

# **Department of Veterans Affairs**

## **NCPDP Continuous Maintenance Standards System Design Document**



**June 2014  
Version 1.1**

## Revision History

Date	Version	Description	Author
6/4/2014	1.1	Correction based on SQA review	
5/23/2014	1.0	Initial Version	

## Artifact Rationale

The System Design Document (SDD) is a dual-use document that provides the conceptual design as well as the as-built design. This document will be updated as the product is built, to reflect the as-built product. Per the Project Management Accountability System (PMAS) Guide, the SDD as a conceptual design is required prior to the Milestone 1 Review. (Sections 1, 2, 3, 4, 5, 7, 9 need to be populated, as applicable.) The as-built design for each delivery must be incorporated prior to the Milestone 2 Review. (The entire document needs to be populated or updated, as applicable.)

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# 1. Introduction

The Chief Business Office (CBO) has requested enhancements to the Veterans Health Administration's (VHA) Veterans Health Integrated Systems Technology Architecture (VistA) ePharmacy module to maintain compliance with legislative and federal mandates and to address gaps and inefficiencies in the current electronic pharmacy process.

## 1.1. Purpose of the SDD

The purpose of this Software Design Document (SDD) is to detail the system design to be constructed that will support the requirements for the ePharmacy National Council for Prescription Drug Programs (NCPDP) Continuous Maintenance Standards project for VHA and comply with Health Insurance Portability and Accountability Act (HIPAA) and industry standards.

The target audience for this SDD includes Product Development (PD), Product Support, Software Quality Assurance (SQA), Testing Services, and the Chief Business Office.

## 1.2. Identification

This project will provide an enhancement to the Consolidated Mail Outpatient Pharmacy (CMOP) application package (PSX); version 2.0. The patch number for this release will be 77 (PSX\*2.0\*77).

## 1.3. Scope

The CBO is requesting the following enhancement for ePharmacy in order to maintain compliance with legislative and federal mandates and to address gaps and inefficiencies in the current ePharmacy process:

**Table 1: Scope Inclusions**

<b>Includes</b>
Update text of the ePharmacy - CMOP Not Transmitted Rx List Message

**Table 2: Scope Exclusion**

<b>Excludes</b>
Only items specifically listed in Table 1 are to be included in the scope of work for this project

## 1.4. Constraining Policies, Directives and Procedures

The ePharmacy system should be compliant with the regulations mandated in the HIPAA final rule, which is NCPDP Telecommunication standard version D.0, and with subsequent ECL updates.

All ePharmacy documentation should be 508 compliant.

## 1.5. User Characteristics

The user base of the ePharmacy systems includes the following individuals:

Type of User	Description	Responsibilities
Primary Users	Outpatient Pharmacy Electronic Coordinator (OPECC)	Ensure electronic pharmacy claims are appropriately adjudicated by third party payers and resubmit rejected claims once reject issues(s) are resolved.
Primary Users	Pharmacists	Processes all prescription related activities
Secondary Users	Veterans Integrated Service Network (VISN) Business Implementation Managers, VA Medical Center (VAMC)/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	Veterans	Receive timely first party statements on recently dispersed prescriptions and medical care.
Secondary Users	Insurance Billing Accounts Receivable (AR) staff	Receive, confirm, and follow up on pharmacy remittances.

## 1.6. Relationship to Other Documents and Plans

**Business Requirements Document:** NCPDP Continuous Maintenance Standards (Phase 2, Iteration 2); New Service Request #20130514

**Requirement Specification Document:** NCPDP Continuous Maintenance Standards Requirements Specification Document (June 2014)

