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**MCCF EDI TAS EINSURANCE US3968**

System Design Document

IB\*2.0\*602



Department of Veterans Affairs

**April 2018**

Version 1.0

**User Story Number:** US3968

**User Story Name:** Remove all edits from MEDICARE (WNR) Subscriber ID during Fee Patient Inquiry

|  |  |
| --- | --- |
| **Epic Taxonomy** | eBiz Compliance  Port  Update  Increase No Touch  TAS Apps |

# Story:

|  |  |  |
| --- | --- | --- |
| **As a...** | **I want to...** | **So that...** |
| *Fee Patient Inquiry user* | *be able to enter MEDICARE (WNR) Subscriber ID in any format, without data format validation* | *I can enter HICN or MBI without conforming to any specified format.* |

# Design

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNSMM | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** | Fee Patient Inquiry” [FBAA PATIENT INQUIRY] | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  |  | | | | | ^DIC  FILE^DICN  FIELD^DID  ^DIR  DISP^IBCNS  $$ZND^IBCNS1  $$GETWNR^IBCNSMM1  BUFF^IBCNSMM1  SETP^IBCNSMM1  MII^IBCNSMM2  $$FMTE^XLFDT | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **Related Protocols** |  | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** |  | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| . IBCNSMM ;ALB/CMS -MEDICARE INSURANCE INTAKE ; 18-OCT-98  ;;2.0;INTEGRATED BILLING;\*\*103,133,184,516,601,595\*\*;21-MAR-94;Build 12  ;;Per VA Directive 6402, this routine should not be modified.  Q | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| IBCNSMM ;ALB/CMS -MEDICARE INSURANCE INTAKE ; 18-OCT-98  ;;2.0;INTEGRATED BILLING;\*\*103,133,184,516,601,595,602\*\*;21-MAR-94;Build 12  ;;Per VA Directive 6402, this routine should not be modified.  Q | | | | | | | | | |
| Current Logic | | | | | | | | | |
| ENR(DFN,IBSOUR,IBOPT) ; -- Entry point from IBCNBME Patient Registration or Pre-Registration  ; Input Variable DFN Required and IBSOUR =Source of Information  ; IBOPT =1 if coming from MII Standalone Option  ;  N D,DIE,DA,DIR,DIC,E,IBCPOL,IBCNSP,IBCDFN,IBQUIT,IBOK,IBC0,IBAD,IBGRP,IBADPOL  N IBNAME,IBHICN,IBAEFF,IBBEFF,IBCOVP,IBGNA,IBGNU,IBBUF,IBNEW,IBP,X,Y  N IBPOLA,IBPOLB,IBARR,IBHIT,IBHITA,IBHITB,IBCOB,IBCOBI  ;  S (IBAEFF,IBBEFF,IBCNSP,IBCDFN,IBNEW,IBQUIT)=0,IBADPOL=1  S (IBNAME,IBHICN)="" | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| ENR(DFN,IBSOUR,IBOPT) ; -- Entry point from IBCNBME Patient Registration or Pre-Registration  ; Input Variable DFN Required and IBSOUR =Source of Information  ; IBOPT =1 if coming from MII Standalone Option  ;  N D,DIE,DA,DIR,DIC,E,IBCPOL,IBCNSP,IBCDFN,IBQUIT,IBOK,IBC0,IBAD,IBGRP,IBADPOL  N IBNAME,IBHICN,IBAEFF,IBBEFF,IBCOVP,IBGNA,IBGNU,IBBUF,IBNEW,IBP,X,Y  N IBPOLA,IBPOLB,IBARR,IBHIT,IBHITA,IBHITB,IBCOB,IBCOBI  ;  ; IB\*602 - IBHICN could also be a Medicare Beneficiary ID  S (IBAEFF,IBBEFF,IBCNSP,IBCDFN,IBNEW,IBQUIT)=0,IBADPOL=1  S (IBNAME,IBHICN)="" | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNSMM1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** |  | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  |  | | | | | ^DIE  ^DIR  $$ADDSTF^IBCNBES  ^IBCNSEVT  AFTER^IBCNSEVT  BEFORE^IBCNSEVT  COVERED^IBCNSM31 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **Related Protocols** |  | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** |  | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| IBCNSMM1 ;ALB/CMS -MEDICARE INSURANCE INTAKE (CONT) ; 11/8/06 9:32am  ;;2.0;INTEGRATED BILLING;\*\*103,359,497\*\*;21-MAR-94;Build 120  ;;Per VHA Directive 10-93-142, this routine should not be modified. | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| IBCNSMM1 ;ALB/CMS -MEDICARE INSURANCE INTAKE (CONT) ; 11/8/06 9:32am  ;;2.0;INTEGRATED BILLING;\*\*103,359,497,602\*\*;21-MAR-94;Build 120  ;;Per VA Directive 6402, this routine should not be modified.  ;; | | | | | | | | | |
| Current Logic | | | | | | | | | |
