**Electronic Health Record  
Functional Specifications**

02/09/2016

**Summary of Revisions**

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| **Date** | **Revision Summary** |
| 09/18/2015 | Added Requirement to bill commercial healthcare plans to 1 D. Bill Plans. |
| 09/18/2015 | Consolidated role definition tables and removed some duplicate entries. Corrected missing service in requirement 38. |
| 09/25/2015 | Changed Performance in tables to Required Response. |
| 10/01/2015 | Removed 'Use Case Specification' from use case titles - unnecessary and repetitive. |
| 10/27/2015 | Made some minor Required Response adjustments and corrected Req# order. Moved provide fax services from supplemental specifications into Provide WIC Services use case. |
| 11/09/2015 | Per Friday's meeting discussion, updated specification to include requirement to address future Health Information Exchange (HIE) support. See Req# 10. |
| 02/09/2016 | Removed reference to Platform as a Service (PaaS) in opening paragraph. |

The following Unified Modeling Language (UML) use-case models identify the functional requirements of our desired Electronic Health Record (EHR) system and exiting processes where an EHR may assist. Our proposed operational processes provide contextual reference and scope understanding. However, the contractor may propose alternative processes or technologies - we encourage and are open to innovative solutions. We prefer a Cloud (hosted) solution - i.e., Software as a Service (SaaS). The contractor may provide a complete solution or collaborate with Cloud providers to propose a SaaS solution. The city provides a fully functional IBM Integration Bus (IIB), enterprise service bus (ESB) to include an ESB instance in our demilitarized security zone to interface with internal city applications discussed in our use-case model. The City identified the required response (performance) in each table describing interface descriptions shown on the adjacent sequence diagram.

# Treat Communicable Disease Patient

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/treatCommunicableDiseasePatient/ucd.jpg> **Treat Communicable Disease Patient Use Case Model** |

Scope: Based on a previously scheduled appointment, the Client attends their scheduled appointment and provides the Clinic Staff information necessary to determine and/or perform treatment. The Clinic Staff creates or updates the Client Medical Record with new or updated information. Based on the disposition of the Client, the Clinic Staff determines test requirements. If the Client does not require testing (such as latent Tuberculosis), the Clinic Staff reviews medications requirements with Client and tracks medication usage. If the Client has active disease, the Clinic Staff reviews medical requirements with the Client, completes tests, tracks medications, sets up contact investigation, and provides outreach services. CDC 72 A, B, and C for Tuberculosis and post HIV testing is required by the state and regularly posted to the Public Health Information Network depending on the disposition of the Client. The Clinic Staff report HIV/AIDS and other reportable data using the Enhanced HIV/AIDS Reporting System (eHARS), National Electronic Disease Surveillance System (NEDSS) among others.

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/treatCommunicableDiseasePatient/io.jpg> **Treat Communicable Disease Patient Interaction Overview** |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/treatCommunicableDiseasePatient/sd01.jpg> **1. Perform Client Intake Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 01 | Client/reportToReceptionist | Provided for context. |
| Based on a previously scheduled appointment or walk-ins, the Client reports to the designated clinic for review and/or possible treatment. On all visits, as required, the Client completes various intake forms to provide consent, medical history, etc. representing the Client Demographics. Data like Name, address, phone number, date of birth, emergency contact, email, employer, employer phone number, Medicaid number (if applicable ) race, ethnicity, age, sex, U.S citizenship, guardian name, shared living info, incarceration history, person who provided consent for treatment, relationship to client, primary language. |
| Decrease Community Tuberculosis Rates/collectClientRecordInformation | This is the key performance indicator - explain the system's ability to satisfy this specification. |
| Before creating a new Client Medical Record, the system presents search results for existing closely matched records to allow the Clinic Staff to locate a possible existing record. If an inadvertent duplication of record exists, the system provides the Clinic Staff the ability to consolidate multiple Client Medical Records into a single Client Medical Record based on the latest Client Demographics - no information is lost during record merge - procedure requires a secondary Clinic Staff review. The Clinic Staff use the system to review and collect Client Demographics and Client Information consisting of, but not limited to test results, scanned documents, attribute values of traditional forms such as TB Form 400A/B among others, medication and immunization records, client medication and vaccine requirements, disease/virus contact information, registration form details, etc. The system allows for undocumented/non-US citizen Client Medical Record to track medication usage. The system compartments Client Medical Records and provides access depending on the role assigned to Clinic Staff - e.g., STD, WIC, Immunization, etc. unless specifically unlocked for view and or update by designated Clinic Staff within boundaries of governing privacy controls. The system tracks access to all records. The system provides the ability for approved city staff to define new entry forms with specialized values to include lists of elements to ensure consistency of collected values. The system allows Clinic Staff to identify and recall forms once created. The system provides Clinic Staff the ability to attach vaccine history information provided by the health care provider/client, per recommendations from the Center for Disease Control - could include report from refugee camps supported by International Organization for Migration (IOM) or United Nations High Commissioner for Refugees (UNHCR). The system allows electronic import of Electronic Disease Notification (EDN). Fields required but are not limited to include: last name, first name, date of birth, sex (including lesbian, gay, bisexual, transgender, etc.), race, ethnicity, county, country of birth, address, mother's maiden name, last 4 of social security number, is a twin, preferred language, Medicaid eligible/Medicaid number, eligibility date, eligibility category (Alaskan native, American Indian, CHIP, insured, no insurance, perinatal HEP B, under-insured) consenting adult, client status (active, deceased, inactive, etc.), status date, date of death, responsible person, relationship to client, HIPAA consent (no record, refused, signed), HIPAA date, notes. |
| Clinic Staff/assessPhysicalExamNeed | Provided for context. |
| Based on information in the Client Medical Record or other factors, the Clinic Staff determine if there's a need for a physician to perform a physical exam on the Client. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/treatCommunicableDiseasePatient/sd02.jpg> **2. Perform Physical Exam Sequence Diagram** |

