				Test Cases	s				
Project Name	OpenEMR CCHIT ARRA Certification Steps Executed By Paul Freeland								
Test Category	Functionality								
Script	Demographics								
Pre-requisites	User should have access to OpenEMR 3.2.1-dev version								
Other Interface Details									
Scenario	Step#	Functionality	Steps to Execute	Expected Result	Exec	cution	Input Values	Observations & Comments	
Demonstrate Demographic criteria	1	Login	Login as Physician	Login successful	Pass	1/4/2010			
	2	Add Patient	Select Patient/Client: Management: New/Search	Search or Add Patient panel is displayed	Pass	1/4/2010			
	3	Add Patient data: DOB and Gender	Add new client info, including DOB and Gender	DOB and Gender are options in the Who box	Pass	1/4/2010			
	4	Add Patient data: Language	Select Stats box	Language is an available field	Pass	1/4/2010	Currently English and Spanish are available in the drop down list, with the ability to add more.		
	5	Add Patient data: Ethnicity		User should be able to chose Ethnicity as either 'Hispanic or Latino' or 'Not Hispanic or Latino'.	Fail	1/4/2010	Hispanic or Latino' or 'Not Hispanic or Latino'	User should be able to add Ethnicity as either 'Hispanic or Latino' or 'Not Hispanic or Latino' per federal Census Bureau guidelines.	
	6	Add Patient data: Race	In Stats box add Race data	User should be able to chose Race as 'American Indian or Alaska Native', 'Asian', 'Black or African American', 'Native Hawaiian or Other Pacific Islander', 'Other Race' or 'White'.		1/4/2010	American Indian or Alaska Native ', 'Asian', 'Black or African American', 'Native Hawaiian or Other Pacific Islander', 'Other Race', 'White'	User should be able to add Race as 'American Indian or Alaska Native', 'Asian', 'Black or African American', 'Native Hawaiian or Other Pacific Islander', 'Other Race', or 'White' per federal Census Bureau guidelines and HITSP C/80.	
	7	Add Patient data: Insurance Type	After Create New Patient is selected, click on Demographics (More), select Insurance check box to reveal available fields.	There should be a field labeled Insurance Type with a drop down selection containing the values below.	Fail a	1/4/2010	See below	Insurance Type is not an available field, see below for HITSP C/80 defined value set. This value set uses the ACS X12 vocabulary for Insurance Type Code (ASC X12 Data Element 1336) and has been limited by HITSP to the value set reproduced below from Table 2-52 Health Insurance Type Value Set Definition. The type of health plan covering the individual, e.g., an HMO, PPO, POS, etc.	

Concept Code	Concept Name & Definition						
12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan						
13	Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan						
14	Medicare Secondary, No-fault Insurance including Auto is Primar						
15	Medicare Secondary Worker's Compensation						
16	Medicare Secondary Public Health Service (PHS)or Other Federal Agency						
41	Medicare Secondary Black Lung						
42	Medicare Secondary Veteran's Administration						
43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)						
47	Medicare Secondary, Other Liability Insurance is Primary						
AP	Auto Insurance Policy						
C1	Commercial						
CO	Consolidated Omnibus Budget Reconciliation Act (COBRA)						
CP	Medicare Conditionally Primary						
D	Disability						
DB	Disability Benefits						
EP	Exclusive Provider Organization						
FF	Family or Friends						
GP	Group Policy						
HM	Health Maintenance Organization (HMO)						
HN	Health Maintenance Organization (HMO) - Medicare Risk						
HS	Special Low Income Medicare Beneficiary						
IN	Indemnity						
IP	Individual Policy						
LC	Long Term Care						
LD	Long Term Policy						
LI	Life Insurance						
LT	Litigation						
MA	Medicare Part A						
MB	Medicare Part B						
MC	Medicaid						
MH	Medigap Part A						
MI	Medigap Part B						
MP	Medicare Primary						
OT	Other						
PE	Property Insurance - Personal						
PL	Personal						
PP	Personal Payment (Cash - No Insurance)						
PR	Preferred Provider Organization (PPO)						
PS	Point of Service (POS)						
QM	Qualified Medicare Beneficiary						
RP	Property Insurance - Real						
SP	Supplemental Policy						
TF	Tax Equity Fiscal Responsibility Act (TEFRA)						
WC	Workers Compensation						
WU	Wrap Up Policy						