

# **REQUIREMENTS SPECIFICATION DOCUMENT**

**Non-VA Care Claims Processing Enhancements  
Integrated Funds Distribution, Control Point Activity, Accounting, and  
Procurement (IFCAP) Interface to Healthcare Claims Processing  
(HCP)**



**Contract # [REDACTED]  
Task Order # [REDACTED]  
Purchase Order # [REDACTED]  
Department of Veterans Affairs**

**Approved: January 2014**

Document Status: Version 1.0

## Revision History

[illegible]

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# 1. INTRODUCTION

The requirements in this document detail the enhancements that will create a bi-directional interface between the Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement (IFCAP) system and the Healthcare Claims Processing (HCP) system.

## 1.1. Purpose

This document specifies the requirements for the Non-VA Care Interface Support (NVCIS) Enhancement in regard to the Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement (IFCAP) application. This document is intended for the Department of Veterans Affairs (VA) Purchased Care Business Office, Financial Services Center (FSC) development team, and the Non-VA Care Claims Processing Enhancements development and integration team.

## 1.2. Scope

The VA - Veterans Health Administration (VHA) is one of the world's largest health care delivery organizations. As part of an integrated strategy to provide Veterans with timely access to quality health care services, VA healthcare facilities are authorized to pay for health care services acquired from Non-VA health care providers. These services may be provided to eligible Veterans from Non-VA health care providers when VA determines medically necessary services are not available from VA on a timely basis, in an emergency, or when VA or other Federal facilities are not feasibly available. VA manages the authorization, claims processing, and reimbursement for services acquired from Non-VA health care providers through the Purchased Care Program.

The Purchased Care Non-VA Care (Fee Basis) Program has seen exponential growth in the past five years, from \$3.8B in annual expenditures to an excess of \$4.8B in FY13. Until recently, these services were managed utilizing a VistA Fee Basis software product, which was initially developed twenty five years ago. It has had few updates towards modernization and could not accept the industry standard Electronic Data Interchange (EDI) transaction set which meant staffs were required to manually enter every request for payment. Given the huge financial impact of the program, this manual processing represented a significant financial vulnerability in addition to a significant work burden.

To address the identified problems, the VHA Chief Business Office (CBO), for Purchased Care has developed a comprehensive set of requirements to outline a vision for the future state of the Purchased Care Program. In order to meet the long term business requirement, VA will need to execute full business process re-engineering, move to a one claim processing system, and make the organizational changes necessary to support these program requirements. The CBO is managing multiple programmatic changes to meet both long-term needs as well as interim requirements in both care coordination and claims processing. Claims processing covers the efficient processing, payment or denial of health care claims submitted by Non-VA providers to include assurance that systems are in place to accurately adjudicate and pay claims.

In order to meet the long term vision, the CBO has partnered with the VA FSC to develop a centralized Healthcare Claims Processing (HCP) system. HCP will first be deployed to Indianapolis in Q2FY14, followed by incremental updates, and finally a complete national deployment by the end of 2015.

The current integration of multiple VistA functionalities for Non-VA claims processing and referral/authorization is not sufficient to assure that appropriate estimation and obligation information is current, transparent and available for decision making during Non-VA referral/authorization and claims processing.

## **1.3. Assumptions and Dependencies**

### **1.3.1. Assumptions**

- This document describes the requirements pertaining to the IFCAP-HCP electronic bi-directional interface.
  - The requirements described in this document do not include changes to the HCP software. Any necessary HCP software changes will be separately managed by the HCP project team.
- The requirements outlined in this document are high-level and will be further detailed during the design phase.
- Timeliness of acknowledgement message transactions is dependent on normal system operations from systems in which they are sent and received. If systems are down or are not operating at optimum levels, message transactions will be impacted.

