Suicide High Risk Patient Enhancements (SHRPE)

**IB\*2.0\*688**

Release Notes



**April 2021**

Department of Veterans Affairs

Office of Information and Technology (OI&T)

**Revision History**

| **Date** | **Version** | **Description** | **Author** |
| --- | --- | --- | --- |
| 04/28/2021 | 1.0 | Initial version | LIBERTY ITS |

Table of Contents

[1. Introduction 1](#_Toc69143483)

[1.1. Purpose 1](#_Toc69143484)

[1.2. Audience 1](#_Toc69143485)

[2. This Release 1](#_Toc69143486)

[2.1. New Features and Functions Added 1](#_Toc69143487)

[2.2. Enhancements and Modifications to Existing 4](#_Toc69143488)

[2.3. Known Issues 4](#_Toc69143489)

[2.4. Product Documentation 4](#_Toc69143490)

[Appendix A - Acronyms 5](#_Toc69143491)

# Introduction

The REGISTRATION package needs to include some data elements found in the Integrated Billing Action file (#350) and Bill/Claims file (#399) in the following reports:

* Former OTH Patient Eligibility Change Report
* Former OTH Patient Detail Report
* Presumptive Psychosis Reconciliation Report
* Presumptive Psychosis Detail Report

The IB\*2.0\*688 patch introduces the Application Programmer Interfaces (API) to provide Integrated Billing (IB) data to Presumptive Psychosis (PP) and Other than Honorable (OTH) billing reports designed within the Registration application that would help Registration and IB users to identify patients that were treated under OTH authority and PP benefits. This is to provide details about eligibility changes and Department of Veterans Affairs (VA) care provided to these patients. The reports are developed in DG namespace but need to be available to both Registration and IB users.

The Integration Control Registration #7202 was entered to allow the Registration application to use the API in Integration Billing application.

## Purpose

These release notes cover the changes to implement reports that would help billing users to identify patients that were treated under OTH authority and PP. This is to provide details about eligibility changes and VA care provided to these patients.

## Audience

This document targets billing users and administrators that review Former Service Member’s and and PP episodes of care and released prescription details to determine if potential back-billing is necessary.

# This Release

The following sections provide a summary of the new features and functions added, enhancements, and modifications to the existing software, and any known issues for IB\*2.0\*688.

## New Features and Functions Added

The following are the features and functions added by IB\*2.0\*688:

* Added new Presumptive Psychosis Reconciliation Report [DG PRESUMP. PSYCH. RECON RPT] menu option to Consolidated Patient Account Center (CPAC) Facility Revenue Billing Menu [KPA FACILITY REVENUE BILLING].

\* BEGIN SCREEN CAPTURE \*

Select OPTION NAME: KPA FACILITY REVENUE BILLING CPAC Facility

Revenue Billing Menu

PPR Presumptive Psychosis Reconciliation Report

Automated Means Test Billing Menu ...

Claims Status Awaiting Resolution

\* END SCREEN CAPTURE \*

* Added new API “EN^IBEFSMUT” to the Integrated Billing application.

Listed below are the details on accessing this entry point and the data that should be returned.

ROUTINE: IBEFSMUT

COMPONENT: EN(DFN,BEGDT,ENDDT,LIST)

VARIABLES: Both DFN

Internal entry number from the PATIENT file (#2)

[required]

VARIABLES: Input BEGDT

EVENT DATE Beginning Date [required]

VARIABLES: Input ENDDT

EVENT DATE Ending Date [required]

VARIABLES: Both LIST

Subscript name used in the ^TMP global [required]

EN^IBEFSMUT(DFN,BEGDT,ENDDT,LIST)

Input:

DFN

BEGDT

ENDDT

LIST

FILE #350 OUTPUT:

^TMP($J,LIST,FILENO,DFN,0)=Total entries or -1^NO

DATA FOUND

^TMP($J,LIST,FILENO,DATE,DFN,RECCNT)=ACTION

TYPE^BILLING GROUP^IEN^BILL NUMBER^RESULTING

FROM^TOTAL CHARGE^STATUS^INSTITUTION^CLINIC

STOP^USER LAST UPDATING

Where:

LIST = Subscript name used in the ^TMP global

FILENO = File #350, this is to distinguish where

records coming from

DATE = Event Date (I:350,.17)

DFN = IEN from the PATIENT File(#2)

RECCNT = Record counter

1^2^3^4^5^6^7^8^9^10, where:

1 = ACTION TYPE (E;350,.03)

2 = BILLING GROUP (I;350.1,.11)

Note: NULL is returned if there is no BILLING

GROUP

3 = IEN from INTEGRATED BILLING file (#350)

4 = AR BILL NUMBER (E;350,.11)

Note: NULL is returned if there is no AR BILL

NUMBER

5 = RESULTING FROM (I;350,.04)

Note: If RESULTING FROM 2ND ^ piece ":"=350,

the format will be:

RESULTING FROM;DATE BILLED FROM(I;350,.14):

COPAYMENT TIER (I;350,.22)

6 = TOTAL CHARGE (E;350,.07)

7 = STATUS (E;350,.05)

8 = INSTITUTION (IE;350,.13)

9 = CLINIC STOP(IE;350,.2)

Note: NULL is returned if there is no CLINIC

STOP

10 = USER LAST UPDATING (E;350,13)

FILE #399 OUTPUT:

^TMP($J,LIST,FILENO,DFN,0)=Total entries or -1^NO

DATA FOUND

^TMP($J,LIST,FILENO,DATE,DFN,RECCNT)=RATE

TYPE^IEN^RATE TYPE NAME^IEN^BILL NUMBER^RESULTING

FROM^CHARGES^STATUS

Where:

LIST = Subscript name used in the ^TMP global

FILENO = File #399, this is to distinguish where

the records coming from

DATE = Event Date (399,.03)

DFN = IEN from the PATIENT File (#2)

RECCNT = Record Counter

1^2^3^4^5^6^7^8^9^10, where

1 = BILL CLASSIFICATION (I;399,.05)

2 = RATE TYPE NAME (E;399,.07)

3 = IEN from BILL/CLAIMS file (#399)

4 = BILL NUMBER (E;399,.01)

5 = RESULTING FROM, will be in the format of:

If inpatient bill, the format will be:

BILL TYPE:BILL CLASSIFICATION(E;399,.05)

Note: BILL TYPE=1 if inpatient bill

BILL TYPE=0 if outpatient bill

BILL TYPE=3 if Rx bill

If outpatient bill, the format will be:

TYPE (I;399.042,.1):BILL

CLASSIFICATION(E;399,.05):BILL TYPE

If Rx bill, the format will be:

BILL TYPE:BEDSECTION(E;399.042,.05):RXIEN

(I;362.4,.05):

RXNUMBER (E;362.4,.01):RXFILL

NUMBER(I;362.4,.1):RXSTATUS(52,100)

6 = CHARGES

Note:

If inpatient bill, CHARGES will be extracted

in 399,201

If outpatient/Rx bill, CHARGES will be

extracted in 399.042,.04

7 = STATUS (E;399,.13)

8 = DIVISION(I;399,.22)

9 = ENTERED/EDITED BY (E;399,2)

10 = PTFIEN (I;399,.08)

Note: If inpatient bill, this ^piece contain

the PTF ENTRY NUMBER

If outpatient bill, this ^piece contain

the outpatient

encounter IEN

Otherwise, NULL is returned.

## Enhancements and Modifications to Existing

None at this time.

## Known Issues

None at this time.

## Product Documentation

The following documents are located at the VA Software Document Library and apply to this release:

* Deployment, Installation, Back-out, and Rollback Guide
* Integrated Billing V. 2.0 User Manual

Appendix A - Acronyms

| **Acronym** | **Definition** |
| --- | --- |
| API | Application Programmer Interfaces |
| CPAC | Consolidated Patient Account Center |
| DG/DGEN | Data Gathering/Developer Generated |
| IB | Integrated Billing |
| OIT | Office of Information and Technology |
| OTH | Other Than Honorable |
| PP | Presumptive Psychosis |
| PPR | Presumptive Psychosis Reconciliation |
| SHRPE | Suicide High Risk Patient Enhancements |
| VA | Department of Veteran Affairs |