

# **Department of Veterans Affairs**

## **Medical ePayments Compliance (Phase 2, Iteration 2) Increment 1**

### **Requirements Specification Document**



**May, 2014**

**Version 1.0**

## Revision History

Date	Version	Description	Author
05/21/14	1.0	Initial Version	

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# 1. Introduction

Changes to Veterans Health Information Systems and Technology Architecture (VistA) Accounts Receivable (AR), Integrated Billing (IB), Insurance Capture Buffer (ICB) and Kernel application software are being requested by the Veterans Health Administration (VHA) Chief Business Office (CBO) eBusiness Solutions 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.

The Medical ePayments Compliance (Phase 2, Iteration 2) project ensures VA's compliance with Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Operating Rules and enables VA to more effectively use ERA data, resulting in better revenue and cash flow management; provides the infrastructure foundation for electronic exchange of claim payment information and promotes an interoperable system; reduces the time elapsed between receipt of the 835 and receipt of the CCD+ transaction; ensures that trace numbers between payments and remittances can be used by VA, reducing the level of open accounts receivable and allowing claim denials to be more quickly addressed; and standardizes EFT & ERA enrollment, reducing workload burden on VA staff.

This project work is necessary to meet federally mandated requirements of the Administrative Simplification provisions in Section 1104 of the [PPACA of 2010](#) and the [Health Information Technology for Economic and Clinical Health Act \(HITECH\)](#).

Changes to the ePayments (835 and EFT) program area will be required to ensure compliance. Specifically, enhancements to the VistA Third Party EDI Lockbox module to increase timely and accurate processing of payments for electronic pharmacy claims in compliance with HIPAA and VHA Fiscal Accounting policies will also be required. The ePayments system is used by AR staff to process payments from third party payers for both medical and pharmacy claims. The objectives of the requested ePayments software modifications are to expedite accurate payments by enhancing the ePayments software to streamline the user's ability to process the pharmacy 835 while:

- Complying with HIPAA legislative requirements to meet patient needs and secure Protected Health Information (PHI).
- Conducting payment accounting in accordance with the Office of Management and Budget (OMB) directives.
- Systematically enforcing VHA Fiscal Accounting policy.
- 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.

## 1.1. Purpose

The purpose of this Requirement Specification Document (RSD) is to outline the requirements for the Medical ePayments Compliance (Phase 2, Iteration 2) project.

The target audience for this RSD includes Product Development, Product Support, Software Quality Assurance, the CBO, Financial Services Center (FSC) technical support staff, and the end users.

## 1.2. Scope

This document presents the functional requirements for the Medical ePayments Compliance (Phase 2, Iteration 2) Enhancement project. Harris Corporation derived these requirements from the business needs referenced in the following table as well as requirements elaboration meetings with the customer. The table also represents the scope of the requirements addressed in this release.

Future iterations will address additional business needs identified in the Business Requirements Document.

ReqPro Tag BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	Functional Requirements Reference
<b>Business Need 11 NEEDxxxx</b>	Enhance Vista to capture/store payer ID (i.e. the TIN), the HPID and/or other payer identifying data elements from 835s as payer identifying data elements for searches/filters and screen/report displays.	
Requirement 11.1 OWNRxxxx	Modify VistA to capture/store payer ID (i.e. the TIN), the HPID and/or other payer identifying data elements from 835s as data elements within the VistA data file structure.	2.6.2.1
Requirement 11.3 OWNRxxxx	Modify EDI Lockbox screen displays to include these payer identifying data elements.	2.6.2.1
Requirement 11.4 OWNRxxxx	Modify EDI Lockbox reports to include these payer identifying data elements in filters and report displays.	2.6.2.2
Requirement 13.1 OWNRxxxx	Assess ePayment user “trouble” spots and “workarounds” to provide process/system improvements to current process/workload.	2.6.2.3 addressed in patch IB*2.0*451 (1/12/12)
Requirement 13.2 OWNRxxxx	Provide efficient/streamlined enhancements to assist ePayments to efficiently, accurately and completely process payments.	2.6.2.1, 2.6.2.3, 2.6.2.4

## **1.3. References**

- 20130518\_Medical\_ePayments\_Compliance\_Phase 2\_Iteration\_2\_BRD
- VistA Document Library (VDL) [REDACTED]
- Technical Services Project Repository (TSPR)  
[REDACTED]
- VHA National Directive 2010-0021, published May 14, 2010. [REDACTED]  
[REDACTED]

## **2. Overall Description**

### **2.1. Accessibility Specifications**

The enhancements described in this document will not modify current VistA architecture and has no user interface; and therefore will adhere to current accessibility standards required for 508 compliance.

### **2.2. Business Rules Specification**

Refer to the section on Functional Specifications for business rules.

### **2.3. Design Constraints Specification**

- Modifications to the ePayments processes and to VistA will adhere to all HIPAA standards.
- Modifications to the ePayments processes and to VistA will adhere to all VHA Fiscal Accounting policies and guidelines.

