# RELEASE NOTES

# NEWBORN DG FB IB PATCH BUNDLE 1.0

## Patches DG*5.3*867, FB*3.5*146, IB*2.0*499

## Health Administration Product Enhancements

## Caregivers: Newborn Claims Processing



**Contract # VA118-11-D-1009**
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## Revision History

| Creation Date | Version No. | Description/Comments | Author(s) | Reviewer(s) | Review Type | Issue Date |
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| 9/23/2013 | 1.0 | Initial Revision | redacted | redacted | Peer | 9/23/2013 |
| 11/05/2013 | 1.1 | Incorporate feedback from customer review | Redacted | redacted | PM QA | 11/16/2013 |
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# 1.    Introduction

The Caregivers: Newborn Claims Processing Enhancement Project enhances the VistA Fee Basis and Registration, Enrollment, Eligibility, Admission, Discharge, and Transfer (ADT) applications in support of compliance with Public Law 111-163, the Caregiver and Veterans Omnibus Health Services Act of 2010. This law makes changes to sections of Title 38, United States Code to furnish health care services to a newborn child of a Woman Veteran who is receiving maternity care furnished by the Department of Veterans Affairs (VA) for not more than seven days after the birth of the child.

The scope of these enhancements is to capture information on healthcare services provided to newborn children of Women Veterans. Affected functions include eligibility determination, enrollment and registration, documentation of referrals and authorization for care, claims processing, and payment. Modification to the Fee Basis (FB), Registration (DG), and Integrated Billing (IB) packages are necessary to meet the requirements of this enhancement.

This enhancement's primary purpose is to allow the Electronic Filing of Newborn claims.

# 2.    Purpose

The purpose of this Release Notes document is to highlight changes made to the VistA Fee Basis and ADT applications by the Caregivers: Newborn Claims Processing Enhancement Project.

# 3.    Audience

The intended audience for this document includes users of Veterans Health Information Systems and Technology Architecture (VistA) Fee Basis application, users of the ADT application, the Office of Enterprise Development (OED), Chief Business Office (CBO) Purchased Care, and the VA OIT Health Administration Product Enhancements (HAPE) Portfolio Management Office (PMO).

# 4.    This Release

This enhancement allows the capture of information associated with newborns presented to the Fee Basis system. Registration has been modified so that newborn babies may be registered and their information passed to the appropriate claims processing systems (i.e., IB, Fee Basis, etc.) to allow for processing of claims for newborns that are authorized for Fee Basis services for 1 week.

# 5.    Production Date

This multi-patch goes into production in September 2013.

## 5.1.    New Features and Fixed Previous Issues

This enhancement encompasses modifications to Fee Basis, Registration, and Integrated Billing to facilitate the registration and authorization of newborns. Table 1 lists all of the New Features added by this enhancement.

