Project: xyz Axis

Domain: Health care and Insurance

Module: Provider

Sub-Modules:

* Provider Working Location
* Provider Assignment
* Provider Group
* Provider Other IDs
* Provider Credentials

**Theory**:

In Medicare, Provider is the one who provide Medicare facility. We can classify providers in two types.

1. **Person/ Physician** – a provider can be a person (like an individual doctor) who can provide Medicare Facility.
2. **Organization / Health care facility/ Medicare Agency**: a provider can be an organization which is responsible to provide us the Medicare Facility.

**Note**: A provider is two types **Person** or **Organization**.

**Project**

In project, A Provider or its sub modules will have two screens call

1. Setup screen
2. Search Screen

**Setup Screen**

A setup screen contains the screen specific fields to insert and modify data. Once after we save and modify data, the data changes will be saves in database.

**Search Screen**

A search screen specific to each module or sub-module.

It has some fields, and search grid. The fields are allowed user to provide search criteria to search the record.

e.g) if I want to search a provider with Organization name as **Apollo,** in the search screen we can do so by providing the Organization name.

\*\* we will talk more about setup and search screen business, when we start with some specific screen.

**Flow#1 (Insert Data > Validate > Save)**

Application need to follow a typical business flow, will try to talk about the very basic flow and going forward will add the things to make it more realistic.

1 2 3

After all mandatory field’s data validation, system will validate application specific validations

Upon saving, business will first validate mandatory fields.

Provide Data in Setup Screen and submit/save

If validation fails 4

Assuming all validations pass, System will save data into respective table, and user will get notify with message on screen.

If any validations fail, we need to correct data and save again

If validation passes.

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**Provider Setup Page**

Business: so far, we know that a provider can be a person or organization (remember not both). The business may not vary much in case of a provider is Person or Organization, But the data we capture may vary slightly.

**Key Things for a Provider**

**NPI:** In Medicare world, A Provider **must** have NPI (National Provider Identity) which is the unique Identity from CMS/Government.

**Taxonomy Code**: It’s a unique number (of 10 digits) which is required to apply for NPI. This code determines your designation, Specialization and your classification.

**Specialist:** A provider can have one or more specialist which refers to the areas of his excellence.

**First Name, Last Name& Organization Name:** if a provider is person then it must have First Name and Last Name, if it’s an organization it must contains Organization Name.

**Provider ID** when a valid provider registered (save) into a system, system will generate (following by business logic) the Provider ID. In general Provider ID is length of 8 to 10 characters.

e.g) P00000100