, edit, store, and retrieve reports. |  |
| OWNR 33.1 | System shall provide output audit exports from the Daily Appointment worklist to capture who, what, when, how and where on work performed. | IVP related |
| OWNR 33.2 | 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’. | IVP related |
| OWNR 33.3 | System shall provide output audit reports from the IVP entries to capture who, what, when, how and where on work performed. | IVP related |
| OWNR 33.4 | System shall provide output audit reports when edits are detected in the VistA Insurance Company and the VistA group plan file to capture who, what, when, how and where. | IVP related |
| OWNR 33.5 | System shall provide output audit reports displaying insurance capture percentages with other supporting data addressing insurance collection productivity. | IVP related |
| OWNR 33.6 | System shall provide output audit reports displaying insurance verification percentages with other supporting data addressing insurance verification productivity. | IVP related |
| OWNR 33.7 | System shall provide output audit reports displaying improperly scanned images that were deleted with user details (i.e., user, time, date, image, company, etc.). | IVP related |
| BN 34 | System shall provide graphical access to existing VistA reports. |  |
| OWNR 34.1 | Provide the capability to select the Insurance Buffer Activity option in the graphical user interface. . | Dropped – dependent on IVP which is under development |
| OWNR 34.2 | Provide the capability to select the Insurance Buffer Employee option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.3 | Provide the capability to select the Source of Information option the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.4 | Provide the capability to select the Patients Without Medicare option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.5 | Provide the capability to select the Veterans with Insurance and Outpatient Visit option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.6 | Provide the capability to select the Veterans with Insurance and Inpatient Admin option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.7 | Provide the capability to select the Inpatients with Unknown or Expired Insurance option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.8 | Provide the capability to select the Outpatients with Unknown or Expired Insurance option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.9 | Provide the capability to select the Patients with Unidentified Insurance option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.10 | Provide the capability to select the Insurance Policies Not Verified option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.11 | Provide the capability to select the Insurance Payment Trend Report option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.12 | Provide the capability to select the Generate Insurance Company Listings option in the graphical user interface . | Dropped – dependent on IVP which is under development |
| OWNR 34.13 | Provide the capability to select the List Inactive Insurance Companies Covering Patients option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.14 | Provide the capability to select the List Pans by Insurance Company option in the graphical user interface . | Dropped – dependent on IVP which is under development |
| OWNR 34.15 | Provide the capability to select the Verification of No Coverage Report option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.16 | Provide the capability to select the Active Policies with no Effective Date Report option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| OWNR 34.17 | Provide the capability to select the List New not Verified Policies option in the graphical user interface . | Dropped – dependent on IVP which is under development |
| OWNR 34.18 | Provide the capability to select the Patients with or without Insurance Report option in the graphical user interface. | Dropped – dependent on IVP which is under development |
| BN 35 | Provide the ability to modify existing VistA coding. |  |
| OWNR 35.1 | Provide the ability to modify the VistA methodology used to add new insurance company file to properly trigger a NIF update. | Dropped – Not a need at this time. |
| BN 36 | System shall provide the ability to save current and multiple historic HPID/OEIDs in the VistA Insurance Company file. |  |
| OWNR 36.1 | Provide the ability to store multiple HPID/OEIDs for historical purposes. | Dropped – Not a need at this time. |
| OWNR 36.2 | Provide the capability to store the HPID/OEID deactivation date in the VistA Insurance Company file. | Dropped – Not a need at this time. |
| OWNR 36.3 | Provide the capability to store the HPID/OEID activation date in the VistA Insurance Company file. | Dropped – Not a need at this time. |
| BN 37 | Provide the ability to integrate VPS Kiosk insurance scanning with IVP insurance scanning. |  |
| OWNR 37.1 | Provide the ability for IVP business rules to control when insurance cards are requested at the VPS kiosks. | Dropped – dependent on IVP which is under development |
| OWNR 37.2 | Provide the ability for IVP to display insurance cards captured at a kiosk. | Dropped – dependent on IVP which is under development |
| OWNR 37.3 | Provide the ability for IVP to display insurance data collected at a kiosk. | Dropped – dependent on IVP which is under development |
| OWNR 37.4 | Provide the ability for insurance verifiers to utilize OCR on kiosk captured insurance card images. | Dropped – dependent on IVP which is under development |

Template Revision History

| Date | Version | Description | Author |
| --- | --- | --- | --- |
| December 2014 | 1.4 | Updated to conform with latest Section 508 guidelines and remediated with Common Look Office tool | Process Management |
| May 2014 | 1.3 | Reordered cover sheet to clarify results of artifact searches | Process Management |
| May 2013 | 1.2 | Add Appendix for acronyms and glossary | Process Management |
| March 2013 | 1.1 | Formatted to current ProPath documentation standards and edited to conform with latest Alternative Text (Section 508) guidelines | Process Management |
| January 2013 | 1.0 | Initial Version | PMAS Business Office |

Place latest revisions at top of table.

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Remove blank rows.

1. MCCF FY15 eInsurance Compliance Requirements Meeting Minutes [↑](#footnote-ref-1)
2. EIV Auto Update Report is formerly known as the eIV Patient Insurance Update Report [↑](#footnote-ref-2)
3. Refer to section 1.3 for a link to where this document can be found. [↑](#footnote-ref-3)