## 1.7. Definitions, Acronyms, and Abbreviations

### 1.7.1. Definitions

Term	Definition
CHAMPVA	The CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) program is a cost shared health benefits program established for the dependents and survivors of certain severely disabled and/or deceased veterans. Eligibility for CHAMPVA is based upon the beneficiary's relationship to the veteran sponsor and the veteran's status as adjudicated by a VA Regional Office.
HL7	<p>Health Level Seven (HL7) is a standardized application level communications protocol that enables systems to exchange information and to affect requests and responses. Basically, HL7 is an agreement between two HL7 compliant systems that specifies where to expect certain data in a stream of characters.</p> <p>It is also the American National Standards Institute (ANSI) accredited group that defines standards for the cross-platform exchange of information within a health care organization. HL7 is responsible for specifying the Level Seven Open System Interconnection (OSI) standards for the health industry. Some HL7 standards will be encapsulated in the X12 standards used for transmitting claim attachments.</p>
Payer	An insurance company, fiscal intermediary, government agency, other agency, or individual responsible for the payment of health care claims.
TRICARE	DoD TRICARE program is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. In some cases Veterans be eligible for both/either program on paper. However, if you are a military retiree or the spouse of a Veteran who was killed in action, you are and will always be a TRICARE beneficiary.
User	The person or persons who operate or interact directly with the product.

### 1.7.2. Acronyms

Term	Definition
ADPAC	Pharmacy Automated Data Processing Application Coordinators
AITC	Austin Automation Technology Center
AR	Accounts Receivable
BIM	Business Implementation Managers
CBO	Chief Business Office of the VHA



<b>Term</b>	<b>Definition</b>
CFO	Chief Financial Officer
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs
CMOP	Consolidated Mail Outpatient Pharmacy
CRI	Claims Response Inquiry
DoD	Department of Defense
DUR	Drug Utilization Review (reject code 88 – DUR Reject Error)
ECL	External Code List
ECME	Electronic Claims Management Engine
EDI	Electronic Data Interchange
ERR	VA Enterprise Requirements Repository
FSC	Financial Services Center
GUI	Graphical User Interface
HAC	Health Administration Center
HAPE	Health Administration Product Enhancements
HIPAA	Healthcare Insurance Portability and Accountability Act of 1996
HL7	Health Level Seven
IPT	Integrated Project Team
IRM	Information Resource Managers
MCCF	Medical Care Collection Fund
NCPDP	National Council for Prescription Drug Programs
OED	Office of Enterprise Development
OPECC	Outpatient Pharmacy Electronic Claims Coordinator
PBM	Pharmacy Benefit Manager
RSD	Requirements Specification Document
RTS	Refill Too Soon (reject code 79 – Refill Too Soon)
SQA	Software Quality Assurance
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

## 1.8. References

VA Handbook 6500 – Information Security Program  
[REDACTED]

Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)  
[REDACTED]

- HIPAA: New Transaction Standards (5010, D.O); Department of Health and Human Services 45 Code of Federal Regulations (CFR) Part 162 Health Insurance Reform; Modifications to the HIPAA; Final Rules  
[REDACTED]
- HIPAA: New Code Set [International Classification of Diseases, Tenth Edition (ICD-10)]; HHS Office of the Secretary, 45 CFR Part 162 [CMS–0013–F] RIN 0958–AN25 HIPAA Administrative Simplification: Modifications to Medical Data Code Set, Standards To Adopt ICD–10–Clinical Modification (CM), and ICD–10–Procedure Coding System (PCS)  
[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  
[REDACTED]

The Department of Veterans Affairs M Programming Standards and Conventions

NCPDP Documents:

- Emergency Telecommunication ECL Value Addendum
- Data Dictionary
- External Code List
- Data Elements and Reject Codes

## **2. Background**

### **2.1. Overview of the System**

The primary function of the ePharmacy system is the electronic submission of pharmacy claims to third party payers, both to increase revenue for the VA but also to get potential safety information (e.g., drug interaction) from the payer. Pharmacy claims are submitted for all electronically billable prescriptions, whether they are locally filled or filled by CMOP.

Since the process for sending prescriptions to CMOP is done in the background, Mailman messages are used to keep the Pharmacy users informed as to their status. One such Mailman message is the ePharmacy - CMOP Not Transmitted Rx List Bulletin. This bulletin notifies pharmacy users of prescriptions that were not submitted to CMOP so that the users can take appropriate action. The text of this bulletin is being modified to better reflect the reason the prescription(s) were not submitted to CMOP.

