

**Health Administrative Product Enhancements (HAPE)
Electronic Data Interchange (EDI)
Purchased Care (PC)
Software Enhancements**

**Requirements Specification Document
for
Claims Attachments Compliance Project**



Department of Veterans Affairs

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**Prepared by [REDACTED]
CLIN 0006AC**

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1 Introduction

The mission of the Department of Veterans Affairs (VA), Office of Information and Technology (OI&T), HAPE is to provide information technology (IT) products and services to the Veterans Health Administration (VHA) who in turn provides benefits and services to Veterans of the United States. In meeting these goals, OI&T strives to provide high quality, effective, and efficient IT services to those responsible for providing care to the Veterans at the point of-care as well as throughout all the points of the Veterans' health care in an effective, timely and compassionate manner. VA depends on information management/information technology (IM/IT) systems to meet mission goals.

The Chief Business Office (CBO) PC assesses the impact of healthcare regulatory requirements on VHA EDI health care claims processing and designs the use cases to illustrate the reengineered business process flows associated with technology changes. The office continuously monitors and participates in meetings of industry EDI standards-setting organizations. As the business process owner and subject matter expert (SME) for industry health care EDI mandates, Purchased Care defines business needs that necessitate VHA EDI health care claims system software development. The office designs the maintenance and iterative updates to the EDI enterprise tool used to pay healthcare providers for service connected care provided to Veterans and family members. Purchased Care develops partnerships with other Federal agencies and trading partners to support EDI processing and verify compliance; they test software, train users on the use of revised software, and provide help desk support for end users. The EDI transactions processes are utilized to pay nearly \$6B in projected claims annually. The development work done under the scope of Purchased Care is inextricably linked to providing Veterans the medical care they have earned and deserve.

The HAPE EDI portfolio delivers IT products and services to CBO. This PC enhancement project is intended to deliver a range of updates, extensions, and modifications to various financial and administrative systems, processes, files, and reporting mechanisms, including:

- **PC System Enhancements:** Harris will modify vendor data storage and claims processing functionality so payments to small businesses are made in a timely manner per the Prompt Payment Act. Harris will develop reports to verify compliance and data integrity.
- **Health Administration Center (HAC) EDI Claims System Enhancements:** Harris will provide EDI functionality related to referral requests and authorizations in preparation for rules effective January 2016.
- **Electronic Remittance Advice (ERA) 835 Compliance:** To comply with CORE Level III Electronic Funds Transfer (EFT) standards, we will modify vendor file and vendor maintenance functionality, Veterans Health Information Systems and Technology Architecture (VistA) Fee, and Claims Processing and Eligibility (CP&E) for beneficiary-related transactions.
- **Health Plan Identifier (HPID) Compliance:** To comply with rules effective Fall 2016, we will modify claim transaction functionality related to incoming HPID validation and generation of outgoing EDI transactions to populate the VA HPID.
- **Claims Attachments Compliance:** We create systems to manage the receipt, processing, and storage of claims attachments in preparation for rules effective January 2016.
- **Healthcare Claims 837 Compliance:** We will review and modify the 837 transaction flow within VA systems.
- **Caregiver Stipend Payments System (optional task):** We will create a rules-based system to calculate stipend payments for caregivers, and create an interface to VA's vendor database and

maintenance process, CBOPC Veterans files, and Financial Management System (FMS) payment system.

1.1 Purpose

This Requirements Specification Document (RSD) analyzes the business needs of the VHA CBOPC and specifies the requirements for the Claims Attachments 275 Compliance project in the EDI PC portfolio.

The intended audience of this document includes the Product Development (PD), Software Quality Assurance (SQA), the CBO, and staff at the Office of Information & Technology (OI&T) at the Health Administration Center (HAC).

