

**Health Administration Product Enhancements (HAPE)
Electronic Data Interchange (EDI)
Medical Care Collection Fund (MCCF) Enhancements**

**Eligibility Benefits and Claim Status Data Content and Infrastructure (Phase 2,
Iteration 2)
Supplemental to New Service Request #20130516**

Requirements Specification Document



Department of Veterans Affairs

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Version 1.1**

Revision History

Note: The revision history cycle begins once changes or enhancements are requested after the Requirements Specification Document has been baselined.

Date	Version	Description	Author
6/4/2014	1.1	Updated based on VA review comments	
5/13/2014	1.0	Initial Version	

Artifact Rationale

The Requirements Specification Document (RSD) records the results of the specification gathering processes carried out during the Requirements phase. The RSD is generally written by the functional analyst(s) and should provide the bulk of the information used to create the test plan and test scripts. It should be updated for each increment.

The level of detail contained in this RSD should be consistent with the size and scope of the project. It is not necessary to fill out any sections of this document that do not apply to the project. The resources necessary to create and maintain this document during the life cycle of a large project should be acknowledged and clearly reflected in project schedules. Do not duplicate data that is already defined in another document or a section in this document; note in the section where the information can be found.

Activity	New Capability (1)	Feature Enhancement (2)
Field Deployment (A)	Yes	Yes
Cloud/Web Deployment (B)	TBD	Yes
Mobile Application (C)	No	No

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1. Introduction

Chief Business Office (CBO) eBusiness Solutions is sponsoring this request. Eligibility Benefits & Claim Status Data Content & Infrastructure (Phase 2, Iteration 2) promotes clinical alignment with data content and infrastructure development; addresses the need to drive further industry value in transaction processing, specifically the need for common/accessible documentation; creates a more robust eligibility verification plus financials; addresses industry-wide goals for architecture, performance, and connectivity; improves response times, security, and acknowledgements; and enhances error reporting and patient identification.

1.1. Purpose

The purpose of this Requirements Specification Document (RSD) is to outline the requirements for the following project: Health Administration Product Enhancements (HAPE) Electronic Data Interchange (EDI) Medical Care Collection Fund (MCCF) Enhancements for eInsurance (eIV) application (New Service Request (NSR) #20130516, NSR #20110215 Update to Third Party Joint Inquiry (TPJI) and Claims Match Report, and NSR #20120118 Share Verified Insurance Information). The RSD will specifically address the Business Needs (BN), Business Features (BF), and Business Detailed Requirements (BDE). The target audience for this RSD includes the Office of Enterprise Development (OED), Product Support, Software Quality Assurance, the CBO, Financial Services Center (FSC) technical support staff, and the end users.

Changes to Veterans Health Information Systems and Technology Architecture (VistA) Integrated Billing (IB), Insurance Capture Buffer (ICB), and Insurance Company and Patient Insurance File application software are being requested by the Veterans Health Administration (VHA) Chief Business Office (CBO) eBusiness Solutions Department to comply with the legislative changes mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by Public Law (P.L.) 111-148 The Patient Protection and Affordable Care Act (PPACA), Section 1104.

In general, transaction standards adopted under HIPAA enable electronic data interchange through a common interchange structure, thus minimizing the industry's reliance on multiple formats. Operating rules, in turn, attempt to define the rights and responsibilities of all parties, security requirements, transmission formats, response times, liabilities, exception processing, error resolution and more, in order to facilitate successful interoperability between data systems of different entities.

Committee on Operating Rules for Information Exchange (CORE) Phase I Operating Rules on Eligibility and Benefits Compliance was due per federal mandate on January 1, 2013 and incorporated by reference within P.L. 111-148, the PPACA. Foundational work to meet this mandate is associated with Phase 2 Iteration 1. If this Phase 2 Iteration 2 work is delayed or not delivered, penalties for non-compliance formalized in the original HIPAA legislation and updated by The Health Information Technology for Economic and Clinical Health Act (HITECH) rules in 2009 will apply.

Currently, VHA providers utilize customary standard operating practices to obtain patient eligibility and health payment data. The processes in place are satisfactory per current industry

standards; however the implementation of PPACA will elevate industry standards by allowing the implementation of automated processes to utilize 270/271 eligibility files.

Providing software tools in support of efficient business models to maximize the volume of electronic data received from third party payers to increase revenue and save productive dollars.

1.2. Scope

This document presents the functional requirements for the eIV Enhancement. [REDACTED] derived these requirements from the business needs referenced in the following table as well as requirements elaboration meetings with the customer.