**Table of Interface and Functional Descriptions**

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| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
|  | Clinic Staff/performPhysicalExam | Provided for context. |
| A physician performs a physical examination on the Client and records findings in the Client Medical Record. The physician's assessment may include a need for clinical testing. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/treatCommunicableDiseasePatient/sd03.jpg> **3. Perform Specimen Testing Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 02 | Decrease Community Tuberculosis Rates/createSpecimenLabels | Explain how the system manages specimen labels. |
| Using information attributes in the Client Medical Record, the system generates a print ready set of adhesive Specimen Labels for placement on lab specimens, coordination documents, etc. The Clinic Staff uses the system to specify the number of labels to print. The Specimen Label uses standardized bar codes useful to scan client information into other information systems throughout the testing process. |
| 03 | Clinic Staff/performRequiredTest | Explain how the system manages test results to include interfaces for receive test results automatically. |
| The Clinic Staff determines the required testing needs for the identified Client and ensures completion of proper specimens or x-rays. Austin Radiological Associates reviews and assesses in-house x-rays via digital connection. Appointment can include a detailed blood analysis (for baseline and follow up indication determination), sputum test and/or full medical evaluation. Depending on the test need, lab results come from Internet sites such as Department of State Health Services (DSHS), Clinical Pathology Laboratory (CPL), Oxford Diagnostics, and University of Florida (via fax) and Clinic Staff watch daily for Client test results. Where applicable, the system automatically processes Test Results when interfaces exist. Automate important test results to the maximum extent possible. Clinic Staff evaluates Test Results - negative Test Results sometimes concludes with educational materials or other suggested prevention recommendations. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/treatCommunicableDiseasePatient/sd04.jpg> **4. Review Requirements with Client Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 04 | Decrease Community Tuberculosis Rates/determineClientDisposition | Explain how the system provides the Clinic Staff the ability to store and retrieve needed forms and information letters required depending on the disposition of the Client. |
| Based on Client Information in the Client Medical Record (i.e., test results, condition, etc.), the system identifies the Client Requirements in printable form for review. The system provides the Clinic Staff the ability to store and retrieve needed forms and information letters required depending on the disposition of the Client. These forms and letters must be printable and allow for updates as required by governing agencies such as the state. The system provides Client confirmation throughout the Client service process confirming requirements review with the Client. |
| Clinic Staff/reviewRequirementsWithClient |
| Once a treatment procedure is determined, the Clinic Staff reviews the treatment requirements and establishes an understanding with the Client. For Tuberculosis, this may require a signed Medication Consent and a signed Warning Letter and on a monthly basis for non-investigative disease Client, the Clinic Staff performs a pill count, reviews the side effect checklist with the Client and issues a refill (if required). For Tuberculosis and other active disease Clients, the Clinic Staff provides instruction, assigns an Outreach Worker, and provides initial medication for immediate use. |
| 05 | Decrease Community Tuberculosis Rates/identifyClientMedicalRecordByStaff | Explain the system's case file management relevant to this specification. |
| The Clinic Staff use the system to identify case files (Client Medical Record) assigned to staff (i.e., Disease Intervention Specialist, Contact Investigator, Outreach Worker and other roles as needed). The report includes classification for STD by positive cases, partners, and suspects. For TB, includes cases, suspects simple or full treatment, not started and started treatment, latent or active. For perinatal Hepitis B, OB address, fax number, date of Mom's lab, expected due date, etc. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/treatCommunicableDiseasePatient/sd05.jpg> **5. Track Medications Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 06 | Decrease Community Tuberculosis Rates/trackMedication | Explain the system's audit trail on medication supply and usage. |
| The system tracks the medication usage from the information collected in the Medical Usage portion of the Client Medical Record. The system provides a comprehensive audit trail on medication supply and usage. Throughout the process, various roles of the clinic such as approved Clinic Staff and the Outreach Workers enter dispensed medication information into the Medication Usage portion of the Client Medical Record. Only approved roles can enter medication and treatment indication in Client Medical Record. The system automatically tracks current inventory against dispensed medications indicated in the Client Medical Record and notifies the staff based on modifiable thresholds of the need for Medication Order. Attributes of Medication Usage include (but not limited to) number of pills dispensed, lot number, manufacturer, name of medication, and prescribed dose. Outreach Workers use mobile devices to ensure accurate capture and up to date information on medication usage. Segregate replacement inventory orders by clinic, site and location. |
| 07 | ITEAMS/processMedicationOrder | Explain the system's ability to process medication orders. |
| The system orders new medication supplies based on Medication Usage identified in Client Medical Record and identified by staff resupply thresholds. If there's an automated interface with the Texas Department of State Health Services (DSHS) Inventory Tracking Electronic Asset Management System (ITEAMS), the system uses this interface. If none exists, the system provides the information required to enter medication resupply information manually into ITEAMS. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/treatCommunicableDiseasePatient/sd06.jpg> **6. Perform Contact Investigation Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 08 | Decrease Community Tuberculosis Rates/assignContactInvestigator | Explain the system's ability to perform contact management. |
| The Clinic Staff use the system to assign a Contact Investigator. |
| Contact Investigator/investigateContactRelationship |
| The system provides Notification (via email or other acceptable method) to the assigned Contact Investigator. The Notification includes link to the Client Medical Record involved in the investigation. |
| Contact Investigator/performContactInvestigation |
| The Contact Investigator interviews the Client to determine known contacts. The Contact Investigator informs the contact of the situation and requests them to perform a test - the Contact Investigator ensures test completion, which creates a Client Medical Record for Contact Relationship linking. Investigator keep notes regarding their research - the system emulates contact investigator state forms as required. |
| Decrease Community Tuberculosis Rates/recordContactInvestigationNotes |
| The Contact Investigator uses the system to record contact investigation notes and reportable and modifiable attributes. This provides a historical log in the event of another Contact Investigator assignment to the case. The system aids the Contact Investigator by indicating when identified contacts have completed testing, test result indication if available or indication when the test results are available. In turn, for positive test results, the system ensures assignment of the same Contact Investigator when there's a Contact Relationship. |
| Decrease Community Tuberculosis Rates/linkClientMedicalRecord |
| For Client Medical Records already in the system, the Contact Investigator uses the system to link Client Medical Records together and identify the necessary indication of the Contact Relationship. For approved staff, the system provides contact relationship analysis such as TB patient who also has HIV contacts. The system provides for multiple contact relationships - i.e., both Tuberculosis and sexually transmitted disease relationships may exist. Relationships includes children of adult parents when required. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/treatCommunicableDiseasePatient/sd07.jpg> **7. Provide Client Outreach Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 09 | decrease Community Tuberculosis Rates/assignOutreachWorker | Explain how the system assists in case management and outreach worker assignment. |
| The Clinic Staff uses the system to assign an Outreach Worker, in house Clinic Staff or social worker to the Client. The purpose of this function ensures proper case management when outreach services are required. Include ability to assign Outreach Worker based on geographic indication such as zip codes. The system provide ability to identify workload limitations and warnings. |
| Outreach Worker/assistClient |
| The system provides the Outreach Worker Notification of assignment to a Client - includes reference to the Client Medical Record. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/treatCommunicableDiseasePatient/sd08.jpg> **8. Post Disposition of Client Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 10 | Decrease Community Tuberculosis Rates/generateCDC72A/B/C | Explain the system's ability to provide the required reporting. In addition, provide indication of your EHR solution's strategic direction to support the [Federal Health IT Strategic Plan](http://www.healthit.gov/sites/default/files/federal-healthIT-strategic-plan-2014.pdf) and its [Vision to Achieve an Interoperable Health IT Infrastructure](http://www.healthit.gov/sites/default/files/ONC10yearInteroperabilityConceptPaper.pdf). |
| When a CDC 72 A, B or C form is required depending on the disposition of the Tuberculosis Client, the system automatically generates (possibly PDF format depending on need) the required form and posts the information automatically to the Public Health Information Network. The system automatically generates reporting metrics (currently done by hand). |
| Public Health Information Network/postCDC72A/B/C |
| Previously accomplished from information collected on both 400A and B, the system uses Client Medical Record information and automatically generates forms CDC 72 A, B, or C depending on status of the Tuberculosis Client throughout the process. The system interface include desired metric information on disposition of TB clients contacts, medication dispensed, test results, etc. |
| Public Health Information Network/postHIVTesting |
| Report monthly HIV testing in the STD clinic. Report is currently an Excel spreadsheet posted to the Health Information Network. Information includes dates of testing results, patient notification, if positive test result was confirmatory test completed, new positive, assigned to medical services, etc. |
| Surveillance/retrievePositiveReportableConditions |
| Surveillance uses the system to retrieve Positive Reportable Conditions. The system uses attributes of active Client Medical Records to generate Positive Reportable Conditions. |
| HSHS/postSTDPerformanceIndicators |
| The system reports performance indicators to the Department of State Health Services. The system reports program metrics for HIV, Syphilis, and Gonorrhea for cases as needed. |
| eHARS/reportHIV/AIDSData |
| The Enhanced HIV/AIDS Reporting System (eHARS) is a browser-based application provided by the Centers for Disease Control and Prevention (CDC). Health and Human Services uses eHARS to collect, manage, and report HIV/AIDS case surveillance data to CDC. HIV/AIDS reporting is mandated by state laws and regulations. |
| NEDSS/reportNotifiableCondition |
| The National Electronic Disease Surveillance System (NEDSS) facilitates electronically transferring public health surveillance data from the healthcare system to public health departments. It is a conduit for exchanging information that supports National Notifiable Diseases Surveillance System (NNDSS). When states and territories voluntarily submit notifiable disease surveillance data (rabies, salmonella, shigella, etc.) electronically to Centers for Disease Control and Prevention (CDC), they use data standards and electronic disease information systems and resources supported in part by NEDSS. This ensures that state data shared with CDC are submitted quickly, securely and in an understandable form. NEDSS also provides positive lab results information. |
| STD\*MIS/reportSTDConditions |
| Sexually Transmitted Disease Management Information System (STD\*MIS) is an application provided to state and local health departments, upon request. The intent of this application is to address the most common data management issues facing an STD program in its efforts to utilize the data that it receives from labs, providers, clinics, disease intervention specialists (DIS), etc. STD\*MIS is used to report to the state reportable conditions such as gonorrhea, syphilis, etc. |

# Provide Disease Prevention

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/provideDiseasePrevention/ucd.jpg> **Provide Disease Prevention Use Case Model** |

Scope:For economically disadvantaged Clients (Medicare, Medicaid, un-insured, under-insured, or high risk, etc.), the system provides the Client a Web portal to access their Client Medical Record to intake relevant information prior to an appointment. They may use the Web portal to print or save medical information to include, but not limited to shot records, etc. The Client reports to the Clinic Receptionist (i.e., Clinic Staff) by appointment or walk-in. The Clinic Staff verifies Medicaid patients using Texas Medicaid Healthcare Partnership (TMHP), looks up immunization history in Texas-Wide Integrated Client Encounter System (TWICES) and the state's immunization tracking system ImmTrac. The Clinic Staff reviews the Client Medical Record and makes adjustments as required or creates a new Client Medical Record if none exists. The Clinic Staff uses the system to determine immunization needs and administers immunization with approved consent. The system provides a mobile platform for outreach Clinic Staff to perform field-administered immunizations for certain high-risk Clients. Once administered, the Clinic Staff enters medication/immunization administered in the Medication Usage portion of the Client Medical Record. The system tracks medication/immunization usage against supply to identify reorder thresholds when required. The system automatically provides a Medication reorder to the Electronic Vaccine Inventory system to track inventory Vaccines for Children (VFC). The Clinic Staff uses the system to track certain case files requiring workflow management and reminder notifications. Clinic Staff use the system to document state reportable public health education activities and events.

