

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

**Requirements Specification Document  
for  
Healthcare Claims 837 Compliance**



**Department of Veterans Affairs**

**June 2014  
Version 0.02**

**Prepared by [REDACTED]  
CLIN 0007AC**

## Revision History

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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, Harris 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, Harris will modify claim transaction functionality related to incoming HPID validation and generation of outgoing EDI transactions to populate the VA HPID.
- **Claims Attachments Compliance:** Harris will create systems to manage the receipt, processing, and storage of claims attachments in preparation for rules effective January 2016.
- **Healthcare Claims 837 Compliance:** Harris will review and modify the 837 transaction flow within VA systems.
- **Caregiver Stipend Payments System (optional task):** Harris 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 Healthcare Claims (837) 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 and Technology (OI&T) at the Health Administration Center (HAC).

This RSD for the Electronic Remittance Advice Project details the needed system functionality to comply with CORE Level III Electronic Funds Transfer (EFT) standards. Harris will enable users to select whether a vendor receives paper EOBs in the Claims Processing and Eligibility (CP&E) for beneficiary-related transactions.

## 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 *Healthcare Claims 837 Compliance - Phase 2, Iteration 1, Increment 1 - CP&E changes for Healthcare Claims 837 Compliance, Increment 2 - Healthcare Claims 837 Compliance Non CP&E Changes, Increment 3 - Trading Partner Healthcare Claims 837 Compliance, 01-02-03-03-08-018, Business Requirements Document*, version 0.1 dated May 15, 2014.

Specifically the business needs that will be addressed are:

BN 2: View EDI file data on the EDI Web Viewer (EWV)

- 2.6 The system shall provide the ability to view EWV without advertisements on the screen
- 2.7 The system shall provide the ability to input a predefined time out duration for the EWV

The remainder of this document is organized as follows:

- Section 1: Presents background information on HAPE EDI PC and Healthcare Claims 837 Compliance project
- Section 2: Presents an analysis of the current and future state of the Healthcare Claims 837 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

### 1.3.1 FBCS System

Harris will not make any changes to the VistA Fee FBCS subsystem.

### 1.3.2 New claims processing system

Harris will not make any changes to the new claims processing system, Healthcare Processing System (HCPS), which is currently under development. The VA will be responsible for communicating any new requirements developed as a result of this RSD to the development team.

## 1.4 Acronyms, Abbreviations, Term Definitions

### 1.4.1 Acronyms

In addition to the acronyms defined in Table 1, the OI&T Master Glossary can be found at



*Table 1 – Acronyms*

Term	Definition
CAG	Citrix Access Gateway
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
EDI	Electronic Data Interchange
ERD	Entity Relationship Diagram
EWV	EDI Web Viewer
FBCS	Fee Based Claims System
FMS	Financial Management System
GFE	Government Furnished Equipment
GUI	Graphical User Interface
HAC	Health Administration Center
HAPE	Health Administration Production Enhancements
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



Term	Definition
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
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
835 Health Care Claim Payment/Remittance	A transaction set for healthcare claim payment advice (or remittance advice) - referred to as a Remittance advice.
837 Health Care Claim Payment/Advice	This transaction set is sent by the providers to payers, which include insurance companies, health maintenance organizations (HMOs), preferred provider organizations (PPOs), or government agencies such as Medicare, Medicaid, etc. These transactions may be sent either directly or indirectly via clearinghouses.
Adjudicated Claims	Claims that have been processed with a final disposition.

Term	Definition
Adjudication	The process of receiving, processing and assigning a final disposition to a claim for resolution.
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 health care, 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.
Business Classification	When a vendor (provider) desires to conduct business with the VA, they are assigned a NAICS classification based on their business sector and services being provided.
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.
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, Central 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 VAMCs. 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	Adjudication database/system for the Family Service programs and other ancillary programs run by Purchased Care at the HAC. It is a customized Massachusetts General Hospital Utility Multi-Programming System (MUMPS) application enhanced that is located and maintained by the OI&T Field Office at the HAC.
Claims	When a service member, spouse, or dependent receives health care services from a provider, the provider submits a detailed bill (claim) to the VA for services rendered. In some cases, the recipient of the services may submit claims so that they may be reimbursed for services paid directly for the services (out of pocket). A single claim may consist of several line items.
Claims submission	A provider will submit at least a single claim and may submit several claims as part of a claims submission.
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	Standardized, integrated, VA-wide system that interfaces externally with the Department of the Treasury, the General Services Administration (GSA), 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 worth of financial information and transactions each fiscal year. FMS Service ensures that financial systems comply with government wide accounting principles and standards; and are in compliance 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.

