**User Story Number:** USIN-038

**User Story Name:** Prevent Duplicates during Insurance Import

**Product Backlog ID: 71**

**Backlog Priority:** (High, Medium, Low) High Priority; xx Relative Size

**Initial Sizing Estimate**

**Rational ID:**

**Author:** eInsurance

# Background

Multiple options can be used to import insurance information from VistA database A into VistA database B. Most options are automatically tied to pulling a previously registered patient into your database. Example: Patient A initially registers at VAMC A. VAMC A collects Patient A’s Medicare, Humana and Express Scripts; loads them into patient insurance subfile. Patient A now visits VAMC B and VAMC B imports the patient information, including insurance and the 3 existing insurance records make buffer entries in VAMC B. 3 years later VAMC B has 5 more policies on file, some old/some new. Patient A now goes to VAMC C. VAMC C registers Patient A and imports information from VAMC A + VAMC B. VAMC C now gets 2 Medicare entries, 2 Humana entries, 2 Express Scripts entries plus the other 5 policies loaded. That’s 11 buffer entries in VAMC C. 10 years later Patient A may have been to 10 VAMCs in their lifespan and VAMC 11 now gets tons of buffer entries with many duplicates.

We need the ability to weed out the bad (ex: expired) and duplicate information when patients have a long history of insurance and multiple visits to different VAMCs.

We also noticed that one of the import options (unknown which one) imports data into the wrong fields when filing into the buffer.

Some entries imported are marked as already verified and when posted to the patient policy, the date verified and verified by fields indicate a date in the past and the person who triggered the import. VistA buffer shows this information using EE (Expand Entry) and ICB shows this with an asterisk (\*) next to the patient name.

# Story

As an insurance verifier, I do not want to see duplicate imported buffer entries or buffer entries that are marked as verified so that I have accurate information.

# The VistA “registration software” will create just one entry in VistA for each unique insurance policy not already on file regardless if duplicates are imported from multiple locations.

# The VistA Remote Insurance Query will create one entry in VistA for each unique insurance policy not already on file regardless if duplicates are imported from multiple locations.  Note: this method is a blind push.

# Conversation

Problem: Too many buffer entries are made when patient is registered in a new VistA.

Problem: Some entries are marked as verified while still in the buffer.

Information from eBusiness team:

* When a patient is registered, VistA automatically imports all the insurance policies into the receiving VAMC VistA buffer.
  + Are they active or not? We don’t know if they are active or not. Unknown.
  + We know patient A can have multiple and duplicate entries made behind the scenes.
  + The registration person doesn’t have an option to do or not to do this.
* Scenario: Patient visits two sites and their policy is termed. The patient presents at a third site. The new site does not need the expired policies because no back-billing is going to happen at the third site. The third site needs to capture the insurance that the patient has now.

The eBusiness team is aware of these options that make buffer entries and others that may potentially make buffer entries:

* RQI IBCN REMOTE INSURANCE QUERY (do we fix the shortcut? RIQ)
  + eBusiness owns the menu; need a security key?
  + Eliminate this option all together? All the other options should be providing insurance for new patients, would IV know to use RQI? Do they use it now?
  + **NOTE: Changes to RQI IBCN REMOTE INSURANCE QUERY, such as elimination of the option or the addition of a security key, are out of scope for this user story. If changes need to be made, another user story will be created.**
* Load/Edit in registration (First time a patient is registered who has already been to a VAMC) DG LOAD PATIENT DATA
  + Load/Edit PDX Data  [VAQ PDX LOAD/EDIT]
  + Load/Edit PTF Data  [DG PTF SCREEN]
* Eligibility Verification [DG ELIGIBILITY VERIFICATION] The user manual says this option works just like load/edit where users can edit demographic information but can’t edit insurance information?
* Pre-registration option?
* PDX patient data transfer (REQ) VAQ (MENU) MAIN
* Interfacility transfer (consults, in the CPRS package?)
* IVM – income verification match; do these still make buffer entries? How? Why?

