Data Dictionary

*Data Elements for Complete System*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Name** | **Input Type** | **Source** | **Responsible User** | **Notes** |
| PATIENT NAME | Surname, Given name(s) | Monthly patient statement, Daily report call list, Daily appointment list | Human Resources | Name of patient |
| PATIENT D.O.B. | DD/MM/YYYY | Monthly patient statement | Human Resources | Patient’s date of birth |
| PATIENT ADDRESS | Street number, street name, suburb name, state name | Monthly patient statement | Human Resources | Address where patient resides |
| PATIENT’S PREVIOUS MONTH’S BALANCE | Any non-negative dollar value | Monthly patient statement | Human Resources | Charges to and payments from the patient in the previous month |
| PATIENT’S HEAD OF HOUSEHOLD NAME | Surname, given name(s) | Monthly patient statement | Human Resources | Name of the homeowner at patient’s address |
| HOUSEHOLD’S MTD CHARGES | Any non-negative dollar value | Monthly patient statement | Human Resources | Charges to the household in the present month |
| HOUSEHOLD’S MTD PAYMENTS | Any non-negative dollar value | Monthly patient statement | Human Resources | Payments from the household in the present month |
| HOUSEHOLD’S MTD INSURANCE CLAIMS | Any non-negative dollar value | Monthly patient statement | Human Resources | Insurance claims made by the household in the present month |
| INSURANCE PAYMENTS | Any non-negative dollar value, percentage | Monthly patient statement | Human Resources | Amount of insurance claim, and percentage of total procedure covered |
| MTD ACTIVITIES/APPOINTMENTS | List string, DD/MM/YYYY | Monthly patient statement | Human Resources | List of procedures and the date they were performed |
| PROCEDURE CODE | Numbers/letters | Monthly patient statement, Daily appointment list | Human Resources | Unique code of procedure |
| PROCEDURE DESCRIPTION | Short paragraph | Monthly patient statement, Daily appointment list | Human Resources | Short description of procedure |
| RUNNING BALANCE | Any non-negative dollar value | Monthly patient statement | Human Resources | Current balance after each procedure |
| APPOINTMENT TIME | DD/MM/YYYY, HH:MM | Daily report call list, Daily appointment list | Human Resources | The time and date of the appointment |
| PROVIDER NAME | Surname, given name(s) | Daily report call list, Weekly provider report | Human Resources, Accounts Receivable | Name of the staff providing the service |
| TELEPHONE NUMBER | 10-digit number | Daily report call list | Human Resources | Patient’s phone number |
| MTD PROFIT REPORT | Any dollar value | Weekly provider report | Accounts Receivable | Profit made by providers in the current month |
| YTD PROFIT REPORT | Any dollar value | Weekly provider report | Accounts Receivable | Profit made by providers in the current year |
| PROFIT DISTRIBUTION DATA | Any dollar value | Weekly provider report | Accounts Receivable | Profit received by each partner |
| WORK HOURS | Any non-negative digit |  | Medical Staff | Hours worked by staff |
| VACATION HOURS | Any non-negative digit |  | Payroll | Holiday time earned by staff |

*Data Flows for Functional Primitive*

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Name** | **Description** | **Origin** | **Destination** |
| Claim information | Information about the claim being made by the customer | Customer | Insurance information |
| Payment | Amount to be paid in regard to the claim | Insurance information | Verify payment total |
| Partial payment | Less than total amount to be paid off the balance | Verify payment total | Accounts Receivable |
| Confirmed final payment | Confirmation that the amount to be paid is total | Verify payment total | Finalise payment |
| Full payment | Total amount of balance to be paid off | Finalise payment | Accounts Receivable |
| Received payment | Amount paid to the organisation | Accounts Receivable | Verify payment |
| Accepted payment | Payment approved by the organisation | Verify payment | Prepare invoice |
| Rejected payment | Payment denied by the organisation | Verify payment | Prepare rejection notice |
| Invoice | Report of payment(s) from the customer | Prepare invoice | Customer |
| Rejection notice | Report detailing why the payment was not accepted | Prepare rejection notice | Customer |

