

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

**Requirements Specification Document
for
Health Plan Identifier (HPID) Compliance**



Department of Veterans Affairs

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1 Introduction

The mission of the Department of Veterans Affairs (VA), Office of Information and Technology (OI&T), HAPE is to provide information technology (IT) products and services to the Veterans Health Administration (VHA) who in turn provides benefits and services to Veterans of the United States. In meeting these goals, OI&T strives to provide high quality, effective, and efficient IT services to those responsible for providing care to the Veterans at the point of-care as well as throughout all the points of the Veterans' health care in an effective, timely and compassionate manner. VA depends on information management/information technology (IM/IT) systems to meet mission goals.

The Chief Business Office (CBO) PC assesses the impact of healthcare regulatory requirements on VHA EDI revenue operations and designs the use cases to illustrate the reengineered business process flows associated with technology changes. The office continuously monitors and participates in meetings of industry EDI standards-setting organizations. As the business process owner and subject matter expert (SME) for industry healthcare EDI mandates, Purchased Care defines business needs that necessitate revenue system software development. The office designs the maintenance and iterative updates to the EDI enterprise tool used to pay healthcare providers for service connected care provided to Veterans. Purchased Care develops partnerships with other Federal agencies and trading partners to support EDI processing and verify compliance; they test software, train users on the use of revised software, and provide help desk support for end users. The EDI transactions processes are utilized to pay nearly \$6B in projected claims annually. The development work done under the scope of Purchased Care is inextricably linked to providing Veterans the medical care they have earned and deserve.

The HAPE EDI portfolio delivers IT products and services to CBO. This PC enhancement project is intended to deliver a range of updates, extensions, and modifications to various financial and administrative systems, processes, files, and reporting mechanisms, including:

- **PC System Enhancements:** Harris will modify vendor data storage and claims processing functionality so payments to small businesses are made in a timely manner per the Prompt Payment Act. Harris will develop reports to verify compliance and data integrity.
- **Health Administration Center (HAC) EDI Claims System Enhancements:** Harris will provide EDI functionality related to referral requests and authorizations in preparation for rules effective January 2016.
- **Electronic Remittance Advice (ERA) 835 Compliance:** To comply with CORE Level III Electronic Funds Transfer (EFT) standards, we will modify vendor file and vendor maintenance functionality, Veterans Health Information Systems and Technology Architecture (VistA) Fee, and Claims Processing and Eligibility (CP&E) for beneficiary-related transactions.
- **Health Plan Identifier (HPID) Compliance:** To comply with rules effective Fall 2016, we will modify claim transaction functionality related to incoming HPID validation and generation of outgoing EDI transactions to populate the VA HPID.
- **Claims Attachments Compliance:** We create systems to manage the receipt, processing, and storage of claims attachments in preparation for rules effective January 2016.
- **Healthcare Claims 837 Compliance:** We will review and modify the 837 transaction flow within VA systems.
- **Caregiver Stipend Payments System (optional task):** We will create a rules-based system to calculate stipend payments for caregivers, and create an interface to VA's vendor database and maintenance process, CBOPC Veterans files, and Financial Management System (FMS) payment system.

1.1 Purpose

This Requirements Specification Document (RSD) analyzes the business needs of the VHA CBOPC and specifies the requirements for Health Plan Identifier (HPID) Compliance project in the EDI PC portfolio.

The intended audience of this document includes the Product Development (PD), Software Quality Assurance (SQA), the CBO, and staff at the Office of Information & Technology (OI&T) at the Health Administration Center (HAC).

This RSD for Health Plan Identifier (HPID) Compliance details the requirements needed to implement the use of a unique number assigned to health plan payers. The project addresses fulfillment of the Part II, Department of Health and Human Services, Office of the Secretary, 45 CFR Part 162, HIPAA Administrative Simplification: Standard Unique Health Identifier for Health Care Providers; Final Rule; Federal Register/Vol. 69, No. 15/January 23, 2004/Rules and regulations, that is scheduled to be implemented in the Fall of 2016. Software that receives claims transactions will require modifications to validate incoming HPIDs. Additionally, software that generates outgoing EDI transactions will require modification to populate the appropriate VA HPID.