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/provideDiseasePrevention/sd01.jpg> **Provide Disease Prevention Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 11 | Decrease Communicable Disease Rates/accessClientMedicalRecord | Explain system's ability to perform Client self-service. |
| The Client retrieves their Client Medical Record from the system using a Web portal - this provides technology opportunity for Client mobile service application. The system provides an acceptable form of identity management meeting the criteria established by the Health Insurance Portability and Accountability Act (HIPAA). The Client uses the system to update Demographic Information using a Web portal – the Client may also use the system Web portal to review, save and print their Client Medical Record to include shot records, financial transactions, etc. The Web portal provides the Client the ability to complete intake items prior to their scheduled Clinic appointment. The system provides the Client HIPAA guidelines, as well as other immunization forms (consent, vaccine information statement, etc.) through the Web portal. [Note: The Client can only access their Client Medical Record if one already exists. Only the Clinic Staff can create new records because they must adjudicate potential duplicate records - for HIPAA (confidentiality) reasons, this may not be possible via self-service.] |
|  | Client/reportToReceptionist | Provided for context only. |
| Based on a previously scheduled appointment or walk-ins, the Client reports to the designated clinic for review and/or possible treatment. On all visits, as required, the Client completes various intake forms to provide consent, medical history, etc. representing the Client Demographics. Data like Name, address, phone number, date of birth, emergency contact, email, employer, employer phone number, Medicaid number (if applicable ) race, ethnicity, age, sex, U.S citizenship, guardian name, shared living info, incarceration history, person who provided consent for treatment, relationship to client, primary language. |
| 12 | TMHP/verifyPatientMedicaidStatus | Explain system's ability interface with TMHP. |
| The Clinic Staff accesses Texas Medicaid Healthcare Partnership (TMHP) Web site to determine if patient is Medicaid active or not active. |
| 13 | TWICES/lookupVaccineHistoryAndUpdateRecord | Explain the system's interface with TWICES and ability to lookup vaccine history. |
| The Clinic staff access Texas-Wide Integrated Client Encounter System (TWICES) to gain immunization history. The Staff searches the system using last name, first name, Sex, Date of birth, and occasionally Medicaid ID or TWICES ID (if they have one). TWICES does not require consent. If the Clinic Staff administers a vaccine for the Client, the Clinic Staff enters this information (Medicaid number, date of eligibility, Client name) into the TWICES financial screen. |
| 14 | ImmTrac/lookupImmunizationHistory | Explain the system's ability to interface with ImmTrac. |
| The Clinic Staff uses the Texas Immunization Tracking System (ImmTrac) to lookup immunization history. The search is conducted using three kind of searches: last name, first name, date of birth, and sex; IMMTRAC ID; last name, first name, date of birth, sex, address, parent's last name. For immunized children with consent to opt in, TWICES automatically sends immunization information to ImmTrac. For adults with consent, Clinic Staff manually fill out ImmTrac. |
| 15 | Decrease Communicable Disease Rates/determineServices | Explain how the system assist Clinic Staff in determining necessary services based on historical record. |
| For immunization, the Clinic Staff uses the information from TWICES, IMMTRAC, and the client personal record to define which vaccines are needed for the patient according to the CDC/DHS Texas recommended schedules. For STD screening, the clinic staff determines if the patient is needing clinic services, case management (social work), referrals, or outreach and education services. For TB services, the clinic staff determines reason for referral, elective screening, follow-up for medication/lab draw, and postpartum. Whether in county or out of county. |
| 16 | Decrease Communicable Disease Rates/collectClientConsentForm | Explain how the system manages consent information. |
| The Client takes the consent form (which is in both English and Spanish) and fills it out with information like: name, sex, birthday, their signature, date, address, phone, relationship to patient, name of consenting adult, mother maiden name, Medicaid number (if Medicaid). The clinic staff enters the information into the system. The system provides a way to capture electronic signature if applicable. |
| ImmTrac/recordClientConsent |
| The system interfaces with ImmTrac and uploads the consent form for future retrieval and reporting. ImmTrac is the centralized medical immunization registry that all providers can access. Current law requires providers to report vaccinations to children. |
| Decrease Communicable Disease Rates/collectConsentForTreatment |
| For Immunizations, the Client takes the consent form (which is in both English and Spanish) and fills it out with information like: name, sex, birthday, their signature, date, address, phone, relationship to patient, name of consenting adult, mother maiden name, Medicaid number (if Medicaid), Health questions (in survey form), insurance declaration. The clinic staff enters the information into the system. For STD/TB patients, consent (which is in both English and Spanish) for treatment and HIPAA acknowledgment are collected at registration and additional consents may be collected (dependent upon treatment options). Data is collected from these forms like: name, address, signatures, country of birth, USA entry date, etc. |
| 17 | Decrease Communicable Disease Rates/documentHealthEducation | Discuss use of the system to document Public Health Education/Technical Assistance activities necessary to report to the state. |
| The Clinic Staff use the system to document Public Health Education/Technical Assistance activities necessary to report to the state. |
| 18 | ImmTrac/recordImmunizationOfChild | If the interface exists, explain how the system functions with ImmTrac and TWICES. |
| The System provides the ability to communicate with ImmTrac, child immunization information. Currently, TWICES communicates the child immunization to ImmTrac, however TWICES is scheduled for deprecation. |
| ImmTrac/recordImmunizationOfAdult |
| The clinic staff uses ImmTrac and enters immunization information of the Client. In the future, the system interfaces ImmTrac. |
| TWICES/recordImmunizationOfAdult |
| The clinic staff uses TWICES and to enter immunization information of the Client. |
| 19 | Decrease Communicable Disease Rates/enterMedicationUsage | Explain how the system manages medication usage resupply. |
| Once administered, the Clinic Staff use the system to enter medication dispensed. The system provides Clinic Staff the ability to scan barcode labeled medications to populate dispensed drug information to the Medication Usage portion of the Client Medical Record. Attributes of Medication Usage include (but not limited to) number of pills dispensed, lot number, who administered, their title, expiration date, Vaccine Information Statement (VIS) Date, manufacturer, name of medication/vaccine, prescribed dose, and name of clinic, site, or location administered. Only approved roles can enter medication and treatment indication in Client Medical Record. |
| Decrease Communicable Disease Rates/trackMedicationUsage |
| The system tracks the medication/vaccine dispensed from the information collected in the Medication Usage portion of the Client Medical Record. The system provides a comprehensive audit trail on medication usage and supply. Throughout the process, various roles of the clinic such as approved Clinic Staff and Outreach Workers enter dispensed medication/vaccine information into the Medication Usage portion of the Client Medical Record for the system to identify reorder thresholds. |
| Electronic Vaccine Inventory/provideResupply |
| The system tracks the medication/vaccine dispensed from the information collected in the Medication Usage portion of the Client Medical Record. The system provides a comprehensive audit trail on medication usage and supply. Throughout the process, various roles of the clinic such as approved Clinic Staff and Outreach Workers enter dispensed medication/vaccine information into the Medication Usage portion of the Client Medical Record for the system to identify reorder thresholds. |
| 20 | Decrease Communicable Disease Rates/trackCaseStatus | Explain the system's ability to perform work flow management for certain medical treatments to include flagging follow up activities. |
| The Clinic Staff use the system to track the Client's Case Status. The system provides definable work flow management features triggered by definable business attributes such as Client disposition (e.g., high blood pressure, indication of communicable diseases, financial status, diabetes, tobacco use and others as needed, etc.) of the Client. For example, certain medical treatments may require follow up appointments for treatment or referral / transition to other clinics for additional medical needs. The system allows Clinic Staff to flag an item of interest within a Client Medical Record to ensure follow up activity on a scheduled date. The system automatically enters date based on intervals of days, weeks, months, etc. May include automatic electronic reminder such as email or text message. The system provides case file management to ensure proper workflow and reminders occur as required. As needed, the Clinic Staff use the system to modify template workflows to customize workflow depending on specialized Client needs. |
| 21 | Decrease Communicable Disease Rates/provideNotification | Describe the system's ability to notify Client via autodialer. |
| Depending on the profile setup in Case Status, the system provides reminder notification to the Client via autodialer (Phone Master), email, or text message. Reminders include, but not limited to shot and recall notifications - the system provides approved city staff the ability to customize reminder indications. The Client uses the Web portal to access their Medical Record to establish their preferred method of communications. |
| 22 | Cashier/provideReceiptForTreatment | Explain the system's ability to generate receipts for service rendered. |
| For immunization, receipts are provided to all patients (Medicaid, Medicare, unable to pay, TB Screening tests and shot records.) For TB and STD receipts are provided to patients that paid for services. The cashier reviews the immunization form and the TMHP screen copy to verify if the patient is Medicaid or Medicare and decide whether charges are necessary. The cashier issues a receipt for the Medicaid/Medicare, or the non-payments. The information provided on the receipt is Date of service, patient name, clinic name, type of services, amount, number of doses, and cashier signature. |

# Qualify and Intake Referred Refugee

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/qualifyAndIntakeReferredRefugee/ucd.jpg> **Qualify and Intake Referred Refugee Use Case Model** |

Scope: When the Clinic Staff receives a Refugee Referral Form from the system and determines eligibility, the Clinic Staff sends indication of eligibility to the Volunteer Agency. The Clinic Staff use the system to create a new Client Medical Record for the refugee and enters Client Demographics or other pertinent Client Information. For special needs Clients, the Clinic Staff assigns a social worker.