### **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
- ePayments User Manual (EDI Lockbox)

## **2.6. Functional Specifications**

### **2.6.1. The system shall provide enhancements to the Auto-auditing function for Paper Bills [Requirement 13.2]**

- 2.6.1.1. The system shall, as part of the current nightly processing, automatically run through open bills/paper bills with a status in the AR file of NEW BILL.
- 2.6.1.2. The system shall identify which bills are in NEW BILL status, that have all of the necessary information (i.e. all necessary fields are completed – patient info, insurance company, subscriber info, codes).
- 2.6.1.3. If all of the necessary information is in the AR file, the process shall update the AR entry to contain the Category of REIMBURSABLE INSURANCE, HI (HEALTH INSURANCE 3RD PARTY BILLING) in the 'Bill Resulting From' field.
  - 2.6.1.3.1. For records updated during this process, the system shall update the status to ACTIVE in the Accounts Receivable file.
- 2.6.1.4. The system shall have a settable site parameter to allow an authorized user (i.e. an AR Supervisor) to turn the auto audit on or off as desired.

### **2.6.2. The system shall provide modifications to the Insurance Payment Trend Report**

- 2.6.2.1. The system shall have the field 'ERA Payer Name/TIN' = name and TIN directly from the 835 and display this under the ERA and TRACE # on the EEOB Screen for the Bill Charges Option.[Requirements 11.3 and 13.1]

*Current*

Bill Charges	Nov 27, 2011@20:47:24	Page: 1 of 2
%K4004JU <Patient Name>	Z9854	DOB: 12/08/44
<Subscriber ID>		Subsc ID:
03/11/02 - 03/11/02	ADMIT THRU DISCHARGE	Orig Amt:
177.72		
		G2
830148494		
03 11 02 03 11 02 22	99213	123 17772 1 1790708568
>>	EOB/MRA Information (1 OF 1)	
EOB Type: NORMAL EOB		
ICN: EP253MC4S0000	Patient Resp Amount: 128.92	
Payer Name: [REDACTED]	Total Allowed Amount: 0.00	
EOB Date: Jan 07, 2004	Total Submitted Charges: 177.72	
Svc From Dt:	Svc To Dt:	
	Reported Payment Amt: 48.80	
ERA #: 12		
Trace #: 8040016200000025		
+	[% EEOB   Enter ?? for more actions	
PR Bill Procedures	CM Comment History	AB Annual Benefits
CI Go to Claim Screen	IR Insurance Reviews	EL Patient Eligibility
	HS Health Summary	EX Exit
ED EDI Status	AL Go to Active List	
	VI Insurance Company	
Select Action: Next Screen//		



Future

Bill Charges	Nov 27, 2011@20:47:24	Page: 1 of 2
%K4004JU	<Patient Name> Z9854	DOB: 12/08/44
<Subscriber ID>		Subsc ID:
03/11/02 - 03/11/02	ADMIT THRU DISCHARGE	Orig Amt:
177.72		
		G2
830148494		
03 11 02 03 11 02 22	99213	123 17772 1 1790708568
>> EOB/MRA Information (1 OF 1)		
EOB Type: NORMAL EOB		
ICN: EP253MC4S0000		Patient Resp Amount: 128.92
Payer Name: [REDACTED]		Total Allowed Amount: 0.00
EOB Date: Jan 07, 2004		Total Submitted Charges: 177.72
Svc From Dt:		Svc To Dt:
		Reported Payment Amt: 48.80
ERA #: 12		
Trace #: 804001620000025		
Payer Name/TIN: <Payer Name from 835>/<Payer TIN from 835>		
+  % EEOB   Enter ?? for more actions		
PR Bill Procedures	CM Comment History	AB Annual Benefits
CI Go to Claim Screen	IR Insurance Reviews	EL Patient Eligibility
	HS Health Summary	EX Exit
ED EDI Status	AL Go to Active List	
	VI Insurance Company	
Select Action: Next Screen//		

- 2.6.2.2. The Insurance Payment Trend Report shall be modified to display the Payer's Name/TIN in the Header on the Summary and Main reports using the Payer TIN and Name stored in the (835). [Requirement 11.4]

*Current*

REIMBURSABLE INS. PAYMENT TREND REPORT - OUTPATIENT BILLING

MAY 06, 2014 PAGE 1

DATE BILL PRINTED: 05/05/14 - 05/06/14

Note: '\*' after the Bill No. denotes a CLOSED bill

BILL NUMBER DAYS	PATIENT NAME (AGE)	DATE BILL FROM	DATE TO	BILL # PRINTED	CLOSED
AMOUNT	AMOUNT	AMOUNT	AMOUNT	PERC	
BILLED	COLLECTED	UNPAID	PENDING	COLL	

-----  
MAIN REPORT

INSURANCE CARRIER: [REDACTED]

[REDACTED]  
ATLANTA, GEORGIA 303740189 Phone: 8

00 523-5800

*Future*

REIMBURSABLE INS. PAYMENT TREND REPORT - OUTPATIENT BILLING

MAY 06, 2014 PAGE 1

DATE BILL PRINTED: 05/05/14 - 05/06/14

Note: '\*' after the Bill No. denotes a CLOSED bill

BILL	PATIENT	DATE	DATE	BILL #
AMOUNT	AMOUNT	AMOUNT	AMOUNT	PERC

NUMBER	NAME (AGE)	BILL FROM - TO	PRINTED	CLOSED
DAYS				

BILLED	COLLECTED	UNPAID	PENDING	COLL
--------	-----------	--------	---------	------

-----

MAIN REPORT

INSURANCE CARRIER: [REDACTED]