### **1.3.2. Dependencies**

- Interfacing Partners will be prepared to receive and send interface transactions in accordance with the NVCIS project schedule.
- The following external partners must be able to accommodate the modifications made within the NVCIS project deadlines:
  - HCP
  - HCP-IE Interface Engine (HCP-IE)
  - FSC
  - VistA Fee Basis

## 1.4. Acronyms and Definitions

### 1.4.1. Acronyms

TERM	DEFINITION
ACC	Accounting Classification Code
API	Application Programming Interface
BRD	Business Requirements Document
CBO	Chief Business Office
CI/ST	Component Integration/System Test
CPC	Control Point Clerk
CPO	Control Point Official
CPRS	Computerized Patient Record System
EDI	Electronic Data Interchange
ERR	Enterprise Requirements Repository
FSC	Financial Services Center
GUI	Graphical User Interface
HCPS/HCP	Healthcare Claims Processing System
HL7	Health Level 7
IFCAP	Integrated Funds Control Accounting, and Procurement
IRM	Information Resources Management
IT	Information Technology
NVCIS	Non-VA Care Interface Support
PMAS	Project Management Accountability System
SQA	Software Quality Assurance
RAS	Referral and Authorization System
RSD	Requirements Specification Document
SAC	Standards and Conventions
VA	Department of Veterans Affairs
VHA	Veteran's Health Administration
VistA	Veterans Health Information Systems and Technology Architecture

## 1.4.2. Definitions

TERM	DEFINITION
1358	VA Form - Estimated Obligation or Change in Obligation. (See CNumber below.)
7078	VA Form - Authorization and invoice for medical and hospital services – Fillable.
7079	VA Form - Request for Outpatient Medical Services.
Authorization	An authorization is the issuance of a 7079/7078 approval to allow a Veteran to be seen in the community.
Authorization Balance	The amount of money remaining that can be authorized against the 1358. The service balance minus total authorizations. The payments authorized by the Control Point.
Authorization Number	In IFCAP the authorization number is a 3-digit station number, followed by a dash, followed by a 6-character obligation number, followed by a dash, followed by a 4-digit sequence number (e.g., 500-3C1234-0002).
Authorization Status	In IFCAP, the only status for an authorization is based on the COMPLETED FLAG field, which can either be COMPLETED or blank.
CNumber	Same as the obligation number. The full obligation number is a 3-digit station number, followed by a dash, followed by a 6-character obligation number. By convention the obligation number often contains a C for certain types of obligations.
Control Point	Financial element, existing ONLY in IFCAP, which corresponds to a set of elements in FMS that include the Account Classification Code (ACC) and defines the Sub-Allowance on the FMS system. Used to permit the tracking of monies to a specified service, activity, or purpose from an Appropriation or Fund.
Cost Center	Cost Centers are unique numbers that define a service. One cost center must be attached to every Fund Control Point. This enables costs to be captured by service. Cost centers are listed in VA Handbook 4671.1.
Estimate	Refers to a dollar amount provided by HCP/RAS. This amount used as the authorized amount on a new IFCAP authorization to commit the funds.
Fiscal Area	Audits the request received from the Fund Control Point and creates an obligation number. The obligation number is then transmitted to the Financial Management System.
Funds Available Indicator	Certain actions in IFCAP may not be able to be completed if there are insufficient funds available to perform that action. For example, if the user tries to create a new authorization to commit \$10,000 and there are only \$5000 dollars available in the 1358 obligation, then the authorization cannot be created due to insufficient funds.