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/qualifyAndIntakeReferredRefugee/sd01.jpg> **Qualify and Intake Referred Refugee Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 23 | Decrease Communicable Disease Rates/qualifyClient | Discuss the system's ability to provide Web portal to allow for submittal of Refugee Referral Form. |
| Currently, the Refugee Health Clinic receives an email referral from volunteer agency such as Caritas or Refugee Services of Texas - potentially others. The referral is an email sent to a designated Refugee Health Clinic Staff. Out of office indication redirects correspondence when designated Clinic Staff is not available (i.e., sick, vacation, etc.). The email contains a Refugee Referral Form providing refugee Client Demographics among other information about the refugee Client. Alternately, the system provides a Web portal for the Volunteer Agency to submit the Refugee Referral Form. The system routes the form submission to the appropriate staff eliminating the need for out of office indication. |
| 24 | Clinic Staff/determineEligibility | Describe the system's ability to assist in eligibility determination. |
| Using information provided by the Refugee Referral Form, the Clinic Staff determines eligibility and creates the initial Client Medical Record. [Note: The system could assist in determination of eligibility based on a set of responded questions.] |
|  | Volunteer Agency/reviewEligibility | Not in scope - provided for business context. |
| If ineligible, the Clinic Staff sends an email to the Volunteer Agency indicating reason of ineligibility status. If eligible, the Clinic Staff notified the referring agency of first and second appointment information. |
|  | Decrease Communicable Disease Rates/ | Respond in Treat Communicable Disease Patient. |
| See [Treat Communicable Disease Patient use case specification](#_Treat_Communicable_Disease). |

# Administer Refugee Health Needs and Records

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/administerRefugeeHealthNeedsandRecords/UCD.jpg> **Administer Refugee Health Needs and Records Use Case Model** |

Scope: A qualified refugee Client reports to the Refugee Health Clinic for screening. On first visit, the Client completes various intake forms to provide consent, medical history, etc. representing the Client Demographics. During clinic visits, the Clinic Staff performs various medical testing such as blood work, vision, vital signs (blood pressure, pulse, etc.), basic hearing test, and take physical vitals (height, weight, etc.). Clinic Staff administer vaccinations based on vaccine history provided by Center for Disease Control (CDC) - sometimes the CDC provides refugee Client information in the form of Electronic Disease Notification (EDN) - could include report from refugee camps supported by International Organization for Migration (IOM) or United Nations High Commissioner for Refugees (UNHCR). Based on this information, the Clinic Staff administers appropriate vaccines or medications. Sometimes Clinic Staff must wait for test results prior to administering some medications or vaccines. Client appointments occur in house for two appointments to make an overall assessment; afterwards, Clinic Staff dispense refugee Clients to civilian health care agencies. Clinic Staff may refer sexually transmitted disease (STD) or Tuberculosis (TB) cases to the Austin STD/TB Clinic. The Clinic Staff maintains a complete refugee Client Medical Record, which requires civilian health care agencies to fax health record information for inclusion in Client Medical Record. In addition, all refugee Clients receive medical education. Clients may receive additional follow up appointment if needed.

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/administerRefugeeHealthNeedsandRecords/sd01.jpg> **Administer Refugee Health Needs and Records Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 25 | Decrease Communicable Disease Rates/accessClientMedicalRecord | Explain EHR application's ability for Clients to access their Client Health Record. |
| The Client retrieves their Client Medical Record from the system using a Web portal - this provides technology opportunity for Client mobile service application. The system provides an acceptable form of identity management meeting the criteria established by the Health Insurance Portability and Accountability Act (HIPAA). The Client uses the system to update Demographic Information using a Web portal - the Client may also use the system Web portal to review, save and print their Client Medical Record to include shot records, financial transactions, etc. The Web portal provides the Client the ability to complete intake items prior to their scheduled Clinic appointment. The system provides the Client HIPAA guidelines, as well as other immunization forms (consent, vaccine information statement, etc.) through the Web portal. [Note: The Client can only access their Client Medical Record if one already exists. Only the Clinic Staff can create new records because they must adjudicate potential duplicate records - for HIPAA (confidentiality) reasons, this may not be possible via self-service.] |
|  | Client/reportToReceptionist | No response required - information provided for contextual purposes. |
| Based on a previously scheduled appointment or walk-ins, the Client reports to the designated clinic for review and/or possible treatment. On all visits, as required, the Client completes various intake forms to provide consent, medical history, etc. representing the Client Demographics. Data like Name, address, phone number, date of birth, emergency contact, email, employer, employer phone number, Medicaid number (if applicable ) race, ethnicity, age, sex, U.S citizenship, guardian name, shared living info, incarceration history, person who provided consent for treatment, relationship to client, primary language. |
|  | Clinic Staff/performTestAndTreatment | No response required - provided for contextual information. |
| Based on vaccine history information, the Clinic Staff administers appropriate vaccines or medications. Sometimes Clinic Staff must wait for test results prior to administering some medications or vaccines. During clinic visits, the Clinic Staff performs various medical testing such as blood work, vision, vital signs (blood pressure, pulse, etc.), basic hearing test, and take physical vitals (height, weight, etc.). |
| 26 | Decrease Communicable Disease Rates/dispensePrescription | Describe the EHR application's ability to interface with local dispensing pharmacies. |
| When required, the Clinic Staff doctor may provide the Client with a prescription until they're able to establish a primary care physician. The Clinic Staff doctor uses the system to enter prescription information and the local dispensing pharmacy. The system stores the prescription information and transmits the prescription to the selected pharmacy. Alternately, the system provides print ready prescription(s) for the Client to take to the pharmacy. The system provides print ready screens for selected provider use, Client guidance and use instructions. |

**Schedule Appointment Use**

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/scheduleAppointment/ucd.jpg> **Schedule Appointment Use Case Model** |

Scope: The Client can either setup an appointment using a Web enabled interface or call the hotline to schedule an appointment with an Appointment Scheduler. A call management system dashboard provides leadership indication of Appointment Scheduler performance as well as indication of current and anticipated call volume metrics. A geographic depiction of clinic locations is provided to assist in optimal location identification to the Client and Appointment Schedulers to assist in appointment location. The Client is provided automated notifications either by text message or automated voice indication to confirm, remind, or indicate appointment status. Appointment Schedulers manage schedulable resources as required.

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/scheduleAppointment/sd01.jpg> **Schedule Appointment Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 27 | Schedule Appointment/scheduleAppointment | Explain system's scheduling abilities based on this specification. |
| The Client calls a provided help line to schedule or reschedule an appointment - Client may be guardian of child and act on behalf. The system provides the ability to support multiple languages and provides the ability to perform call center management such as (but not limited to) number of calls in the wait queue, current average wait time, average calls per hour, anticipated call volume and individual Appointment Scheduler performance metrics. The system provides a visual, at a glance dashboard for display in the call center and accessible to staff leadership on their desktop computer. The dashboard also provides metric information related to Web interface schedule usage. Alternately, the system provides a Web enabled interface to allow the Client to schedule or reschedule an Appointment. During the appointment scheduling session, either the Web interface or the Appointment Scheduler provides the Client the appointment requirements such as (but not limited to) insurance provider, proof of income, identification needs, proof of residency, consent form, etc. along with a summary of the benefits. If the Client is using the Web interface, the system provides a means for the Client to upload PDF versions of the required documents as well as the necessary forms to enter relevant Client Information. The same Web interface completes required documentation needs when initial appointment requirements are incomplete. The system provides online chat feature to gain assistance from a skilled staff member. [Note: Immunization doesn't require proof of residency or proof income.] The system provides group scheduling to allow flexible schedule of multiple individuals for any given time period. The system allows for multiple bookings at the same time when needed. The system provides appointment period to adjust to available Clinic Staff resource adjustable by the approved Clinic Staff. |
| 28 | Schedule Appointment/determineAppointmentLocation | Explain system's scheduling abilities based on this specification. |
| For use of scheduler, a first appointment must occur before online account is established to setup Client demographics - will consider other options. When either a Client is scheduling an appointment using the Web enabled interface or the Appointment Scheduler is assisting on the telephone, a geographical map is presented based on health service need (ex., WIC, Immunization, TB, etc.). When appropriate, Client Demographics such as home address and/or work address provides geographical map of available clinic locations to schedule an appointment depending on the type of appointment (i.e., WIC, immunization, Tuberculosis, sexually transmitted disease, etc.) When selecting a location, the system presents the schedule appointment interface for the selected facility to either the Client or the Appointment Scheduler to schedule an appointment depending on the use. For some appointments (e.g., required by grant agencies), the system provides a means to document selectable reason why a Participant can't schedule within selected time windows. |
| 29 | Client/acknowledgeAppointment | Explain system's scheduling abilities based on this specification. |
| When the Client indicates mobile device messaging option in their profile, the system (either by text message or email) provides information or by automated voice indication. The appointment Notification provides a means to Acknowledge the appointment by following a provided link or by selectable response indication - negative notification response automatically cancels the appointment from the system. This message also acknowledges appointment the day before the scheduled activity. A message indication provides missed appointment information (ex., requesting the WIC Participant to reschedule) and a reminder of policy regarding missed appointments. The system provides a means to identify selected Clients to send out information regarding availability or general clinic inform such as closures, etc. |
| 30 | Schedule Appointment/checkAppointmentStatus | Explain system's scheduling abilities based on this specification. |
| The system provides selected Appointment Scheduler the ability to review and report on the status of appointments, appointment history to include missed and cancelled appointments. Depending on the selected method of scheduling (i.e., Web interface or scheduled by phone), the Appointment Scheduler ensures follow up indication to the Client regarding their missed appointment or follow up for additional treatment and the need to reschedule. |
| 31 | Schedule Appointment/reassignSchedulableResources | Explain system's scheduling abilities based on this specification. |
| The system provides the ability for selected Appointment Schedulers to manage and modify Scheduled Resources. The system provides the ability to manage group, sweeping changes rather than individual changes currently experienced by the existing scheduling system. The system provides the Clinic Staff the ability to change and manage resource allocation real time (ex., time-period, location, and specialty need). |