| SETP(IBP) ; -- Stuff data fields in patient policy  ; Required Input:  ; IBP =A for Part A, B for Part B  ; DFN =pt. ien  ; IBCDFN =patient policy ien  ; IBNAME =Name of Insured  ; IBHICN =Subscriber ID ; IBAEFF =Effective Date of Plan A  ; IBBEFF =Effective Date of Plan B  ; IBCNSP =Medicare (WNR) ien ^Part A ien ^Part B ien  ; IBCOBI =Coordination of Benefits (Internal value) | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| SETP(IBP) ; -- Stuff data fields in patient policy  ; Required Input:  ; IBP =A for Part A, B for Part B  ; DFN =pt. ien  ; IBCDFN =patient policy ien  ; IBNAME =Name of Insured  ; IBHICN =Subscriber ID - as of IB\*601 could also be a MBI Number   ; IBAEFF =Effective Date of Plan A  ; IBBEFF =Effective Date of Plan B  ; IBCNSP =Medicare (WNR) ien ^Part A ien ^Part B ien  ; IBCOBI =Coordination of Benefits (Internal value) | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNSMM2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** |  | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  |  | | | | | D^DIQ  ^DIR  OK^IBCNSMM1 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **Related Protocols** |  | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** |  | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| IBCNSMM2 ;ALB/CMS -MEDICARE INSURANCE INTAKE (CONT) ; 18-MAY-99  ;;2.0;INTEGRATED BILLING;\*\*103,133\*\*;21-MAR-94  ;;Per VHA Directive 10-93-142, this routine should not be modified.  Q | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| IBCNSMM2 ;ALB/CMS -MEDICARE INSURANCE INTAKE (CONT) ; 18-MAY-99  ;;2.0;INTEGRATED BILLING;\*\*103,133,602\*\*;21-MAR-94  ;;Per VA Directive 6402, this routine should not be modified.  Q | | | | | | | | | |
| Current Logic | | | | | | | | | |
| MIIA ; -- Ask user for Information  ;  W ! S DIR("A")="NAME OF BENEFICIARY"  S IBX=$P($G(IBARR("A",1)),"^",18) I IBX="" S IBX=$P($G(IBARR("B",1)),")  S DIR("B")=$S($G(IBNAME)'="":IBNAME,IBX'="":IBX,1:$P(^DPT(DFN,0),U))  S DIR(0)="F^3:30^K:X'?1E.E1"","".1E.E X"  S DIR("?")="Enter the Name of Beneficiary (Last name, First) from the "  D ^DIR K DIR  I $D(DTOUT)!$D(DUOUT) K DUOUT,DTOUT,DIROUT,DIRUT S IBQUIT=1 G MIIQ  S IBNAME=Y  ;  S DIR("A")="MEDICARE CLAIM NUMBER"  S IBX=$P($G(IBARR("A",1)),"^",3) I IBX="" S IBX=$P($G(IBARR("B",1)),"^)  I $G(IBHICN)'="" S DIR("B")=IBHICN  I IBX'="",'$D(DIR("B")) S DIR("B")=IBX  S DIR(0)="F^7:15^I '$$VALHIC^IBCNSMM($TR(X,""-"")) K X" | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| MIIA ; -- Ask user for Information  ;  W ! S DIR("A")="NAME OF BENEFICIARY"  S IBX=$P($G(IBARR("A",1)),"^",18) I IBX="" S IBX=$P($G(IBARR("B",1)),"^",18)  S DIR("B")=$S($G(IBNAME)'="":IBNAME,IBX'="":IBX,1:$P(^DPT(DFN,0),U))  S DIR(0)="F^3:30^K:X'?1E.E1"","".1E.E X"  S DIR("?")="Enter the Name of Beneficiary (Last name, First) from the Medicare Insurance Card. This name should be 3 to 30 characters in length."  D ^DIR K DIR  I $D(DTOUT)!$D(DUOUT) K DUOUT,DTOUT,DIROUT,DIRUT S IBQUIT=1 G MIIQ  S IBNAME=Y  ;  S DIR("A")="MEDICARE CLAIM NUMBER"  S IBX=$P($G(IBARR("A",1)),"^",3) I IBX="" S IBX=$P($G(IBARR("B",1)),"^",3)  I $G(IBHICN)'="" S DIR("B")=IBHICN  I IBX'="",'$D(DIR("B")) S DIR("B")=IBX  ;S DIR(0)="F^7:15^I '$$VALHIC^IBCNSMM($TR(X,""-"")) K X" ; IB\*602  S DIR(0)="F^3:20" ;IB\*602 | | | | | | | | | |

| Current Logic |
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| HICH ; Help text for the HIC number prompt.  W !,"Enter the Medicare Claim Number (Subscriber ID) exactly as it appears"  W !,"on the Medicare Insurance Card, including ALL characters. Valid HICN "  W !,"formats are: 1-3 alpha characters followed by 6 or 9 digits, or "  W !,"9 digits followed by 1 alpha character optionally followed by another "  W !,"alpha character or 1 digit."  Q |
| Modified Logic (Changes are in bold) |
| HICH ; Help text for the HIC number prompt.  W !,"Enter the Medicare Claim Number (Subscriber ID) exactly as it appears" ; IB\*602  W !,"on the Medicare Insurance Card, excluding special characters."  W !,"Entry must be 3-20 characters."  Q |

# Revision History

| Date | Version | Description | Author |
| --- | --- | --- | --- |
| 04/01/2018 | 1.0 | Initial draft | Henry Normand |
| 11/29/2018 | 1.2 | Updated | Henry Normand |