TERM	DEFINITION
Funds Control	A group of Control Point options that allow the Control Point Clerk (CPC) and/or Official to maintain and reconcile their funds.
Fund Control Point (FCP)	This is comprised of 4 codes with the following format: Program Code, Sub-Program Code Organization Code, and Activity Code. Also known as the Accounting Classification Code (ACC).
IFCAP Authorization ID	See earlier answer under Authorization number.
Insufficient Funds Available Indicator	See earlier answer for Funds Available Indicator.
"M"	Abbreviation for MUMPS or the Massachusetts General Hospital Utility Multi-Programming System.
Obligation	An Obligation is established by the Non-VA program office based on services which have been authorized. Fiscal establishes control points, the service establishes the obligation.
Obligation Data	A Control Point option that allows the CPC and/or Budget Analyst to enter data not recorded by IFCAP.
Obligation Number	The 6-character number assigned to orders, requisitions, and 1358s (i.e., C prefix number that Fiscal Service assigns to the 1358).
RAS Authorization ID	<p>The unique identifier of the record known as an "authorization" of health care services that are purchased outside of the VA Health Care system.</p> <p>An "authorization" is created and maintained within the Referral Authorization System and is the result of both the VA Provider orders, also known as a consult within Computerized Patient Record System (CPRS), and the review and approval of those orders, also known as a referral within RAS.</p>
Requisition	An order from a Government vendor.
Service Balance	The amount of money on the original 1358 and any adjustments to that 1358 when created by that service in their FCP. This amount is reduced by any authorizations created by the service.
Specialty (from IFCAP flow chart)	Area of clinical concentration. For instance, geriatrics, cardiology, skilled nursing home care, etc.
Station ID	<p>Station ID is the same as the station number. In IFCAP, the station number is a 3-digit value.</p> <p>IFCAP also has a <u>sub</u>station number in addition to station number. In some applications the station number may be equal to the substation number in IFCAP. The meaning of the station number for an interface transaction may need to be parsed by IFCAP to extract the first 3 digits when a station number is needed and to use the entire value when a substation number is possible.</p>

TERM	DEFINITION
Station Number	The three-character identifier assigned to each VA station.
Total Authorizations	The total amount of the authorizations created for the 1358 obligation.
Transaction Number	The number of the transaction that funded a Control Point (See Budget Analyst User's Guide in the IFCAP manual of the VA Software Document Library: <a href="http://[REDACTED]">http://[REDACTED]</a> It consists of the Station Number - Fiscal Year - Quarter - Control Point - Sequence Number.

## 1.5. References

The following reference documents served as inputs to this Requirements Specification.

1. FY11-13 Health Care Efficiency Initiative Operating Plan
2. BRD\_IFCAP\_Non-VA\_Care\_HCP\_Pilot\_Interface\_2011-04-01\_ V1.0008



BRD\_IFCAP\_Non-VA  
\_Care\_HCP\_Pilot\_Inte

3. Business Architecture Document: IFCAP Interface



BADIFCAP Interface  
Chapter 2013-0614.r

4. VHA Strategic Goals and Power of Performance Goals  
[http://\[REDACTED\]](http://[REDACTED])
5. Project Management Accountability System (PMAS)  
[http://\[REDACTED\]](http://[REDACTED])
6. ProPath  
[http://\[REDACTED\]](http://[REDACTED])

## 2. OVERALL DESCRIPTION

The IFCAP enhancement requirements specifications to support the HCP interface are described in detail in the following sections.

### 2.1. Accessibility Specifications

The following table indicates these specifications adhere to all Section 508 requirements. VHA recognizes that these are legal requirements that cut across an Enterprise for all developed Electronic & Information Technology. To assure that these requirements are met, they are addressed through the Enterprise-level requirements maintained by VHA Health Information Technology, Software Engineering and Integration, and Enterprise Requirements Management.

**Table 1: Accessibility Specifications**

REQ. ID	REQUIREMENT
I-ACC-001	The enhancements described in this RSD shall comply with section 508 requirements as covered at <a href="#">http://[REDACTED]</a>

## 2.2. Business Rules Specifications

The business rules defined for the IFCAP enhancements portion of the NVCIS project are listed below. Refer to the References Section 1.5 above for complete NVCIS Business Rules).

1. **HCP estimate authorizations to IFCAP Rule:** IFCAP will accept estimated authorization when initiated by HCP.
2. **Financial transaction to/from HCP and IFCAP Rule:** Enhancements to the initial financial transaction interface will be made to allow additional financial events (expiration date added, cancellations, insufficient funds notification, initial amount updates, and other notifications) to occur. The interface between HCP and IFCAP will provide bi-directional flow of data between the systems.

## 2.3. Design Constraints Specifications

The following constraints will affect this project:

- The Health Level 7 (HL7) Version 2.5 standards
- VA Standards and Conventions for M development
- Development of the bi-directional interface between IFCAP and HCP will not negatively impact current functionality of an interfacing system to include Fee Basis Claims System and VistA Fee.