# Provide WIC Services

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/provideWICServices/ucd.jpg> **Provide WIC Services Use Case Model** |

Scope: Women, Infants and Children (WIC) is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. Nutrition education and counseling, breastfeeding support, nutritious foods, and help accessing health care for low-income women, infants, and children through the Special Supplemental Nutrition Program. Services are free to those who are eligible. Part of the WIC nutrition program includes breastfeeding clinic (Mom’s Place) run by the City of Austin. The state does not provide electronic record access at Mom's Place clinics. Therefore, there's a need for a system to track client demographics, schedule appointments and administered breastfeeding and nutrition services – includes electronic health records. Clinic Staff use the system to connect virtually using tele-presence to the locally run WIC Office when specialized hands on support require Mom's Place Clinic Staff. The system provides a Web interface to replace current intake forms - allows Clients to enter demographics and other questionnaire queries prior to each visit. The system uses the same system interface as computer kiosks in local WIC Clinics. Clinic Staff use the system to assist in finding Client referrals, track referrals to and from other programs/clinics, track non-returnable inventory, track breast pumps, and identify follow up items.

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/provideWICServices/sd01.jpg> **Provide WIC Services Seqeunce Diagram** |

**Table of Interface and Functional Descriptions**

|  |  |  |
| --- | --- | --- |
| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
|  | Client/contactClinic | Provided for context. |
| The Client may contact the WIC for advise and or immediate services. |
|  | Ensure Efficient and Coordinated Public Health Services/provideVirtualPresence | Virtual presence is outside the scope of work. |
| Women, Infants and Children (WIC) provides service registration, nutrition information, food benefits, and breast feeding education. However, Mom's Place provides specialized lactation hands on training not offered by the WIC clinic. The system provides a virtual tele-presence between WIC Clinic and Mom's Place to enhance the user experience and reduce transportation needs. |
| 32 | Ensure Efficient and Coordinated Public Health Services/accessClientNeeds | Explain application's abilities regarding the specification. |
| The Client (mom with infant) contacts Mom's Place for lactation services. A Clinic Staff (WIC Consultant) uses a system provided questionnaire to query the Client as an initial assessment. The system provides intake and assessment with features of the state provided Healthcare Provider's Guide to Breast Feeding. The system stores the Clinic Staff entered Client response - response may include textual note entries. If the Client already has a Client Medical Record, the system stores questionnaire response with the Client Medical Record. If the Client does not have a Client Medical Record, the system collects enough Client demographics such as phone number, name, birth date, etc. to establish an initial Client Medical Record for completion at a future date. The Clinic Staff use the system to collect Client Demographic and lactation service information even if the Client is not a registered WIC participant. The system uses the information to provide performance metrics on Client demographics and other relevant lactation services reporting. Report needs include total number of clients seen for a given period, how many were initial appointments and subsequent appointments, number of Clients exclusively breast feeding vise mix of formulas, metrics performed by follow up phone calls or appointment visits, and the number of phone calls per month – among other user definable reporting needs. The system provides similar, more comprehensive questionnaire on initial visit using a computer kiosk or by Client completing a form - Clinic Staff enter form information into the Client Medical Record. Provides support for multiple languages. |
| 33 | Ensure Efficient and Coordinated Public Health Services/provideReferralInformation | Explain the application's ability to provide referral information. |
| During the interview assessment, the Clinic Staff may provide referral information regarding possible services available to the Client such as food stamps, depression assistance, and other medical needs such as immunization - could include a printout offered to Client. Under some circumstances, the Clinic Staff use the system to research identify a referral in a database. Under certain configurable Client demographic elements (such as missing pediatrician information, home residence location, infant safety guidance, tobacco user, etc.) the system proposes recommended referral information. The system provides electronic transfer (e.g., email and electronic fax) of Client demographics to referring agency. Certain referral types require state referrals to occur within 24 hours of recommendation. Includes tracking referrals to/from referee – the system provides follow up indication when required. |
| 34 | Ensure Efficient and Coordinated Public Health Services/trackNonReturnableInventory | Explain the system's ability to track inventory to include returnable items such as breast pump. |
| The Clinic Staff use the system to track non-returnable inventory items (medical aids) when dispensed to Client. When thresholds exceed settings, the system provides warning indication to Clinic Staff. Approved Clinic Staff may use the system to adjust these thresholds. Clinic Staff use this information to reorder through state office Web site as well as other approved sources. The system emulates printable state approved forms for Client review and approval (requires digital signature) to be stored with Client electronic health records for future state audits. |
| Ensure Efficient and Coordinated Public Health Services/trackBreastPump |
| When a Client requires a breast pump, the Clinic Staff use the system to identify available breast pump and associate with the Client Medical Record. The system provides a tracking mechanism to ensure breast pump scheduled return. The system provides information such as condition (ex., bugs requiring special cleaning), state of repair, location, number of times used, warrantee, etc. When pumps not returned by the due date, the Clinic Staff contacts Client (possibly automated). Provide ability to print notification letter to Client. If no response, the Clinic Staff reports Client information to the state - if subsequently returned, Client Staff informs state by email. |
| 35 | Ensure Efficient and Coordinated Public Health Services/provideFaxServices | Explain application's ability to process electronic fax. |
| The system provides a fax service - the service allows for the receipt of electronic fax documents entered into a queue. A system queue operator can route received faxes to designated parties via email or directly within the system. The system provides a means to attach received fax documents to designated health records. The system fax service provides for outgoing fax for scanned documents or directly from the system. The system provides shortcuts to fax address book items to search and retrieve frequently used fax numbers. |

# Process Claims

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/processClaims/ucd.jpg> **Process Claims Use Case Model** |

Scope: Collects fee for service, posts services for billing, bills Medicaid, bills for large immunization event, bills Medicare immunization, and manually bills outstanding claims. Used to receive payments, update claim status and manage exceptions to include unresolved claims.

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/processClaims/io.jpg> **Process Claims Interaction Overview** |