## 2.2. Overview of the Business Process

The diagram below has a high-level overview of the electronic pharmacy claims submission process from the Veteran Affairs Medical Center (VAMC) to the third-party payers, including the intermediate systems. It also includes the communications between VAMC and the CMOP host facility, which processes CMOP claims.

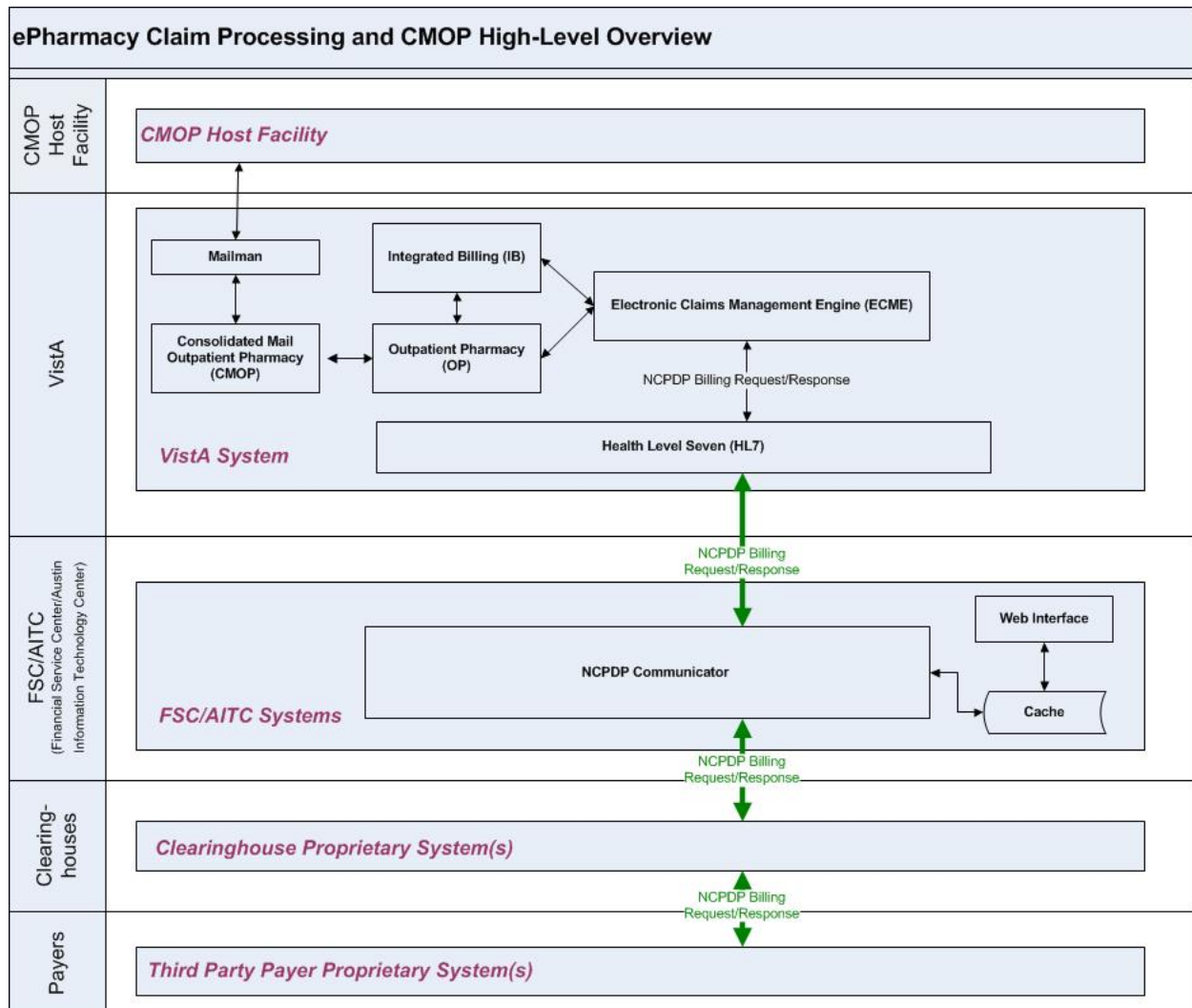


Figure 1: ePharmacy Claims Processing and CMOP High-Level Overview

## 2.3. Business Benefits

Changing the text of the ePharmacy - CMOP Not Transmitted Rx List bulletin will provide more accurate information to the pharmacy user(s) so that they can make more accurate processing decisions.

