

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

**Insurance Verification Processor (IVP) (Phase 1, Iteration 1)
Increment 1**

**NSR #20130517
IDRP #180838**

Requirements Specification Document



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

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1. Introduction

Chief Business Office (CBO) eBusiness Solutions is sponsoring this request. In an ongoing effort to improve and increase revenue, eBusiness Solutions will implement best practices related to insurance capture and verification. The project will incorporate industry standard card scanning capabilities and a Windows Graphical User Interface (GUI) interface for VistA; to provide VHA insurance intake & verification clerks the electronic software system necessary to capture and verify insurance information for Veterans. This business process will be appointment driven and will implement a standard business process that captures and verifies insurance information and demographic data through paperless technology combined with VistA integration.

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 the Insurance Verification Processor (IVP) application. 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.

New GUI software is being requested to streamline and enhance existing data capture and processing abilities of Veterans Health Information Systems and Technology Architecture (VistA) Integrated Billing (IB) package. VHA is also in the process of updating its current Health Insurance Portability and Accountability Act of 1996 (HIPAA) transaction standards to the updated operating rules and Health Plan Identifier (HPID) requirements of the Patient Protection and Affordable Care Act of 2010 (PPACA). VHA must address business changes and software system impacts that will result from final rules published by the Department of Health and Human Services (HHS) to meet the administrative simplification mandates of PPACA section 1104. While this body of work will not specifically address any particular HIPAA or PPACA regulations, any GUI software developed will need to be cognizant of HIPAA and PPACA mandates now and in the future.

An Office of Inspector General (OIG) audit, OIG Report 11-00333-254 - Audit of VHA's Medical Care Collections Fund (MCCF) Billing of Veterans Administration (VA) – Provided Care Status Update Request, focused on VHAs intake process of collecting insurance information. The current intake process method was found lacking in the collection, monitoring and auditing performance. This engineered GUI software project will develop a more aggressive and consolidated method of meeting OIG's improvement expectations.

1.2. Scope

This document presents the functional requirements for the Insurance Verification Processor (IVP) 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:** The scope of this document includes the GUI screens needed for Insurance Verification and Insurance Intake staff; this constitutes the requirements addressed for Development Increment 1. Future development increments will address remaining business needs identified in the Business Requirements Document and not covered by this RSD.

In an ongoing effort to improve and increase revenue, the Chief Business Office (CBO) will implement best practices related to insurance capture and verification. The Insurance Verification Processor (IVP) will incorporate industry standard card scanning capabilities and a Windows GUI to provide VHA insurance intake and verification clerks the electronic software system necessary to seamlessly capture new insurance information for Veterans. This business process will be appointment driven and will implement a standard business process that captures and verifies insurance information and demographic data through paperless technology combined with VistA integration.

The IVP will be a real-time insurance intake and verification processor developed for Insurance Intake Clerks who perform Veteran check-in processes; Insurance Verification clerks who perform insurance validation processes; VA Medical Center (VAMC) & Consolidated Patient Account Center (CPAC) Managers who perform process monitoring activities; CPAC Project Management Office (CPAC PMO) performing business oversight; and VHA CBO Leadership performing business systems guidance. This software must be present at CPACs and at every patient treatment area of all VHA facilities. The IVP application incorporates insurance card scanning along with integrating VistA Appointment Scheduling, the Master Insurance File, the Insurance Buffer file, the Patient's Insurance File, and Veterans Point of Service (VPS) kiosks in a user friendly, standardized software application.

The Business Needs from the BRD are:

BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
BN 1	Adhere to the Enterprise Level requirements within the Requirements Management Repository (RMR) and as specifically addressed in Appendix D of the BRD.	High
BN 2	Utilize nationally standardized terminology for use of trademarked names created in IVP (eg. Health Care Clearing House (HCCH) for Emdeon, WebMD).	High
OWNR 2.1	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
OWNR 2.2	Utilize nationally standardized terminology for all VistA data files.	High
BN 3	Provide Windows based GUI integrating VistA Patient File (#2), Patient Insurance File (#2.312), Insurance Company File (#36); Group Plan File (#355.3), Insurance Buffer File (#355.3), IIV Response File (#365), HPID (file # TBD) and other such VistA files as deemed necessary for MCCF and Non-MCCF insurance verification purposes.	High
OWNR 3.1	System must utilize single sign on routine.	High

BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
OWNR 3.2	System shall synchronize VistA assigned menus with IVP assigned menus or user roles.	High
OWNR 3.3	System shall provide the ability to access multiple VistA installations across multiple VAMCs, Veterans Integrated Service Networks (VISNs) and Regions with single sign on.	High
OWNR 3.4	System shall be compatible with the majority of scanners in current use, regardless of manufacturer, model, and design. Only TWAIN driver scanners are used.	High
OWNR 3.5	System shall be 508 compliant.	High
OWNR 3.6	Create new VistA Source of Information Code – IVP (#355.12).	High
BN 4	IVP shall be accessible at CBO Revenue Operations, to include: CPAC PMO, eBusiness Solutions, and Business Information Office (BIO).	High
OWNR 4.1	System shall provide ability for CBO designated personnel to provide oversight over all system functionality.	High
OWNR 4.2	All system data shall be available to designated CBO level personnel, including reports.	High
OWNR 4.3	All system data and reports shall have the ability to be generated, viewed and exported.	High
OWNR 4.4	CBO shall have access to view, add, edit and save IVP system parameters across all IVP system data and reports.	High
OWNR 4.5	CBO shall have access to assign VAMC databases (VistA) to different geographic locations.	High
BN 5	Create multiple user roles to control access levels to menus, actions and data. Each higher user role shall include all access provided at the user role levels below it.	High
OWNR 5.1	System shall create the ability to assign user roles.	High
OWNR 5.2	User Role 1 – High – Reserved for VAMC IRM and CBO access to system parameters, national reports and system troubleshooting.	High
OWNR 5.3	User Role 2 – Med-High – Reserved for CPAC IV Manager/Supervisor & non-MCCF Chief; includes limited parameter setting abilities and report access.	High
OWNR 5.4	User Role 3 – Medium – Reserved for CPAC IV Lead & POC & non-MCCF Supervisor, includes report access.	High
OWNR 5.5	User Role 4 – Med-Low – Reserved for experienced insurance verification person, includes report access at limited levels.	High
OWNR 5.6	User Role 5 – Low – Reserved for inexperienced insurance verification personnel, includes personal report access.	High
OWNR 5.7	User Role 6 – Minimal – Reserved for insurance intake personnel, includes personal report access.	High
OWNR 5.8	User Role 7 – Read Only – Reserved for non-insurance personnel to view insurance data without edit or creation capabilities, includes report access.	High

BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
OWNR 5.9	User Role 8 – Report Only – Reserved for personnel to view data reports only.	High
BN 6	Provide Daily Appointment worklist to insurance intake personnel, with integrated VistA appointment check in.	High
OWNR 6.1	User Role 6 shall have access to utilize Daily Appointment worklist.	High
OWNR 6.2	The IVP Daily Appointment worklist displays all patient appointments for 'today' for insurance intake personnel based on user's VistA account.	High
OWNR 6.3	The IVP Daily Appointment worklist automatically updates based on changes made to user's VistA account.	High
OWNR 6.4	The IVP Daily Appointment worklist is integrated into VistA live appointment scheduling; updating automatically upon appointment creation, edit or cancellation.	High
OWNR 6.5	System automatically marks VistA scheduling package as "patient checked in" once insurance information is addressed.	High
OWNR 6.6	System shall force the creation of an appropriate insurance intake entry prior to patient being checked in for appointment.	High
OWNR 6.7	System automatically marks insurance intake entries with VistA Source of Information Code – IVP.	High
OWNR 6.8	Insurance intake personnel can select existing active insurance to scan associated card, system files images with insurance intake entry containing minimum data required for VistA electronic Insurance Verification (eIV) module.	High
OWNR 6.9	Insurance intake personnel can select existing active insurance without associated card, system files insurance intake entry containing minimum data required for VistA eIV module.	High
OWNR 6.10	Insurance intake personnel can select existing active insurance to indicate patient asserts insurance is now expired; system files insurance intake entry containing minimum data required for VistA eIV module.	High
OWNR 6.11	Insurance intake personnel can create new insurance entry to scan associated card, system files images with insurance intake entry containing minimum data required for VistA eIV module.	High
OWNR 6.12	Insurance intake personnel can create new insurance entry without associated card, system files insurance intake entry containing with minimum data required for VistA eIV module.	High
OWNR 6.13	Insurance intake personnel can create 'no insurance' entry without associated card, system files insurance intake entry containing minimum data required for VistA to post 'no insurance' automatically to Patient Insurance file (#2.312).	High
OWNR 6.14	Insurance intake personnel can create 'not enough information available' entry without associated card, system files insurance intake entry containing minimum data required to notate Daily Appointment worklist entry has been addressed.	High
OWNR 6.15	System shall provide ability for insurance intake personnel to utilize Optical Character Recognition (OCR) technology to selectively populate fields necessary to complete an insurance intake entry.	High
OWNR 6.16	Completion of insurance intake entries and VistA "patient checked in" action will automatically update user Daily Appointment worklist as complete, removing patient name.	High

BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
OWNR 6.17	System automatically marks insurance intake entries with user name, time & date stamp and clinic location for audit report tracking.	High
OWNR 6.18	System shall automatically stores user name, date, time, clinic location and patient details to an audit file when insurance intake entries are created.	High
OWNR 6.19	System automatically prevents users from creating duplicate insurance intake entries with exact matching insurance data.	High
OWNR 6.20	System automatically prevents unique patients to be asked multiple times to provide insurance information during same day appointments once an insurance intake entry has been created for that same day.	High
OWNR 6.21	System automatically prompts insurance intake user to create Medicare entry if patient is over the age of 65 and does not currently have a Medicare insurance entry on file.	High
OWNR 6.22	System shall automatically prompt insurance intake user to create additional insurance intake entries if multiple active entries exist in the patient's VistA Patient Insurance file (#2.312)	High
OWNR 6.23	System automatically suppresses existing expired patient insurance file (#2.312) entries from view but makes them accessible, if desired, based on user role.	High
OWNR 6.24	System shall provide access to create insurance intake entry for patient not currently on Daily Appointment worklist.	High
OWNR 6.25	System shall provide capability to open, view, edit, and save 'unfinalized' insurance intake entries for selected user roles.	High
BN 7	During insurance intake, insurance card images are captured.	High
OWNR 7.1	System provides ability for insurance intake user to view scanned image & re-scan prior to saving.	High
OWNR 7.2	System provides ability for user to default appropriate source scanner into user profile.	High
OWNR 7.3	System provides ability for user to set appropriate scanner settings based on scanner model for image size and quality.	High
OWNR 7.4	System automatically marks and stores images to be retrieved with associated insurance intake entry at any time.	High
OWNR 7.5	System automatically purges images based on selectable time parameter controlled by CBO.	High
BN 8	System contains editable business rules for finalizing insurance intake entries for insurance verification action based on selectable parameters controlled by CBO.	High
OWNR 8.1	Parameter setting shall be available to User Role 1 and have remote setting capabilities.	High
OWNR 8.2	Selectable 'days since last verified' parameter will prevent insurance intake entries from being finalized when calculated to be within the parameter setting. Setting may be assigned to all or selected "insurance companies" and controlled by CBO.	High
OWNR 8.3	System shall provide override parameter to 'days since last verified' parameter to address open enrollment activities. Setting may be assigned to all or selected "insurance companies" and controlled by CBO.	High

BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
OWNR 8.4	Selectable 'high dollar clinic' parameter will override general 'days since last verified' parameter and will finalize selectively marked insurance intake entries based on VistA clinic stop code and selectable time frame and controlled by CBO.	High
OWNR 8.5	Selectable 'inpatient clinic' parameter will override general 'days since last verified' parameter and will finalize selectively marked insurance intake entries based on VistA clinic stop code and selectable time frame and controlled by CBO.	High
OWNR 8.6	Selectable 'low dollar clinic' parameter will override general 'days since last verified' parameter and will finalize selectively marked insurance intake entries based on VistA clinic stop code and selectable time frame and controlled by CBO.	High
OWNR 8.7	Selectable 'no insurance' parameter will prevent insurance intake entries from being finalized when calculated to be within the parameter setting.	High
OWNR 8.8	Insurance intake entries that do not meet parameters are available in special queue for viewing by selected user roles and marked 'unfinalized'.	High
OWNR 8.9	Insurance intake entries that meet parameter settings will be finalized automatically by the system.	High
OWNR 8.10	System prevents insurance entry from being viewed by insurance verification unless finalized.	High
OWNR 8.11	Selected user roles have ability to selectively and manually finalize insurance intake entries to create insurance verification entries.	High
OWNR 8.12	System automatically marks insurance intake entries when finalized manually by a user as 'finalized' with user name, time & date stamp for audit report tracking.	High
OWNR 8.13	System automatically purges 'unfinalized' insurance intake entries after set time frame controlled by CBO.	High
OWNR 8.14	Insurance intake entries marked 'no insurance' are automatically finalized by the system.	High
OWNR 8.15	Insurance intake entries marked 'not enough information available' are automatically finalized by the system.	High
OWNR 8.16	System automatically refreshes special 'unfinalized' queue when insurance intake entries are finalized.	High
BN 9	Insurance intake data, including images are immediately accessible upon finalization.	High
OWNR 9.1	Finalized insurance intake entries are considered Insurance Verification Processor entries and are immediately visible in VistA file (#355.33).	High
OWNR 9.2	All Insurance Verification Processor entries are immediately registered to the VistA eIV inquiry queue for processing.	High
OWNR 9.3	Insurance Verification Processor entries that do not contain sufficient data for VistA eIV inquiry to process are marked for action by insurance verification user roles.	High
OWNR 9.4	Insurance Verification Processor entries will be marked with existing VistA eIV buffer entry status flags for viewing.	High
OWNR 9.5	System shall provide the ability to reasonably match insurance verification entry with existing HPID (File #TBD) entry (if available) when matching existing patient insurance file (#2.312) entry does not exist.	High

BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
OWNR 9.6	System shall provide the ability of the insurance verifier to select matching existing HPID (File #TBD) entry (if available) to view simultaneously with eIV response report data.	High
OWNR 9.7	System shall provide the ability to search existing VistA HPID (File #TBD) when system cannot prompt for matching entry.	High
BN 10	Insurance Verification Processor entries are processed by eIV automatically.	High
OWNR 10.1	IVP entries are automatically marked processed and removed if VistA Buffer file (365) is auto-updated via VistA eIV module.	High
OWNR 10.2	IVP 'no insurance' entries are automatically processed by the system, marking the VistA Patient Insurance File (#2.312) with 'verification of no coverage'.	High
OWNR 10.3	System automatically marks 'no insurance' insurance intake entries with system user name, time & date stamp for audit report tracking when system processes them.	High
BN 11	Finalized insurance intake entries are visible as insurance verification entries in an insurance verification working queue.	High
OWNR 11.1	Insurance verification working queue display can be customized by user selected features to include but not limited to: Date & Time; Patient; Insurance Company; eIV status; image; VistA Patient Status Flag, and appointment type.	High
OWNR 11.2	Insurance verification working queue display can be filtered by user selected features to include: Date & Time; Patient; Insurance Company; VistA eIV status; image; VistA Patient Status Flag, source, division and appointment type.	High
OWNR 11.3	System contains selectable parameter to display multiple VistA system insurance verification entries under single user log in, controlled by CBO.	High
BN 12	System shall provide capability to open, view, edit, save, and process insurance verification entries.	High
OWNR 12.1	System shall provide ability to view in a single split screen the existing VistA patient insurance file (#2.312), insurance verification entries, scanned image and eIV response report.	High
OWNR 12.2	System shall provide the ability to reasonably match insurance verification entry with existing patient insurance file (#2.312) entry (if available) and prompt user approval.	High
OWNR 12.3	System shall provide the ability of the insurance verifier to select matching existing patient insurance file (#2.312) entry (if available) to view simultaneously with eIV response report data.	High
OWNR 12.4	System shall provide the ability to reasonably match insurance verification entry with existing insurance company file (#36) entry (if available) when matching existing patient insurance file (#2.312) entry does not exist.	High
OWNR 12.5	System shall provide the ability of the insurance verifier to select matching existing patient insurance company file (#2.312) entry (if available) to view simultaneously with eIV response report data.	High
OWNR 12.6	System shall provide the ability to search existing VistA insurance company file (#36) when system cannot prompt for matching entry.	High
OWNR 12.7	System shall provide the ability to make edits to an existing VistA insurance company file (#36) entry if edits to matching or selected entry are needed based on user role.	High

BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
OWNR 12.8	System shall provide the ability to create a new VistA insurance company file (#36) entry when the user cannot find an existing VistA Insurance company file (#36) entry based on user role.	High
OWNR 12.9	System shall provide the ability to reasonably match insurance verification entry with existing group plan file (#355.3) entry (if available) when matching existing patient insurance file (#2.312) entry does not exist.	High
OWNR 12.10	System shall provide the ability of the insurance verifier to select matching existing group plan file (#355.3) entry (if available) to view simultaneously with eIV response report data.	High
OWNR 12.11	System shall provide the ability to search existing VistA group plan file (#355.3) when system cannot prompt for matching entry.	High
OWNR 12.12	System shall provide the ability to make edits to an existing VistA group plan file (#355.3) entry if edits to matching or selected entry are needed based on user role.	High
OWNR 12.13	System shall provide the ability to create a new group plan file (355.3) entry when the user cannot find an existing VistA Insurance company file (#36) entry based on user role.	High
OWNR 12.14	System shall provide ability for insurance verification personnel to utilize Optical Character Recognition (OCR) technology to selectively populate fields necessary to complete an insurance verification entry.	High
OWNR 12.15	System shall provide the ability to reasonably match insurance verification entry with existing patient policy information from patient insurance file (#2.312) entry (if available) and prompt user approval.	High
OWNR 12.16	System shall provide the ability of the insurance verifier to select matching existing patient policy information from patient insurance file(#2.312) entry (if available) to view simultaneously with eIV response report data.	High
OWNR 12.17	System shall provide the ability to enter new patient policy information when the user cannot find existing policy information from patient insurance file (#2.312) entry.	High
OWNR 12.18	System shall automatically write changes made to the VistA Insurance Company file (#36) and VistA group plan file (#355.3) during insurance verification entry processing to VistA, applying changes to all groups & members based on user role.	High
OWNR 12.19	System shall automatically prompt for user approval for edits to the VistA Insurance Company file (#36) and VistA group plan file (#355.3) during insurance verification entry processing.	High
OWNR 12.20	System shall automatically store user name, date & time to an audit file when edits are made to the VistA Insurance Company field (#36) and/or the VistA group plan file (#355.3).	High
BN 13	System contains editable business rules for processing insurance verification entries based on selectable parameters controlled by CBO.	High
OWNR 13.1	System provides the ability for insurance verification entries to be rejected by providing a 'reject reason code'. Rejected entries shall leave remaining 'stub' entry in audit file.	High
OWNR 13.2	System provides the ability for insurance verification entries to be processed to completion, saving all data to VistA's corresponding data files.	High
OWNR 13.3	System provides the ability to accept all/some VistA buffer filing flag options. (Merge, overwrite, replace, etc.)	High

BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
BN 14	System shall provide access to multiple VistA menu items during insurance verification entry processing.	High
OWNR 14.1	System shall provide access to enter data to capture Annual Benefits, and save to VistA's Annual Benefits file (#355.4).	High
OWNR 14.2	System shall provide access to enter data to capture Coverage Limitations, and save to VistA's Plan Coverage Limitations file (355.32).	High
OWNR 14.3	System shall provide access to enter data to capture Insurance Review, and save to VistA's Insurance Review file (#356.2), and automatically mark the resulting VistA entries with 'Insurance Verification'.	High
OWNR 14.4	System shall provide access to view, enter and accept data imported from the VistA Patient file (#2) regarding completing the VistA Patient Insurance file 'Insured's Information'.	High
BN 15	System shall create an audit file to include creation, edits, and completion of all unfinalized insurance intake entries, finalized intake entries, and insurance verification entries.	High
OWNR 15.1	System shall create an audit file to include creation, edits, and completion of all unfinalized insurance intake entries, finalized intake entries, and insurance verification entries.	High
OWNR 15.2	System shall edit an audit file to include creation, edits, and completion of all unfinalized insurance intake entries, finalized intake entries, and insurance verification entries.	High
OWNR 15.3	System shall store an audit file to include creation, edits, and completion of all unfinalized insurance intake entries, finalized intake entries, and insurance verification entries.	High
OWNR 15.4	System shall retrieve an audit file to include creation, edits, and completion of all unfinalized insurance intake entries, finalized intake entries, and insurance verification entries.	High
BN 16	System shall create, edit, store, and retrieve reports.	High
OWNR 16.1	System shall provide output audit exports from the Daily Appointment worklist to capture who, what, when, how and where on work performed.	High
OWNR 16.2	System shall provide output audit reports from the Daily Appointment worklist to capture who, what, when, how and where on work not performed or 'missed'.	High
OWNR 16.3	System shall provide output audit reports from the insurance intake entries to capture who, what, when, how and where on work performed.	High
OWNR 16.4	System shall provide output audit reports from the insurance verification entries to capture who, what, when, how and where on work performed.	High
OWNR 16.5	System shall provide output audit reports when edits are detected in the VistA Insurance Company (#36); and the VistA group plan file (#355.3) to capture who, what, when, how and where.	High