**Table 1 - New Features and Fixtures**

| NUMBER | DESCRIPTION |
|---|---|
| FB*3.5*146 | |
| 1 | Removes restrictions preventing the entry of a patient less than one year of age. |
| 2 | Internal checks use the date of birth instead of age |
| 3 | Adds reject code C166 to deny claims exceeding the 7 day authorization |
| 4 | "NON-VA FOR FEMALE VET+NEWBORN 17.38" was added to the VA ADMITTING REGULATION file (#43.4). This new Admitting Regulation is available when editing the 7078. |
| 5 | Fee Authorization dates associated with Newborns have checks in place to not allow Authorization dates that fall outside the accepted range of Newborn Authorization. The range is DOB to DOB+7; the system will warn the user and not accept an Authorization date that falls outside the appropriate range for a Newborn. |
| DG*5.3*867 | |
| 6 | A new Patient Type of NEWBORN OF VET has been added to the TYPE OF PATIENT file (#391). This new selection will be available on Registration screen <7>. |
| 7 | A sponsor is required for all Newborns determined by having the DOB less than one (1) year from the present date. An inconsistency check has been added to check the presence of a sponsor. If an inconsistency is found, the inconsistency check will prompt the user to return to Screen <15> in registration to enter a Sponsor. |
| 8 | All Sponsors for Newborns must be listed as eligible for care. An inconsistency check will check the status of the Sponsors Eligibility. The check will trigger if the Sponsor has no Eligibility status. The inconsistency check will return error **313 Newborn Requires Sponsor** (if you try to enter a newborn without a sponsor, you will get a 313 check message at the end of the registration) or error **314 Newborn Needs Eligible Sponsor** (adds ability to issue a standard authorization for pre-authorized medical care for newborn coverage through midnight of the 7th day past date of birth). All other statuses (i.e. Pending Verification, Verified, and Pending Re-verification) are acceptable. |
| 9 | The following default values were added when entering a Newborn: PATIENT DATA, SCREEN <2> – "Marital" field is defaulted to "NEVER MARRIED." APPLICANT/SPOUSE EMPLOYMENT DATA, SCREEN <4> - "Status" field is defaulted to "NOT EMPLOYED." FAMILY DEMOGRAPHIC DATA, SCREEN <8> - "Married Last Year" field is defaulted to "NO." |
| 10 | When a Veteran Mother of a Sponsored Newborn is reviewed in the Registration screens, Screen <15> will display the Newborn(s), with the additional header of "Sponsored Newborn". |
| IB*2.0*499 | |
| 11 | The FAMILY PREFIX "NB Newborn of Vet" has been added to the Help text in the Family Prefix field (#.03) in the SPONSOR RELATIONSHIP file (#355.81). |

# 5.2.   Operation Changes

Although sites are required to use FBCS to process claims, Newborn claim can ONLY be processed by VistA at this time. FBCS can NOT be used to process Newborn claims.

# 5.3.   Security Considerations

This enhancement involves no new security changes.

## 5.4. Database Impact

This patch bundle required the following modifications to Central Fee's system:

- 29 defined as the new Purpose of Visit (POV) Code for Inpatient Newborn Care

- 66 defined as the new POV Code for Outpatient Newborn Care

- Acceptance of short term authorization for Newborn patients with POV codes 29 and 66

- The inclusion of the new POV codes for Newborn Care on the following Central Fee reports:

    o Report 60002 -- Fee Basis Payment Analysis

    o Report 70001 -- Cost Analysis of Fee Basis Vouchers by Veterans and by Average Monthly Cost Range

    o Report 70007 -- Fee Veterans -- Costs By Facility, State, County, and POV

    o Report 70008 -- Fee Veterans -- Costs By VISN, Nation, and POV

## 5.5. Infrastructure Impact

This enhancement involves no new hardware or the interfacing of any hardware.

## 5.6. Other Dependencies

There are no other dependencies for this enhancement.

## 5.7. Documentation Updated/Created

This patch bundle updated the Fee Basis User Manual (fb3_5_um) and PIMS ADT Registration User Manual (dg_5_3_reg_um).

## 5.8. Existing Issues and Workarounds

VistA MUST BE USED for this process. DO NOT use FBCS. Until FBCS can process Newborn claims, follow your local facility's VistA procedures.

# 6.    Terms, Acronyms, Abbreviations, and Definitions

| TERMS, ACRONYMS, ABBREVIATIONS | DEFINITIONS |
|---|---|
| ADT | Registration, Enrollment, Eligibility, Admission, Discharge, and Transfer |
| CBO | Chief Business Office |
| DBO | Date Of Birth |
| DG | Registration Package |
| FB | Fee Basis Package |
| HAPE | Health Administration Product Enhancements |
| IB | Integrated Billing Package |
| OED | Office of Enterprise Development |
| PMO | Portfolio Management Office |
| POV | Purpose of Visit |
| VistA | Veterans Health Information Systems and Technology Architecture |