Standards for transmittal and receipt of claims attachments have not yet been defined although an Interim Final Rule is expected to be issued in June of 2014. Implementation of the mandate is currently forecast for January of 2016. The mode of transmission is not set and it is uncertain if there will be a single or multiple paths for payers to request supporting documentation and providers to supply it. Likewise, there is, at present, no standard of what to do with unsolicited claims attachments sent to a payer.

1.2 Scope

*SCOPE NOTE: This document discusses the scope of the requirements addressed in Development Increment 1. Future development increments will address remaining business needs identified in the Business Requirements Document and not covered by this RSD.

The scope of this document is to address the business requirements identified in the Business Requirements Document (BRD) for the base period of development. The official name, version, and date of this document are pending.

The scope of this project is limited to the development of a process that receives inbound electronic and paper claims attachments, and stores the information in a central repository for future use by claims processing systems.

The following business needs are defined for this project:

BN 2: Storage of Claim Attachment Documentation

- 2.1 The system shall provide the ability to store claim attachments.

The remainder of this document is organized as follows:

- Section 1: Presents background information on HAPE EDI PC and Claims Attachments 275 Compliance project
- Section 2: Presents an analysis of the current and future state of the Claims Attachments 275 Compliance project and the requirements
- Section 3: Presents applicable standards referenced for this RSD
- Sections 4 through 10: Contains additional sections required in RSDs, most of which are Not Applicable (N/A) to this RSD; refer to the individual sections for details
- Appendix A: Contains additional sections required in RSDs, most of which are N/A to this RSD; refer to the individual sections for details

1.3 Assumptions and Dependencies

The claims attachments central repository will be accessible by any VHA claims processing system.

1.4 Acronyms and Definitions

1.4.1 Acronyms

In addition to the acronyms defined below in [Table 1](#), the OI&T Master Glossary can be found at [REDACTED] [Table 1](#) defines the acronyms and abbreviations and [Table 2](#) lists the terms and definitions for this project.

Table 1 – Acronyms

Term	Definition
CAG	Citrix Access Gateway
CAQH	Council for Affordable Quality Healthcare
CBO	Chief Business Officer
CI	Component Integration
CIT	Component Integration Testing
CM	Configuration Management
CMM	Capability Maturity Model
CMP	Configuration Management Plan
COR	Contractor Officer's Representative
CPMP	Contractor Project Management Plan
DM	Data Management
DRP	Disaster Recovery Plan
EDI	Electronic Data Interchange
EFT	Electronic Funds Transfer
ERD	Entity Relationship Diagram
GFE	Government Furnished Equipment
GUI	Graphical User Interface
HAC	Health Administration Center
HAPE	Health Administration Production Enhancements
HCCH	Healthcare Clearinghouse
HIPAA	Health Insurance Portability and Accountability Act
HPID	Health Plan Identifier
ICD	Interface Control Document
IEEE	Institute of Electrical and Electronics Engineers
IM	Information Management
IOC	Initial Operating Capacity
IT	Information Technology
OI&T	Office of Information and Technology
PC	Purchased Care
PD	Product Development
PjM	Project Manager
PM	Program Manager
PMAS	Project Management Accountability System
POC	Point of Contact

Term	Definition
PoP	Period of Performance
PPACA	Patient Protection and Affordable Care Act
PWS	Performance Work Statement
QASP	Quality Assurance Surveillance Plan
RSD	Requirements Specification Document
RTM	Requirements Traceability Matrix
SDD	System Design Document
SDLC	Software Development Life Cycle
SEI	Software Engineering Institute
SME	Subject Matter Expert
SQA	Software Quality Assurance
ST	System Testing
T4	Transformation Twenty-One Total Technology
TO	Task Order
TRR	Test Readiness Review
UFT	User Functionality Testing
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture
VPN	Virtual Private Network

