
Requirements Specification

Project [MCCF_EDI_TAS \(RM\)](#)

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Table of Contents

<i>Introduction.....</i>	<i>3</i>
<i>TPJI Indicator (Rally ID US14).....</i>	<i>3</i>
<i>Artifact Content.....</i>	<i>3</i>
<i>Create 837D Transaction (Rally ID US131).....</i>	<i>5</i>
<i>Artifact Content.....</i>	<i>5</i>
<i>Create Dental Form/Update Autobiller (Rally ID US1109).....</i>	<i>7</i>
<i>Artifact Content.....</i>	<i>7</i>
<i>Enter/Edit Dental Claims (Rally ID US1108).....</i>	<i>8</i>
<i>Artifact Content.....</i>	<i>8</i>
<i>Update Reports - Form Type J430D <Rally ID: US 2488></i>	<i>11</i>
<i>Artifact Content.....</i>	<i>11</i>
<i>Insurance Company Entry_Edit_Dental <Rally ID: US2487></i>	<i>13</i>
<i>Artifact Content.....</i>	<i>13</i>
Story	13
Acceptance Criteria	13
Constraints	14
Risks	14
<i>TAS eBill System Error_MRW_CSA <RALLY ID: US2489></i>	<i>15</i>
<i>Artifact Content.....</i>	<i>15</i>
<i>Provider ID Maintenance_Dental_Removal (Rally ID: US3528)</i>	<i>20</i>
<i>Artifact Content.....</i>	<i>20</i>

Requirements Specification

Introduction

The purpose of this document is to provide a consolidated list of the user stories that are contained in the current build(s) to facilitate Product Owner and Project Manager approval prior to Release Readiness Office (RRO) review.

TPJI Indicator (Rally ID US14)**Artifact Content**

As a staff member at a VA Medical Center (VAMC) or Consolidated Patient Account Center (CPAC), I want to be able to see a dental claim indicator within Third Party Joint Inquiry (TPJI) when I view the Active and/or Inactive list of claim entries.

Assumptions

n/a

Acceptance Criteria

1. User selects TPJI for system to generate the TPJI listing.
2. User enters a patient's name
3. The IB system displays the Active Bills list for the patient in the TPJI screen.
4. The IB system displays 'D' in the Type column for all entries on the list that are for dental claims
5. User enters IL to display the Inactive Bills list for the patient in the TPJI screen.
6. The IB system displays 'D' in the Type column for all entries on the list that are for dental claims

```
Third Party Active Bills Oct 04, 2016@15:29:30 Page: 1 of 3
IB, PATIENT A JR I1289 NSC, VA PENSION
Bill # From To MT? Type Stat Rate Insurer Orig Amt Curr Amt
1 %K101CYC 10/14/15 10/14/15 NO D/P N REIM IN +AETNA U 574.07 574.07
2 K101CYK 10/15/15 10/15/15 NO O/P N REIM IN +CIGNA 71.72 71.72
3 K101CYQ 10/12/15 10/14/15 NO D/P N REIM IN +CIGNA 30.63 30.63
4 K101CYR 10/20/15 10/20/15 NO O/I N REIM IN +AETNA U 131.15 131.15
7 K101CZ4 10/27/15 10/27/15 NO O/P BI REIM IN +MEDICAR 0.00 0.00
13 K101ETX 10/05/15 10/05/15 NO O/P N REIM IN +AETNA U 10.00 10.00
14 K101EU7 01/05/16 01/05/16 NO O/I N TORT +AETNA U 297.73 297.73
15 K101EV2 01/19/16 01/19/16 NO O/P BI REIM IN +MEDICAR 0.00 0.00
16 K101EVL 02/03/16 02/03/16 NO O/P BI REIM IN +MEDICAR 0.00 0.00
17 K101EVN 02/04/16 02/04/16 NO O/P BI REIM IN +MEDICAR 0.00 0.00
+ |r Referred|* MT on Hold |+ Multi Carriers|% EEOB|
CI Claim Information IL Inactive Bills PI Patient Insurance
```

Requirements Specification

CP Change Patient HS Health Summary EL Patient Eligibility

Select Action: Next Screen//

Constraints

1. US1108 and US1109 must be completed prior to there being dental claims in VistA available for testing this user story.

