



### Test Script Scenario #11 — Summary

This Test Scenario involves entering, then updating, a new client’s registration information related to client demographics, financial liability, and potential third-party health coverage.

#### Test Script Scenario #11

**Key Features of this scenario are:**

- Creation of new Master Client Record
- Search for potentially duplicate Master Client Records
- Entry of Client Demographic Data
- Modification of Client Demographic Data
- Entry of Client Financial Data
- Modification of Client Financial Data
- Entry of Client Consent information
- Printing of Review information for client
- Entry of Client authorizations / acknowledgements /Confirmation

Procedure		Expected Result	Actual Result	Pass/Fail	
<b>Establish New Client Registration Demographics and Financial Information</b>					
11.01	Login as Reception user.	Login successful.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.02	Enter a new Master Client Record for a new Client using:  - First Name: "One" - Last Name: "DMH" - SSN: 999-99-9999 - County Client Number = 11110 (System may control assignment. For testing purposes 11110 is used) - Date of Birth (DOB) = 05/18/2000 - Home address = 1600 9th St., Sacramento, Ca., 95814 - Home phone number = (999) 999-9999 - Emergency contact name = Emergency Contact - Gender = Female - Ethnicity = Hispanic  Only enter any other data in form that is required.	System checks for potential duplicate Master Client Records during or after data entry. Master Client Record fields expected to include alternative Client identifiers (e.g., SSN, Driver's License #, Alias Names, Home address, etc.).  No potential duplicates found.  New Master Client Record created with record creation date and identifier of user who created record.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

11.03	<p>Enter a new Master Client Record for a new Client using:</p> <ul style="list-style-type: none"> <li>- First Name: "One"</li> <li>- Last Name: "DMH"</li> <li>- SSN: 999-99-9999</li> <li>- County Client Number = 11110 (System may control assignment. For testing purposes 11110 is used)</li> <li>- Date of Birth (DOB) = 05/18/2000</li> <li>- Home address = 1600 9th St., Sacramento, Ca., 95814</li> <li>- Home phone number = (999) 999-9999</li> <li>- Emergency contact name = Emergency Contact</li> <li>- Gender = Female</li> <li>- Ethnicity = Hispanic</li> </ul> <p>Only enter any other data in form that is required.</p>	<p>System detects duplicate Master Client Records during or after data entry.</p> <p>No new Master Client Record created.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.04	<p>Open a Master Client Record for a new Client using any required combination of:</p> <ul style="list-style-type: none"> <li>-First Name: "One"</li> <li>-Last Name: "DMH"</li> <li>-SSN: 999-99-9999</li> <li>-County Client Number = 11110</li> <li>-Date of Birth (DOB) = 05/18/2000</li> </ul> <p>Only enter any other data in form that is required to open record.</p>	<p>Master Client Record is opened.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.05	<p>Modify Client Date of Birth (DOB) using:</p> <ul style="list-style-type: none"> <li>-DOB = 05/18/2001</li> </ul>	<p>System allows modification.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.06	<p>Complete Client financial liability entry using:</p> <ul style="list-style-type: none"> <li>- Responsible party = Parent(s)</li> <li>- Starting UMDAP period on 01/01/2008</li> <li>- Client yearly income = \$100,000</li> <li>- Number in family = 3</li> <li>- Savings Account Asset = \$12,000</li> </ul> <p>Only enter any other data in form that is required to complete Client financial liability information record(s).</p>	<p>Entry of financial liability information is successful and includes:</p> <ul style="list-style-type: none"> <li>- Entry of Responsible Payor information listed and any other required data for financial liability registration.</li> <li>- Calculation of Client California Uniform Method for Determining Ability to Pay (UMDAP) information (UMDAP is California DMH's Sliding-Scale liability).</li> <li>- UMDAP start/end cycle dates established.</li> <li>- UMDAP Client responsible party Payor liability is calculated and displayed correctly.</li> </ul>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.07	<p>Access Client financial liability review screen.</p>	<p>Financial liability information is displayed correctly with correct Client UMDAP liability.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Update Client UMDAP information</b>					

11.08	Update Client income information for new UMDAP calculations:  - Change Client yearly income to \$42,000	Entry of updated Client financial income information is successful.  -New UMDAP Client responsible party Payor liability is calculated and displayed correctly.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.09	Access Client financial liability review screen.	Financial liability information is displayed correctly with correct Client UMDAP liability.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.10	Enter a Therapeutic Adjustment to Client UMDAP Liability:  - Liability lowered by \$12.00 / month equivalent for UMDAP year.	Entry of Therapeutic Adjustment is successful.			
11.11	Access Client financial liability review screen.	Financial liability information is displayed correctly with correct Client UMDAP liability.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Client Medi-Cal Eligibility information</b>					
11.12	Update Client Medi-Cal Eligibility to include eligibility for 02/2008.	Client monthly Medi-Cal eligibility information is successfully entered into the system.  System set to override Client UMDAP financial liability for 02/2008.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.13	Access Client financial liability review screen.	Financial liability information is displayed correctly with correct Client UMDAP liability.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.14	Access Client Medi-Cal Eligibility review screen.	Medi-Cal eligibility for 02/2008 is correctly displayed.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Client Insurance information</b>					
11.15	Add a primary insurance plan coverage for Client for a one year period from 01/01/2008.	Insurance coverage information is successfully entered with appropriate setting of sequential billing precedence.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.16	Access Client Insurance review screen.	Insurance coverage information is correctly displayed.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.17	Access Client financial liability review screen.	Financial liability information is displayed correctly with correct Primary Insurance Coverage.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

11.18	Access Insurance Plans review screen.	Insurance Plan Information is correctly displayed.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Client AB3632 coverage information</b>					
11.19	Enter information that Client has AB3632 coverage.	AB3632 coverage information is successfully entered.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.20	Enter information that Client responsible party refuses to allow Primary Insurance Plan billing.	Disapproval of billing Primary Insurance Plan is successfully entered.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.21	Access Client financial liability review screen.	Financial liability information is displayed correctly showing no Primary Insurance Plan billing will occur.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.22	Verify AB3632 coverage input provides necessary linkages to AB3632 screens/subsystem.	It is expected that entered AB3632 Financial information will successfully link to any existing AB3632 screens/subsystem(s) which:  - Maintain clinical AB3632 information - Control DMH CSI reporting		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Client Financial Billing Consent information</b>					
11.23	Enter Client agreement and signature consenting to UMDAP liability and billing third party Payors.	Client agreement (or information about lack of agreement) for UMDAP liability and billing third party Payors successfully entered into system. This process may include electronic signatures.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Client Demographic and Financial Data Review</b>					
11.24	Provide printed copy of updated Client demographic and financial information to Client.	User-Friendly information is successfully printed for Client.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.25	Enter Client agreement that updated demographic and financial information is correct.	System is successfully updated with Client's signature or other information regarding acceptance or non-acceptance of demographic / financial information.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11.26	Logout as Reception User.	Logout successful.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
				<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
				<input type="checkbox"/> Pass	<input type="checkbox"/> Fail