*Data Stores for Functional Primitive*

|  |  |  |  |
| --- | --- | --- | --- |
| **Store Type** | **Description** | **Input Data Flow** | **Output Data Flow** |
| Insurance information | Details of insurance provider and expected claim coverage | Claim information | Payment |

*External Entities for Functional Primitive*

|  |  |  |  |
| --- | --- | --- | --- |
| **Entity Name** | **Description** | **Input Data Flow** | **Output Data Flow** |
| Customer | Patients being serviced by the hospital | Rejection notice, invoice | Claim information |
| Accounts Receivable | Department dealing with cash flow into the hospital | Full payment, partial payment | Received payment |

*Processes for Functional Primitive*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Process Name** | **Process Number** | **Description** | **Input Data Flow** | **Output Data Flow** |
| Verify payment total | 6.1 | Determine whether amount paid is full or partial | Payment | Confirmed final payment, partial payment |
| Finalise payment | 6.2 | Prepare total payment | Confirmed final payment | Full payment |
| Verify payment | 6.3 | Determine whether the transaction was valid | Received payment | Rejected payment, accepted payment |
| Prepare invoice | 6.4 | Prepare report of payment information from customer | Accepted payment | Invoice |
| Prepare rejection notice | 6.5 | Prepare explanation of why their payment was rejected or insufficient | Rejected payment | Rejection notice |

*Data Records for Functional Primitive*

|  |  |  |
| --- | --- | --- |
| **Record Name** | **Location** | **Data Types** |
| Patient details | Insurance information, claim information | PATIENT NAME, PATIENT D.O.B., PATIENT ADDRESS, INSURANCE PAYMENTS, TELEPHONE NUMBER |
| Invoice details | Invoice | PATIENT NAME, PATIENT’S HEAD OF HOUSEHOLD NAME,  HOUSEHOLD’S MTD CHARGES, HOUSEHOLD’S MTD PAYMENTS, HOUSEHOLD’S MTD INSURANCE CLAIMS, INSURANCE PAYMENTS, PROCEDURE CODE |

Context Diagram

HUMAN RESOURCES

PAYMENTS

UPDATE PERSONAL INFORMATION

INVOICES

PARTNER PROFIT SHARE REPORT

PAYMENT INFORMATION

WEEKLY HOURS/PROFIT

MONTHLY PATIENT STATEMENTS

ACCOUNTS RECEIVABLE

STAFF AVAILABILITY

DAILY APPOINTMENT LIST

MEDICAL STAFF

WEEKLY PROVIDER REPORTS

CUSTOMER PAYMENT SUMMARIES

CONFIRM APPOINTMENTS

WORK/HOLIDAY HOURS

WORK/HOLIDAY HOURS

0

DAILY REPORT CALL LIST

EMPLOYEE SCHEDULE

PAYROLL

CUSTOMER

Data Flow Diagram 0

INFORMATION ACCESS REQUEST

CUSTOMER INFORMATION

APPOINTMENT INFORMATION

APPOINTMENT REQUEST

55

HUMAN RESOURCES

3

4

COMPLETE REPORT

COST/PROFIT OF APPOINTMENT

WAGES

CALCULATED VACATION / SICK LEAVE

LOGGED HOURS

PAYROLL

NEW INFORMATION

INFORMATION CHANGE REQUEST

APPOINTMENT REMINDER

CUSTOMER LIST

APPOINTMENT DETAILS AND RESULT

MEDICAL STAFF

EMPLOYEE AVAILABILITY

INSURANCE & PAYMENT TYPE

EMPLOYEE LIST

VACATION/SICK LEAVE

EMPLOYEE SCHEDULE

2

APPOINTMENT LIST

1

FULL OR PARTIAL PAYMENT

CONFIRMED TRANSACTION

ACCOUNTS RECEIVABLE

INVOICE

65

DENIED TRANSACTION

CUSTOMER

Functional Primitive for Payment

6.2

RECEIVED PAYMENT

CONFIRMED FINAL PAYMENT

ACCEPTED PAYMENT

PAYMENT

D1 INSURANCE INFORMATION

CLAIM INFORMATION

REJECTED PAYMENT

6.3

REJECTION NOTICE

INVOICE

PARTIAL PAYMENT

FULL PAYMENT

6.5

6.4

6.1

CUSTOMER

ACCOUNTS RECEIVABLE