**Table of Role Definitions**

| **Role** | **Description** |
| --- | --- |
| MEDREC | Software application used by STD/TB program to store information about payments collected from public that received services. |
| AIMS | Austin Integrated Management System (AIMS). COA financial system largely using Advantage software to account for collection and revenues for each program or unit. |
| TWICES | Texas-Wide Integrated Client Encounter System (TWICES), this system is used as an electronic medical record for immunization patients and as a vaccine inventory system. Cashier and Clinic Staff records all vaccines received and given to patients served. The system provides reports and detailed information used to bill for Medicaid patients. |
| Centralized Billing System (CBS) | Centralized Billing System (CBS), Unit at the Department of Texas State Health Services (DSHS) that provides clearing house services to Immunization Program. |
| Billing System | The Billing system might be internally managed, or managed by a third party. Currently this is not being done with the current processes. |
| DSHS | Texas Department of State Health Services (DSHS) ftp secure site that provides a file with immunization claims detailed information that COA Health Department IT staff upload into the Medicaid conversion database. |
| Medicaid Conversion Database (MCDB) | MS Access database used to store all immunization claims submitted to health plans and its status. |
| Novitasphere Portal | Medicare web-based portal that allows to verify patient eligibility, claim information and retrieve remittance reports from claims submitted. |
| PC-ACE Pro32 | Medicare electronic claim submission and management software. |
| MEDCLAIM | Software application that contains CMS1500 form templates. The immunization staff use it to create manual/paper claims. |
| TMHP | Texas Medicaid Healthcare Partnership (TMHP) - system supports staff in verifying if a patient is Medicaid active or eligible for a particular date of service. Also, the system allow staff to submit claims, appeals and retrieve remittance reports. |
| PaySpan Website | Website used to retrieve remittance reports from billed Medicaid Superior Health Plan patients. The website also sends email notifications to immunization staff when remittance reports are available. |
| COA Controller's Website | Website contains information about deposits into COA accounts that were received and cleared by the bank. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/processClaims/sd01a.jpg> **1 A. Collect Fee for Service Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 36 | Cashier/collectFeeAndProvideReceipt | Indicate how or if the system aids in process. |
| The Cashier collects a fee and provides a receipt for treatment to the customer. The receipt includes type of services, date of service, patient name, clinic, number of doses, type of payment, amount, last four of CC (if CC), check number (if check), cardholder name and phone number. |
| MEDREC/recordPayment |
| The Cashier uses MEDREC to record payment of the treatment received by the customer. Information includes amount collected, date of service, name of Client, and type of transaction (cash, check, CC). |
| Cashier/allocatePaymentToFundingCode |
| The Cashier uses AIMS and allocates funds deposited to the funding code for the department that performed the services. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/processClaims/sd01b.jpg> **1 B. Post Services for Billing Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 37 | Centralized Billing System (CBS)/attemptToBillMedicaidPlan | Explain how the billing system operates relevant to TWICES, CBS and TMHP. |
| Weekly TWICES sends CBS the claims for services provided. Eligibility for the patient is verified with TMHP at this time. |
| Centralized Billing System (CBS)/billMedicaidHealthPlan |
| CBS electronically submits Superior Healthplan and TMHP (all non-Superior claims). |
| decrease Communicable Disease Rates/createClaim |
| The system uses the treatment and Client information to create an insurance claim. |
| Billing System/submitClaimForPayment |
| The system communicates with the Billing System to submit the insurance claim. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/processClaims/sd01c.jpg> **1 C. Bill Medicaid Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 38 | DSHS/provideReconciliationFile | Explain how the system aids in Medicaid billing done by CBS. |
| The IT Staff accesses DSHS FTP site and downloads a reconciliation file (with all claims that had changes). Additionally, the IT Staff cleans up the data (modifies errors in data). |
| Medicaid Conversion Database (MCDB)/storeClaimInfo |
| The IT Staff extracts Medicaid claims from the reconciliation file, and using SQL inserts table entries for each (or modifies the existing entries). The information included in the table population is Medicaid number, patient name, TWICES number, provider, site, date of claim, summary of payment set to: PENDING. The Billing staff create and store the claim information by populating the following fields: Medicaid number, patient name, TWICES number, provider, site, date of claim, Summary of payment set to: PENDING. In cases where the patient information is missing but a remittance report indicates payment, the Billing Staff will manually create the MCDB record for the patient treatment. |
| Centralized Billing System (CBS)/sendCBSReports |
| Approximately every two weeks, Central Billing System sends hard-copy CBS reports. |
| ExcelTrackingLog/storeCBSReportInfo |
| The Billing Staff takes the CBS reports and populates the Excel tracking spreadsheet with the CBS claims billed to their plan and claims forwarded by TMHP to Managed Care. |

**1 D. Bill Plans**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 39 | No Use Case Provided/1 D. Bill Plans | Explain how the system aids in billing commercial healthcare plans. |
| The City of Austin does not currently bill commercial healthcare plans for Health and Human Services; however, in the future, we wish to bill commercial healthcare plans. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/processClaims/sd01e.jpg> **1 E. Bill for Large Immunization Event Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 40 | reviewPatientConsentAndDemographics | Explain how the system manages billing for a large immunization events while interfacing with the important state systems such as TMHP among others discussed in the specification. |
| The Billing Staff receives the immunization form, which contains insurance number, Medicare number, TWICES number, last, first and middle name, date of birth, sex, address, county, authorization signature, site location, date of service, vaccines received, vaccine lot number, site of injection, and signature of vaccine administrator. |
| ExcelTrackingLog/updateClaimInfo |
| The Billing Staff uses Excel to record information about all activity and billing for COA Health and Human Services. This spreadsheet carries all relevant information such as billing information, payment information, claims postdates status of billing and with whom the billing occurred, as well as tracking of the paid status of claims. Note: It is desirable for a visual cue to be available to identify claims and their payment status. For Medicare and large events billing contains information such as patient first, middle and last name, date of birth, TWICES #, Medicaid #, Medicare #, address, date of service, location, type of vaccine, if patient donated or not, eligibility verification date, health plan, date claim submitted, if claim submitted electronically or manual, amount billed, status (paid or denied), amount paid or denied, date of payment or denial, comments. For refunds, the tracking logs include clinic (location), patient name, TWICES ID number, Medicaid ID number, date of service, date on which cashier looked up receipt, date receipt received at billing office, date approved refund, date request sent to accounting, date notification sent to patient, name of payee, address, phone and comments. Sometimes date CC refunds are issued at the clinic is also tracked. For checks returned, the tracking log includes check number, payee name, date alternate address was requested, clinic (location), patient name, Medicaid ID number, new address found, date new address provided to City Accounting, payee phone number and comments (includes notes indicating whether the check refund is unclaimed property). |
| Novitasphere Portal/verifyPatientActiveForDateOrService |
| The Billing Staff uses the TMHP Website to look up Client information. This is done by providing date of service, name, date of birth, and Medicaid ID number (if available). The Website provides health plan, effective dates, benefit plan, medical coverage, date at which approved, known address, county, eligibility through date, and gender. |
| PC-ACE Pro32/createRosterSheet |
| The Billing Staff uses the PC-ACE Pro32 interface to construct a listing of Clients to be billed to Medicare (Novitas is the current Medicare clearinghouse). The information provided: payerID, providerID, ServiceDate, PointOfService, Type, HCPCS (Healthcare Common Procedure Coding System), VaccineCharge, AdministrationCharge, InsuredID, patient name, sex, birth date, and address. PC-ACE Pro32 provides a confirmation number (assuring transmission). This information is verified by Novitas, and the Novitasphere Portal will indicate information has been verified via the portal. |
| PC-ACE Pro32/recordClaimInfo |
| PC-ACE Pro32 creates claims for Novitas (the current Medicare clearinghouse). |
| Novitasphere Portal/submitClaim |
| The Billing staff goes to the NovitasSphere Portal, provides their NPI Number, username, and password. The staff uses the date and time submitted to locate the batch of claims to process. The Billing staff highlights the batch and "submits" the claims. |
| MEDCLAIM/createCMS1500Form |
| The Billing Staff uses MEDCLAIM software to specify claim information. A file is created per claim and per page (some claims are multi-page). This file is proprietary, reprints require loading the saved file to print. The software writes a disk file that is backed up for future reference. The MEDCLAIM software prints the standard CMS1500 form on pre-formatted paper. If CBS did not bill or placed the claim on hold, and the patient is Medicaid eligible, the Billing Staff will manually create a CMS1500 form. |
| Billing Staff/mailBillToAppropriateHealthPlan |
| The Billing Staff receives signatures from the Medical Director, files a copy of the CMS1500 form, and mails the original to the appropriate health-plan provider. Note: There is a desire to use digital signatures. Today all forms are manually stamped. |
| TMHP/verifyPatientActiveForDateOrService |
| The Billing Staff uses the TMHP Website to look up Client information. This is done by providing date of service, name, date of birth, and Medicaid ID number (if available). The Website provides health plan, effective dates, benefit plan, medical coverage, date at which approved, known address, county, eligibility through date, and gender. |
| TMHP/billInitialSubmissionOfTreatment |
| The Billing Staff uses TMHP Website and the TEXMEDCONNECT tool, populates claim information with Medicaid ID number, CPT codes, date of service, diagnosis codes, dollar amount per vaccine, the location, provider, and the number of injections (unit). Once claim is successfully submitted, a confirmation screen is printed and filed with the immunization form. Note: It is desired for the system to automatically store images, and attach them to the correct client based on Medicaid number. |
| Superior Health/billInitialSubmissionOfTreatment |
| The Billing Staff uses the Superior Website, populates claim information with Medicaid ID number, CPT codes, date of service, diagnosis codes, dollar amount per vaccine, the location, provider, the number of injections (unit). Once claim is successfully submitted, a confirmation screen is printed and filed with the immunization form. Note: It is desired for the system to automatically store images, and attach them to the correct client based on Medicaid number. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/processClaims/sd01f.jpg> **1 F. Bill Medicare Immunization Sequence Diagram** |

Note: For brevity, we left off previously defined interface descriptions.