## 2.4. Assumptions and Constraints

The change does not introduce any additional design assumptions or constraints.

### **2.4.1. Design Assumptions**

No design assumptions were made related to this change.

### **2.4.2. Design Constraints**

There are no design constraints related to this change.

### **2.4.3. Design Trade-offs**

There are no design trade-offs with the chosen design.

## **2.5. Overview of the Significant Requirements**

The change does not require a change to the significant requirements of ePharmacy.

### **2.5.1. Overview of Significant Functional Requirements**

N/A

### **2.5.2. Overview of Functional Workload / Performance Requirements**

N/A

### **2.5.3. Overview of Operational Requirements**

N/A

### **2.5.4. Overview of the Technical Requirements**

N/A

### **2.5.5. Overview of the Security or Privacy Requirements**

N/A

### **2.5.6. Overview of System Criticality and High Availability Requirements**

The ePharmacy system is composed of and is a subset of multiple VistA applications – Outpatient Pharmacy, Integrated Billing, CMOP, Electronic Claims Management Engine, Accounts Receivable, and Pharmacy Data Management. Each of these applications has its own availability and downtime requirements which will be VAMC dependent (e.g., does the VAMC have a 24 hour pharmacy?). The ePharmacy application does not impose any requirement beyond the requirement already specified by each of the applications. Any ePharmacy claim that cannot be submitted due to communication or other issues will be queued and submitted when the systems are available.

### **2.5.7. Single Sign-on Requirement**

Access is controlled by the VistA application and the underlying operating system. This application does not mandate any additional access or sign-on requirements.

### **2.5.8. Requirement for Use of Enterprise Portals**

N/A

### **2.5.9. Special Device Requirements**

N/A

## **2.6. Legacy System Retirement**

N/A

### **3. Conceptual Design**

This project does not require any changes to the conceptual design

#### **3.1. Conceptual Application Design**

##### **3.1.1. Application Context**

N/A

##### **3.1.2. High-Level Application Design**

N/A

##### **3.1.3. Application Locations**

N/A

#### **3.2. Conceptual Data Design**

##### **3.2.1. Project Conceptual Data Model**

N/A

##### **3.2.2. Database Information**

N/A

##### **3.2.3. User Interface Data Mapping**

N/A

###### **3.2.3.1. Application Screen Interface**

N/A

###### **3.2.3.2. Application Report Interface**

N/A

###### **3.2.3.3. Unmapped Data Element**

N/A

#### **3.3. Conceptual Infrastructure Design**

##### **3.3.1. System Criticality and High Availability**

N/A

##### **3.3.2. Special Technology**

N/A

### **3.3.3. Technology Locations**

N/A

### **3.3.4. Conceptual Infrastructure Diagram**

N/A

#### **3.3.4.1. Location of Environments and External Interfaces**

N/A

#### **3.3.4.2. Conceptual Production String Diagram**

N/A



## **4. System Architecture**

This project does not require any changes to the architecture

### **4.1. Hardware Architecture**

N/A

### **4.2. Software Architecture**

N/A

### **4.3. Network Architecture**

N/A

### **4.4. Service Oriented Architecture / ESS**

N/A

### **4.5. Enterprise Architecture**

N/A

## **5. Data Design**

This project increment does not require any changes to the data design

### **5.1. DBMS Files**

The ePharmacy application uses the standard FileMan database structures. The ePharmacy database structures will not require any changes.