1.3. References

- Business Requirements Document: Insurance Verification Processor (IVP) (Phase 1, Iteration 1), NSR #20130517, IDRP #180838
- 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]
- VHA National Directive 2010-0021, published May 14, 2010. [REDACTED]

2. Overall Description

2.1. Accessibility Specifications

Requirement #	The Data Store 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. Specifically, the software must comply with the following checklists:
2.1.2	Software Applications and Operating Systems Requirements Checklist (§1194.21 of Section 508)
2.1.3	Web-based Internet Information and Applications Requirements Checklist (§1194.22 of Section 508)
2.1.4	Functional Performance Criteria Requirements Checklist (§1194.31 of Section 508)
2.1.5	The following specific Section 508 requirements are mandated by the Registries Program:
2.1.6	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.
2.1.7	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).
2.1.8	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).
2.1.9	A method shall be provided that permits users to skip repetitive navigation links. See 508 Checklist item 1194.22(o).

Requirement #	The Data Store 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
2.1.10	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).
2.1.11	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

2.3.1. Internet Constraints

While the system will employ best practices and comply with VA mandated web-based design requirements, the following constraints are possible and beyond the control of the system:

- Internet speeds – A user who connects via satellite or DSL should expect slower response times than a user who connects via high-speed FIOS.
- Computer Systems – a user who has a very old computer system may experience performance issues.
- Browsers – There are a multitude of browsers and browser versions available to the end user. Users using older versions of supported browsers or lesser known browsers may or may not experience browser-based issues.

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:

- BPS Technical Manual/Security Guide
- BPS User Manual
- PSO Technicians User Manual
- PSO Managers User Manual
- PSO Pharmacist User Manual
- PSO Technical Manual/Security Guide
- IB User Manual

- IB Technical Manual
- AR Technical Manual/Security Guide

Additionally, new complete and comprehensive manuals will be created for this system.

- IVP Technical Manual (OIT)
- Insurance Intake Manual
- Insurance Verifier Manual

2.6. Functional Specifications

REFER TO APPENDIX C FOR SCREEN MOCKUPS FOR THE FOLLOWING ITEMS

2.6.1. Insurance Intake Clerk GUI: Daily Appointment Worklist

2.6.1.1. The system shall allow the Insurance Intake Clerk to view the Daily Appointment Worklist.

2.6.1.2. The system shall display following data on the Daily Appointment Worklist:

- Patient Name
- Clinic
- Division
- Appointment Date & Time
- Check In User ID
- Check Out User ID

2.6.1.3. The system shall display all appointments with the following criteria on the Daily Appointment Worklist: all patient appointments for current date, based on the user's clinic location saved in user profile,

2.6.1.4. The system shall allow a user to Unfilter the Daily Appointment Worklist in order to view all records with all statuses.

2.6.1.5. The system shall allow a user to look up a patient record in order to find a patient who isn't on the work list.

- Patient First Name
- Patient Last Name
- SSN

2.6.1.6. The system shall allow a user to configure a clinic in order to change which clinics appointments will display on the Daily Appointment Worklist. **The system preserves the clinic selection upon system exit.**

2.6.1.7. The system shall allow a user to click on a patient record to take to the Patient Information Summary Screen.

2.6.1.8. The system shall preserve the most recent sorting and filtering when returning to the Daily Appointment Worklist from any other IVP screens.

2.6.1.9. The system shall allow the user to re-arrange columns per user preference by drag/drop. The system shall allow users to sort each column or multiple columns selected (A-Z or first/last). The system shall allow the user to save the personalized sorting to their user profile if necessary to be used upon system re-start.

2.6.2. Insurance Intake Clerk GUI: Patient Information Summary Screen

2.6.2.1. The system shall allow the user to view Patient Information Summary Screen with the following sections:

- Patient Insurance File
- IVP Entries

2.6.2.2. The system shall display the following data in the Patient Insurance File section for all Patient Insurance records with an Active status (Active defined as: no expiration or future expiration date):

- Insurance Company
- Group Number
- Effective Date
- Insurance Last Verified
- COB

2.6.2.3. The system shall display the following data in the IVP Entries section for all entries in the IVP file for the patient:

- Image Indicator
- eIV
- Insurance Company
- Group Number
- Subscriber ID
- Date Created
- Created by
- Source of Information
- Patient Status Flag

2.6.2.4. The system shall allow the user to select a “No Insurance” option based on the following conditions:

- The system shall only display the “No Insurance” option if the patient has no active policies.

2.6.2.5. The system shall allow the user to select an existing policy on file by double clicking which takes the user to the scan feature.

- 2.6.2.6. The system shall allow the user to select the “Exit” option, which takes the user back to the Daily Appointment Worklist.

2.6.3. Insurance Intake Clerk GUI: Insurance Scanning Screen

- 2.6.3.1. The system shall allow the user to select an option to scan an insurance card.
- 2.6.3.2. The system shall allow the user to select an option to indicate that there is no insurance card.
- 2.6.3.3. The system shall allow the user to select an insurance company name from a predefined set of values with a smart function that helps users jump to sections of the list by text value with free text option.
- 2.6.3.4. The system shall allow the user to enter a subscriber ID.
- 2.6.3.5. The system shall allow the user to select, no card and check box of “not enough information available” to turn off insurance company name drop down and subscriber ID entry.
- 2.6.3.6. The system shall allow a user to add additional entries for new insurance cards.
- 2.6.3.7. The system shall allow the user to exit and save the information to the IVP File.

2.6.4. Insurance Verifier GUI: IVP Entries Screen

- 2.6.4.1. The system shall allow the user to view records from the IVP Entries Screen containing all IVP entries.
- 2.6.4.2. The system shall display following data for the IVP entries:
- Image Indicator
 - eIV
 - Patient Name
 - Insurance Company Name
 - Subscriber ID
 - Created Date
 - Created By
 - Division
 - Source of Information
 - Patient Status Flag
- 2.6.4.3. The system shall allow a user to select an IVP entry which will take the user to the Patient Information Summary Screen for the patient record selected.
- 2.6.4.4. The system shall allow a user to look up a patient record in order to find a patient who isn't on the work list.
- Patient First Name

- Patient Last Name
- SSN

2.6.4.5. The system shall allow the user to robustly filter the list of IVP entries on the following data elements, saved into user profile if necessary to be used upon system re-start:

- Date
- eIV
- Patient Name
- Insurance Company Name
- Created Date
- Source of Information
- Patient Status Flag
- Division
- Created by

2.6.4.6. The system shall allow the user to re-arrange columns per user preference by drag/drop. The system shall allow users to sort each column or multiple columns selected (A-Z or first/last). The system shall allow the user to save the personalized sorting to their user profile if necessary to be used upon system re-start.

2.6.4.7. The system shall preserve the most recent sorting and filtering when returning to the IVP Files Screen from any other IVP screens.

2.6.4.8.

2.6.5. Insurance Verifier GUI: IVP Patient Information Summary Screen

2.6.5.1. The system shall allow the user to view Patient Information Summary Screen with the following sections:

- Patient Insurance File
- IVP Entries

2.6.5.2. The system shall display the following data in the Patient Insurance File section for all Patient Insurance records with any status:

- Insurance Company
- Group Name
- Group Number
- Subscriber ID
- Type of Plan
- COB
- Effective Date
- Expiration Date
- Insurance Last Verified (date)

- Last Verified by

2.6.5.3. The system shall display the following data in the IVP Entries section for all entries in the IVP file for the patient:

- Image Indicator
- eIV
- Insurance Company
- Group Name
- Group Number
- Subscriber ID
- Type of Plan
- COB
- Date Created
- Created by
- Source of Information
- Patient Status Flag

2.6.5.4. The system shall allow the user to select to create a new IVP entry which takes the user to a blank IVP Consolidated Screen.

2.6.5.5. The system shall allow the user to select a record which takes the user to the IVP Consolidated Screen populated with the data from the record and patient.

2.6.5.6. The system shall allow the user to reject a record, which removes it from the list of IVP Entries.

2.6.5.7. The system shall allow the user to exit the screen without saving any changes to the record.

2.6.5.8. The system shall provide a refresh function. (only if we have to)

2.6.5.9. The system shall provide a tool to find previous images for this patient and/or this patient policy.

2.6.5.10. The system shall allow the user to re-arrange columns per user preference by drag/drop. The system shall allow users to sort each column or multiple columns selected (A-Z or first/last). The system shall allow the user to save the personalized sorting to their user profile if necessary to be used upon system re-start.

2.6.5.11. The system shall allow for a check box to suppress expired insurance policies when selected (suppress when checked). Default view shows all policies (box is unchecked as default).

2.6.6. Insurance Verifier GUI: IVP Consolidated Screen

2.6.6.1. The system shall allow the user to view the following sections:

- IVP Entry
- Patient Insurance File: Exact matches

- Patient Insurance File: Suggested matches
- eIV Report Information
- Image

2.6.6.2. The system shall display following data elements in the IVP Entry Section:

- Image Indicator
- eIV
- Insurance Company
- Group Name
- Group Number
- Subscriber ID
- Type of Plan
- COB
- Date Created
- Created by
- Source of Information
- Patient Status Flag

2.6.6.3. The system shall display following data elements in the Patient Insurance File Section, for both Exact and Suggested matches:

- Insurance Company
- Group Name
- Group Number
- Subscriber ID
- Type of Plan
- COB
- Effective Date
- Expiration Date
- Insurance Last Verified (date)
- Last Verified by

2.6.6.4. The system shall display all available data in the eIV report at the same time as other tabs.

2.6.6.5. The system shall allow the user to print all available data in the eIV report.

2.6.6.6. The system shall display the image of the insurance card at the same time as other tabs.

2.6.6.7. The system shall allow the user to select the insurance card image in order to view front/back, zoom, rotate, delete or print the image.