Term	Definition
HIPAA v. 5010	HIPAA version 5010 is the newest set of standards related to the electronic transmission of specific health care transactions such as Health Care Claims, Eligibility Inquiry/Response, and Health Care 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 services. 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 co-pay or pays for the entire set of 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 (xxx and xxx) can be submitted for adjudication and disposition.
Payer	An insurance company, fiscal intermediary, government agency, other agency, or individual responsible for the payment of health care claims.
Prompt Payment Rule	The Prompt Payment rule ensures that federal agencies pay vendors in a timely manner.
Provider	A health care business or practitioner providing medical services or products.
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 can not 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> <p>Small Business (based on sales/# of employees)</p> <p>8(a) – business owned/operated by socially/economically disadvantaged as certified by the Small Business Administration:</p> <ul style="list-style-type: none"> <li>• Minority-Owned Small Business</li> <li>• Woman-Owned Small Business (WOSB)</li> <li>• Veteran-Owned Small Business (VOSB)</li> <li>• Service Disabled Veteran Small Business (SDVSB)</li> <li>• HubZone Small Business</li> </ul>
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 a vendor record to the FMS Vendor Master file to ensure that all vendors are categorized and consistently added to the FMS Master Vendor file.

Term	Definition
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

- Electronic Billing and EDI Transactions: Electronic Healthcare Claims  
[REDACTED]
- Healthcare Claims 837 Compliance - Phase 2 Iteration 1 BRD, version 0.1, May 20, 2014 (VA SharePoint link TBD)
- T4 Performance Work Statement (PWS) for HAPE EDI PC (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 as no new business rules were identified.

## 2.3 Design Constraints Specifications

The Healthcare Claims 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

This project will not be implementing a new system, the current scope of changes proposed will not require new Disaster Recovery Specifications.

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 Healthcare Claims (837) Compliance project.

*Table 3 – Healthcare Claims (837) Compliance Documentation Deliverables*

	Base Period
CLIN	DESCRIPTION
0007AA	Healthcare Claims 837 Compliance – Requirements Phase Baseline or Updated Entity Relationship Diagram IAW PWS paragraph 5.2.1
0007AB	Healthcare Claims 837 Compliance – Requirements Phase Current State Workflow Analysis IAW PWS paragraph 5.2.1
0007AC	Healthcare Claims 837 Compliance – Requirements Phase Requirements Specification Document IAW PWS paragraph 5.2.1
0007AD	Healthcare Claims 837 Compliance – Requirements Phase Requirements Traceability Matrix IAW PWS paragraph 5.2.1
0007AE	Healthcare Claims 837 Compliance – Requirements Phase Future State Workflow Analysis IAW PWS paragraph 5.2.1
0007AF	Healthcare Claims 837 Compliance – Design Phase Software Design Document IAW PWS paragraph 5.2.2

	<b>Base Period</b>
<b>CLIN</b>	<b>DESCRIPTION</b>
0007AG	Healthcare Claims 837 Compliance – Design Phase Interface Control Document IAW PWS paragraph 5.2.2

## 2.6 Functional Specifications for EDI Web Viewer (EWV)

### 2.6.1 System Feature: EWV Screens with no Company Names

<b>BN#</b>	<b>Business Requirement</b>
2.6	The system shall provide the ability to view EWV without advertisements on the screen
<b>Requirement Number</b>	<b>Description</b>
SF.001	The EWV shall have all screens free of the HIPAA Ready company name and logo.

### 2.6.2 System Feature: Screen Timeouts for EWV

<b>BN#</b>	<b>Business Requirement</b>
2.7	The system shall provide the ability to input a predefined time out duration for the EWV
<b>Requirement Number</b>	<b>Description</b>
SF.002	The duration of screen timeouts in EWV shall be set consistent with VA 6500 security policies.

## 2.7 Graphical User Interface (GUI) Specifications

N/A

## 2.8 Multi-Divisional Specifications

N/A

## 2.9 Performance Specifications

Changes made to implement functional requirements will not impact system performance.

## 2.10 Quality Attributes Specifications

N/A

## 2.11 Reliability Specifications

Changes made to implement functional requirements will not impact existing system reliability.

## **2.12 Scope Integration**

N/A

## **2.13 Security Specifications**

N/A

## **2.14 System Features**

N/A

## **2.15 Usability Specifications**

Implementation of the requirements identified in this RSD will utilize existing system tools and interfaces. Harris will not implement any new usability requirements.

## **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 ensure 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

N/A

### 4.1 Communications Interfaces

N/A

### 4.2 Hardware Interfaces

N/A

### 4.3 Software Interfaces

N/A

### 4.4 User Interfaces

N/A

## 5 Legal, Copyright, and Other Notices

N/A



## 6 Purchased Components

N/A

### 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
High-Duration Estimate -- With indicated probability, project will consume no more than:	N/A	N/A

## 9 Approval Signatures

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Signed:

Date:

[REDACTED]

VA Business Sponsor  
Electronic Data Interchange

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Signed:

Date:

[REDACTED]

VA IT Program Manager  
Electronic Data Interchange

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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