### **5.2. Non-DBMS Files**

N/A

### **5.3. Data View**

N/A

## **6. Detailed Design**

### **6.1. Hardware Detailed Design**

This project does not require any changes to the existing hardware

### **6.2. Software Detailed Design**

#### **6.2.1. Conceptual Design**

##### **6.2.1.1. Product Perspective**

The VistA ePharmacy system is a software package that resides in and among multiple VistA packages. These VistA packages include:

- PSO – Outpatient Pharmacy – where patient prescriptions are entered and managed
- PSX – Consolidated Mail Outpatient Pharmacy – where mail order prescriptions are entered and managed
- PSS – Pharmacy Data Management – where tools for managing Pharmacy data resides
- BPS – ECME Electronic Claims Management Engine – where electronic pharmacy data is transmitted/received and managed
- IB – Integrated Billing – where 3rd party (insurance) pharmacy claims are entered and managed
- AR – Accounts Receivable – where monies from the pharmacy 3rd party claims are received and managed

##### **6.2.1.1.1. User Interfaces**

User Interface with all ePharmacy application software is performed through existing and new VistA screens. VistA is a character based application accessible through terminal emulator software resident on networked computers.

The ePharmacy application is a character-based system using VA FileMan as its database manager and Cache/M as the programming language. This software application is part of the VistA suite of applications, which include additional clinical and financial applications. There are no Graphical User Interfaces.

##### **6.2.1.1.2. Hardware Interfaces**

Communications between VistA sites and HIPAA EDI Services pass through the Local Area Networks (LANs) and across the Department of Veterans Affairs (VA) intranet. The Services communicate over the Austin Automation Technology Center (AITC) LAN and through the private frame relay to the communications clearinghouse for this project. The clearinghouse communicates with the trading partner processors that are continually designated using previously negotiated contractual terms and conditions.