2.6.6.8. The system shall allow the user to select a displayed existing policy match, which takes the user to the IVP Detailed View Screen.

- 2.6.6.9. The system shall allow the user to select a displayed Insurance Company/Group Planmatch from the system suggestions, which takes the user to the IVP Detailed View screen. (at least two of the following 3 must match, and results delivered should be order in best match format)
- Insurance Company (first level)
 - Group Number (second level, all companies)
 - Group Name (third level, all companies)
 - Display for all matches: Company name, Group Number, Group Name, Type of Plan
- 2.6.6.10. The system shall allow a user to search for an insurance company/group plan using the following data:
- Insurance Company Name
 - Group Number
 - Group Name
 - Type of Plan
- 2.6.6.11. The system shall allow the user to select the Insurance Company/Group Plan found during search to match to the IVP Entry, which takes the user to the IVP Detailed View screen with the data populated in screen.
- 2.6.6.12. The system shall allow the user to create a new Insurance Company/Group Plan, which takes the user to a blank IVP Detailed View screen.
- 2.6.6.13. The system shall allow the user to exit the IVP Consolidated Screen without saving any data.

2.6.7. Insurance Verifier GUI: IVP Detail Information Screen

- 2.6.7.1. The system shall allow the user to view the following sections:

- Insurance Company



BRIEF DATA
DICTIONARY_INSUR/



- Group Plan



BRIEF DATA
DICTIONARY_GROUP



- Coverage Limitations
- Patient Policy



BRIEF DATA
DICTIONARY_PATIENT



- Annual Benefits
- Insurance Review
- eIV Report
- Image

2.6.7.2. The system shall allow the user to print all available data in the eIV report.

2.6.7.3. The system shall display the image of the insurance card.

2.6.7.4. The system shall allow the user to select the insurance card image in order to view front/back, zoom, rotate, delete or print the image.

2.6.7.5. The system shall allow the user to exit the IVP Detailed Screen without saving any data.

2.6.7.6. The system shall allow the user to save the changes without finalizing the IVP Entry record.

2.6.7.7. The system shall allow the user to process the changes, which finalizes the IVP Entry record.

2.6.8.Help/Instructional guide available on every single data element

2.7. Graphical User Interface (GUI) Specifications

2.7.1. General GUI Requirements

Requirement #	Description
2.7.1.1	The web interface shall meet all standard VA requirements as stated in the VA Graphics Standards Guide ([REDACTED])
2.7.1.2	If any user interface remains idle for more than 15 minutes, a message shall display that the user has been logged off and the user shall be logged off from the system.
2.7.1.3	All GUI interfaces shall provide context level help screens.

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 IVP applications are integrated parts 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

Type of User	Description	IVP User Role	IVP Access
Primary Users	Insurance Intake and Capture Associates	User Role 6 - Minimal	Create insurance entries & limited report access
	VA Medical Center (VAMC) Patient Registration Teams	User Role 6 - Minimal	Create insurance entries & limited report access
	Primary Insurance Verification Clerks (those employed by facilities and by Consolidated Patient Account Centers (CPACs))	User Role 5 - Low	Enter/Edit Patient Policy records, limited report access
	Secondary Insurance Verification Clerks (those employed by facilities and by Consolidated Patient Account Centers (CPACs))	User Role 4 – Med-Low	Enter/Edit Insurance Company File, Enter/Edit Patient Policy records, limited report access
	CPAC IV Managers / Facility Billing Managers	User Role 2 – Med High	limited parameters, report access.
Secondary Users	CBO CPAC PMO	User Role 8 – Report only	Report only
	Veterans Integrated Service Network (VISN) Business Implementation Managers	User Role 8 – Report only	Report only
	CBO Revenue Operations	User Role 7 – Read only	View only access
	Business Office Managers/Service Line Managers/PICM	User Role 8 – Report only	Report only
	CBO eBusiness Solutions Office	User Role 1 - High	System parameters, national reports
	CBO Business Information Office	User Role 8 – Report only	Report only
	AMC Information Resource Managers	User Role 2 –	Limited parameters,

Type of User	Description	IVP User Role	IVP Access
	(IRMs)	Med High	report access.
	National Office of Information and Technology	User Role 1 - High	System parameters, national reports

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

Acronyms/ Abbreviations/Terms	Description
CBO	Chief Business Office
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs
CP&E	Claims Processing & Eligibility
COBC	Coordination of Benefits Contractor
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
CWVV	Children of Women Vietnam Veterans
EFT	Electronic funds transfer is the electronic transfer of funds rather than by check or cash - used to make claim payments directly to a provider's bank.
FTP	File Transfer Protocol
Emdeon	Emdeon is the contracted Purchase Care clearinghouse that provides a network of providers for the routing of electronic Institutional/Professional and Dental health care claims (837) to the PC@HAC and delivery of the electronic remittance transactions (835). It also routes electronic coordination of benefits claims from the COBC to the PC@HAC for processing and provides support for the real-time processing of eligibility and benefits requests/responses, claim status requests/responses and Health Care Services Review Request/response
EOB	Explanation of Benefits (EOB) is usually a paper health care claim payment/advice from payers that provides data pertaining to the claim adjudication and the amounts paid by the payer.
FBCS	Fee Basis Claim System
Fee	A Veteran can be authorized for Fee Basis care if VA facilities are not available to meet the patient's medical needs. The authorization may be for non-VA hospitalization, community nursing home care, short term care, ID card status for ongoing outpatient care, or for home health services
HAC	Health Administration Center
HCCH	Healthcare Clearinghouse
OED	Office of Enterprise Development
PC@HAC	Purchased Care at the Health Administration Center

Acronyms/ Abbreviations/Terms	Description
POR	Payer Operating Rules
RSD	Requirements Specification Document
SB	Spina Bifida
SQA	Software Quality Assurance
VAMC	Veterans Affairs Medical Centers

Appendix A Use Case Specification

This section will be completed as the design progresses.