## 2.4. Disaster Recovery Specifications

There are no specific disaster recovery specifications for this project. The disaster recovery specifications pertaining to any VistA system are applicable to this project.

## 2.5. Documentation Specifications

All applicable ProPath documentation and VistA documentation must be completed to support the VA's national release process. At a minimum, the following documentation shall be generated:

1. Requirements Specification Document
2. Requirements Traceability Matrix
3. System Design Document
4. Interface Control Document

5. Primary Developer checklist
6. Secondary Developer Checklist
7. Software Quality Assurance (SQA) Checklist
8. Product Component Testing Results
9. Software Source Code
10. Master Test Plan
11. Test Evaluation Document
12. Production Operations Manual
13. User Guide
14. Technical Manual
15. Security Guide
16. CI/ST Defect Log
17. CI/ST Evaluation Summary
18. CI/ST Execution Log
19. User Functionality Defect Tracking Spreadsheet
20. User Functionality Defect Log
21. User Functionality Evaluation Summary
22. User Functionality Execution Log
23. Deployment Plan
24. Version Description Document
25. Defect Resolution Plan
26. Defect/Fix Status Report
27. Final Software Source Code
28. Initial Operating Capability Entry Request and Exit Summary
29. Package/Patch Completion Transition Document
30. National Deployment Addendum Issue Brief
31. Software Release Request
32. Knowledge Transfer Training Material

## **2.6. Functional Specifications**

HCP, housed at the FSC, requires interfacing with VistA IFCAP applications across the VA enterprise in order to do the following:

- Manage budgets
- Maintain records of available funds
- Determine the status of a request and to pay vendors

HCP will have the ability to send disbursement detail information to the facilities. The VA IFCAP software will be enhanced to automatically post these payments to the Miscellaneous Obligation VA Form 1358. The IFCAP application will also be enhanced to send financial transactions to HCP.

New functionality will be introduced in IFCAP to provide for the management of Obligation Thresholds for the HCP interface. Threshold monitoring will be optional and configurable at the Fund Control Point and/or obligation levels at each station. Thresholds will be used to alert HCPS when obligation balances fall below the threshold value and when the obligation balance is at or near depletion.

The following sections describe the functionality involved with the IFCAP enhancements.

### 2.6.1. VistA Bidirectional Interface to/from HCP

The IFCAP Interface to HCP enhancement will include modifications to the IFCAP system to receive an initial financial transaction containing estimated costs of Non-VA care as well as to accept financial transaction updates. This enhancement will also modify IFCAP to include obligation thresholds and to provide reports in support of the analysis of estimation and obligation data.

The following tables describe the requirements for the interface.

*Note: These requirements originated from the Non-VA Care Claims Processing Enhancements – Integrated Funds, Control Point, Accounting, and Procurement (IFCAP) Requirements Specification Document issued in July, 2013. As that original set of requirements was refined for this document, some requirements were merged or deleted. Where that occurred, the original numbering sequence was preserved and the requirements were not renumbered. This explains any gaps in the contiguous numbering sequence of the requirements.*

**Table 2: IFCAP-HCP Interface**

REQ. ID	REQUIREMENT
I-HCP-1	IFCAP shall provide an interface to HCP.
I-HCP-2orig	IFCAP-HCP interface transactions shall be returned in less than one minute from the time the message is sent for single records.
I-HCP-2.1	IFCAP-HCP interface transactions shall be returned in less than one minute from the time the message is sent.  <i>Assumption: Timeliness of acknowledgement message transactions is dependent on normal system operations from systems in which they are sent and received. If systems are down or are not operating at optimum levels, message transactions will be impacted.</i>
I-HCP-2.2	IFCAP-HCP interface transactions shall contain single records.