1.2 Scope

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

The scope of this document is to address the business requirements identified in the Business Requirements Document (BRD) for the base period of development. The official name, version, and date of this document are pending.

When a non-VA service provider such as a hospital, doctor, or dentist submits a Veteran's eligibility request to the VHA, they use a Healthcare Eligibility Benefit Inquiry (270) transaction. This electronic data record is transmitted to the VA's designated healthcare clearinghouse (HCCH) that processes and routes it to the HAC's Automated Eligibility Tool (AET) system. The AET validates the Veteran's identity and eligibility. Processing a Veteran's record triggers a Healthcare Eligibility Benefit Response (271) transaction, which is routed back to the service provider through the VA's designated clearinghouse.

The scope of the project is limited to the creation of a table in which to store the HPID as well as allowing designated users the capability of editing that data.

The remainder of this document is organized as follows:

- Section 1: Presents background information on HAPE EDI PC and HPID Compliance project
- Section 2: Presents an analysis of the current and future state of the HPID Compliance project and the requirements
- Section 3: Presents applicable standards referenced for this RSD
- Sections 4 through 10: Contains additional sections required in RSDs, most of which are not applicable to this RSD; refer to the individual sections for details
- Appendix A: Contains additional sections required in RSDs, most of which are not applicable to this RSD; refer to the individual sections for details
- Appendix B: Contains a list of acronyms and terms applicable to this RSD

1.3 Assumptions and Dependencies

1. The VA has already obtained an HPID for the Fee Basis program.
2. The HPID will replace the current hard-coded identifier

1.4 References

- Health Plan Identifier (HPID) Compliance Project, Business Requirement Document, v0.04, May 20, 2014 (VA SharePoint link
[REDACTED]
[REDACTED]
[REDACTED])
- Transformation Twenty-One Total Technology (T4), Performance Work Statement (PWS), Date: February 28, 2013, TAC-14-10800, Task Order PWS Version Number: 4.0 (VA SharePoint link
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED])
- Centers for Medicare & Medicaid Services, Health Plan Identifier website.
(<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html>)
- Federal Register, Vol. 77, No. 172, Wednesday, September 5, 2012, Part II, Department of Health and Human Services, Centers for Medicare & Medicaid Services, 45 CFR Part 162, Administrative Simplification;; Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for the International Classification of Diseases, 10th Edition (ICD–10–CM and ICD–10–PCS) Medical Data Code Sets; Final Rule.pdf (<http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf>)
- Part II, Department of Health and Human Services, Office of the Secretary, 45 CFR Part 162, HIPAA Administrative Simplification: Standard Unique Health Identifier for Health Care Providers; Final Rule; Federal Register/Vol. 69, No. 15/January 23, 2004.
(<https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/downloads/npifinalrule.pdf>)

1.5 User Documentation

Harris will deliver the following documents:

- Master Test Plan
- Test Cases/Scripts
- Installation Guide
- User Guide
- Technical Manual
- Security Guide
- Contingency Plan

- Disaster Recovery Plan

2 Overall Description

2.1 Accessibility Specifications

Prior to initiation of Component Integration (CI) and System Testing (ST), Harris will obtain the 508 compliance testing certifications for each enhancement that requires any change to the graphic user interface (GUI). Harris will use the guidelines for 508 Compliance certification at <http://www.section508.va.gov/>.

Harris will also respond to any defects and/or errors that result from the UFT Testing, including all 508 Compliance and Security defect resolution. Harris may need to provide revised software code, repeat testing, and respond to UFT Testing until UFT is successfully completed.

2.2 Business Rules Specifications

- PPACA [Public Law 111-148, Section 1104 (g) (3) of House of Representatives (HR) 3590
- HPID Final Rule

2.3 Design Constraints Specifications

The Health Plan Identifier Compliance project has the following constraints:

- The solution will need to meet VA Enterprise Standards for development language, security, 508 compliance, web framework, application framework, and integration with other VA systems.
- Timely acquisition of all new or allocated hardware resources approved by the Government for project development.