<Use Case Name>

Brief Description

Use Case Trigger

Use Case Context Diagram

Figure 2: Use Case Context Diagram

Use Case Actors

Preconditions

A.6.1. Precondition 1

Basic Flow of Events

A.7.1. <First Step of Basic Flow>

Alternative Flows

A.8.1. < First Alternative Flow >

A.8.2. < Second Alternative Flow >

Sub Flows

A.9.1. <First Subflow>

A.9.2. < Second Subflow >

Postconditions

A.10.1. < Post Condition One >

Special Specifications

A.11.1. < First Special Specification>

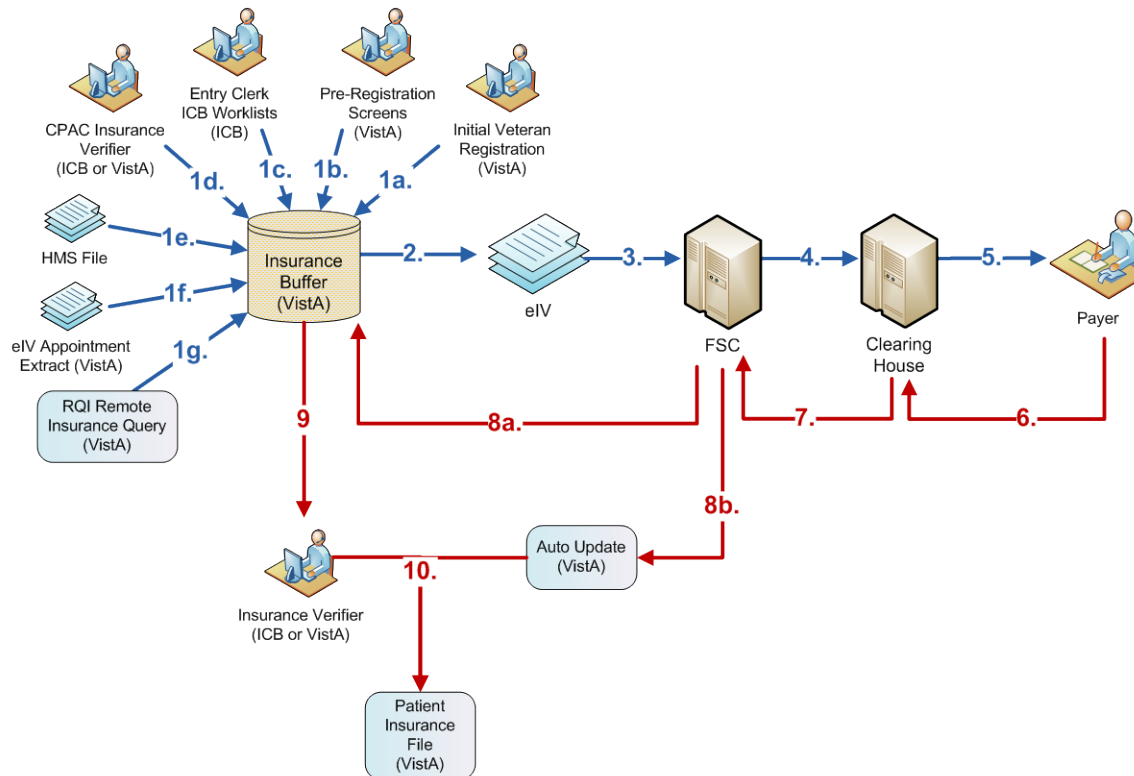
Extension Points

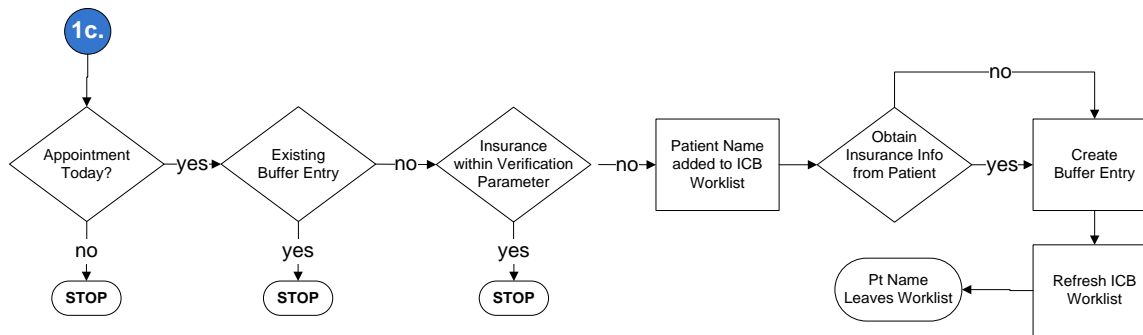
A.12.1. <Name of Extension Point>

Definition of the location of the extension point in the flow of events

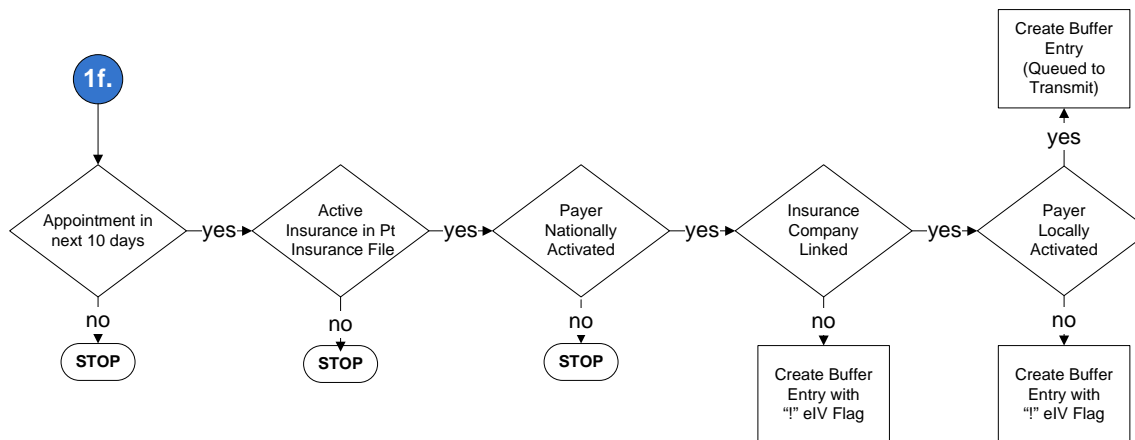
Appendix B Models

Current Business Process:



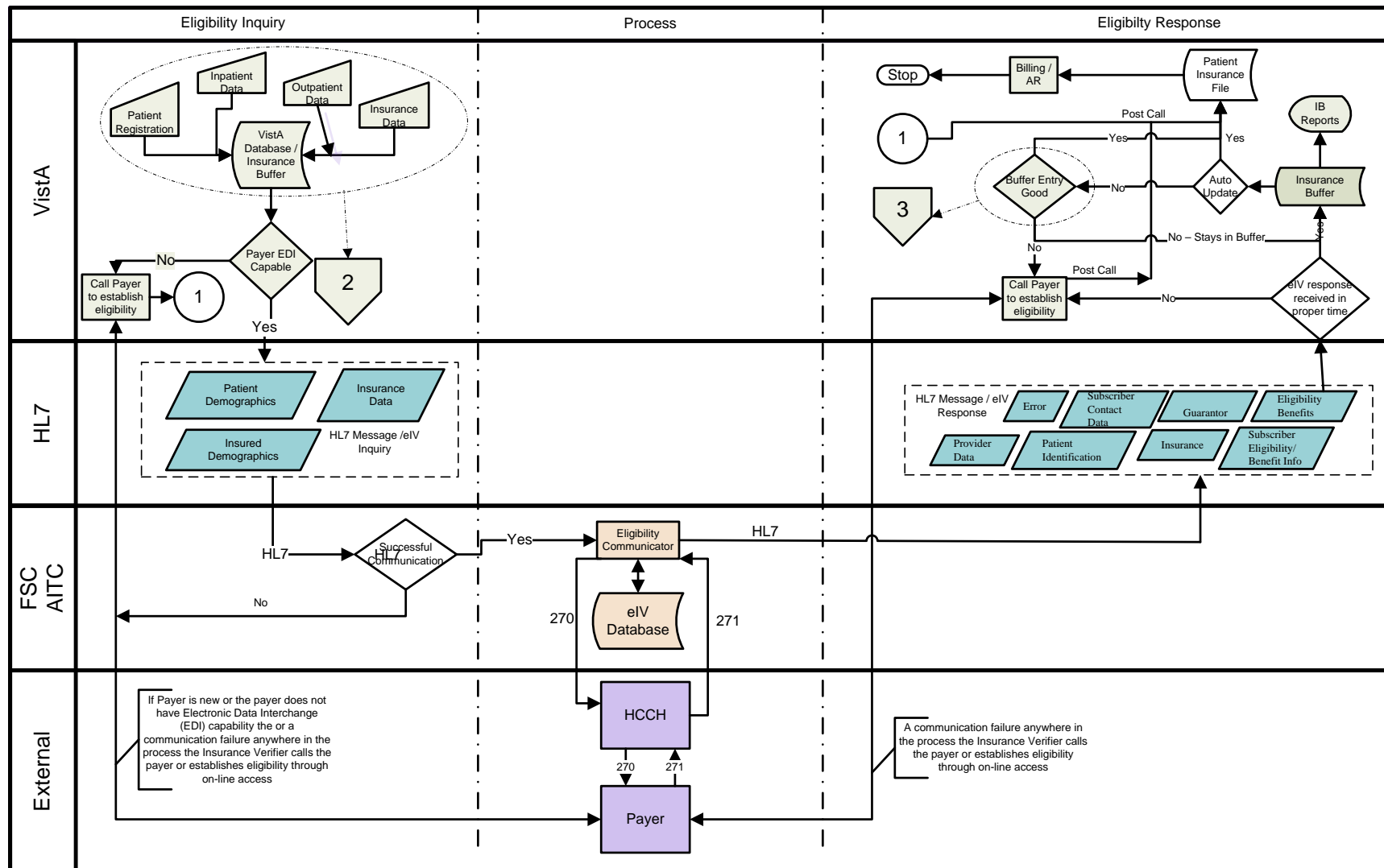


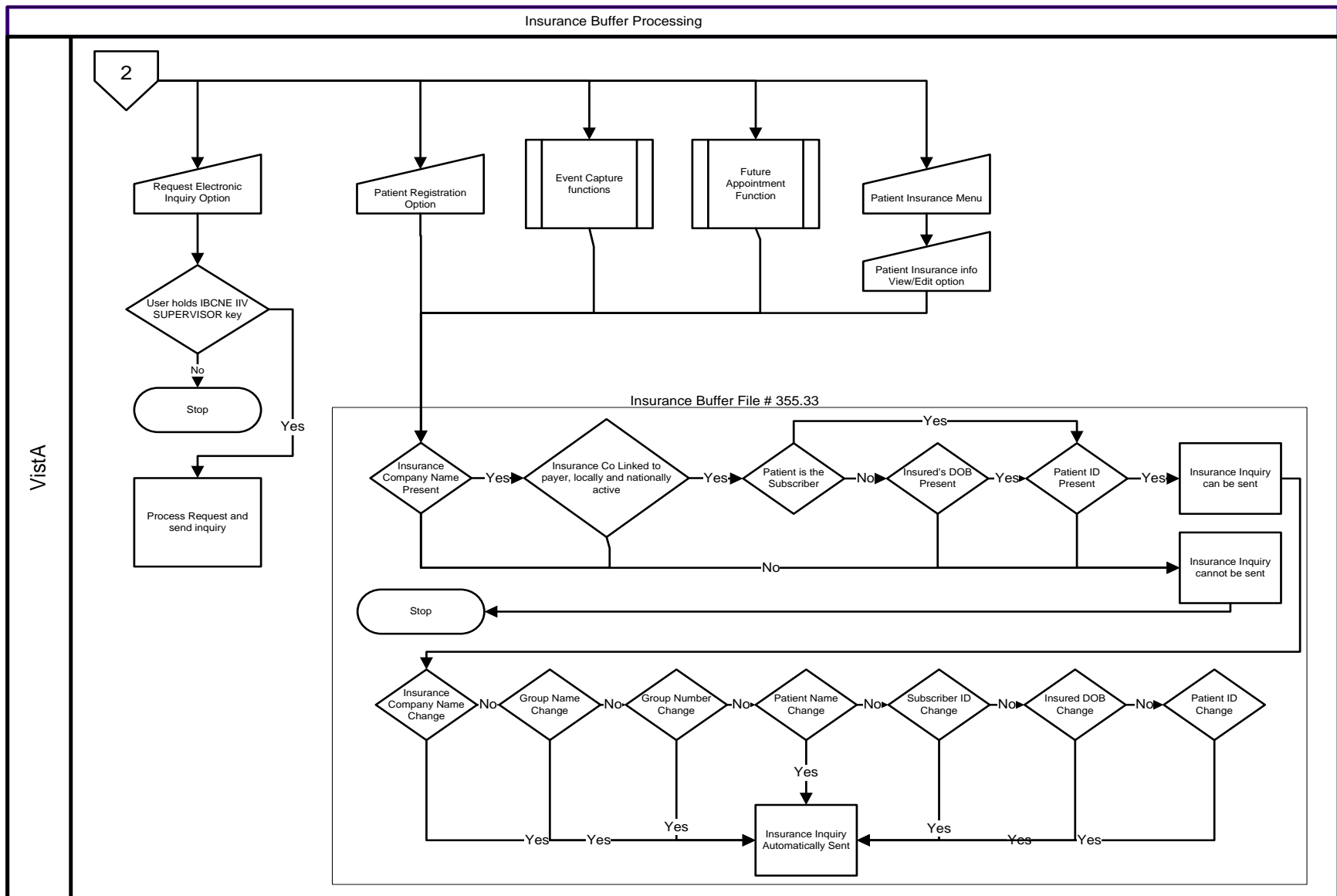
1f only makes a buffer entry when a) an accompanying 271 transaction is returned or b) a 271 transaction could have been obtained but VistA prevented it (the payer is locally not active or insurance company is not linked but a matching payer is assumed based on payer IDs).