REQ. ID	REQUIREMENT
I-HCP-3	The IFCAP-HCP interface shall support bi-directional data transfer.
I-HCP-6	<p>The Interface shall support the <b>Auto-Obligation of Funds</b> trigger.</p> <p><i>Note: Funds automatically reserved upon business authorization.</i></p>
I-HCP-6.1	<p>The <b>HCPS to IFCAP Send Authorization info to IFCAP</b> transaction shall include the following data:</p> <ul style="list-style-type: none"> <li>• Fund Control Point Number (<i>Note: To be manually entered by the HCP user.</i>)</li> <li>• 1358 Obligation Number/CNumber (<i>Note: To be manually entered by the HCP user.</i>)</li> <li>• HCPS Authorization ID Number</li> <li>• Estimated Dollar Amount</li> <li>• Veteran Name/Last 4 SSN</li> <li>• Service Date Begin</li> <li>• Service Date End</li> </ul>
I-HCP-6.2	<p>The <b>IFCAP to HCPS Funds Are Available</b> transaction shall include the following data:</p> <ul style="list-style-type: none"> <li>• Funds Available Indicator (<i>Note: Value = Yes</i>)</li> <li>• HCPS Authorization ID Number</li> <li>• Fund Control Point Number</li> <li>• 1358 Obligation Number/CNumber</li> <li>• IFCAP Authorization Number</li> </ul> <p><i>Note: IFCAP will reserve money in obligation based on estimated authorization amount and return a response to HCPS with these elements.</i></p>



REQ. ID	REQUIREMENT
I-HCP-6.3	<p>The <b>IFCAP to HCPS Funds Are Available – Below Obligation Threshold</b> transaction shall include the following data:</p> <ul style="list-style-type: none"> <li>• Funds Available Indicator (<i>Note: Value = Yes</i>)</li> <li>• Funds Below Threshold Indicator (<i>Note: Value = Yes</i>)</li> <li>• HCPS Authorization ID Number</li> <li>• Fund Control Point Number</li> <li>• 1358 Obligation Number/CNumber</li> <li>• IFCAP Authorization Number</li> </ul> <p><i>Note: Funds are still available but are at or below the obligation threshold set in IFCAP.</i></p>
I-HCP-6.4	<p>The <b>IFCAP to HCPS Funds Not Available</b> transaction shall include the following data:</p> <ul style="list-style-type: none"> <li>• Funds Available Indicator (<i>Note: Value = No</i>)</li> <li>• HCPS Authorization ID Number</li> <li>• Fund Control Point Number</li> <li>• 1358 Obligation Number/CNumber</li> <li>• IFCAP Authorization Number</li> </ul> <p><i>Note: Funds are not available in IFCAP.</i></p>
I-HCP-7	<p>The Interface shall support the <b>IFCAP Interface Auto-Adjust Obligation for Claim Payments</b> trigger.</p> <p><i>Note: Funds are adjusted or liquidated upon adjudication/payment of authorized claim.</i></p>

REQ. ID	REQUIREMENT
I-HCP-7.1	<p>The <b>HCPS to IFCAP – Send Claims Payment and Obligation info to IFCAP</b> transaction shall include the following data:</p> <ul style="list-style-type: none"> <li>• Fund Control Point Number</li> <li>• 1358 Obligation Number</li> <li>• IFCAP Authorization Number</li> <li>• Actual Payment Amount</li> <li>• HCPS Claims ID Number</li> <li>• HCPS Authorization ID Number</li> <li>• Veteran Name/Last 4 SSN</li> <li>• Actual Date of Service</li> <li>• Partial or Final Payment Indicator (<i>Note: This field tells IFCAP if the authorization can be closed and the remaining balance, if any, can be returned to the obligation.</i>)</li> </ul> <p><i>Note: This transaction allows IFCAP to adjust the obligation to reflect actual claims payment info vs. original authorization estimate.</i></p>
I-HCP-7.2	<p>The <b>IFCAP to HCPS Funds Are Available</b> transaction shall include the following data:</p> <ul style="list-style-type: none"> <li>• Funds Available Indicator (<i>Note: Value = Yes</i>)</li> <li>• HCPS Claims ID Number</li> <li>• HCPS Authorization ID Number</li> <li>• Fund Control Point Number</li> <li>• 1358 Obligation Number/CNumber</li> <li>• IFCAP Authorization Number</li> </ul> <p><i>Note: In this transaction IFCAP will process payment and liquidate the funds.</i></p>