[REDACTED]

[REDACTED] 303740189 Phone: 8

00 523-5800

2.6.2.3. A new option shall be provided for users to export the Insurance Payment Trend Report to Microsoft Excel. [Requirement 13.1]

2.6.2.4. The Insurance Payment Trend Report shall be modified to display the 835 flag in front of the patient Name if an 835 (ERA) is attached to the reported claim. [Requirement 13.1]

*Current*

REIMBURSABLE INS. PAYMENT TREND REPORT - OUTPATIENT BILLING

MAY 06, 2014 PAGE 1

DATE BILL PRINTED: 05/05/14 - 05/06/14

Note: '\*' after the Bill No. denotes a CLOSED bill

BILL	PATIENT	DATE	DATE BILL #	
AMOUNT	AMOUNT	AMOUNT	AMOUNT	PERC
NUMBER	NAME (AGE)	BILL FROM - TO	PRINTED	CLOSED DAYS
BILLED	COLLECTED	UNPAID	PENDING	COLL

-----

MAIN REPORT

INSURANCE CARRIER: [REDACTED]

[REDACTED]

ATLANTA, GEORGIA 303740189 Phone: 8

00 523-5800

Group #4254

Kxxxxxx <Patient Name> 04/07/14 04/07/14 05/06/14 NEW BILL 0

19.11 0.00 19.11 19.11 0.00

*Future*

REIMBURSABLE INS. PAYMENT TREND REPORT - OUTPATIENT BILLING

MAY 06, 2014 PAGE 1

DATE BILL PRINTED: 05/05/14 - 05/06/14

Note: '\*' after the Bill No. denotes a CLOSED bill

BILL	PATIENT	DATE	DATE BILL #	AMOUNT	AMOUNT	AMOUNT	AMOUNT	PERC		
NUMBER	NAME (AGE)	BILL FROM - TO	PRINTED	CLOSED	DAYS	BILLED	COLLECTED	UNPAID	PENDING	COLL

-----  
MAIN REPORT

INSURANCE CARRIER: [REDACTED]

[REDACTED]  
ATLANTA, GEORGIA 303740189 Phone: 8

00 523-5800

Group #4254

Kxxxxxx %<Patient Name> 04/07/14 04/07/14 05/06/14 ACTIVE 0

19.11 0.00 19.11 19.11 0.00

## **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 ePayments system is an integrated part of the overall VistA system that exists at each site and is therefore subject to the current 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**

There are no reliability requirements specific to this development effort. The ePayments system is an integrated part of the overall VistA system that exists at each site and is therefore subject to the current reliability standards.

## **2.12. Scope Integration**

The ePayments system currently integrates and will continue to integrate with the following external components.

- FSC
- FMS

## **2.13. Security Specifications**

The enhancements described in this document will adhere to all VA and VHA security and privacy requirements.

## **2.14. System Features**

System Features are identified in Section 2.6 Functional Specifications of this document.

## **2.15. Usability Specifications**

The enhancements described in this document will 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 will 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
- The Department of Veterans Affairs M Programming Standards and Conventions

## **4. Interfaces**

No development of new interfaces or modification of existing interfaces is required to satisfy the enhancements described in this document.

### **4.1. Communications Interfaces**

The Accounts Receivable ePayments module receives 835 Health Care Claims transmissions from the VA's Financial Services Center in Austin, TX using VistA's Mailman software. This existing communication interface 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	Responsibilities
Primary Users	AR Technicians (Account Management/Cash Management)	Ensure VHA claims are appropriately adjudicated by third party payers and post those payments in VistA, including amounts that offset veteran copayments
Secondary Users	CBO Business Operations	Measure performance of billing staff in processing claims.
Secondary Users	Veterans Integrated Service Network (VISN) Business Implementation Managers, VA Medical Center (VAMC) Revenue Coordinators/Consolidated Patient Account Center (CPAC) Revenue Coordinators	Oversee billing and collection activities at the VISN, VAMC and CPAC level.
Secondary Users	CBO	Oversee revenue cycle operations, national payer relations and collections.
Secondary Users	VAMC Information Resource Managers (IRMs)	Provide on-site support for VistA system at each medical center.
Secondary Users	Product Support (PS)	Provide national user support.
Secondary Users	PNC Bank	Process all electronic payments.
Secondary Users	Veterans	Receive timely first party statements on recently dispensed prescriptions and medical care.



## 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.

**Table 1 - Function Point Analysis Results Table**

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**

**[Insert Cumulative Probability (“S-curve”) Charts here]**

## 9. Approval Signatures

REVIEW DATE: *<date>*

SCRIBE: *<name>*

Signed:

---

Integrated Project Team (IPT) Chair

Date

---

Business Sponsor

Date

---

IT Program Manager

Date

---

Project Manager

Date