Changes:

* No switch to add, no parameter to add, always import and do not notify when the system fails to import
* If import, only import ACTIVE policies
  + Active = no EXPIRATION DATE entered or has future EXPIRATION DATE
    - If no EXPIRATION DATE, only import policies that were LAST VERIFIED 2 years or less; if no LAST VERIFIED date use the ENTERED ON date is 2 years or less
    - Do not import policies with blank EFFECTIVE DATE
    - Do not import policies with future EFFECTIVE DATE
* Do NOT import if TYPE OF COVERAGE (at insurance company level) is one of the following:
  + MEDI-CAL MCL
  + MEDICAID MCD
  + TORT/FEASOR TF
  + WORKERS' COMPENSATION WC
* Do NOT import if TYPE OF PLAN (at group plan level) is one of the following:
  + ACCIDENT AND HEALTH INSURANCE                   ACCIDENT
  + AUTOMOBILE                                   AUTO
  + AVIATION TRIP INSURANCE                         AVIATION
  + CATASTROPHIC INSURANCE                          CI
  + COINSURANCE                                     COINS
  + DUAL COVERAGE                                   DC
  + HOSPITAL-MEDICAL INSURANCE                      HMI
  + INCOME PROTECTION (INDEMNITY)                   IN
  + KEY-MAN HEALTH INSURANCE                        KMHI
  + MAJOR MEDICAL EXPENSE INSURANCE                 MMEI
  + MEDI-CAL                                       MCAL
  + MEDICAID                                        MD
  + MEDICARE/MEDICAID (MEDI-CAL)                    MM
  + NO-FAULT INSURANCE
  + QUALIFIED IMPAIRMENT INSURANCE                  QII
  + SPECIAL CLASS INSURANCE                         SCI
  + SPECIAL RISK INSURANCE                          SRI
  + SPECIFIED DISEASE INSURANCE                     SDI
  + TORT FEASOR                                     TORT
  + WORKERS' COMPENSATION INSURANCE                 WCI
* Do NOT import duplicates
  + Check patient insurance subfile for duplicates
    - Duplicate is defined as having all fields matching exactly: Company Name (2.312,.01) + Group Number 2.312,.18) + Subscriber ID (2.312,7.02)+ Subscriber Name (2.312,7.01) + Subscriber DOB (2.312,3.01)
    - Subscriber name is defined as last,first without middle
  + Check insurance buffer file for duplicates
    - Duplicate is defined as having all fields matching exactly: Company Name (355.33,20.01)+ Group Number (355.33,90.02)+ Subscriber ID (355.33,90.03) + Subscriber Name (355.33,91.01) + Subscriber DOB (355.33,60.08)
    - Subscriber name defined as last,first without middle
  + Ex: Patient A has Medicare in VAMC A, VAMC B and VAMC C. Only import ONE copy of Medicare into VAMC D.
* When importing, always import entries into the buffer (#355.33) so that they go through eIV. This gives the receiving database the EB loops that were not imported.
* When importing, do not import the following data. Leave these fields blank when filing into buffer:
  + “ENTERED BY” names (355.33,90.03)
  + “VERIFIED BY” names (355.33,.11)
  + “DATE VERIFIED” (355.33,.1)
* When importing, DO create a “DATE ENTERED”( 355.33,.01) as the date the entry was imported.
* When importing, assign new source of information code (INSPT) to entries being created in the receiving database.
* When importing, do not mark as ‘verified’ (the \*).
* Make sure fields are imported into the right place. There are examples where subscriber ID is filed as Insurance Co and all other kinds of fun stuff.
  + Subscriber Id = Subscriber Id

There is at least one option that places data into the wrong fields in the buffer. (is it RQI > expand entry, entry shows how it was created?)

Remote Insurance Query does mark a buffer with note. Users can only see note if in VistA buffer > EE and users can not see this data in GUI. An example below shows a buffer entry that was created 9/17/16, yet verified 7/10/16. Likely it was verified at the Fresno facility this date. Don’t know how this gets populated.