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 41 | Billing Staff/reviewPatientConsentAndDemographics | Explain how the system bills Medicare for Immunization. |
| The Billing Staff receives the immunization form, which contains insurance number, Medicare number, TWICES number, last, first and middle name, date of birth, sex, address, county, authorization signature, site location, date of service, vaccines received, vaccine lot number, site of injection, and signature of vaccine administrator. |
| Novitasphere Portal/verifyEligibilityAndRetrievePatientInformation |
| The Billing Staff uses Novitasphere to verify benefits and eligibility of a client. They provide the full name, date of birth, date of service, and if available, Social Security number (which is often the Medicare number). |
| Billing Staff/mailPatient |
| The Billing Staff uses Word template to format a letter to the specified address provided by the Client requesting their Medicare number. The letter allows for the Client to either reply via hard-copy mail or phone. This can be in either English or Spanish. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/processClaims/sd02.jpg> **2. Manually Bill Outstanding Claims Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 42 | TMHP/verifyPatientActiveForDateOrService | If relevant, explain how the system aids in this process. |
| The Billing Staff uses the TMHP Website to look up Client information. This is done by providing date of service, name, date of birth, and Medicaid ID number (if available). The Website provides health plan, effective dates, benefit plan, medical coverage, date at which approved, known address, county, eligibility through date, and gender. |
| TWICES/confirmTreatmentDetailsAndMedicaidNo |
| The Billing Staff looks up the client in TWICES to verify the treatment, date of service, vaccine CPT codes, and customer’s address, legal name and responsible person. |
| Superior Health/billInitialSubmissionOfTreatment |
| The Billing Staff uses the Superior Website, populates claim information with Medicaid ID number, CPT codes, date of service, diagnosis codes, dollar amount per vaccine, the location, provider, the number of injections (unit). Once claim is successfully submitted, a confirmation screen is printed and filed with the immunization form. Note: It is desired for the system to automatically store images, and attach them to the correct client based on Medicaid number. |
| TMHP/billInitialSubmissionOfTreatment |
| The Billing Staff uses TMHP Website and the TEXMEDCONNECT tool, populates claim information with Medicaid ID number, CPT codes, date of service, diagnosis codes, dollar amount per vaccine, the location, provider, and the number of injections (unit). Once claim is successfully submitted, a confirmation screen is printed and filed with the immunization form. Note: It is desired for the system to automatically store images, and attach them to the correct client based on Medicaid number. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/processClaims/sd03.jpg> 3. Receive Payments Sequence Diagram |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 43 | Billing Staff/depositChecksReceived | Explain how the system aids in our process to receive payments. |
| The Billing Staff receives checks in the mail that are accompanied by Remittance Statements (R&S statements/Reports). The Billing Staff makes two copies of the checks—one to track deposits and the other to attach to the report. All the checks received that day are combined into a single deposit, and placed into a secure bank bag. The bag has a deposit slip that includes amount, date, and location (site). The bag has a detachable bag number that is numbered, and the amount and bag number are entered into a two-log file. |
| Billing Staff/receiveNoticeOfRemittenceReport |
| The Billing Staff receives an email from Superior notifying there are payments or denials of payment. |
| PaySpan Website/verifyPaymentOfClaims |
| The Billing Staff accesses the PaySpan website once or twice a week, and retrieves information-related claims filed with Superior. EOB/payment information can be returned. The Billing Staff makes a copy of the report, and updates a log tracking all remittances. |
| TMHP/verifyPaymentOfClaims |
| The Billing Staff uses TMHP Website once a week to retrieve information-related claims filed with TMHP. EOB/payment information can be returned. The Billing Staff makes a copy of the report, and updates a log tracking all remittances. |
| COA Controller's Website/verifyMoniesRecieved |
| The Billing Staff uses the COA Controller's website to verify deposits 24-48 hours after the deposit has been made. They make screen prints of the actual amounts listed. |
| AIMS/generateCashReceipt |
| The Billing Staff uses the AIMS Website and creates a cash receipt. The Billing Staff provides funding codes, amounts, fiscal year, deposit date, date recorded, and identifies which monies are included in the receipt (EFT/Check number), whether it is Medicaid or Medicare, EFT number, bank transit number, and TMHP remittance number. |
| AIMS/approveTransaction |
| Authorized Billing Staff verifies the information provided for remittance and deposits and approves the transaction. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/processClaims/sd04.jpg> **4. Update Claim Status and Manage Exceptions Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 44 | Billing Staff/saveAndPrintRemittanceReports | Explain how the system manages claims and exceptions in terms of the specified systems. |
| The Billing Staff looks up and prints remittance reports from mail and online to determine which claims have been paid and which are outstanding/denied. |
| Conduct Claim Appeal Process |
| See use case specification to [Conduct Claim Appeal Process](#_Conduct_Claim_Appeal). |
| TWICES/confirmTreatmentDetailsAndMedicaidNo |
| The Billing Staff looks up the client in TWICES to verify the treatment, date of service, vaccine CPT codes, and customer’s address, legal name and responsible person. |
| Billing Staff/researchRemittanceReportHardCopy |
| The Billing Staff looks up the patient information in the remittance reports, and compares the information with what was discovered in the original remittance reports. Additionally, this is cross-checked with the TWICES information (to confirm treatment dates, quantity, and vaccine provided including CPT codes). |
| Conduct GAX Refund |
| See use case specification [Conduct GAX Refund](#_Conduct_GAX_Refund). |
| Cashier/checkIfPatientPaidForService |
| The Billing Staff requests the Cashier to review the patient payment status for the date of service. If Cashier discovers payment for that date of service was made, a refund is required. If no payment was received, nothing else is done, and a note is made. If the patient paid, the Cashier makes a copy of the receipt (as well as credit card receipt if applicable) and provides to the billing office. |
| Medicaid Conversion Database (MCDB)/storeClaimInfo |
| The IT Staff extracts Medicaid claims from the reconciliation file, and using SQL inserts table entries for each (or modifies the existing entries). The information included in the table population is Medicaid number, patient name, TWICES number, provider, site, date of claim, Summary of payment set to: PENDING.  The Billing staff create and store the claim information by populating the following fields: Medicaid number, patient name, TWICES number, provider, site, date of claim, Summary of payment set to: PENDING.  In cases where the patient information is missing but a remittance report indicates payment, the Billing Staff manually creates the MCDB record for the patient treatment. |
| Initiate Refund |
| See use case specification [Initiate Refund](#_Initiate_Refund_Use). |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/processClaims/sd05.jpg> **5. Manage Unresolved Claims Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| Req# | Type/Interface - Requirement Description | Required Response |
| --- | --- | --- |
| 45 | Medicaid Conversion Database (MCDB)/generatePendingStatusClaimsReport | Explain how the system provides a mechanism by which to submit a claim with the Healthplan Providers (or resubmit a claim). |
| The IT Staff uses the Medicaid Conversion Database, and runs a query - an Access database with an Excel spreadsheet output. The Excel spreadsheet contains the Medicaid number, date of service, status (payment summary), and payment action date. The extract is limited by a date range of the fiscal year (October 1 through year to date). |
| IT Staff/sendPendingClaimsReportToBillingStaff |
| The IT Staff emails the Pending Status Report (an Excel file) to the Billing Supervisor. |
| ExcelTrackingLog/lookupPendingCaseClaimInformation |
| The Billing Staff uses the Excel spreadsheet to review Pending Cases (cases unpaid or in appeal and unpaid). The Staff creates a list of the applicable cases to process. |
| Healthplan Provider/researchClaimAndDiscussSolution |
| The Billing Staff uses the Healthplan Provider's website or call center to inquire and verify claim information related to the pending claim/appeal. |
| Conduct Claim Appeal Process |
| See use case specification Conduct Claim Appeal Process |
| Decrease Communicable Disease Rates/updateClaimInformation |
| This system contains all relevant information such as billing information, payment information, claim posting dates, current status of billing and with whom the billing occurred, as well as tracking of the paid status of claims. Note: It is desirable for a visual cue to be available to easily identify claims and their payment status. The system provides a mechanism by which the user can submit a claim with the Healthplan Providers (or resubmit a claim). |

# Conduct Claim Appeal Process

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/conductClaimAppealProcess/ucd.jpg> **Conduct Claim Appeal Process Use Case Model** |

Scope: The Billing staff use the system to manage unpaid or partially paid claims. Currently, the Billing Staff uses TMHP and TWICES to verifying and reconciling the details associated with a medical insurance claim. If the health plan in question requires additional documentation, the Billing Staff prepares the required letters to the Health Plan Provider, including copies of records showing the claims and treatments provided. If the Health Plan Provider offers a Website for claims, the Billing Staff uses the Website to submit the appeal; otherwise, the Billing Staff creates a CMS1500 form and resubmit the claim with the most current information. The Billing Staff then updates the Medicaid conversion database and an Excel tracking log used to track claim submissions. As the last step, plan providers file CMS1500 claim submissions.

**Role Definitions**

| **Role Name** | **Description** |
| --- | --- |
| Healthplan Website | Website from different health insurance plans that provides information about patient Medicaid eligibility, claims status, payments, claims denied and allow staff to obtain reports. |
| ExcelTrackingLog | Excel application to record information about all activity and billing for COA Health and Human Services. |