Risks

n/a

Requirements Specification

Create 837D Transaction (Rally ID US131)**Artifact Content****Rally ID: eBill US131 User Story****Title: Create 837D Transaction****Story**

As a billing clerk at a VA Medical Center (VAMC) or Consolidated Patient Account Center (CPAC), I need to be able to electronically transmit the data for a dental claim to the Financial Services Center (FSC) so they can then submit a dental claim compliant with the X12n 005010-X224 Health Care claim: Dental (837D) standard to the HCCH for submission to third party payers.

Assumptions

The data required by a biller to complete a bill for Dental services will be available to the biller for manual entry into a claim

VistA will provide the non-X12n data element VAMC Site/Div ID to the clearinghouse so they can create their claims reports that they return to VistA

Acceptance Criteria

The IB System will create a proprietary 837D transmission with the data necessary to send to FSC a transaction that can be mapped to a X12n 00501-X224 Health Care claim: Dental (837D) when a user authorizes a dental claim

The IB System will place the proprietary 837D transaction in the extract queue

The IB System will transmit a proprietary 837D transaction to FSC at the times designated in the IB Site Parameters option

The IB System will provide the ability for a user to manually transmit a proprietary 837D transmission to FSC on demand

The IB System will provide the ability for a user to view the data that was transmitted in the most recent transmission of a specified dental claim

Requirements Specification

Constraints

The Financial Services Center (FSC) must do corresponding development of an 837D transaction

Change Health Care must do corresponding development to include dental claims in the reports they return to VistA

Candidates for IOC sites must include sites that provide Dental Services to their billable Veterans

Risks

n/a

Create Dental Form/Update Autobiller (Rally ID US1109)

Artifact Content

Story

As a billing clerk at a VA Medical Center (VAMC) or Consolidated Patient Account Center (CPAC), I need the Autobiller to create claims for billable dental services using the American Dental Association (ADA) claim form (J430D) for dental appointments in Claims Tracking so that I can access those claims and complete them. I also want the ability to prevent the creation of J430D claims for dental services by both the Autobiller and manual entry.

Assumptions

1. There is a way to identify the events in Claims Tracking as being appointments for dental services
2. The Autobiller will follow the same rules for creating dental claims as it does for other appointment claims. Example: the patient must have active insurance on the date of service.

Acceptance Criteria

No.	Criteria
1	Enter/Edit Billing Information – The system will make the Form Type J430D available to users when creating a new claim or editing an existing claim
2	Autobiller - The system will make the Form Type J430D available to the Autobiller when creating a new claim
3	Autobiller – The system will create dental claims with the Form Type of J430D and the Charge Type of professional for entries in Claims Tracking for billable dental services
4	IB Site Parameters – The system will provide the ability for a user with access to MCCR Site Parameter Display/Edit [IBCE PROVIDER MAINT] to turn off the creation of J430D claims for dental services

Constraints

1. This user story is dependent on US 2487 (Insurance Company Entry/Edit – Dental), 2488 (Update Reports - Form Type J430D), US131 (Create 837D Transaction), US2503 (Provider ID Maintenance_Dental) and US1108 (Enter/Edit Dental Claims)
2. IOC sites must provide Dental Services to their billable Veterans

Risks

n/a

Requirements Specification

Enter/Edit Dental Claims (Rally ID US1108)**Artifact Content****Rally ID: US1108****Title: Enter/Edit Dental Claims****Story**

As a billing clerk at a VA Medical Center (VAMC) or Consolidated Patient Account Center (CPAC), I need to be able to electronically transmit the data for a dental claim to the Financial Services Center (FSC) so they can then submit a dental claim transaction compliant with the X12n 005010-X224 Health Care claim: Dental (837) standard to the HCCCH for submission to third party non-Medicare payers.