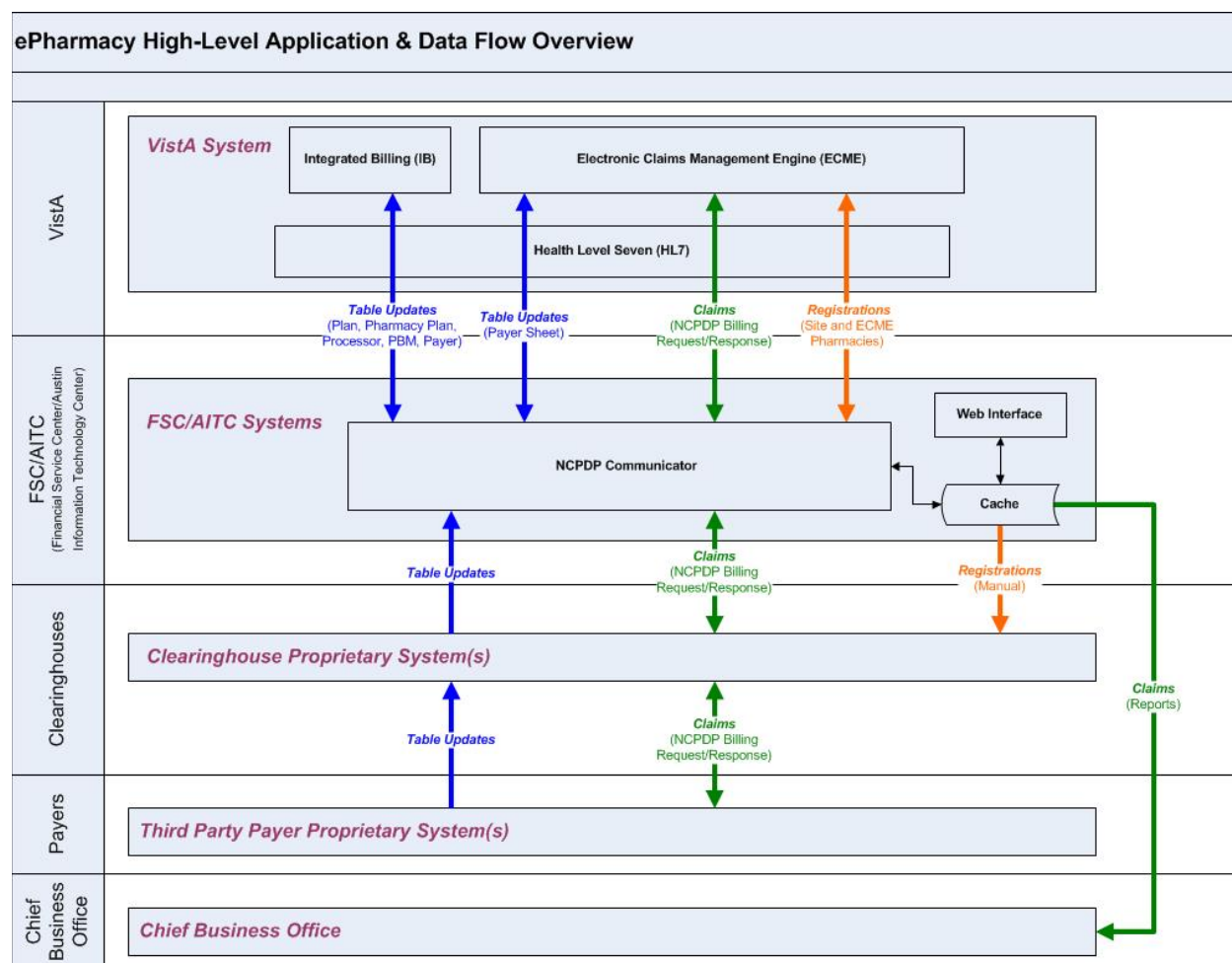
#### **6.2.1.1.3. Software Interfaces**

The following software must be installed prior to the release of this product.

- Kernel V. 8.0
- MailMan V. 8.0
- VA FileMan V. 22.0
- Health Level Seven (HL7) V. 1.6
- Integrated Billing V. 2.0
- Accounts Receivable V. 4.5
- Visit Tracking V. 2.0
- Order Entry/Results Reporting V. 3.0
- Outpatient Pharmacy V. 7.0
- Consolidated Mail Outpatient Pharmacy V. 2.0
- Pharmacy Data Management V. 1.0
- Drug Accountability V. 3.0
- National Drug File V. 4.0
- Electronic Claims Management Engine V. 1.0

#### 6.2.1.1.4. Communications Interfaces

This project increment does not add or modify any existing communication interfaces. For ePharmacy, the primary communication is the submission of ePharmacy claim from the VistA sites to third-party payers via the Financial Services Center (FSC)/AITC and a clearinghouse and then receiving a response. Secondary communications include table updates and registration messages. The diagram below shows the overall communication flow with external entities:



**Figure 2: ePharmacy High-Level Application and Data Flow Diagram**

#### 6.2.1.1.5. Memory Constraints

There are no memory constraints associated with this project.

#### 6.2.1.1.6. Special Operations

There are no special operations associated with this project.

#### **6.2.1.2. Product Features**

This product shall provide the following functionality:

- Update the text of the ePharmacy - CMOP Not Transmitted Rx List Bulletin

#### **6.2.1.3. User Characteristics**

In general, the resources that shall work with ePharmacy software need to be knowledgeable in the area of Outpatient Pharmacy, Integrated Billing, CMOP, pharmacy industry billing practices, and payer help desk communication protocol.

#### **6.2.1.4. Dependencies and Constraints**

While this project does not add any additional dependencies or constraints, ePharmacy in general has the following contingencies:

- Availability of valid and current clinical code set data to be included on the financial interface transaction sent to billing.
- Capturing all required data at the point of service, either through manual data collection or an automated solution.
- Establishing viable and reliable physical and procedural communication methods between VistA, AITC, the communication clearinghouse, third-party payers, and back.

### **6.2.2. Specific Requirements**

#### **6.2.2.1. Database Repository**

This project does not include a change to the existing logical database design.

#### **6.2.2.2. System Features**

The following sections of this SDD are taken from the ePharmacy NCPDP Continuous Maintenance Requirements Standards Specification Document (RSD). Each individual requirement text as included in the RSD is included here for completeness and readability. The technical overview and technical design for each section will be included after the requirement text by the inclusion of one or more of the Design Element Tables.