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/conductClaimAppealProcess/sd01.jpg> **Conduct Claim Appeal Process Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 46 | TMHP/verifyPatientActiveForDateOrService | The Billing Staff use various systems such as TMHP and TWICES to verify and confirm Client (patient) information and activity. The Billing Staff appeals through CMS1500 using a highly Manual process. Propose how the system assists the Billing Staff to automate and track the appeals process. |
| The Billing Staff uses the TMHP Website to look up Client information. This is done by providing date of service, name, date of birth, and Medicaid ID number (if available). The Website provides health plan, effective dates, benefit plan, medical coverage, date at which approved, known address, county, eligibility through date, and gender. |
| TWICES/confirmTreatmentDetailsAndMedicaidNo |
| The Billing Staff looks up the client in TWICES to verify the treatment, date of service, vaccine CPT codes, and customer’s address, legal name and responsible person. |
| Billing Staff/copyRemittanceReportForClientClaim |
| The Billing Staff researches the correct remittance reports and makes copies of the page on which the patient’s treatment appears and used with the paper appeal documentation. |
| Billing Staff/prepareAppealDocumentationLetter |
| Some health plans request written documentation (a letter with additional information regarding the appeal), copies of CMS1500, remittance reports, additional forms as required by specific provider. |
| Healthplan Website/submitAppealThroughWebPortal |
| The Billing Staff uses the TMHP or Superior Websites to submit an appeal for a specific claim. Access is granted normally with the NPI number for the provider group and a password. Once online, the Billing Staff looks up the specific client (by Medicaid number/name, date of service and date of birth). The information provided is: CPT codes, amounts, vaccine, date of service, client information and diagnosis code. |
| MEDCLAIM/createCMS1500Form |
| The Billing Staff uses MEDCLAIM software to specify claim information. A file is created per claim and per page (some claims are multi-page). This file is proprietary, reprints require loading the saved file to print. The software writes a disk file that is backed up for future reference. The MEDCLAIM software prints the standard CMS1500 form on pre-formatted paper. Note: If CBS did not bill or place the claim on hold, and the patient is Medicaid eligible, the Billing Staff will manually create a CMS1500 form. |
| Billing Staff/constructAppealClaimPacketAndMail |
| The Billing Staff prepares the CMS1500 form (the original) plus a copy of the remittance report and any attachment letter needed, and sends to each health plan. The documentation is sent certified via US Postal Mail. The Billing Staff includes the certification receipt, along with a copy of the postal bill when filing bills. |
| Medicaid Conversion Database (MCDB)/updateClaimInfo |
| The Billing Staff uses remittance reports to look up and update information within the Medicaid Conversion Database. The information updated includes status (payment summary), amount paid, amount denied, payment action date, health plan and notes (if necessary). |
| ExcelTrackingLog/updateClaimInfo |
| The Billing Staff uses Excel to record information about all activity and billing for COA Health and Human Services. This spreadsheet carries all relevant information such as billing information, payment information, claims postdates status of billing and with whom the billing occurred, as well as tracking of the paid status of claims. Note: It is desirable for a visual cue to be available to identify claims and their payment status. For Medicare and large events billing contains information such as patient first, middle and last name, date of birth, TWICES #, Medicaid #, Medicare #, address, date of service, location, type of vaccine, if patient donated or not, eligibility verification date, health plan, date claim submitted, if claim submitted electronically or manual, amount billed, status (paid or denied), amount paid or denied, date of payment or denial, comments. For refunds, the tracking logs include clinic (location), patient name, TWICES ID number, Medicaid ID number, date of service, date on which cashier looked up receipt, date receipt received at billing office, date approved refund, date request sent to accounting, date notification sent to patient, name of payee, address, phone and comments. Sometimes date CC refunds are issued at the clinic is also tracked. For checks returned, the tracking log includes check number, payee name, date alternate address was requested, clinic (location), patient name, Medicaid ID number, new address found, date new address provided to City Accounting, payee phone number and comments (includes notes indicating whether the check refund is unclaimed property). |
| Billing Staff/fileClaimAppealByPlan |
| The Billing Staff files a copy of the CMS1500 form, and additional letters/forms of the appeal. This is filed by health plan and appeal date. Additionally, the Billing Staff includes the certification receipt, along with a copy of the postal bill |

# Conduct GAX Refund

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/conductGAXRefund/ucd.jpg> **Conduct GAX Refund Use Case Model** |

Scope: General Accounting eXpenditures (GAX) refunds are issued when monies have been paid by the City of Austin erroneously and need to be refunded. The Billing Staff completes a GaxRefundRequest, forwards it to Health and Human Services (HHS) Accounting Department. The HHS department reviews the request and accesses the AIMS system to mark a specific payment for reversal. The City of Austin's Accounts Payable team verifies the Advantage Information Management System (AIMS) registry entry and ultimately drafts the required refund check.

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/conductGAXRefund/sd01.jpg> **Conduct GAX Refund Use Case Model** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
|  | Billing Staff/completeGAXRefundForm | We beleive this refunding process to be out of scope of an EHR. However, the contractor may propose innovative solution to aid in the refunding process. |
| The Billing Staff completes the GAXRefundform. The information provided is health provider, claim amount, address of health provider, patient, Medicaid ID number, date of service, claim number, check number, date of check, amount of check, date of request, funding code and reason. |
| HHS Accounting/processGAXForm |
| The Billing Staff makes a copy of the remittance report page(s) where patient and payment(s) appears, the TWICES screen, the TMHP screen and the GAX form copies and stores, and then sends the packet to Health and Human Services Accounting (packet contains everything except TWICES screen). |
| AIMS/recordGAXRefund |
| HHS Accounting records the GAX refund information into Austin Integrated Management System (AIMS). COA financial system largely using Advantage software to account for collection and revenues for each program or unit. |
| COA Accounts Payable/reviewGAXRefundInformation |
| City of Austin (COA) Accounts Payable uses AIMS to confirm the GAX request information. |
| COA Accounts Payable/reviewAndCutCheck |
| Central Office Accounting reviews the GAX Refund Request along with all supporting attachments, creates the check and mails it to the health plan specified in the GAX Refund Request. |

# Initiate Refund

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| Select to enlarge... <http://austinea.org/arch/hhs/ehr/initiateRefund/ucd.jpg> **Initiate Refund Use case Model** |

Scope: In certain situations, a Client is due a refund from the City of Austin. Normally this is the result of a customer paying and then the Health Plan Provider also paying the same claim. When this situation occurs, the Billing Staff accesses TWICES, TMHP, PaymentTech (if original payment was via credit card) and verifies the treatment and the amount paid. The Billing Staff completes a COA Request for Refund form and obtains the Billing Supervisor's approval signature. If the refund is cash or check, HHS Accounting prepares and sends a check to the Client. For credit card transactions, the Client returns to the treatment location, offers the credit card used for the original transaction, and the Billing Staff uses the card to reverse the charge via the credit card terminal. Lastly, the Billing Staff modifies the ExcelTrackingLog, reflecting activity with the customer and claim.

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| **Select to enlarge...** <http://austinea.org/arch/hhs/ehr/initiateRefund/sd01.jpg> **Initiate Refund Sequence Diagram** |

**Table of Interface and Functional Descriptions**

| **Req#** | **Type/Interface - Requirement Description** | **Required Response** |
| --- | --- | --- |
| 47 | Cashier/checkIfPatientPaidForService | Explain how the system aids our current process description. |
| The Billing Staff requests the Cashier to review the patient payment status for the date of service. If Cashier discovers payment for that date of service was made, a refund is required. If no payment was received, nothing else is done, and a note is made. If the patient paid, the Cashier makes a copy of the receipt (as well as credit card receipt if applicable) and provides to the billing office. |
| TWICES/updatePatientFinancialInfo |
| If the patient paid for the service and is Medicaid active for the date of service, the Cashier updates eligibility status for each of the vaccines given and populates Medicaid number, effective date and billing name. |
| TMHP/verifyPatientActiveForDateOrService |
| The Billing Staff uses the TMHP Website to look up Client information. This is done by providing date of service, name, date of birth, and Medicaid ID number (if available). The Website provides health plan, effective dates, benefit plan, medical coverage, date at which approved, known address, county, eligibility through date, and gender. |
| confirmTreatmentDetailsAndMedicaidNo |
| The Billing Staff looks up the client in TWICES to verify the treatment, date of service, vaccine CPT codes, and customer’s address, legal name and responsible person. |
| Billing Staff/completeCOARequestForRefundForm |
| The Billing Staff completes the COA Request for Refund form with date of request, client info, person to whom the refund issued, payee relationship to patient, City funding code, receipt number, amount to refund, signature and date of signature of the Billing Staff completing the form. |
| PaymentTech Website/verifyPayment |
| The Billing Supervisor uses the PaymentTech Website to verify that records indicate specific paid card transaction. |
| Billing Staff Supervisor/approveRefundForm |
| The Billing Supervisor checks all documents and signs the COA refund form. |
| HHS Accounting/processRefundForm |
| The Billing Staff makes a copy of the refund form, and files it by clinic and date of submission to include a copy of the TWICES screen. The signed COA Request for Refund form, copies of the receipt, and a TMHP screen print are sent to the Health and Human Services (HHS) Accounting department. |
| Billing Staff/findAlternateMailingAddress |
| The Billing Staff Supervisor requests the staff to research and determine an alternate address. |
| Billing Staff Supervisor/useNewAddress |
| The Billing Staff reviews TWICES and TMHP, makes phone calls to verify most recent address, and ultimately sends an email providing a new address for the payee to the Billing Staff Supervisor. |
| Billing Staff Supervisor/notifyCityAccountingWithNewAddress |
| The Billing Staff Supervisor notifies/replies to email requesting another address, to the City Accounting and HHS Accounting with alternate address information for the payee. |
| Billing Staff/sendNoticeOfRefundToClientAndCashier |
| The Billing Staff creates letters from templates (bilingual), notifying the Client they are due a refund. The letter includes payee name/card holder name, address, patient name, clinic (location), name and address of clinic, amount to be refunded, and the phone and name of Billing Staff with whom they communicate. Additionally, they are requested to return to the clinic with the credit card used on the day of service. The Billing Staff copies the Cashier on the refund notification. |