Assumptions

1. The dental specific claim information that is not available via the patient encounter records will be available to the billing clerks for manual entry
2. Dental claims will not be printable locally
3. VistA will provide the non-X12n data element VAMC Site/Div ID to the clearinghouse so they can create their claims reports that they return to VistA.
4. There will be a way in VistA for the IB software to identify the event as a dental event

Acceptance Criteria

No.	Criteria
1	Enter/Edit Billing Information - The system will provide the ability for users to create a claim with the Form Type J430D
2	Enter/Edit Billing Information - The system will retrieve the available data from the patient's PCE and make it available to the user to add to the claim
3	Enter/Edit Billing Information - The system will default the Charge Type to professional for dental events
4	Enter/Edit Billing Information – The system will provide a new provider type to be added to Dental claims at either the line level or the claim level equal to Assistant Surgeon with qualifier equal to DD
5	Enter/Edit Billing Information – The system will provide the following new line level data fields for dental procedures: Oral Cavity Designation Prosthesis/Crown/Inlay Code Prior Placement Date and Qualifier Tooth Code

Requirements Specification

	Tooth Service Code Orthodontic Banding Date Orthodontic Banding Replacement Date Treatment Start Date Treatment Completion Date EPSDT Flag
6	Enter/Edit Billing Information – The system will provide the following new claim data fields for dental claims: Tooth Number Tooth Status Code Orthodontic Banding Date Orthodontic Treatment Months Count Orthodontic Treatment Months Remaining Treatment Indicator Attachment Report Type Transmission Method Attachment Control Number 80 character free text Note
7	Enter/Edit Billing Information - The system will create a Dental 837 transaction for dental events even though the Charge Type is professional
8	Enter/Edit Billing Information - The system will prevent the local printing of dental claims
9	Enter/Edit Billing Information – the system will prevent the creation of dental claims to the insurance company, Medicare (WNR)

Constraints

1. This user story is dependent on US 2487 (Insurance Company Entry/Edit – Dental), 2488 (Update Reports - Form Type J430D), US131 (Create 837D Transaction), US2503 (Provider ID Maintenance_Dental) and US1109 (Create Dental Form/Update Autobiller)
2. IOC sites must provide Dental Services to their billable Veterans
3. FSC must provide testing resources
4. HCCH must provide testing resources

Risks

n/a

Requirements Specification

Requirements Specification

Update Reports - Form Type J430D <Rally ID: US 2488>**Artifact Content**

Update Reports - Form Type J430D <Rally ID: US 2488>

Story

As a member of the billing staff at a VA Medical Center (VAMC) or Consolidated Patient Account Center (CPAC), I want to be able to see the additional Form Type, J430D, on Integrated Billing reports. I also want to be able to specify the Form Type of J430D when an option or report uses the Form Type as search criteria.

Even though dental claims cannot be locally printed, I still want to be able to review the billing screens of a dental claim using the GEN – Print Bill option.

Assumptions

1. TPJI is covered in US14
2. To view dental claims data detail that does not display when reviewing screens, users can use the VPE - View/Print EDI Bill Extract Data [IBCE EDI VIEW/PRINT EXTRACT] option

Acceptance Criteria

1 The IB System will provide the ability for users to view/input the additional Form Type J430D or Form Type designation (I/P/D) when one of the following reports/options searches or displays the form type:

- View/Print EOB
- EDI Claim Status Report
- View/Resubmit Claims - Live or Test
- Ready for Extract Status Report
- HCCH Payer ID Report
- View/Print EDI Bill Extract Data
- Provider ID Query (CPAC)

2 The IB System will provide the ability for users to continue to use the GEN Print Bill option, [IB PRINT BILL], to view the screens of previously transmitted dental claims while preventing their ability to print those claims.