2.4 Disaster Recovery Specifications

No changes are required to the existing Disaster Recovery Plans. The existing Disaster Recovery Plan (DRP) details the basics for disaster recovery as it relates to the HAPE EDI portfolio.

The affected AET tool will be subject to the normal backup and recovery procedures currently utilized in the AITC in Austin, TX as defined in the SLA.

2.5 Documentation Specifications

The EDI PC contract requires the following documentation to support the HPID Compliance project.

Table 1 – EDI PC Documentation Deliverables

	Base Period
CLIN	DESCRIPTION
0005AA	Health Plan Identifier Compliance – Requirements Phase Baseline or Updated Entity Relationship Diagram IAW PWS paragraph 5.2.1

	Base Period
CLIN	DESCRIPTION
0005AB	Health Plan Identifier Compliance – Requirements Phase Current State Workflow Analysis IAW PWS paragraph 5.2.1
0005AC	Health Plan Identifier Compliance – Requirements Phase Requirements Specification Document IAW PWS paragraph 5.2.1
0005AD	Health Plan Identifier Compliance – Requirements Phase Requirements Traceability Matrix IAW PWS paragraph 5.2.1
0005AE	Health Plan Identifier Compliance – Requirements Phase Future State Workflow Analysis IAW PWS paragraph 5.2.1
0005AF	Health Plan Identifier Compliance – Design Phase Software Design Document IAW PWS paragraph 5.2.2
0005AG	Health Plan Identifier Compliance – Design Phase Interface Control Document IAW PWS paragraph 5.2.2

2.6 Functional Specifications

2.6.1 System Feature: Unique Health Plan Identifier

Implement the use of a unique HPID for Veterans treated by outside providers in the Fee Basis program.

Requirement Number	Description
SF.001	A new table shall be created in the AET Monitor database that will store the HPID.
SF.002	A new field shall be added in the table at least 10 digits in length to store the numeric HPID.
SF.003	A new field shall be added in the table to store an indicator that identifies the type of identifier as HPID or other.
SF.004	The system shall create an audit trail by providing a history of changes made to the HPID including the date of change.
SF.005	The system shall provide an interface for designated users to edit the HPID and Identifier Type
SF.006	The system shall limit add/edit/delete capability of the HPID and Identifier Type to authorized users.

2.7 Graphical User Interface (GUI) Specifications

Web forms and pages will be provided for designated users to enter and modify data.

2.8 Multi-Divisional Specifications

No new multi-division specifications have been introduced. Harris will enforce existing multi-divisional specifications.

2.9 Performance Specifications

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

2.10 Quality Attributes Specifications

There are no planned quality attribute changes for this project.

2.11 Reliability Specifications

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

2.12 Scope Integration

AET is a standalone product; therefore, this is not applicable.

2.13 Security Specifications

The current connection method is as follows and there are no changes planned to this process. 1) The HCCH connects to the AET over a dedicated T-1 using a FIPS 140-2 compliant protocol and 2) The HCCH connects by TCP/IP utilizing an X509 certificate exchange for authentication and encryption.

AET already connects to the AET Monitor SQL database to extract data from the service type code table. An additional database access will be needed to satisfy the requirements listed above. No security changes are required.

Existing security for access to the AET Monitor website is unaffected by the addition of maintenance capabilities for the Payer Identifier.

2.14 System Features

Existing AET Windows Service will be modified. Existing AET Monitor website will be modified.

2.15 Usability Specifications

The user interface for this project will consist of web pages built for users to populate the table storing the HPID and Identifier Type.

3 Applicable Standards

Harris Corporation's Configuration Management (CM) processes provide the release and control of the system, hardware, and software to which this document applies, including identification number(s), title(s), abbreviation(s), version number(s), and release number(s). Listed below are VA reference and guidance documentation and standards applicable to or tailored for the EDI PC Project. EDI PC will use this guidance to fulfill the performance requirements of this contract.

- 44 U.S.C. § 3541, "Federal Information Security Management Act (FISMA) of 2002"
- Federal Information Processing Standards (FIPS) Publication 140-2, "Security Requirements For Cryptographic Modules"

- Software Engineering Institute, Software Acquisition-Capability Maturity Modeling (SA-CMM) Level 3 procedures and processes
- VA Directive 6102, “Internet/Intranet Services,” July 15, 2008
- 36 C.F.R. Part 1194 “Electronic and IT Accessibility Standards,” July 1, 2003
- OMB Circular A-130, “Management of Federal Information Resources,” November 28, 2000
- 32 C.F.R. Part 199, “Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)”
- An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, March 2005
- Sections 504 and 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998
- Homeland Security Presidential Directive (12) (HSPD-12)
- VA Directive 6500, “Information Security Program,” August 4, 2006
- VA Handbook 6500, “Information Security Program,” September 18, 2007
- VA Handbook, 6500.5, Incorporating Security and Privacy in System Development Lifecycle.
- VA Handbook 6500.6, “Contract Security,” March 12, 2010
- Program Management Accountability System (PMAS) portal (reference PWS References - Technical Library at <https://www.voa.va.gov/>)
- OED ProPath Process Methodology (reference PWS References -Technical Library and ProPath Library links at <https://www.voa.va.gov/>). Note: In the event of a conflict, OED ProPath takes precedence over other processes or methodologies.
- Technical Reference Model (TRM) (reference at <http://www.ea.oit.va.gov/Technology.asp>)
- National Institute Standards and Technology (NIST) Special Publications SP 800-60 and 800-53
- IT Asset Management (ITAM) and Enterprise Management Foundation (EMF) BR-0006, version 002.1-14052008, dated 10/30/2007 [Note informational, Context, and ITAM-EMF Conceptual link]
- Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L 104-191.
- Patient Protection and Affordable Care Act (PPACA), Pub. L. 111-148, 124 Stat. 119, H.R. 3590, enacted March 23, 2010
- Prompt Payment Act
- The aim of this project is to ensure that the EDI PC systems are compliant with the CORE Rules as published by CAQH, and found here http://www.caqh.org/CORE_operat_rules.php
- VA Section 508 policies and procedures 6221 Accessible Electronic and Information Technology, Directive/Handbook, published by the VA’s Section 508 Product Development Product Assessment Competency Division

4 Interfaces

4.1 Communications Interfaces

Changes are being made to the existing software package only. No modifications to the communication interfaces are required.

4.2 Hardware Interfaces

There are no planned changes to the existing hardware interfaces.

4.3 Software Interfaces

There are no planned changes to the existing software interfaces.

4.4 User Interfaces

A new set of Web pages will be added to the AET Monitor web site that will allow designated users to view and change the Health Plan Identifier and Identifier Type.

5 Legal, Copyright, and Other Notices

No requirements for this section have been identified.

6 Purchased Components

There are no planned component purchases for this phase of the project.

6.1 Defect Source (TOP 5)

This section will be addressed in the comprehensive RSDs.

7 User Class Characteristics

There are no planned changes to the existing user class characteristics.

8 Estimation

Table 2 – EDI PC Estimation Points

Item	A	B	C	D	E	Total
Counted Function Points	N/A	N/A	N/A	N/A	N/A	16
Estimated Scope Growth	N/A	N/A	N/A	N/A	N/A	N/A
Estimated Size at Release	N/A	N/A	N/A	N/A	N/A	N/A

Table 3 – EDI PC Size Based Effort Estimation

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

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

Table 4 – EDI PC Sized Based Duration Estimates

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

9 Approval Signatures

Signed:

Date:

██████████
VA Business Sponsor
Electronic Data Interchange

Signed:

Date:

██████████
VA IT Project Manager
Electronic Data Interchange

Signed:

Date:

██████████
VA Project Manager
Electronic Data Interchange

Signed:

Date:

██████████
Integrated Project Team (IPT) Chair
Electronic Data Interchange

Signed:

Date:

██████████
Integrated Project Team (IPT) Chair
Electronic Data Interchange

A. Appendix A - Use Case Specification

Per section 1.0 of the VA118-11-D-1009 PCSE Contract, the CBOPC assesses the impact of healthcare regulatory requirements on VHA EDI revenue operations and designs the use cases to illustrate the reengineered business process flows associated with technology changes.

No Use Cases are required contractually for this RSD.

A.1. <Use Case Name>

A.1.1 Brief Description

A.2.1 Use Case Trigger

A.3.1 Use Case Context Diagram

A.4.1 Use Case Actors

A.5.1 Preconditions

A.1.5.1. Precondition 1

A.6.1 Basic Flow of Events

A.7.1 Alternative Flows

A.1.7.1. <Second Alternative Flow>

A.8.1 Sub Flows

A.1.8.1. <First Subflow>

A.1.8.2. <Second Subflow>

A.9.1 Postconditions

A.1.9.1. <Post Condition One>

A.10.1 Special Specifications

A.1.10.1. <First Special Specification>

A.11.1 Extension Points

A.1.11.1. <Name of Extension Point>

B. Appendix List and Glossary

In addition to the acronyms defined below in Table 5, the OI&T Master Glossary can be found at

Table 5 – Acronym List and Glossary

Term	Meaning
270/271 Health Care Eligibility Benefit - Inquiry and Response	Provider uses the 270 to request details of health care eligibility and benefit information or to determine if an information source organization has a particular subscriber or dependent on file. Payer uses the 271 to respond to 270 inquiries.
Accredited Standards Committee (ASC) X12	The ASC X12 – is an ANSI-accredited standards development organization and the entity responsible for the HIPAA transaction standards for electronic health care, eligibility, claims processing, claims status, authorizations, and remittance transactions named by the Health Insurance Accountability and Portability Act of 1996. The VA is currently operating to version 5010 standards.
BN	Business Need
BRD	Business Requirements Document
CAG	Citrix Access Gateway
CBO	Chief Business Officer
CI	Component Integration
CIT	Component Integration Testing
CM	Configuration Management
CMM	Capability Maturity Model
CMP	Configuration Management Plan
COR	Contractor Officer's Representative
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.
CPMP	Contractor Project Management Plan
DM	Data Management
EDI	Electronic Data Interchange
ERD	Entity Relationship Diagram
GFE	Government Furnished Equipment
GUI	Graphical User Interface
HAC	Health Administration Center
HAPE	Health Administration Production Enhancements
HCCH	Healthcare Clearinghouse
HIPAA	Health Insurance Portability and Accountability Act
HIPAA v. 5010	HIPAA version 5010 is the newest set of standards related to the electronic transmission of specific health care transactions such as Health Care Claims, Eligibility Inquiry/Response, and Health Care Claim Remittance Advice
HPID	Health Plan Identifier
ICD	Interface Control Document
IEEE	Institute of Electrical and Electronics Engineers
IM	Information Management

Term	Meaning
IOC	Initial Operating Capacity
IT	Information Technology
OI&T	Office of Information and Technology
Payer	An insurance company, fiscal intermediary, government agency, other agency, or individual responsible for the payment of healthcare claims.
PC	Purchased Care
PD	Product Development
PjM	Project Manager
PM	Program Manager
PMAS	Project Management Accountability System
POC	Point of Contact
PoP	Period of Performance
PPACA	Patient Protection and Affordable Care Act
PWS	Performance Work Statement
QASP	Quality Assurance Surveillance Plan
RSD	Requirements Specification Document
RTM	Requirements Traceability Matrix
SDD	System Design Document
SDLC	Software Development Life Cycle
SEI	Software Engineering Institute
SME	Subject Matter Expert
SQA	Software Quality Assurance
ST	System Testing
T4	Transformation Twenty-One Total Technology
TO	Task Order
TRR	Test Readiness Review
UFT	User Functionality Testing
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture
VPN	Virtual Private Network