**Insurance Buffer Entry** Oct 13, 2016@13:56:12 Page: 1 of 3

IB,PATIENT ONE xxx-xx-xxxx DOB: OCT 00,1900 AGE: 100

Buffer entry created on DNS by KUPKA,ALYSSA (ICB CARD RE)

Buffer entry verified on 07/10/16 by KUPKA,ALYSSA

**Insurance Company Information**

    Name: AETNA                              Reimburse?: WILL REIMBURSE

   Phone: 888-632-3862                    Billing Phone: 888-632-3862

                                          Precert Phone: 800-223-6857

                                      Remote Query From: FRESNO VA MEDICAL CE

Example: Shows ID populates in Insurance column and City populates in ID column.

**Complete Buffer**               Oct 11, 2016@13:30:24          Page:  262 of 1048

Sorted by: Patient Name

+    Patient Name              Insurance Company Subscr Id     S Entered   iIEYH

3928+IB,PATIENT ONE       1111 MEDICARE (WNR)    111111111A    E 09/07/16

3929+IB,PATIENT ONE       1111 MEDICARE (WNR)    111111111A    R 09/07/16

3930 IB,PATIENT ONE       1111 111111111         DALLAS        I 09/07/16

3931+IB,PATIENT ONE       1111 MEDICARE (WNR)    111111111A    E 09/07/16

3932+IB,PATIENT ONE       1111 MEDICARE (WNR)    111111111A    R 09/07/16

3933 IB,PATIENT ONE       1111 111111111A        HOUSTON       I 09/07/16

3934 IB,PATIENT ONE       1111 MEDICARE PART D   111111111     I 09/07/16

3935 IB,PATIENT ONE       1111 MEDICARE (WNR)    111111111A    E 09/07/16

# Detailed Listing of Acceptance Criteria

|  |  |  |
| --- | --- | --- |
| Requirement ID | Description | External Dependency  (Y/N)  If Y, provide organization and description |
| USIN-1.01 | New patient resisters at VAMC C and active (by definition above) insurance is automatically imported |  |
| USIN-1.02 | New patient registers at VAMC C & buffer entries made by this process are marked with Source of Information (INSPT) |  |
| USIN-1.03 | New patient registers at VAMC C with active policies and NO duplicates are made (especially Medicare) |  |
| USIN-1.04 | Insurance person can manually trigger Remote Insurance Query at VAMC C and active (by definition above) insurance is automatically imported |  |
| USIN-1.05 | Insurance person can manually trigger Remote Insurance Query at VAMC C buffer entries made by this process are marked with Source of Information (INSPT) |  |
| USIN-1.06 | Insurance person can manually trigger Remote Insurance Query at VAMC C and with active policies and NO duplicates are made (especially Medicare) |  |
| USIN-1.07 | New patient resisters at VAMC C and in-active (by definition above) insurance is not automatically imported |  |
| USIN-1.08 | Insurance person can manually trigger Remote Insurance Query at VAMC C and in- active (by definition above) insurance is not automatically imported |  |

# Tester Notes:

* Must have two databases available due to sharing information from A to B.
* Cannot be tested in facility MIRROR accounts (accounts not connected to MPI).
* Must find Patient(s) who have been seen at multiple facilities with the same insurance added at more than one facility so can test NOT importing duplicates.
* Must find or create Patient(s) who can be loaded as “new” to a facility to test import rules.

# Constraints

* This user story is dependent on US194.

**Risks**

* May not obtain enough test data during the IOC testing period; longer testing period is required

# Assumptions

* N/A

# Approval Signatures

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**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Version | Description | Author |
| 10/11/2016 | v0.01 | Original | eInsurance |
| 10/14/2016 | V0.02 | Added note about registration software owners. Will report back more information as found. | Weymouth |
| 2/21/2017 | V1.0 | Revise to submit for user story approval. | Fawcett |