1.4.2 Definitions

Table 2 – Definitions

Term	Definition
275 Additional Information to Support a Healthcare Claim or Encounter	Provider uses the 275 EDI transaction to send requested information about a claim or encounter.
ASC X12	The Accredited Standards Committee X12 – is an ANSI-accredited standards development organization and the entity responsible for the HIPAA transaction standards for electronic healthcare, eligibility, claims processing, claims status, authorizations, and remittance transactions named by the Health Insurance Accountability and Portability Act of 1996. The VA is currently operating to version 5010 standards.
Adjudicated Claims	Claims that have been processed with a final disposition.
Adjudication	The process of receiving, processing and assigning a final disposition to a claim for resolution.
CORE®	The Committee on Operating Rules for Information Exchange (CORE®) is a multi-stakeholder initiative created, organized, and facilitated by CAQH that is working to make it easier for physicians and hospitals to access eligibility, benefits, and claim information for their patients at the point of care.

Term	Definition
Central Fee	Provides a central location for the collection of financial and medical data related to Fee Basis Non-VA claims and interfaces with the Financial Management System (FMS) and Purchase Card System to pay those claims. Fee Basis authorizes payment to private medical providers who provide treatment to Veterans. In addition, Fee reimburses Veterans for associated travel and medical expenses to non-VA facilities. Central Fee also maintains current vendor and Veteran master records associated with the payment claims being received from the VAMC's. The system provides the medical centers with reporting related to the medical and payment data being collected in Central Fee. Central Fee interfaces with national programs for workload capture and VA national reporting of medical claims. The Central Fee System houses historical medical and payment information.
CP&E	CP&E is an adjudication database/system for the Family Service programs and other ancillary programs run by PC at the HAC. It is a customized Massachusetts General Hospital Utility Multi-Programming System (MUMPS) application that is located and maintained by the OI&T Field Office at the HAC.
Explanation of Benefits	When services are provided, a detailed claim is submitted to the VA for adjudication and payment. As part of the final stages, a detailed explanation is generated that explains to the provider/recipient of the services that provides information on the disposition of each line item in the claims, including billed amount of the line item, amount reimbursed and final disposition of the line item.
Electronic Claims	Claims submitted following EDI standards format. EDI transaction sets include 837 and 835.
Electronic Data Interchange	An industry defined standard for submitting information in a predefined electronic format to a business trading partner.
Financial Management System	Is a standardized, integrated, VA-wide system that interfaces externally with the Department of the Treasury, the General Services Administration, the Internal Revenue Service, the Defense Logistics Agency, and various commercial vendors and banks for electronic billing and payment purposes. This system supports the collection, processing, and dissemination of several billion dollars of financial information and transactions each fiscal year. FMS Service verifies that financial systems comply with government wide accounting principles and standards and comply with financial policy and automated financial exchange requirements. For this request, FMS services are not utilized for claims status or eligibility, but for 835s and EFTs.
HIPAA v. 5010	HIPAA version 5010 is the newest set of standards related to the electronic transmission of specific healthcare transactions such as Healthcare Claims, Eligibility Inquiry/Response, and Healthcare Claim Remittance Advice.
Line item	A claim will have at least one line item of services provided and may consist of several line items to provide detailed information for all services provided.
Local VistA Fee Basis	Services can be contracted by local VA facilities and provided to Veterans, spouses, or beneficiaries when the VA is unable to provide a needed service. Once the services are provided, the provider submits a claim to the local VA facility where it is processed under the Local VistA Fee Basis claims processing system.
Out of pocket	When a person receiving services either pays a copay or pays for the provided services to the provider and then submits a claim to the VA for reimbursement.
Paper Claims	For providers or individuals who are unable to submit electronic claims, standardized paper claim forms (CMS 1500 and UB-04) can be submitted for adjudication and disposition.
Payer	An insurance company, fiscal intermediary, government agency, other agency, or individual responsible for the payment of healthcare claims
Prompt Payment Rule	The Prompt Payment rule directs federal agencies pay vendors in a timely manner.
Provider	A healthcare business or practitioner providing medical services or products.