Constraints

1. This user story is dependent on US 2487 (Insurance Company Entry/Edit – Dental), US1109 (Create Dental Form/Update Autobiller), US131 (Create 837D Transaction), US2503 (Provider ID Maintenance_Dental) and US1108 (Enter/Edit Dental Claims)

2. The Financial Services Center (FSC) must provide testing resources

Requirements Specification

3. Change Health Care must provide testing resources

4. Candidates for IOC sites must include sites that provide Dental Services to their billable Veterans

Risks

n/a

Requirements Specification

Insurance Company Entry_Edit_Dental <Rally ID: US2487>**Artifact Content**

User Story ID: US2487

User Story Name: Insurance Company Entry_Edit_Dental

Sizing: 8

Epic Taxonomy	eBiz Compliance	Port	Update	Increase No Touch	TAS Apps
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Story

As a billing or insurance clerk at a VA Medical Center (VAMC) or Consolidated Patient Account Center (CPAC), I want to be able to define, by payer, the primary payer ID used by the clearinghouse to route dental claims to the correct processing entity.

I also want to be able to define an insurance company mailing address for Dental claims. If there is no dental specific mailing address, then I want the software to use the Main Mailing Address.

Assumptions

n/a

Acceptance Criteria

No.	Criteria
1	Insurance Company Entry/Edit - The IB System will provide the ability for users to define a primary payer ID - EDI - Dental Payer Primary ID
2	Insurance Company Entry/Edit - The IB System will provide the ability for users to define a mailing address for Dental claims: <ul style="list-style-type: none"> • Pointer to another payer's address if dental claims are processed by another payer • Address Line1 - Required • Address Line 2 - Optional • City - Required • State - Required • ZIP – Required (valid 9 character code)
3	Insurance Company Entry/Edit - The IB System will provide the ability for users to define a FAX number associated with the Dental Address
4	Insurance Company Entry/Edit - The IB System will provide the ability for users to define a telephone number associated with the Dental Address

Requirements Specification

Constraints

1. This user story is dependent on US1108 (Enter/Edit Dental Claims), 2488 (Update Reports - Form Type J430D), US131 (Create 837D Transaction), and US1109 (Create Dental Form/Update Autobiller)
2. The Financial Services Center (FSC) must provide testing resources
3. Change Health Care must provide testing resources
4. Candidates for IOC sites must include sites that provide Dental Services to their billable Veterans

Risks

n/a

Requirements Specification

TAS eBill System Error_MRW_CSA <RALLY ID: US2489>**Artifact Content**

User Story Name: TAS eBill System Error_MRW_CSA <RALLY ID US2489>

Sizing: 3

Epic Taxonomy eBiz Compliance Port Update Increase No Touch TAS Apps

Story

As a billing clerk at a VA Medical Center (VAMC) or Consolidated Patient Account Center (CPAC), I want to be able to change my mind when printing an EOB from the Medicare Management Worklist (MRW) or the COB Management Worklist (CBW) without receiving a system error.

Conversation (if desired by developers)

This is a bug fix from a previous patch:

Rally ID: US 2489

Pre-existing defect 1, found during Build 1 UAT:

From: Jutzi, William Christopher (LongView)

Sent: Tuesday, July 11, 2017 4:10 PM

To: Taubenfeld, Sharon (Intuitive IT)

Cc: Simons, Mary (Modis); Bruno, Lisa L. (Halfaker)

Subject: UAT error found by eBusiness at the end of Build 2 (IB*2.0*577)

This was an error introduced in IB*2.0*432 which was our patch creating the CBW. I am guessing users don't hit this often since they are probably not cloning claims that are on the CBW outside the CBW.

If a user tries to clone a bill, and the bill is on the CBW Management worklist, they get the following message:

This bill appears on the CBW Management Work List. Please use the
'CBW Management Menu' options for all processing related to this bill.

Which is exactly as it should.

And then it blows up with an UNDEF error.