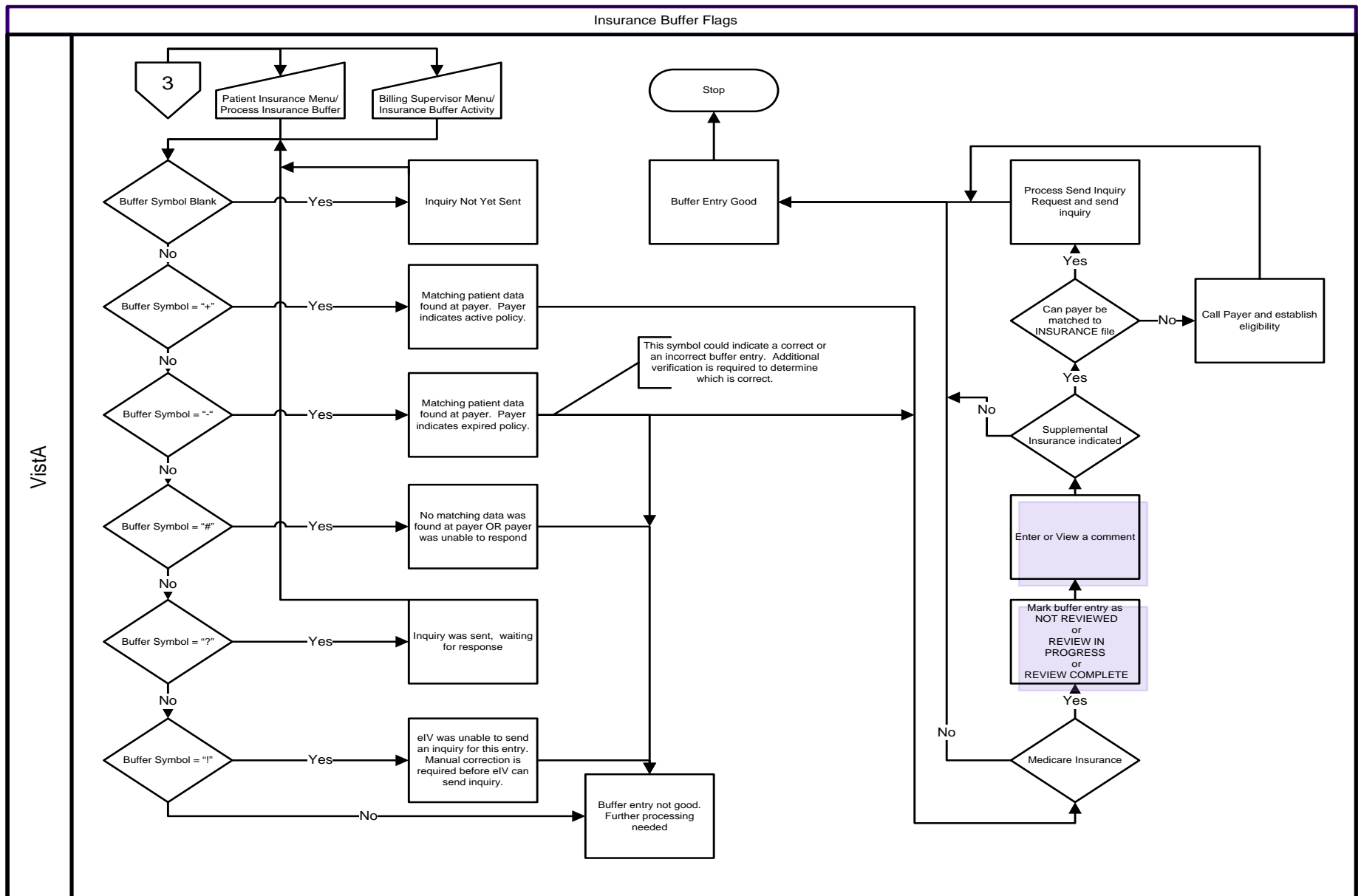


Expanded eIV Process:

Current eIV Flow Process

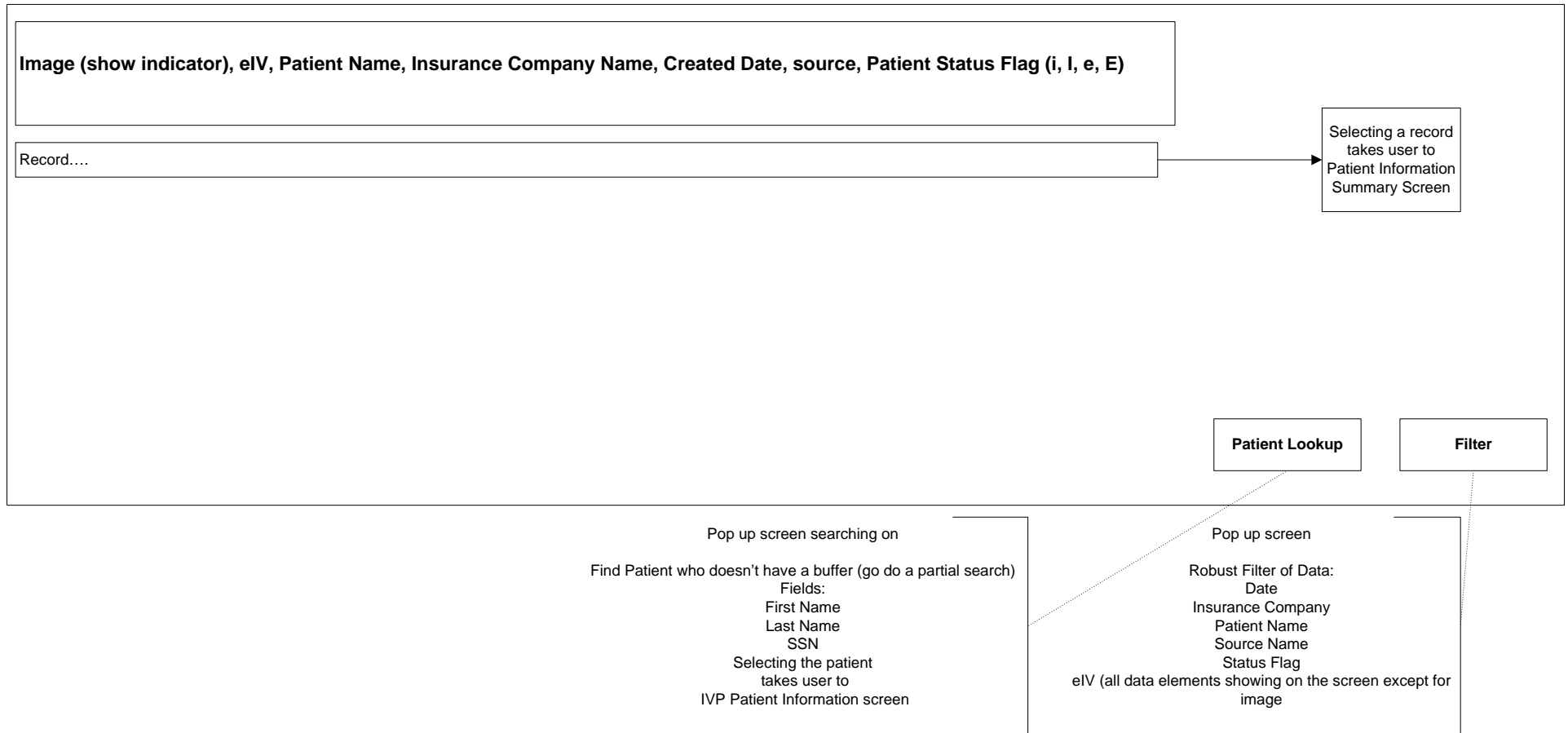




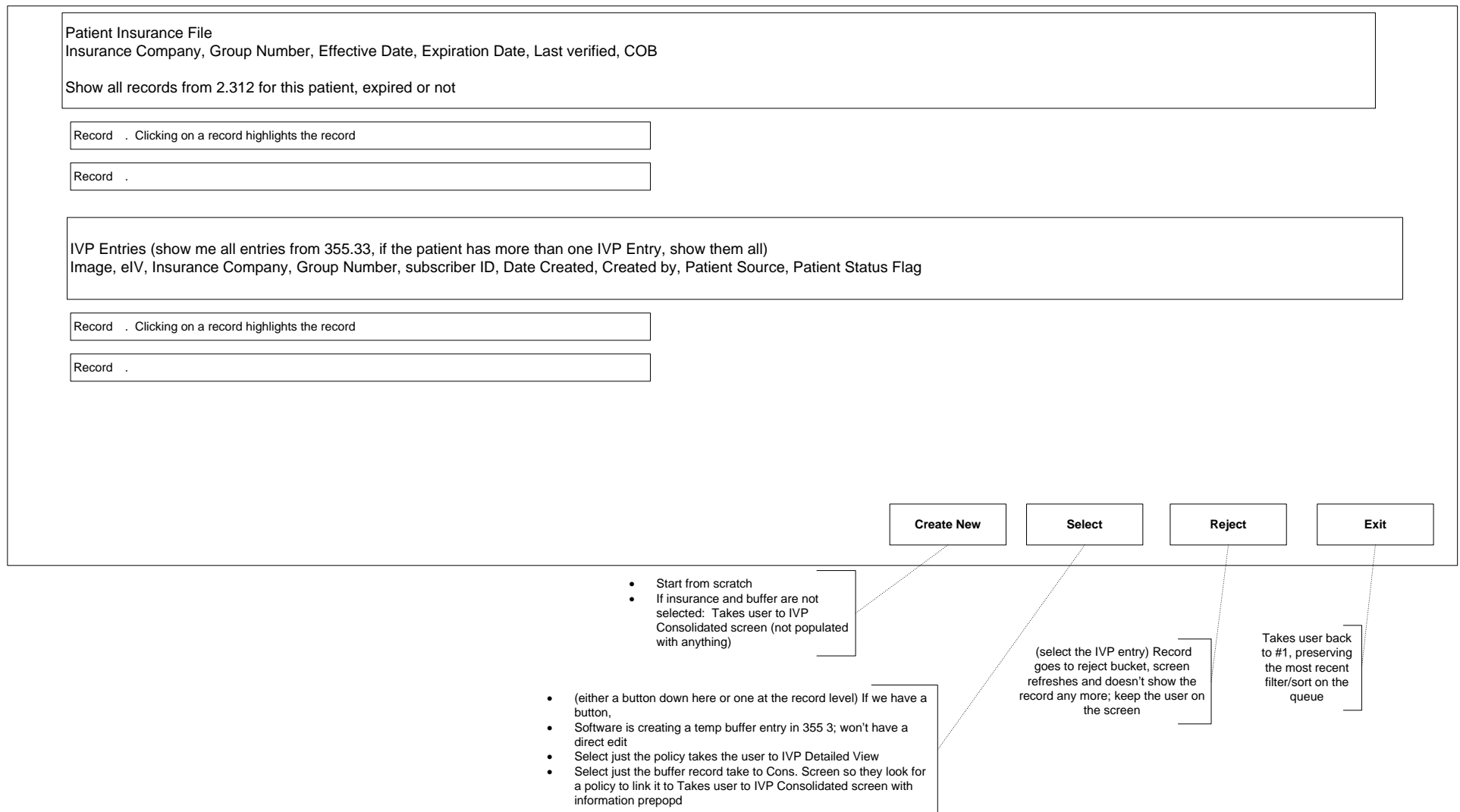


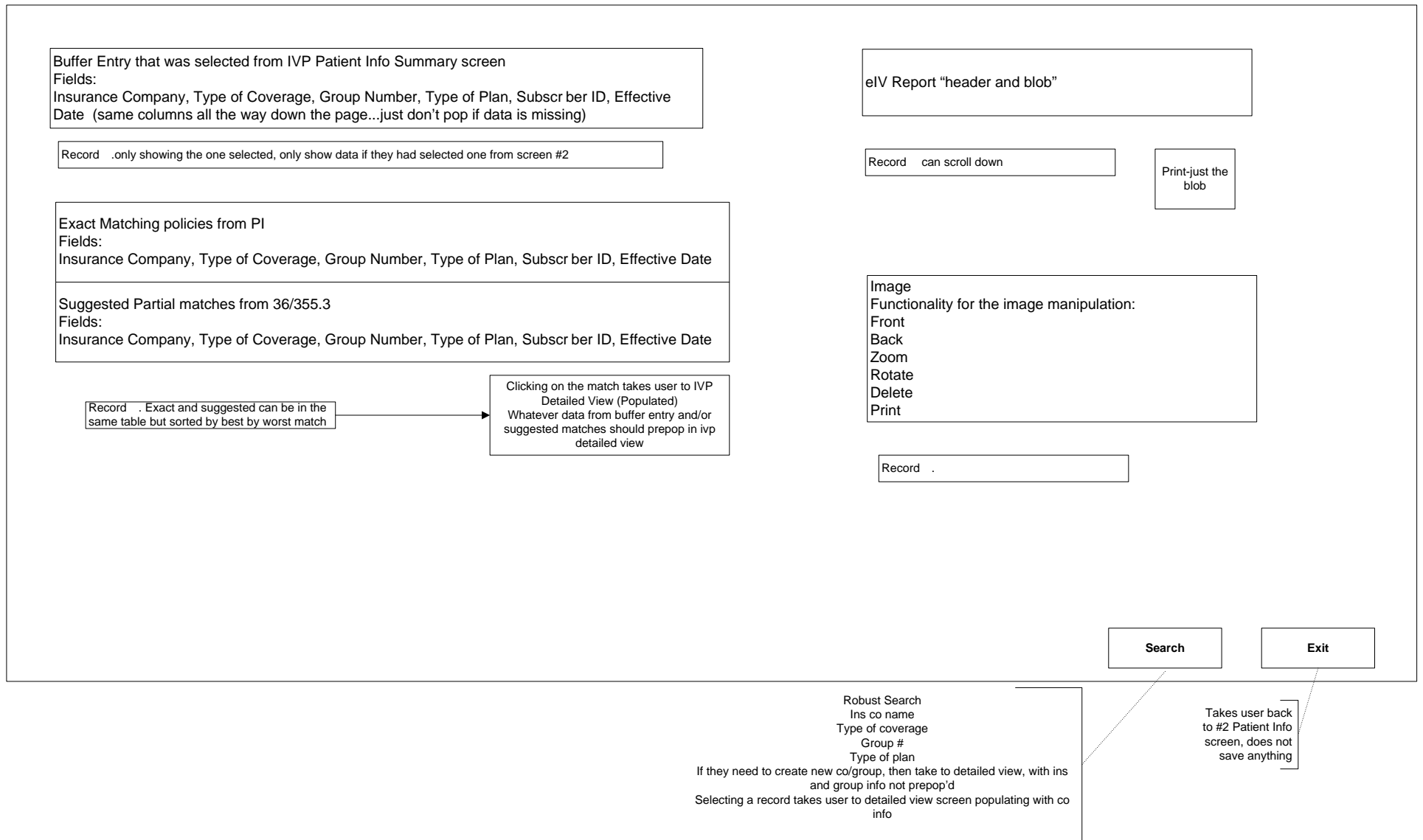
Appendix C Screen Mockups

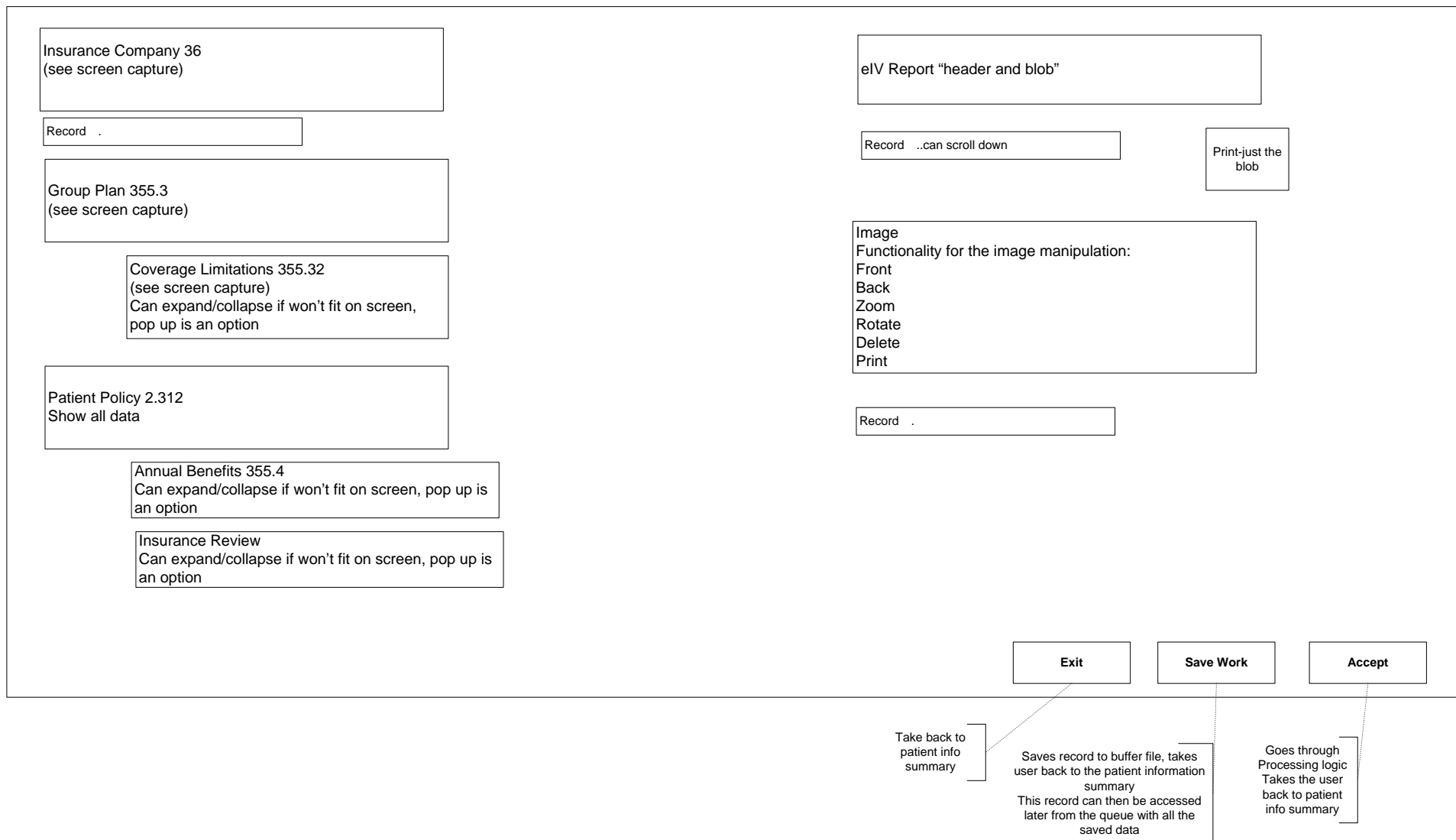
IVP File Screen:
Aka BI-IBCN Process buffer
List of all entries in 355.33 Insurance verification processor
(buffer file)