##### **6.2.2.2.1. Requirement: Update ePharmacy CMOP Not Transmitted Rx List Bulletin**

The ePharmacy - CMOP Not Transmitted Rx List email bulletins shall be modified to ensure the body text accurately reflects the reason CMOP prescriptions cannot be transmitted.

The following wording will display when third party payer CMOP prescriptions are not transmitted:

*“The prescriptions listed in this message did not transmit to CMOP for one of the reasons below:*

1. A response from the third party payer was not received

OR

2. The prescriptions are non-billable in VistA

*The prescriptions will remain in the CMOP queue and will transmit when the response from the third party payer is received, or the non-billable issue is resolved. Examples of non-billable issues are prescriptions for sensitive medications that need Release of Information and prescriptions for non-billable drugs (e.g. OTC products for CHAMPVA and TRICARE patients.)”*

The text above replaces the previous wording that states:

*“The prescriptions listed below are third party electronically billable. They have not been submitted to CMOP because they have been submitted to third party payer but we have not received a response regarding these prescriptions yet...”*

### **Design**

Update the text of the ePharmacy - CMOP Not Transmitted Rx List Bulletin. This requires a code change in MAIL^PSXBPSMS

MAIL^PSXBPSMS

<b>Routines</b>	<b>Activities</b>	
<b>Routine Name</b>	MAIL^PSXBPSMS	
<b>Enhancement Category</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
<b>RTM</b>	RSD 2.6.1	
<b>Related Options</b>	NA	
<b>Related Routines</b>	<b>Routines “Called By”</b>	<b>Routines “Called”</b>
	N/A	N/A
<b>Routines</b>	<b>Activities</b>	
<b>Data Dictionary (DD) References</b>	N/A	
<b>Related Protocols</b>	N/A	
<b>Related Integration Control Registrations (ICRs)</b>	N/A	

Routines	Activities
<b>Routine Name</b>	MAIL^PSXBPSMS
<b>Data Passing</b>	<input checked="" type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local
<b>Input Attribute Name and Definition</b>	Name: N/A Definition:
<b>Output Attribute Name and Definition</b>	Name: N/A Definition:
<b>Current Logic</b>	
<pre> MAIL      ;           N PSBMSG,M1,Y,USER,XMTEXT,XMDUZ,XMSUB,XMY           S PSBMSG(1)="The prescriptions listed below are third party electronically billable. They"           S PSBMSG(2)="have not been transmitted to CMOP because they have been submitted to"           S PSBMSG(3)="third party payer but we have not received a response regarding these"           S PSBMSG(4)="prescriptions yet. The prescriptions will remain in the CMOP queue to be"           S PSBMSG(5)="transmitted in the next transmission if the response from the third party"           S PSBMSG(6)="payer has been received."           S PSBMSG(7)=" "           S M1=8           S Y=" " F S Y=\$O(^TMP("PSXEPHOUT",\$J,"M",Y)) Q:Y=" " D           .S PSBMSG(M1)=\$P(^TMP("PSXEPHOUT",\$J,"M",Y),"^"),M1=M1+1           ; Send email to all users who hold a security key           S USER=0           I \$D(^XUSEC("PSXMAIL")) D           .F S USER=\$O(^XUSEC("PSXMAIL",USER)) Q:'USER S XMY(USER)=" "           E D           .F S USER=\$O(^XUSEC("PSXCMOPMGR",USER)) Q:'USER S XMY(USER)=" "           ;           S XMTEXT="PSBMSG(",XMSUB="ePharmacy - CMOP Not TRANSMITTED Rx List"           S XMDUZ=.5           D ^XMD           Q </pre>	
<b>Modified Logic (Changes are in bold)</b>	