When logged in directly as a user into UAT, there was an error logging the error which was then presented to the user as a STACK error.

Pre-existing defect 2, found during Build 1 IOC:

From: Jutzi, William Christopher (LongView)

Sent: Monday, June 26, 2017 10:49 AM

To: Smith, John W. (Halfaker)

Cc: Taubenfeld, Sharon (Intuitive IT); Simons, Mary (Modis); Clark, Jeffrey (Leidos)

Requirements Specification

Subject: RE: Action Requested: IB*2*576 IOC Site Concurrence - Asheville

We did nothing to cause this nor anything to fix this in IB*2.0*576. I replicated it in our dev environment in a few seconds. It may have been there since the beginning of time (or EDI processing). There is a workaround; don't ^ at that prompt. It is still a bug, and it either needs to go to maintenance or we add it to a patch. While maintenance is an option, they may just get in our way later on. I hate having other patches that we have to coordinate with. 576 is not an option, but maybe 577 (probably just a little late for that as well)? Or 592 since the bug has been there for years anyway.

5 442-K503CEJ 09/09/14 HOLDERFIELD,NEAL J 9925 0.00 167.52 O/P

Insurers: MEDICARE (WNR), BCBS WY FEP

MRA Status: DENIED, Nov 21, 2014

6 442-K503CPC 08/28/14 RISSANEN,GONZALO J 8816 0.00 688.89 O/P

Insurers: MEDICARE (WNR), AARP UNITEDHEALTHCARE

MRA Status: DENIED, Nov 26, 2014

7 442-K503CPE 08/28/14 HARNACK,GONZALO JA 6267 0.00 278.12 O/P

Insurers: MEDICARE (WNR), BCBS WY*

MRA Status: DENIED, Jan 14, 2015

BILLER: CHOCK,LESLEY C

8 442-K505E8Y 03/30/15 LATTANZI,NUMBERS D 2978 0.00 169.99 O/P

+ !=Data Mismatch/MSE | *=Review in Process

PC Process COB VC View Comments PM Print MRA

VE View an EOB CB Cancel Bill TP Third Party Joint Inq.

SU Summary MRA Info CR Correct Bill Q Exit

EC Enter Comments CC Cancel/Clone A Bill

RS Review Status VB View Bill

Select Action: Next Screen// PM Print MRA

Select MRA/EOB: (4-8): ^

S IBDA=\$O(IBDA(0)),IBIFN=+\$G(IBDA(+IBDA)),IBDAX=\$P(IBDA(+IBDA),U,3)

^

<UNDEFINED>PMRA+3^IBCECOB2 *IBDA(0)

VISTAS1:VISTA 10d1>

Wayne actually has a second error listed as well, but troubleshooting would be difficult with the information provided. Plus it's almost 9 months old.

T-265 # 42) <><UNDEFINED>SEARCH+6^VALM40 ^TMP("IBCECOB" 11:45:30 ROU:ASHR3PA02

Requirements Specification

15800 /dev/pts/107

From: Smith, John W. (Halfaker)

Sent: Monday, June 26, 2017 7:12 AM

To: Jutzi, William Christopher (LongView)

Subject: FW: Action Requested: IB*2*576 IOC Site Concurrence - Asheville

Bill, I quickly looked at this this morning and I saw that in routine IBCECOB2 @ PMRA+3 there is a \$G on IBDA(+IBDA) but not on the next set with the same array reference....??

PMRA ;Print MRA

N IBIFN,IBDA,IBDAX

D SEL(.IBDA,1)

S IBDA=\$O(IBDA(0)),IBIFN=+\$G(IBDA(+IBDA)),IBDAX=\$P(IBDA(+IBDA),U,3)

Not sure if any changes in this patch affected the array IBDA(+IBDA) or not.