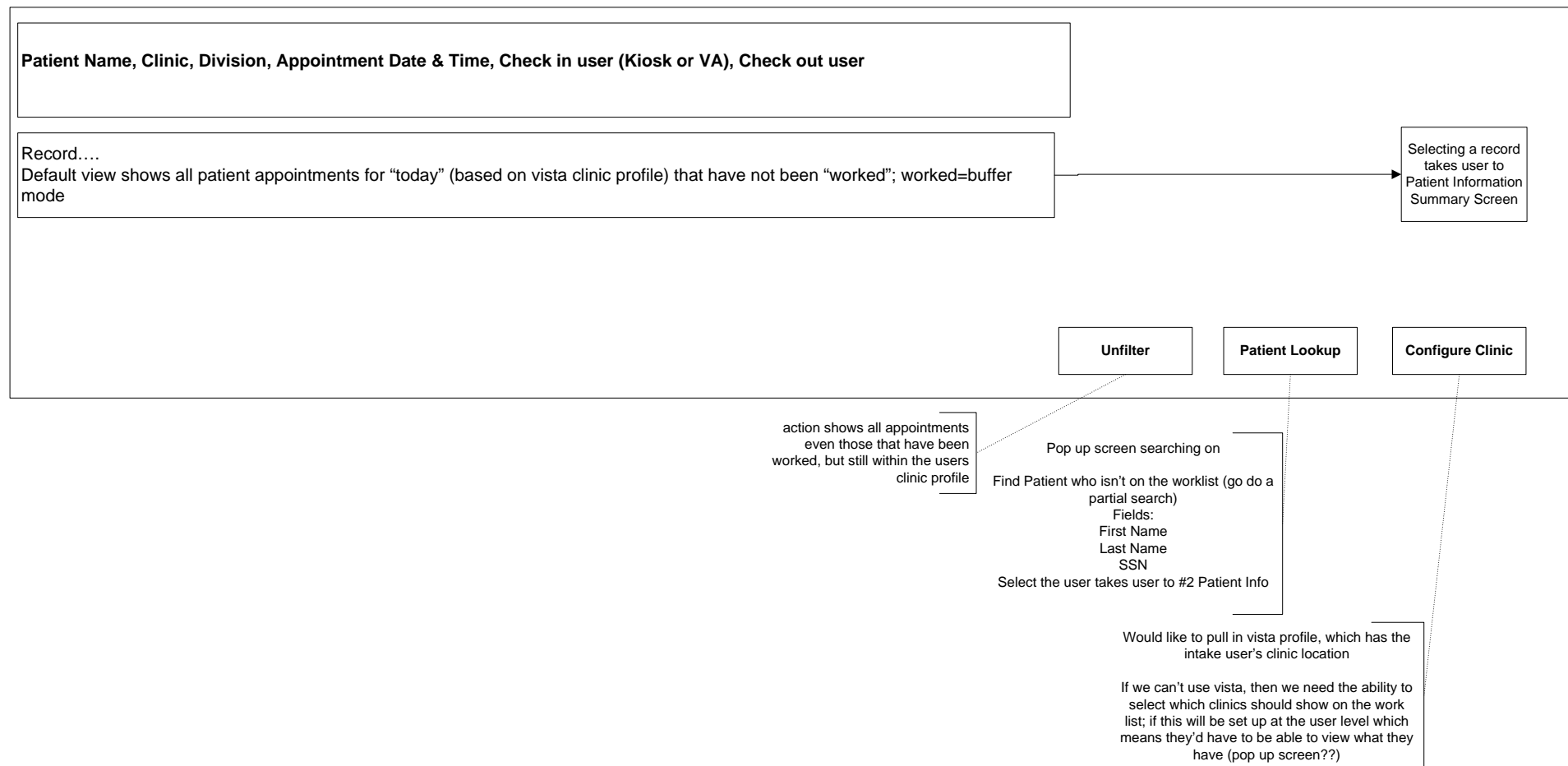
IVP Patient Information Screen:



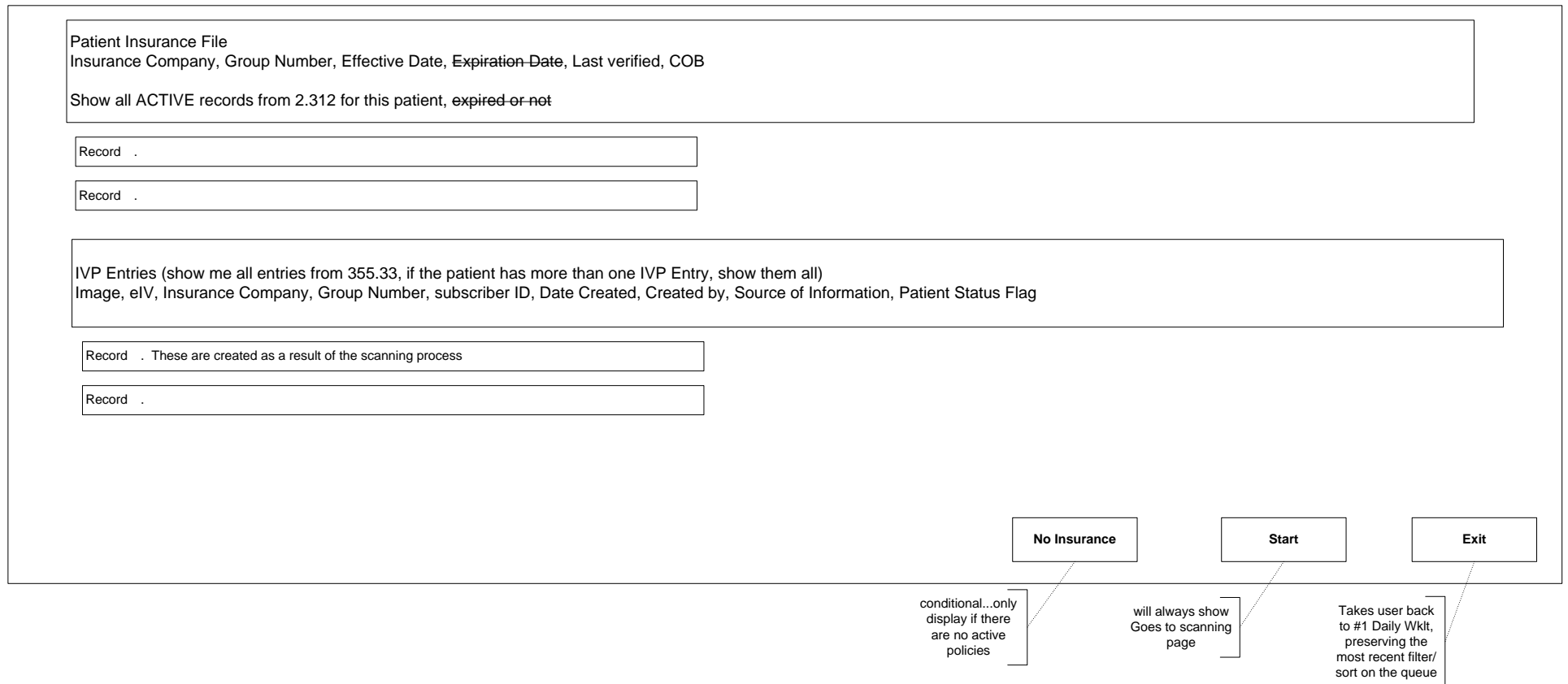




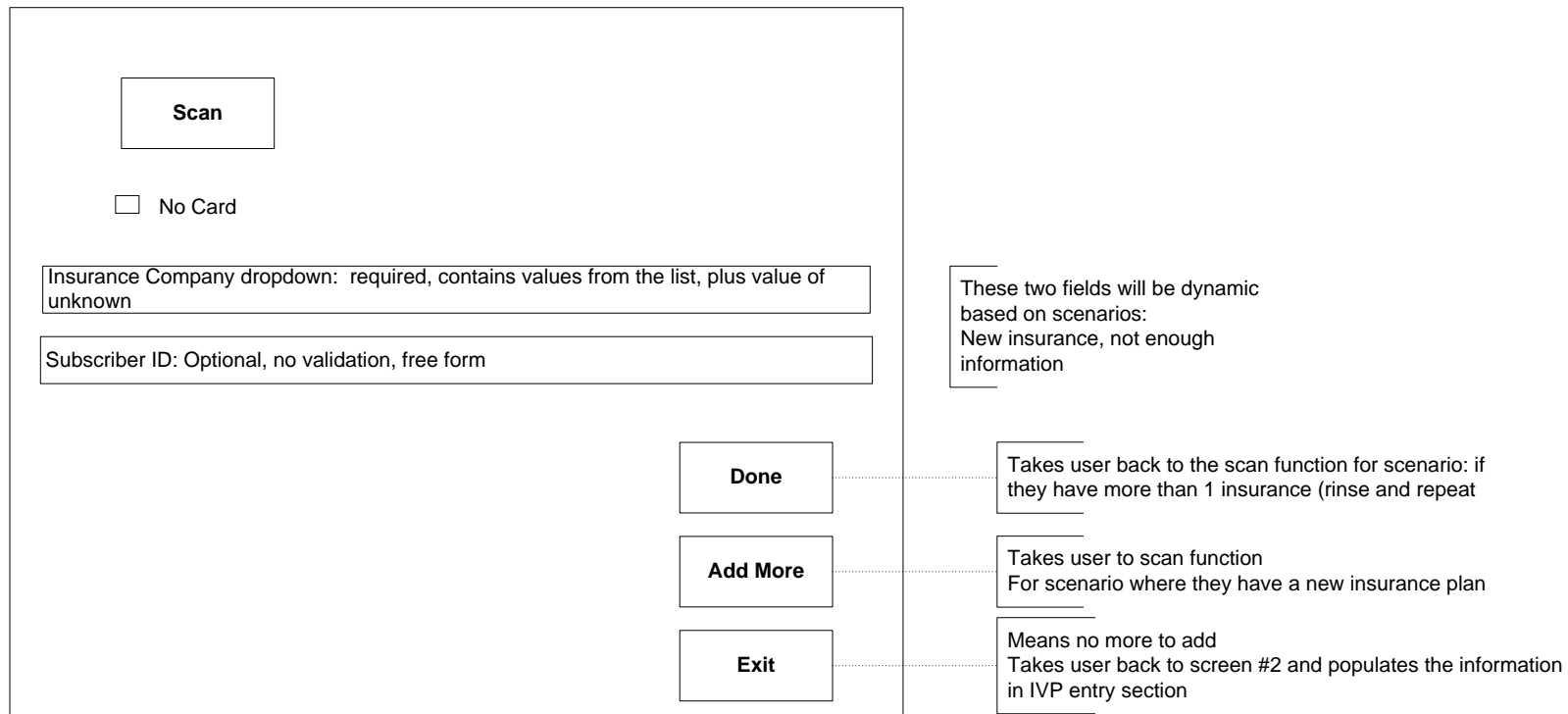
Daily Appointment Worklist:
Shows all the appointments for the day
Source of info is from the scheduling module in vista



IVP Patient Information Screen:



IVP Scanning screen



The diagram shows the IVP Scanning screen layout. It includes a 'Scan' button at the top left, a 'No Card' checkbox below it, and two input fields: 'Insurance Company dropdown' and 'Subscriber ID'. On the right side, there are three buttons: 'Done', 'Add More', and 'Exit'. Annotations on the right explain the dynamic behavior of the input fields and the actions of the buttons.

Scan

☐ No Card

Insurance Company dropdown: required, contains values from the list, plus value of unknown

Subscriber ID: Optional, no validation, free form

Done

Add More

Exit

These two fields will be dynamic based on scenarios:
New insurance, not enough information

Takes user back to the scan function for scenario: if they have more than 1 insurance (rinse and repeat)

Takes user to scan function
For scenario where they have a new insurance plan

Means no more to add
Takes user back to screen #2 and populates the information in IVP entry section