Routines	Activities
Routine Name	MAIL^PSXBPSMS
<pre> MAIL      ;           N PSBMSG,M1,Y,USER,XMTEXT,XMDUZ,XMSUB,XMY           S PSBMSG(1)="The prescriptions listed in this message did not transmit to CMOP for"           S PSBMSG(2)="one of the reasons below:"           S PSBMSG(3)=" "           S PSBMSG(4)=" 1. A response from the third party payer was not received"           S PSBMSG(5)=" "           S PSBMSG(6)=" OR"           S PSBMSG(7)=" "           S PSBMSG(8)=" 2. The prescriptions are non-billable in VistA"           S PSBMSG(9)=" "           S PSBMSG(10)="The prescriptions will remain in the CMOP queue and will transmit when"           S PSBMSG(11)="the response from the third party payer is received, or the non-billable issue"           S PSBMSG(12)="is resolved. Examples of non-billable issues are prescriptions for"           S PSBMSG(13)="sensitive medications that need Release of Information and"           S PSBMSG(14)="prescriptions for non-billable drugs (e.g., OTC products for CHAMPVA"           S PSBMSG(15)="and TRICARE patients)."<!--           S PSBMSG(16)=" "           S M1=17           S Y=" " F S Y=\$O(^TMP("PSXEPHOUT",\$J,"M",Y)) Q:Y=" " D           .S PSBMSG(M1)=\$P(^TMP("PSXEPHOUT",\$J,"M",Y),"^"),M1=M1+1           ; Send email to all users who hold a security key           S USER=0           I \$D(^XUSEC("PSXMAIL")) D           .F S USER=\$O(^XUSEC("PSXMAIL",USER)) Q:'USER S XMY(USER)=" "           E D           .F S USER=\$O(^XUSEC("PSXCMOPMGR",USER)) Q:'USER S XMY(USER)=" "           ;           S XMTEXT="PSBMSG(",XMSUB="ePharmacy - CMOP Not TRANSMITTED Rx List"           S XMDUZ=.5           D ^XMD           Q </pre--> </pre>	

### 6.3. Network Detailed Design

N/A

### 6.4. Service Oriented Architecture / ESS Detailed Design

N/A

## **7. External System Interface Design**

This project does not include an interface to an external system. For a general description of ePharmacy communication interfaces, see section 6.2.1.1.4 (Communications Interfaces).

### **7.1. Interface Architecture**

N/A

### **7.2. Interface Detailed Design**

N/A

## **8. Human-Machine Interface**

This project does not change the human-machine interface, which is composed of a user reading a Mailman message using the Mailman application.

### **8.1. Interface Design Rules**

N/A

### **8.2. Inputs**

N/A

### **8.3. Outputs**

N/A

### **8.4. Navigation Hierarchy**

N/A

## **9. Security and Privacy**

This project does not add any additional security or privacy design considerations

### **9.1. Security**

N/A

### **9.2. Privacy**

N/A

## Attachment A – Approval Signatures

This section is used to document the approval of the System Design Document. The review should be conducted face to face where signatures can be obtained ‘live’ during the review. If unable to conduct a face-to-face meeting then it should be held via LiveMeeting and concurrence captured during the meeting. The Scribe should add /es/name by each position cited. Example provided below.

The Chair of the governing Integrated Project Team (IPT), Business Sponsor, IT Program Manager, Project Manager, and the Co-chairs of the Architecture and Engineering Review Board (AERB) are required to sign.

---

Signed:

Date:

< *Integrated Project Team (IPT) Chair* >

---

Signed:

Date:

< *Business Sponsor* >

---

Signed:

Date:

< *IT Program Manager* >

---

Signed:

Date:

< *Project Manager* >

---

Signed:

Date:

Co-Chair of Architecture & Engineering Review Board (AERB)  
Architecture, Strategy, and Design (ASD)

---

Signed:

Date:

Co-Chair of Architecture & Engineering Review Board (AERB)  
Service, Delivery, and Engineering (SDE)

## **A. Additional Information**

### **A.1. RTM**

See section 1.6 (Relationship to Other Documents and Plans) for information on the Requirements Traceability Matrix and other documents.

### **A.2. Packaging and Installation**

Software packaging and installation will be done using the VistA Kernel Installation and Distribution System (KIDS) application.

### **A.3. Design Metrics**

N/A

### **A.4. Acronym List and Glossary**

See section 1.7 (Definitions, Acronyms, and Abbreviations) for a list of definitions and acronyms.

### **A.5. Required Technical Documents**

N/A