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

Changes to VistA's Integrated Billing (IB), Insurance Capture Buffer (ICB), Insurance Company, and Patient Insurance File modules are being requested by the VHA CBO eBusiness Solutions Department to comply with the legislative changes mandated by the HIPAA as amended by the PPACA, P.L. 111-148.

The following eBusiness program area needs must be addressed:

eInsurance (270/271)

- VHA will need to assess the operating rules against the current eInsurance processes to determine gaps.
- The implementation of required IT solutions will increase efficiency by reducing and standardizing resources required to submit and obtain eligibility data transactions.
- The Business Needs from the Business Requirements Document (BRD) are:

BN/OWNR Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
Business Need 1 (NEED1555)	Unchanged	Adhere to the Enterprise Level requirements as specifically addressed in Appendix D1 of this document.	
Business Need 2 NEED36, ARCH143	Unchanged	Utilize nationally standardized terminology for use of trademarked names in all VistA components, to include menu options, data dictionary fields, list screens, templates, security keys, and routines.	

¹ The reference to Appendix D resides in the original BRD submitted for this request. Refer to [Appendix A – References](#).

BN/OWNER Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNER) Requirement	OWNER Priority*
Requirement 2.1 OWNER299	Unchanged	Provide the ability to express all content using nationally recognized reference and authoritative terminology standards (e.g., Logical Observation Identifiers, Names, and Codes [LOINC], Systematized Nomenclature of Medicine Clinical Terms [SNOMED CT], etc.).	High
Requirement 2.2 OWNER300	Unchanged	Provide the ability to record observations using standardized terms.	High
Business Need 3 NEED37, ARCH143	Revised	Original: The VistA buffer processing includes a Subscriber Update function. Revised: Provide the ability to include Subscriber Update functionality during VistA buffer processing.	High
Requirement 3.1 OWNER301	Unchanged	Provide the ability to display existing subscriber information.	High
Requirement 3.2 OWNER302	Unchanged	Provide the ability to edit existing subscriber information.	High
Requirement 3.3 OWNER303	Unchanged	Provide the ability to save subscriber information.	High
Business Need 4 NEED38, ARCH143	Revised	Original: The VistA buffer entry processing will include the Annual Benefits (AB) and Add/Edit Coverage Limitations (CV) options. Revised: Provide the ability to include Annual Benefits (AB) and Add/Edit Coverage Limitations (CV) options during VistA buffer entry processing.	High
Requirement 4.1 OWNER304	Unchanged	Provide the ability to display existing Annual Benefits (AB).	High
Requirement 4.2 OWNER305	Unchanged	Provide the ability to display existing Add/Edit Coverage (CV) information.	High
Requirement 4.3 OWNER306	Unchanged	Provide the ability to ask if the user wants to edit the AB information ('Yes' or 'No').	High

BN/OWNER Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNER) Requirement	OWNER Priority*
Requirement 4.4 OWNER307	Unchanged	Provide the ability to ask if the user wants to edit the CV information ('Yes' or 'No').	High
Requirement 4.5 OWNER308	Unchanged	Provide the ability to save AB.	High
Requirement 4.6 OWNER309	Unchanged	Provide the ability to save CV.	High
Business Need 5 NEED39, ARCH143	Revised	Original: Add/edit existing security keys. Revised: Provide the ability to manage (add/edit) existing security keys.	High
Requirement 5.1 OWNER310	Unchanged	Rename the 'IBCNE EIV AUTOMATCH' key to 'IBCNE EIV MAINTENANCE' wherever the key is used today.	High
Requirement 5.2 OWNER311	Unchanged	Provide the ability to lock the IBCNE PAYER MAINTENANCE MENU with the IBCNE EIV MAINTENANCE key.	High
Requirement 5.3 OWNER312	Unchanged	Provide the ability to lock the Payer (PA) action with the IBCNE EIV MAINTENANCE security key under the IBCN INSURANCE CO EDIT menu.	High
Business Need 6 NEED40, ARCH143	Unchanged	Modify the HL7 processing methodology in the MCCR SITE PARAMETERS.	High
Requirement 6.1 OWNER313	Unchanged	Provide the ability to make the HL7 Response Processing Field to be immediate.	High
Business Need 7 NEED41, ARCH143	Unchanged	Provide ability to standardize field names.	High
Requirement 7.1 OWNER314	Unchanged	Provide ability to rename and standardize field names relating to 'Subscriber'.	High
Requirement 7.2 OWNER315	Unchanged	Provide ability to rename and standardize field names relating to 'Patient'.	High