REQ. ID	REQUIREMENT
I-HCP-7.3	<p>The <b>IFCAP to HCPS Funds Are Available – Below Obligation Threshold</b> transaction shall include the following data:</p> <ul style="list-style-type: none"> <li>• Funds Available Indicator (<i>Note: Value = Yes</i>)</li> <li>• Funds Below Threshold Indicator (<i>Note: Value = Yes</i>)</li> <li>• HCPS Claims ID Number</li> <li>• HCPS Authorization ID Number</li> <li>• Fund Control Point Number</li> <li>• 1358 Obligation Number/CNumber</li> <li>• IFCAP Authorization Number</li> </ul> <p><i>Note: Funds are still available but are at or below the obligation threshold set in IFCAP.</i></p>
I-HCP-7.4	<p>The <b>IFCAP to HCPS Funds Not Available</b> transaction shall include the following data:</p> <ul style="list-style-type: none"> <li>• Funds Available Indicator (<i>Note: Value = No</i>)</li> <li>• HCPS Claims ID Number</li> <li>• HCPS Authorization ID Number</li> <li>• Fund Control Point Number</li> <li>• 1358 Obligation Number/CNumber</li> <li>• IFCAP Authorization Number</li> </ul> <p><i>Note: Funds are not available in IFCAP.</i></p>
I-HCP-8	<p>IFCAP shall create a new 1358 authorization with an authorization amount (estimate) upon request.</p> <p><i>Note: A request is an interface transaction coming in from HCP.</i></p>
I-HCP-10orig	<p>IFCAP shall post a payment or credit (negative amount) to an existing 1358 Authorization upon request. IFCAP shall re-open a completed authorization when necessary to post the payment or credit.</p>
I-HCP-10.1	<p>IFCAP shall post a payment to an existing 1358 upon request.</p> <p><i>Note: A “request” is received via the interface.</i></p>

REQ. ID	REQUIREMENT
I-HCP-10.2	IFCAP shall post a credit (negative amount) to an existing 1358 upon request.  <i>Note: A "request" is received via the interface.</i>
I-HCP-10.3	IFCAP shall re-open a completed authorization when necessary to post a payment.  <i>Note: "When necessary" means that a request is received via the interface.</i>
I-HCP-10.4	IFCAP shall re-open a completed authorization when necessary to post a credit.  <i>Note: "When necessary" means that a request is received via the interface.</i>
I-HCP-11orig	IFCAP shall zero out the authorization balance and complete the authorization when posting a final payment.
I-HCP-11.1	IFCAP shall zero out the authorization balance when posting a final payment.
I-HCP-11.2	IFCAP shall complete the authorization when posting a final payment.
I-HCP-12orig	IFCAP shall respond with the status and service balance of the 1358 obligation upon request from HCP.  <i>Note: Service balance is not to be returned.</i>
I-HCP-12.1	IFCAP shall respond with the status of the 1358 obligation upon request from HCP.
I-HCP-13orig	IFCAP shall receive authorization increase/ decrease requests from HCP.
I-HCP-13.1	IFCAP shall receive authorization increase requests from HCP.
I-HCP-13.2	IFCAP shall receive authorization decrease requests from HCP.

REQ. ID	REQUIREMENT
I-HCP-15	<p>IFCAP shall warn HCP when the status of a 1358 obligation of interest to HCP is changed.</p> <p><i>Note: An “obligation of interest” is an obligation that applies only to Non-VA Purchased Care.</i></p>
I-HCP-16orig	IFCAP shall zero out an existing authorization (sets status to complete and balance to 0 upon request).
I-HCP-16.1	<p>IFCAP shall set the status to complete when “zeroing out” an existing authorization upon request.</p> <p><i>Note: A “request” is received via the interface.</i></p>
I-HCP-16.2	<p>IFCAP shall set the balance to 0 (zero) when “zeroing out” an existing authorization upon request.</p> <p><i>Note: A “request” is received via the interface.</i></p>
I-HCP-18	The IFCAP interface to HCP shall be configurable to be turned on and off at each site to support the initial Pilot in Indianapolis and the future national rollout of HCP without impact to current services.
I-HCP-19	<p>IFCAP shall post a payment to a new 1358 authorization upon request.</p> <p><i>Note: This action applies to claims with no IFCAP authorization, i.e., claims for emergency care that were not pre-authorized.</i></p>
I-HCP-20orig	<p>IFCAP shall respond with the status (complete or not complete) and the authorization amount and authorization balance of an existing authorization upon request.</p> <p><i>Note: A “request” is received via the interface.</i></p> <p><i>Note: Authorization amount is not to be returned.</i></p>