HALFAKER AND ASSOCIATES, LLC

JOHN SMITH

PRINCIPAL SOFTWARE ENGINEER

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From: Jones, Wayne T (ESL)

Sent: Monday, June 26, 2017 9:13 AM

To: Clark, Jeffrey (Leidos); Miller, Angela MACPAC

Cc: VHA eBilling Operating Rules; Rohde, Keith (ESL); Rudik, Toby; Anecchini, Frank (KCVA); Bennett, Dana (Leidos); Nichols, Terry A. (Leidos); Mann, Julie R. (Leidos)

Subject: RE: Action Requested: IB*2*576 IOC Site Concurrence - Asheville

Good Morning Jeffrey,

As the primary installer for patch IB*2*576, I concur for each item (1 and 2):

- 1.) The patch installation successful for your site. Concur
- 2.) No patch-related routines are listed in the error log. Concur

Note any problems, concerns, or suggestions for this patch here:

No errors from patch-related routines were noted in the Error Trap Display after installation on May 11, 2017.

The IBCECOB2 errors stopped after the installation of the Test patch. This error was last seen in the Error Trap on March 21, 2017. Below is the list of IBCECOB and IBCECOB2 errors within the last year:

Enter part of error or routine to be matched: IBCECOB

Requirements Specification

Date ErrNum \$ZE Time UCI/VOL \$J \$I

T-97 # 21) <UNDEFINED>PMRA+3^IBCECOB2 *IBDA(0)08:32:36 ROU:ASHR3PA01 22341

/dev/pts/81

T-144 # 1) <UNDEFINED>PMRA+3^IBCECOB2 *IBDA(0)08:01:56 ROU:ASHR3PA02 63280

/dev/pts/11

T-164 # 19) <UNDEFINED>PMRA+3^IBCECOB2 *IBDA(0)08:03:55 ROU:ASHR3PA01 32683

/dev/pts/74

T-241 #132) <UNDEFINED>PMRA+3^IBCECOB2 *IBDA(0)11:25:57 ROU:ASHR3PA03 5806

/dev/pts/5

T-265 # 42) <><UNDEFINED>SEARCH+6^VALM40 ^TMP("IBCECOB" 11:45:30 ROU:ASHR3PA02

15800 /dev/pts/107

Wayne T. Jones

IT Analyst, VistA Applications Division

Enterprise Applications Service Line

Cell: (804) 297.5376 (M-F)

Detailed Listing of Acceptance Criteria

Requirement ID Description

US2489.1 The Integrated Billing software will provide the ability for users to escape an ACTION (using the standard up caret, ^) from within the MRA Management Worklist without causing a System Error

US24899.2 The Integrated Billing software will provide the ability for users to escape an ACTION (using the standard up caret, ^) from within the COB Management Worklist without causing a System Error

Constraints

n/a

Risks

n/a

Assumptions

n/a

Dependencies/Impacts Outside of VistA

n/a

TAS Architecture Considerations

n/a

Revision History

Date Version Description Author

9/28/17 1.0 Initial (Reformatted 9/28/17) Team Leidos

Confidential

Requirements Specification

Requirements Specification

Provider ID Maintenance_Dental_Removal (Rally ID: US3528)**Artifact Content**

Rally ID: US3528

Title: Provider ID Maintenance_Dental_Removal

Story

As a member of the eBilling Team, I have determined during User Acceptance Testing (UAT) that I no longer want to be able to define either human or facility Secondary Provider IDs to be used on Dental claims.

Assumptions

n/a

Acceptance Criteria

No.	Criteria
1	<p>Provider ID Maintenance - The IB System will not provide the ability for users to define the following provider ID types by the Form Type J430D:</p> <ul style="list-style-type: none">•VA Provider Own ID•VA Provider Insurance ID•VA Provider IDs by Care Units•Non-VA Provider Own ID•Non-VA Provider Insurance ID•Non-VA Facility Own ID•Non-VA Facility Insurance ID•Default Insurance IDs

Constraints

n/a

Risks

n/a

Signature Page

eBusiness Solutions

Winston Noronha, OIT PM