BN/OWNR Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
Business Need 8 NEED42, ARCH143	Unchanged	Provide the ability to expand the use of comments associated with patient insurance policies.	High
Requirement 8.1 OWNR316	Unchanged	Provide the ability to increase the number of allowable characters from 80 to the maximum amount allowable by VistA for the free text comment associated with IBCN PATIENT INSURANCE "Patient Policy".	High
Requirement 8.2 OWNR317	Unchanged	Discontinue the ability to edit comments previously entered associated with Patient Policy.	High
Requirement 8.3 OWNR318	Unchanged	Provide the ability for new comment data to display in all VistA options and screens where the current free text field is displayed.	High
Requirement 8.4 OWNR319	Unchanged	Provide the ability to change the free text 3-80 character field (which can be overwritten currently) to have functionality that will store dates and history of comments entered.	High
Requirement 8.5 OWNR320	Unchanged	Provide the ability to enter dates associated with comments (default as today's date).	High
Requirement 8.6 OWNR321	Unchanged	Provide the ability to enter a "comment entered date" for comments entered via the patient insurance file.	High
Requirement 8.7 OWNR322	Unchanged	Provide the ability to enter a "follow-up date" for comments entered via the patient insurance file.	High
Requirement 8.8 OWNR323	Unchanged	Provide the ability to enter a "comment entered date" for comments entered via TPJI for patient policy.	High
Requirement 8.9 OWNR324	Unchanged	Provide the ability to enter a "follow-up date" for comments entered via TPJI for patient policy.	High

BN/OWNR Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
Requirement 8.10 OWNR325	Unchanged	Provide the ability to populate the “comment entered date” prompt with a default response (to be determined) for any comments entered prior to implementation of this field.	High
Requirement 8.11 OWNR326	Unchanged	Provide the ability to populate the “follow-up date” prompt with a default response (to be determined) for any comments entered prior to implementation of this field.	High
Requirement 8.12 OWNR327	Unchanged	Provide the ability to change the default date when entering a comment, as appropriate.	High
Requirement 8.13 OWNR328	Unchanged	Provide the ability to change the default date when entering an addendum to a comment, as appropriate.	High
Requirement 8.14 OWNR329	Unchanged	Provide the ability to enter a comment associated with Patient Policy directly from TPJI.	High
Requirement 8.15 OWNR330	Unchanged	Provide the ability to display any insurance patient policy comments entered via the TPJI option on all VistA options and screens where the current free text field is displayed.	High
Requirement 8.16 OWNR331	Unchanged	Provide ability to include a ‘SL Search List’ capability on all VistA options and screens where the current free text field is displayed.	High
Requirement 8.17 OWNR332	Unchanged	Provide ability to select ‘SL Search List’ on all VistA options and screens where the current free text field is displayed.	High
Requirement 8.18 OWNR333	Unchanged	Provide ability to view the information collected using the ‘SL Search List’ capability on all VistA options and screens where the current free text field is displayed.	High

BN/OWNER Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNER) Requirement	OWNER Priority*
Requirement 8.19 OWNER334	Unchanged	Provide the ability to link a new comment as an addendum to a comment previously entered with the current date.	High
Requirement 8.20 OWNER335	Unchanged	Provide the ability to easily recognize “add-on” comments when printed (e.g., notated with the word “Addendum”).	High
Requirement 8.21 OWNER336	Unchanged	Provide the ability to have the option to enter a brief comment (brief comment /history) as a new field.	High
Business Need 9 NEED43, ARCH143	Unchanged	Create a new report to capture group plan files with no annual benefits.	High
Requirement 9.1 OWNER337	Unchanged	Provide the ability to capture all group plan files with no annual benefits completed for a benefit year.	High
Requirement 9.2 OWNER338	Unchanged	Provide the ability to select one or many insurance companies with group plan files with no annual benefits completed for a benefit year.	High
Requirement 9.3 OWNER339	Unchanged	Provide the ability to select one or many group plan files with no annual benefits within an insurance company.	High
Requirement 9.4 OWNER340	Unchanged	Provide the ability to select annual benefit year(s).	High
Requirement 9.5 OWNER341	Unchanged	Provide the ability to make all reports downloadable to an excel spreadsheet.	High
Requirement 9.6 OWNER342	Unchanged	Provide the ability to show reports on computer screen.	High

BN/OWNER Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNER) Requirement	OWNER Priority*
Business Need 10 NEED44, ARCH143	Unchanged	Create a new report to capture user edits made to VistA files.	High
Requirement 10.1 OWNER343	Unchanged	Provide the capability to capture edits made to the Insurance Company File #36.	High
Requirement 10.2 OWNER344	Unchanged	Provide the capability to capture edits made to the Group Plan File #355.3.	High
Requirement 10.3 OWNER345	Unchanged	Provide the capability to capture the name of the user, date and time of the edits to the Insurance Company File (#36).	High
Requirement 10.4 OWNER346	Unchanged	Provide the capability to capture the name of the user, date and time of the edits to the Group Plan File (#355.3).	High
Requirement 10.5 OWNER347	Unchanged	Provide the ability to select one or many Insurance Companies with edits.	High
Requirement 10.6 OWNER348	Unchanged	Provide the ability to select one or many Group Plans with edits.	High
Requirement 10.7 OWNER349	Unchanged	Provide the ability to select name of user, date and time of edits.	High
Requirement 10.8 OWNER350	Unchanged	Provide the ability to show reports on the computer screen.	High