REQ. ID	REQUIREMENT
I-HCP-20.1	IFCAP shall respond with the status of an existing authorization upon request.  <i>Note: Valid statuses are "Complete" and "Incomplete." A "request" is received via the interface.</i>
I-HCP-21	IFCAP shall have the ability to receive a reverse payment request from HCP.

## 2.6.2. IFCAP Thresholds Enhancements and HCP Interface

New functionality will be introduced in IFCAP to provide for the management of Obligation Thresholds for the HCPS interface. Threshold monitoring will be optional and configurable at the Fund Control Point and/or obligation levels at each station. Thresholds will be used to alert HCPS when obligation balances fall below the threshold value and when the obligation balance is at or near depletion.

**Table 3: IFCAP Thresholds**

REQ. ID	REQUIREMENT
I-HCP-39	The use of IFCAP thresholds shall be optional.
I-HCP-23orig	IFCAP shall capture and store a threshold amount or threshold percentage for 1358 obligation numbers.
I-HCP-23.1	IFCAP shall capture and store a threshold dollar amount for 1358 obligation numbers.
I-HCP-23.2	IFCAP shall capture and store a threshold percentage for 1358 obligation numbers.
I-HCP-40	IFCAP shall capture and store a threshold dollar amount for Fund Control Points.
I-HCP-41	IFCAP shall capture and store a threshold percentage for Fund Control Points.
I-HCP-23.3	A threshold shall exist as either a dollar amount or percentage for all levels within a station.
I-HCP-25orig	IFCAP threshold values shall be configurable at the fund control point and or obligation level.

REQ. ID	REQUIREMENT
I-HCP-25.1	IFCAP threshold values shall be optional for all fund control point levels.
I-HCP-25.2	IFCAP threshold values shall be optional for all 1358 obligation levels.
I-HCP-36	IFCAP threshold management option access shall be limited to the IFCAP Control Point Official.
I-HCP-37	IFCAP threshold management for the fund control point level shall be accessible from a new menu option in the IFCAP Fund Control Point Management Menu (PRCB FCP MGMT) to be titled Manage FCP Threshold.
I-HCP-38	IFCAP threshold management for the 1358 obligation level shall be accessible from a new menu option in the IFCAP 1358 Processing Menu (PRCEF 1358 FISCAL PROCESSING) to be titled Manage 1358 Threshold.

### 2.6.3. IFCAP Reporting

Specific technical requirements have not been determined by business office at the time of issuance of this RSD. As Business Needs for the reporting functionality are determined and as the requirements in this section are further refined, formal Change Requests will be created and submitted for approval and the RSD will be updated to reflect these requirements. The scope of these reports is limited to Estimation/Obligation data currently available and will be run within the IFCAP system.

**Table 4: IFCAP Reporting**

REQ. ID	REQUIREMENT
I-HCP-30	IFCAP shall have the ability to generate recurring Purchased Care reports.
I-HCP-31	IFCAP shall have the ability to generate ad hoc financial Purchased Care reports.
I-HCP-32	IFCAP shall have the ability to protect the access to the report to allowed users only.
I-HCP-33	IFCAP shall have the ability to generate report(s) that show variance between initial estimates and actual payments to support Purchased Care budget analysis.

REQ. ID	REQUIREMENT
I-HCP-34	IFCAP shall have the ability to compile real-time and daily reports that support the analysis of estimation/ obligation data and to provide budgetary guidance to the stations.
I-HCP-35	IFCAP shall have the ability to generate recurring and ad hoc financial Purchased Care reports in accordance with security profile.