Term	Definition
Purchase Card System	Certain vendors conducting business with the VA have the option of having payment transactions credited directly to a debit card, eliminating the need for Treasury to issue an EFT or paper check.
Purchased Care	When services cannot be provided by the VA, the VA enters into contracts with providers to provide the required services to Veterans, dependents and other designated beneficiaries. The providers provide the service and bill the VA for purchased services.
Small Business Classification	<p>A business may qualify as a Small Business based on their Business Classification and annual sales (or number of employees) depending on the assigned NAICS code. Small Business classifications include:</p> <ul style="list-style-type: none"> • Small Business (based on sales/# of employees) • 8(a) – business owned/operated by socially/economically disadvantaged as certified by the Small Business Administration: • Minority-Owned Small Business • Woman-Owned Small Business • Veteran-Owned Small Business • Service Disabled Veteran Small Business • HubZone Small Business
Treasury	A department within the VA responsible for issuing payments approved and processed by FMS.
Vendor	A business authorized to provide services and products to the VA.
Vendor File	Each subsystem has its own vendor file for performing local processing.
Vendorizing	A process performed by FMS when adding or updating the a vendor record to the FMS Vendor Master file to verifies that all vendors are categorized and consistently added to the FMS Master Vendor file.
VistA Fee Basis Software	Provides a central location for the collection of financial and medical data related to Fee Basis Non-VA claims, and interfaces with the Financial Management System (FMS) and Purchase Card System to pay those claims. Fee Basis authorizes payment to private medical providers who provide treatment to Veterans. In addition, Fee reimburses Veterans for associated travel and medical expenses to non-VA facilities. Central Fee also maintains current vendor and Veteran master records associated with the payment claims being received from the VAMC's. The system provides the medical centers with reporting related to the medical and payment data being collected in Central Fee. Central Fee interfaces with national programs for workload capture and VA national reporting of medical claims. The Central Fee System houses historical medical and payment information.

1.5 References

- Claims Attachments Compliance; Increment 1 – Operating Rule Compliance; Increment 2 – Trading Partner; Business Requirements Document, May 2014 (VA SharePoint link TBD)
- Transformation Twenty-One Total Technology (T4), Performance Work Statement (PWS), Date: February 28, 2013, TAC-14-10800, Task Order PWS Version Number: 4.0 (VA SharePoint link TBD)

1.6 User Documentation

Harris will deliver the following documents:

- Master Test Plan
- Test Cases/Scripts
- Installation Guide
- User Guide
- Technical Manual
- Security Guide
- Contingency Plan
- Disaster Recovery Plan

2 Overall Description

2.1 Accessibility Specifications

Prior to initiation of Component Integration (CI) and System Testing (ST), Harris will obtain the 508 compliance testing certifications for each enhancement that requires any change to the graphic user interface (GUI). Harris will use the guidelines for 508 Compliance certification at <http://www.section508.va.gov/>.

Harris will also respond to any defects and/or errors that result from the UFT Testing, including all 508 Compliance and Security defect resolution. Harris may need to provide revised software code, repeat testing, and respond to UFT Testing until UFT is successfully completed.

2.2 Business Rules Specifications

Not applicable for these requirements.

2.3 Design Constraints Specifications

The Claims Attachments 275 Compliance project has the following constraints:

- The solution will need to meet VA Enterprise Standards for development language, security, 508 compliance, web framework, application framework, and integration with other VA systems.
- Timely acquisition of all new or allocated hardware resources approved by the Government for project development.

2.4 Disaster Recovery Specifications

No changes are required to the existing Disaster Recovery Plans. The existing Disaster Recovery Plan (DRP) details the basics for disaster recovery as it relates to the HAPE EDI portfolio.

2.5 Documentation Specifications

The EDI PC contract requires the following documentation to support the Claims Attachments Compliance project.

Table 3 – EDI PC Documentation Deliverables

	Base Period
CLIN	DESCRIPTION
0006AA	Claims Attachments 275 Compliance – Requirements Phase Baseline or Updated Entity Relationship Diagram IAW PWS paragraph 5.2.1
0006AB	Claims Attachments 275 Compliance – Requirements Phase Current State Workflow Analysis IAW PWS paragraph 5.2.1
0006AC	Claims Attachments 275 Compliance – Requirements Phase Requirements Specification Document IAW PWS paragraph 5.2.1
0006AD	Claims Attachments 275 Compliance – Requirements Phase Requirements Traceability Matrix IAW PWS paragraph 5.2.1
0006AE	Claims Attachments 275 Compliance – Requirements Phase Future State Workflow Analysis IAW PWS paragraph 5.2.1
0006AF	Claims Attachments 275 Compliance – Design Phase Software Design Document IAW PWS paragraph 5.2.1
0006AG	Claims Attachments 275 Compliance – Design Phase Interface Control Document IAW PWS paragraph 5.2.1

2.6 Functional Specifications

2.6.1 System Feature: Accept and Store Claims Attachments

BN Number	Business Requirement Description
2.1	The system shall provide the ability to store claim attachments
Requirement Number	Description
SF-0001	A 275 EDI transaction containing a claim attachment shall be parsed and stored along with patient and claim identifying information in a central database that may be accessed by any VA healthcare claims processing system.
SF-0002	A scanned claims attachment along with associated patient and claim identifying information shall be stored in a central database that may be accessed by any VA healthcare claims processing system.

2.7 Graphical User Interface (GUI) Specifications

This project has no GUI specifications.

2.8 Multi-Divisional Specifications

This project has no multi-divisional specifications.

2.9 Performance Specifications

No performance changes are planned for this project.

2.10 Quality Attributes Specifications

No quality attribute changes are planned for this project.

2.11 Reliability Specifications

No reliability specification changes are planned for this project.

2.12 Scope Integration

N/A

2.13 Security Specifications

N/A

2.14 System Features

Receiving and storing claims attachments is a new system feature.

2.15 Usability Specifications

Implementation of the requirements identified in this RSD will utilize existing system tools and interfaces. No new usability requirements will be implemented.

3 Applicable Standards

Harris Corporation's Configuration Management (CM) processes provide the release and control of the system, hardware, and software to which this document applies, including identification number(s), title(s), abbreviation(s), version number(s), and release number(s). Listed below are VA reference and guidance documentation and standards applicable to or tailored for the EDI PC Project. EDI PC will use this guidance to fulfill the performance requirements of this contract.

- 44 U.S.C. § 3541, "Federal Information Security Management Act (FISMA) of 2002"
- Federal Information Processing Standards (FIPS) Publication 140-2, "Security Requirements For Cryptographic Modules"
- Software Engineering Institute, Software Acquisition-Capability Maturity Modeling (SA-CMM) Level 3 procedures and processes
- VA Directive 6102, "Internet/Intranet Services," July 15, 2008
- 36 C.F.R. Part 1194 "Electronic and IT Accessibility Standards," July 1, 2003
- OMB Circular A-130, "Management of Federal Information Resources," November 28, 2000
- 32 C.F.R. Part 199, "Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)"

- An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, March 2005
- Sections 504 and 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998
- Homeland Security Presidential Directive (12) (HSPD-12)
- VA Directive 6500, “Information Security Program,” August 4, 2006
- VA Handbook 6500, “Information Security Program,” September 18, 2007
- VA Handbook, 6500.5, Incorporating Security and Privacy in System Development Lifecycle.
- VA Handbook 6500.6, “Contract Security,” March 12, 2010
- Program Management Accountability System (PMAS) portal (reference PWS References - Technical Library at [REDACTED])
- OED ProPath Process Methodology (reference PWS References -Technical Library and ProPath Library links at [REDACTED] Note: In the event of a conflict, OED ProPath takes precedence over other processes or methodologies.
- Technical Reference Model (TRM) (reference at [REDACTED])
- National Institute Standards and Technology (NIST) Special Publications SP 800-60 and 800-53
- IT Asset Management (ITAM) and Enterprise Management Foundation (EMF) BR-0006, version 002.1-14052008, dated 10/30/2007 [Note informational, Context, and ITAM-EMF Conceptual link]
- Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L 104-191.
- Patient Protection and Affordable Care Act (PPACA), Pub. L. 111-148, 124 Stat. 119, H.R. 3590, enacted March 23, 2010
- Prompt Payment Act
- The aim of this project is to verify that the EDI PC systems are compliant with the CORE Rules as published by CAQH, and found here [REDACTED]
- VA Section 508 policies and procedures 6221 Accessible Electronic and Information Technology, Directive/Handbook, published by the VA’s Section 508 Product Development Product Assessment Competency Division

4 Interfaces

4.1 Communications Interfaces

There are no planned changes to any communications interfaces.

4.2 Hardware Interfaces

There are no planned changes to hardware.

4.3 Software Interfaces

There are no planned changes to software interfaces.

4.4 User Interfaces

N/A

5 Legal, Copyright, and Other Notices

N/A

6 Purchased Components

No component purchases are necessary for this project.

6.1 Defect Source (TOP 5)

N/A

7 User Class Characteristics

N/A

8 Estimation

Function points are not required for this project.

Table 4 – EDI PC Estimation Points

Item	A	B	C	D	E	Total
Counted Function Points	N/A	N/A	N/A	N/A	N/A	N/A
Estimated Scope Growth	N/A	N/A	N/A	N/A	N/A	N/A
Estimated Size at Release	N/A	N/A	N/A	N/A	N/A	N/A

Table 5 – EDI PC Size Based Effort Estimation

Size-Based Effort Estimates	Labor Hours	Probability
Low-Effort Estimate – With indicated probability, project will consume no more than:	N/A	N/A
High-Effort Estimate – With indicated probability, project will consume no more than:	N/A	N/A

Table 6 - EDI PC Sized Based Duration Estimates

Size-Based Duration Estimates	Work Days	Probability
Low-Duration Estimate – With indicated probability, project will consume no more than:	N/A	N/A

Size-Based Duration Estimates	Work Days	Probability
High-Duration Estimate -- With indicated probability, project will consume no more than:	N/A	N/A

9 Approval Signatures

Signed:

Date:

[REDACTED]

VA Business Sponsor
Electronic Data Interchange

Signed:

Date:

[REDACTED]

VA IT Program Manager
Electronic Data Interchange

Signed:

Date:

[REDACTED]

VA Project Manager
Electronic Data Interchange

Signed:

Date:

[REDACTED]

Integrated Project Team (IPT) Chair
Electronic Data Interchange

Signed:

Date:

[REDACTED]

Integrated Project Team (IPT) Chair
Electronic Data Interchange

A. Appendix A - Use Case Specification

Per section 1.0 of the VA118-11-D-1009 PCSE Contract, the CBOPC assesses the impact of healthcare regulatory requirements on VHA EDI revenue operations and designs the use cases to illustrate the reengineered business process flows associated with technology changes.

No Use Cases are introduced for this RSD.

A.1. <Use Case Name>

A.1.1 Brief Description

N/A

A.2.1 Use Case Trigger

N/A

A.3.1 Use Case Context Diagram

N/A

A.4.1 Use Case Actors

N/A

A.5.1 Preconditions

N/A

A.1.5.1. Precondition 1

N/A

A.6.1 Basic Flow of Events

N/A

A.7.1 Alternative Flows

N/A

A.1.7.1. <Second Alternative Flow>

N/A

A.8.1 Sub Flows

A.1.8.1. <First Subflow>

N/A

A.1.8.2. <Second Subflow>

N/A

A.9.1 Postconditions

N/A

A.1.9.1. <Post Condition One>

A.10.1 Special Specifications

N/A

A.1.10.1. <First Special Specification>

A.11.1 Extension Points

N/A

A.1.11.1. <Name of Extension Point>

N/A