BN/OWNER Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNER) Requirement	OWNER Priority*
Requirement 10.9 OWNER351	Unchanged	Provide the ability to make all reports downloadable to an excel spreadsheet.	High
Business Need 11 NEED45, ARCH143	Revised	Original: Make all VistA reports downloadable to an Excel spreadsheet. Revised: Provide the ability to download all VistA reports into an Excel spreadsheet.	High
Requirement 11.1 OWNER352	Unchanged	Provide the ability to make all reports downloadable to an excel spreadsheet.	High
Business Need 12 NEED46, ARCH143	Unchanged	Create a new report that extracts entries created in file #355.3 that are created from 270/271 HL7 traffic.	High
Requirement 12.1 OWNER353	Unchanged	Provide the ability to capture all outgoing HL7 timestamps in each VistA database.	High
Requirement 12.2 OWNER354	Unchanged	Provide the ability to capture all incoming HL7 timestamps from each VistA database.	High
Requirement 12.3 OWNER355	Unchanged	Provide the ability to extract all incoming HL7 timestamps from each VistA database.	High
Requirement 12.4 OWNER356	Unchanged	Provide the ability to extract all outgoing HL7 timestamps from each VistA database.	High
Requirement 12.5 OWNER357	Unchanged	Provide the ability to send the extracted information to FSC in a report that is downloadable into an excel spreadsheet.	High

BN/OWNER Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNER) Requirement	OWNER Priority*
Requirement 12.6 OWNER358	Unchanged	Provide the ability to list the HL7 times, payers, VistA database, VISN number, site number, and site name on the report.	High
Business Need 13 NEED47, ARCH143	Unchanged	Update VistA Insurance Buffer Activity Report (ABUF) reports to display additional insurance details.	High
Requirement 13.1 OWNER359	Unchanged	Provide the ability to rename the report.	High
Requirement 13.2 OWNER360	Unchanged	Provide the ability to include all insurance intake entry sources to the report.	High
Requirement 13.3 OWNER361	Unchanged	Provide the ability to include additional data columns.	High
Business Need 14 NEED48, ARCH143	Unchanged	Update VistA Insurance Employee Report (EBUF) reports to display additional insurance details.	High
Requirement 14.1 OWNER362	Unchanged	Provide the ability to rename the report.	High
Requirement 14.2 OWNER363	Unchanged	Provide the ability to include all insurance intake entry sources to the report.	High
Requirement 14.3 OWNER364	Unchanged	Provide the ability to include additional data columns.	High
Business Need 15 NEED49, ARCH143	Unchanged	Update the eIV Payer Link Report.	High
Requirement 15.1 OWNER365	Unchanged	Provide additional data elements to include FSC-enabled status.	High

BN/OWNER Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNER) Requirement	OWNER Priority*
Requirement 15.2 OWNER366	Unchanged	Provide additional data elements to include more data columns.	High
Business Need 16 NEED50, ARCH143	Unchanged	Provide additional VistA menu options.	High
Requirement 16.1 OWNER367	Unchanged	Provide new VistA menu option that displays all 'insurance' related reports under IBCN PATIENT MGMT MENU 'PI Patient Insurance' menu.	High
Requirement 16.2 OWNER368	Unchanged	Provide the capability to select the Insurance Buffer Activity ('ABUF' IBCN OUTPUT INS BUFF).	High
Requirement 16.3 OWNER369	Unchanged	Provide the capability to select the Insurance Buffer Employee ('EBUF' IBCN OUTPUT INS BUFF EMPLOYEE).	High
Requirement 16.4 OWNER370	Unchanged	Provide the capability to select the MCCR Site Parameter Display/Edit ('SITE' IBJ MCCR SITE PARAMETERS).	High
Requirement 16.5 OWNER371	Unchanged	Provide the capability to select the Source of Information ('SOUR' IB OUTPUT PRE-REG SOURCE RPT).	High
Requirement 16.6 OWNER372	Unchanged	Provide the capability to select the Patients Without Medicare ('WNR' IBCN PATIENT W/O MEDICARE).	High
Requirement 16.7 OWNER373	Unchanged	Provide the capability to select the Veterans w/Insurance & Outpatient Visit ('ONSC' IB OUTPATIENT VET REPORT).	High
Requirement 16.8 OWNER374	Unchanged	Provide the capability to select the Veterans w/Insurance & Inpatient Admin ('INSC' IB INPATIENT VET REPORT).	High
Requirement 16.9 OWNER375	Unchanged	Provide the capability to select the Inpatients w/Unknown or Expired Insurance ('UNKI' IB OUTPUT INPTS WITHOUT INS).	High

BN/OWNER Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNER) Requirement	OWNER Priority*
Requirement 16.10 OWNER376	Unchanged	Provide the capability to select the Outpatients w/Unknown or Expired Insurance ('UNKO' IB OUTPUT OPTS WITHOUT INS).	High
Requirement 16.11 OWNER377	Unchanged	Provide the capability to select the Patients w/Unidentified Insurance ('IN' IBD INTAKE INS) .	High
Requirement 16.12 OWNER378	Unchanged	Provide the capability to select the Insurance Policies Not Verified ('PO' IBD INTAKE POL NOT VER).	High
Requirement 16.13 OWNER379	Unchanged	Provide the capability to select the Insurance Payment Trend Report ('PT' IB OUTPUT TREND REPORT).	High
Requirement 16.14 OWNER380	Unchanged	Provide the capability to select Purge Insurance Buffer ('PBUF' IBCN INSURANCE BUFFER PURGE).	High
Business Need 17 NEED51, ARCH143	Unchanged	Ability to share verified insurance information between VistA databases.	High
Requirement 17.1 OWNER381	Unchanged	Ability to share verified insurance information to other sites visited by a Veteran.	High
Requirement 17.2 OWNER382	Unchanged	Ability to ensure key information is complete before sharing insurance information.	High
Requirement 17.3 OWNER383	Unchanged	Ability to detect when insurance information subfields are complete and ready to be sent.	High
Requirement 17.4 OWNER384	Unchanged	Ability to send the verified insurance information to other sites.	High
Requirement 17.5 OWNER385	Unchanged	Ability for the Consistency Checker to be compatible with existing applications to which it is associated.	High

BN/OWNER Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNER) Requirement	OWNER Priority*
Requirement 17.6 OWNER386	Unchanged	Ability for the Consistency Checker to be invoked automatically at the end of the Patient Policy entry process.	High
Requirement 17.7 OWNER387	Unchanged	Ability to enable or disable Inter-facility Insurance Updates (IIUs) functionality.	High
Requirement 17.8 OWNER388	Unchanged	Ability to access the functionality through the use of a View/Edit option.	High
Requirement 17.9 OWNER389	Unchanged	Ability to provide access security.	High
Requirement 17.10 OWNER390	Unchanged	Ability to automatically communicate events from the sending to the receiving sites.	High
Requirement 17.11 OWNER391	Unchanged	Ability to create and transmit reports.	High
Business Need 18 NEED	New	Provide the ability to select new insurance plan types based on the patient type ² .	High
Requirement 18.1 OWNER	New	Provide the ability to select (associate) a major medical high deductible health plan for a patient.	High
Requirement 18.2 OWNER	New	Provide the ability to select (associate) a major medical high deductible health plan coupled with a health savings account for a patient.	High
Requirement 18.3 OWNER	New	Provide the ability to select (associate) a major medical high deductible health plan coupled with a health reimbursement arrangement for a patient.	High
Requirement 18.4 OWNER	New	Provide the ability to select (associate) a major medical health maintenance organization couple with out of network benefits for a patient.	High

² Currently, medical plans are stored in VistA Plan File Type 355.1.

BN/OWNER Number ReqPro Tag	Action	Business Need (BN)/Owner (OWNER) Requirement	OWNER Priority*
Requirement 18.5 OWNER	New	Provide the ability to select (associate) a major medical exclusive provider organization health plan for a patient.	High
Requirement 18.6 OWNER	New	Provide the ability to select (associate) a Medicare Advantage health plan for a patient.	High
Requirement 18.7 OWNER	New	Provide the ability to select (associate) a generic (all other) vision plan for a patient.	High

1.3. References

- Business Requirements Document: Eligibility Benefits & Claim Status Data Content & Infrastructure (Phase 2, Iteration 2), NSR # 20130516, (CBO# 180833)
- HIPAA (Health Insurance Portability and Accountability Act of 1996), [REDACTED]
- PPACA (Patient Protection and Affordable Care Act)--"Health Care Reform" House of Representatives (H.R.) 3590, Section 1104--Administrative Simplification, Section 10109--Development of Standards for Financial and Administrative Transactions
- Public Law 111–148, The Patient Protection and Affordable Care Act [REDACTED]
- PPACA Compliance, Certification, and Penalties, https://www.cms.gov/Affordable-Care-Act/04_ComplianceCertificationandPenalties.asp VistA Document Library (VDL) [REDACTED]
- Technical Services Project Repository (TSPR) [REDACTED]
- The Health Information Technology for Economic and Clinical Health Act (HITECH): [REDACTED]
- VHA National Directive 2010-0021, published May 14, 2010. [REDACTED]

2. Overall Description

2.1. Accessibility Specifications

Requirement #	The application shall be developed in compliance with VA requirements for Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794d). Section 508
2.1.1	Software shall comply with requirements in the 508 checklists found at [REDACTED]508workgroup/checklists.asp.
2.1.2	Software Applications and Operating Systems Requirements Checklist (§1194.21 of Section 508)
2.1.3	Functional Performance Criteria Requirements Checklist (§1194.31 of Section 508)
2.1.4	The following specific Section 508 requirements are mandated by the Registries Program:
2.1.5	A text equivalent for every non-text element shall be provided (e.g., via "alt", "longdesc", or in element content). See 508 Checklist item 1194.21(d)1.
2.1.6	Web pages shall be designed so that all information conveyed with color is also available without color, for example from context or markup. See 508 Checklist item 1194.21(h)3(i).
2.1.7	When pages utilize scripting languages to display content, or to create interface elements, the information provided by the script shall be identified with functional text that can be read by Assistive Technology. See 508 Checklist item 1194.22(l).
2.1.8	A method shall be provided that permits users to skip repetitive navigation links. See 508 Checklist item 1194.22(o).
2.1.9	At least one mode of operation and information retrieval that does not require user vision shall be provided, or support for Assistive Technology used by people who are blind or visually impaired shall be provided. See 508 Checklist item 1194.31(a).
2.1.10	When a web page requires that an applet, plug-in or other application be present on the client system to interpret page content, the page must provide a link to a plug-in or applet. See 508 Checklist item 1194.22(m).

2.2. Business Rules Specification

Refer to the section on Functional Specifications for business rules.

2.3. Design Constraints Specification

This section is not applicable. The enhancements described in this document will not require any design constraining specifications.

2.4. Disaster Recovery Specification

There are no disaster recovery requirements specific to this development effort. The affected modules are integrated parts of the overall VistA system that are already covered by disaster-recovery plans, which are not affected by the enhancements described in this RSD.

2.5. Documentation Specifications

Existing user manuals will be updated as necessary to reflect the enhancements described in this document. The following manuals will be evaluated for possible updating:

- IB User Manual

- IB Technical Manual
- , IB Electronic Insurance Verification User Manual
- IB Electronic Insurance Verification Technical Manual

2.6. Functional Specifications

2.6.1. Subscriber Information

2.6.1.1. The system shall allow the user to view Subscriber information in VistA while utilizing the IBCN Process Insurance Buffer menu to process an IVP entry with the following sections:

- Data from Patient Insurance File

2.6.1.2. The system shall display the data that will be updated (merged, overwritten, etc.) via the Subscriber Update function in VistA as a result of processing an IVP entry: ~~The system shall display the following data from both sections side by side during IVP entry processing in order for the user to compare the data:~~

- Company Name
- Group #
- Patient Name
- Last Verified
- Effective Date
- Expiration Date
- Subscriber Id
- Whose Insurance
- Pt. Relationship to Subscriber
- Rx Relationship
- Rx Person Code
- Name of Subscriber
- Subscriber's DOB
- Subscriber's SSN
- Subscriber's SEX
- Coor of Benefits
- Emp Sponsored?
- Patient Id
- Subscr Str Ln 1
- Subscr Str Ln 2
- Subscr City
- Subscr State
- Subscr Zip
- Subscr Country
- Subscr Subdiv

2.6.2. Annual Benefits

2.6.2.1. The system shall allow the user to view Annual Benefits information in VistA while utilizing the IBCN Process Insurance Buffer menu to process an IVP entry at the group level with the following sections:

- Data from the Annual Benefits File #355.4
- Data from eIV Report

2.6.2.2. The system shall display the following data from the Annual Benefits File and eIV Report side by side during IVP entry processing in order for the user to compare the data:

- Last Verified
- Ben Yr
- Policy Information
- Max. Out of Pocket
- Ambulance Coverage (%)
- **Inpatient :**
- Annual Deductible
- Per Admis Deductible
- Inpt. Lifetime Max
- Inpt. Annual Max
- Room & Board (%)
- Drug/Alcohol Lifet. Max
- Drug/Alcohol Annual Max
- Nursing Home (%)
- Other Inpt. Charges (%)
- **Outpatient:**
- Annual Deductible
- Per Visit Deductible
- Lifetime Max
- Annual Max
- Visit (%)
- Max Visits Per Year
- Surgery (%)
- Emergency (%)
- Prescription (%)
- Adult Day Health Care?
- Dental Cov. Type
- Dental Cov. (%)
- **Mental Health Inpatient**
- MH Inpt. Max Days/Year
- MH Lifetime Inpt. Max
- MH Annual Inpt. Max

- Mental Health Inpt. (%)
- **Mental Health Outpatient:**
- MH Opt. Max Days/Year
- MH Lifetime Opt. Max
- MH Annual Opt. Max
- Mental Health Opt. (%)
- **Home Health Care**
- Care Level
- Visits Per Year
- Max. Days Per Year
- Med. Equipment (%)
- Visit Definition
- **Hospice:**
- Annual Deductible
- Inpatient Annual Max.
- Lifetime Max.
- Room and Board (%)
- Other Inpt. Charges (%)
- **Rehabilitation:**
- OT Visits/Yr
- PT Visits/Yr
- ST Visits/Yr
- Med Cnslg. Visits/Yr
- **IV Management:**
- IV Infusion Opt?
- IV Infusion Inpt?
- IV Antibiotics Opt?
- IV Antibiotics Inpt?

2.6.3. Coverage Limitations

2.6.3.1. The system shall allow the user to view Coverage Limitations information in VistA while utilizing the IBCN Process Insurance Buffer menu to process an IVP entry at the group level with the following sections:

- Data from Patient Insurance File
- Data from Coverage Limitations File #355.32
- Data from IVP Entry

2.6.3.2. The system shall display the following data from both sections side by side during IVP entry processing in order for the user to compare the data:

- Plan Coverage Limitations
- Limit Comments
- Outpatient Date of Coverage

- Outpatient Coverage Y/N
- Outpatient Limit Comments
- Pharmacy Date of Coverage
- Pharmacy Coverage Y/N
- Pharmacy Limit Comments
- Dental Date of Coverage
- Dental Coverage Y/N
- Dental Limit Comments
- Mental Health Date of Coverage
- Mental Health Coverage Y/N
- Mental Health Limit Comments
- Long Term Care Date of Coverage
- Long Term Care Coverage Y/N
- Long Term Limit Comments

2.7. Graphical User Interface (GUI) Specifications

The enhancements described in this document do not contain any specification for functionality that uses a GUI front end.

2.8. Multi-divisional Specifications

The enhancements described in this document will preserve the multi-divisional functionality that currently exists.

2.9. Performance Specifications

There are no performance requirements specific to this development effort. The eIV application is an integrated part of the overall VistA system that exists at each site and will be subject to the normal performance standards.

2.10. Quality Attributes Specification

The project team will adhere to the standards set forth in The Department of Veterans Affairs M Programming Standards and Conventions.

2.11. Reliability Specifications

The enhancements described in this document should have negligible effect on reliability.

2.12. Scope Integration

Existing systems will not be affected by the scope of the enhancements described in this document.

2.13. Security Specifications

The project team will adhere to all applicable VA and VHA security requirements.

2.14. System Features

Refer to the section on Functional Specifications for system feature information.

2.15. Usability Specifications

The enhancements described in this document should have minimal effect on usability, such as the time required for a normal user to learn the system and become productive. Training will be required for both normal and super-users to become productive with the enhancements in these patches; however the training required should not fall outside of the normal training required for an enhancement of this size.

3. Applicable Standards

The following standards are listed in the section of References, which contains additional information for each:

- HIPAA (Health Insurance Portability and Accountability Act of 1996)
- PPACA (Patient Protection and Affordable Care Act)--"Health Care Reform" House of Representatives (H.R.) 3590, Section 1104--Administrative Simplification, Section 10109--Development of Standards for Financial and Administrative Transactions

4. Interfaces

It will not be necessary to develop or modify interfaces to satisfy the enhancements described in this document.

4.1. Communications Interfaces

Existing communication interfaces will not be affected by the enhancements described in this document.

4.2. Hardware Interfaces

Existing hardware interfaces will not be affected by the enhancements described in this document.

4.3. Software Interfaces

Existing software interfaces will not be affected by the enhancements described in this document. Refer to the section of Scope of Integration for identification of software interfaces.

4.4. User Interfaces

Existing user interfaces will not be affected by the enhancements described in this document.

5. Legal, Copyright, and Other Notices

This section is not applicable. The enhancements described in this document do not require notices such as legal disclaimers and copyright notices.

6. Purchased Components

The enhancements described in this document do not require purchased components.

7. User Class Characteristics

Name	Description	Responsibilities
Primary Users	Insurance Verification Clerks (those employed by facilities and by Consolidated Patient Account Centers (CPACs))	Verify Veterans insurance information. Enters insurance policy, groups, and companies into local insurance company file.
	Insurance Intake and Capture Associates	Obtain insurance information from the patient.
	VA Medical Center (VAMC) Patient Registration Teams	Registers patients into VHA to include obtaining insurance information from the patient.
	Billing Clerks	Generate VHA third party claims in VistA
	Accounts Receivable Technicians	Make sure VHA claims are appropriately adjudicated by third party claims in VistA
Secondary Users	CPAC Project Management Office (PMO)	Oversee, assess performance of staff in entering data and processing eligibility transactions.
	CPAC Regional Revenue Managers (RRM)	Oversee eligibility verification, billing, and collection activities at the VISN level.
	CPAC Facility Revenue Managers (FRM)	Oversee eligibility, billing and collection activities at the VAMC level
	Veterans Integrated Service Network (VISN) Business Implementation Managers (BIM)	Oversee eligibility, billing, and collection activities at the VISN and VAMC level.
	CBO Revenue Operations	Oversee revenue cycle operations and collections.
	AMC Information Resource Managers (IRMs)	Provide on-site support for VistA system at each medical center. Coordinate and provide patient

Name	Description	Responsibilities
		insurance data for use in transactions
	Product Support (PS)	Provide national user support.
	Clearinghouse Business Services	Receive and transmit VHA eligibility transactions electronically to third party payers.
	HMS	Coordinate and provide patient insurance data for use in transactions
	Business Office Managers/Service Line Managers/Patient Information Collections Management (PICM)	Oversee insurance intake & collection at the VAMC level

8. Estimation

The following placeholders for the Function Point Analysis Results Table will be replaced with actual functional point analysis data when that data becomes available.

Project Software Functional Size and Size-Based Effort and Duration Estimate

Application

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

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

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

Figure 1: Cumulative Probability (“S-curve”) Chart

9. Approval Signatures

This section is used to document the approval of the RSD during the Formal Review. The review should be ideally conducted face to face where signatures can be obtained ‘live’ during the review, however the following forms of approval are acceptable:

- Physical signatures obtained face to face or via fax
- Physical signature obtained in person or via fax
- Digital signature tied cryptographically to the signer

/es/ in the signature block, provided that a separate digitally signed e-mail indicating the signer’s approval is provided and kept with the document

The Chair of the governing Integrated Project Team (IPT), Business Sponsor, IT Program Manager, and the Project Manager are required to sign. Please annotate signature blocks accordingly.

REVIEW DATE: *<date>*

SCRIBE: *<name>*

Signed:

Integrated Project Team (IPT) Chair Date

Business Sponsor Date

IT Program Manager Date

Project Manager Date

9.1. Acronyms, Abbreviations and Term Definitions

OIT Master

Glossary:

Term	Definition
AB	Automated Billing
AITC	Austin Information Technology Center
AR	Accounts Receivable
BIM	Business Implementation Manager
BN	Business Need
BRD	Business Requirements Document
CBO	Chief Business Office
CORE	Committee on Operating Rules for Information Exchange
CPAC	Consolidated Patient Account Center
EDI	Electronic Data Interchange
FRM	Facility Revenue Manager
FSC	Financial Services Center
HHS	Department of Health and Human Services
HI	Health Informatics
HIPAA	Health Insurance Portability and Accountability Act of 1996
HITECH	The Health Information Technology for Economic and Clinical Health Act
HL7	Health Level Seven
HMS	HMS Holding Corporation
HPID	Health Plan Identifier
IB	Integrated Billing
ICB	Insurance Capture Buffer
IFR	Interim Final Rules
IIU	Interfacility Insurance Updates
IRM	Information Resource Manager
IT	Information Technology
LOINC	Logical Observation Identifiers, Names, and Codes
MCCR	Medical Care Cost Recovery
NCPDP	National Council for Prescription Drug Programs
NSR	New Service Request
OIT	Office of Information and Technology
OWNR	Owner Requirement
PICM	Patient Information Collections Management
PL	Public Law
PMO	Program Management Office

Term	Definition
PPACA	The Patient Protection and Affordable Care Act
PS	Product Support
RMR	Requirements Management Repository
RRM	Regional Revenue Manager
SNOMED-CT	Systematized Nomenclature of Medicine Clinical Terms
TPJI	Third Party Joint Inquiry
VA	Department of Veterans Affairs
VAMC	Veterans Administration Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

Appendix A Models

EDI Insurance Process Flow (AS IS Model)

Current eIV Flow Process