## 2.7. Graphical User Interface (GUI) Specifications

All changes to IFCAP are via M APIs and HL7 messaging – there is no GUI interface.

## 2.8. Multi-Divisional Specifications

The IFCAP application shall use existing multi-divisional functionality and shall continue to operate in a multi-division and/or multi-site environment. Messages to external systems (e.g., HCP) will contain sending facility information.

## 2.9. Performance Specifications

Table 5 depicts the performance specifications for the IFCAP enhancements.

**Table 5 Performance Specifications**

REQ. ID	REQUIREMENT
I-PERF-030	The IFCAP system shall be able to handle a minimum of 10 million transactions annually across the enterprise.

## 2.10. Quality Attributes Specifications

The software shall be released with zero high or medium impact defects. Test defect logs will be submitted after internal Quality Assurance (QA) and site testing for VA review.

## 2.11. Reliability Specifications

The IFCAP system is an integrated part of the overall VistA system that exists at each site and will be subject to VistA reliability standards.

## **2.12. Scope Integration**

There are multiple systems and interfaces affected by the different functionalities being updated throughout this Requirements Specification Document (RSD). These systems and interfaces are listed in Section 4 below.

## **2.13. Security Specifications**

These specifications adhere to all VA and VHA security requirements. Cross-cutting security requirements are contained in the VA Enterprise Requirements Repository (ERR).

## **2.14. System Features**

Existing Vista applications are being modified for this enhancement.

## **2.15. Usability Specifications**

Vista roll-and-scroll modifications to be executed will be coded with requirements specifications and usability in mind. Design specifications will take current and proposed user workflow into account in order to make transition to the enhanced software and training needs as simple as possible. Software shall comply with requirements in the 508 checklists found at [http://\[REDACTED\]](http://[REDACTED])

## **3. APPLICABLE STANDARDS**

All development must be compliant with the following standards.

- The HL7 Version 2.5 standards
- VA Standards and Conventions for M development
- 508 Compliance

## **4. INTERFACES**

The following sections describe the interface specifications.

### **4.1. Communications Interfaces**

The following communication interfaces will be utilized during development:

- Vista Fee Interface – M API
- IFCAP-HCP Interface – HL7

### **4.2. Hardware Interfaces**

No special hardware is required for this effort.



### 4.3. Software Interfaces

IFCAP requires the following versions (or higher) of VA software packages for proper implementation (See Table 6). The software listed is not included in this build and must be installed for the build to be completely functional:

**Table 6: IFCAP Versioning**

<b>SOFTWARE PACKAGE</b>	<b>VERSION NUMBER</b>
Accounts Receivable	4.5
Fee Basis	3.5
HL7	1.6
Integrated Funds Control, Accounting, and Procurement	5.0
Kernel	8.0
Mailman	7.1
RPC Broker (32-bit)	1.1
Toolkit	7.3
VA FileMan	22.0

### 4.4. User Interfaces

Existing VistA HL7 user menus and options will be used to define interface parameters. Modifications to the IFCAP package will be in the form of M APIs, routines and HL7 components. There are no specific user interfaces other than HL7 definition required.

## 5. LEGAL, COPYRIGHT, AND OTHER NOTICES

Not applicable

## 6. PURCHASED COMPONENTS

Not applicable

## 7. USER CLASS CHARACTERISTICS

HCP users, IFCAP users, and Information Resources Management (IRM) will be using these application enhancements.



## 8. ESTIMATION

To be included at a later date.

**Table 7: 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						
<b>Size-Based Effort Estimates</b>					<b>Labor Hours</b>	<b>Probability</b>
Low Effort estimate-with indicated probability, project will consume no more than:						
High Effort estimate-with indicated probability, project will consume no more than:						
<b>Size-Based Duration Estimates</b>					<b>Work Days</b>	<b>Probability</b>
Low Duration estimate-with indicated probability, project will consume no more than:						
High Duration estimate- with indicated probability, project will consume no more than:						

## 9. APPROVAL SIGNATURES

REVIEW DATE: *<date>*

SCRIBE: *<name>*

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Signed:

Date:

*o-Chair, Business Sponsor*

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Date:

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Date:

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Date: