

This Requirements Specification Document (RSD) provides an overview and detailed specifications for the VistA Fee-IPAC Enhancement project. It outlines the scope of this enhancement to the VistA Fee Basis system, the preferred functionality, known design constraints, and integrations with other systems that depend on the VistA Fee Basis system to query, manage, and report on out-of-network fee payments and agreements for Department of Veterans Affairs (VA) personnel and their dependents.

The target audience for this requirements specifications document (RSD) includes the Chief Business Officer (CBO), the Department of Defense (DoD) military treatment facilities (MTF), the Veterans Health Administration (VHA) health care facilities, and the end-users responsible for querying, managing, and reporting on out-of-network care offered by DoD facilities to VA personnel and their dependents.

The proposed changes to Veterans Health Integrated Systems Technology Architecture (VistA) Fee application software are being requested by the Health Administration Center (HAC) to provide support for business processes underlying sharing agreements between Department of Defense (DoD) military treatment facilities (MTF) and VHA health care facilities. This effort is consistent with the priority of the Under Secretary for Health “to improve collaboration with DoD.”

The VistA Fee-IPAC Enhancement project will introduce new functionality to the VistA Fee Basis system to collect, process, and report on claims and fees related to healthcare services provided on behalf of the DoD to VA personnel and their dependents. This enhancement will address gaps in the definition of and critical data such that these out-of-network claims can be processed by the Department of Treasury’s Inter-governmental Payment and Collection System (IPAC). These enhancements are specific to the current Veterans Integrated Systems Technology Architecture (VistA) Fee Basis application capabilities and data processes and, when complete will provide the VA with the ability to process electronically transmitted payments to federal health care providers who have been proper business contracts (AKA, ‘vendor agreements’) with the VA.

The Intra-governmental Payment and Collection System (IPAC) provide a standardized inter-agency fund transfer mechanism for Federal Program Agencies (FPA). It facilitates the intra-governmental transfer of funds, with descriptive data, from one FPA to another. Processing payments through IPAC provides the Financial Management Service (FMS) with the ability to meet its statutory requirements for accounting and reporting.

Currently, some of the information needed to process a claim via IPAC is collected at local facilities and documented in the VistA Fee application. Other information is obtained nationally by the Central Fee business. Other payment systems (such as the Federal Accounting Service Payment and Collection (FASPAC) also integrate with IPAC. Collaboration with these project teams is important to address the overall goal of streamlined payment processing, but the enhancements described in this Requirements Specification Document are limited to the modifications and enhancements to the VistA Fee Basis application itself.

This project brings the VA into compliance with the Department of Treasury and VHA guidelines to use IPAC to make payments between Federal agencies. As sharing agreements expands between DoD and

VHA facilities, the modifications made to VistA Fee will allow for the additions of additional agreements seamlessly.

As sharing agreements expand between DoD and VHA facilities, the modifications made to the VistA Fee Basis system will allow the growth of additional agreements and remove disincentives to increased collaboration between the VHA and the DoD. For example, late payments is a disincentive for DoD to enter into sharing arrangements with the VA as is the more laborious methods required to pay the DoD for the VA (versus local community providers). By eliminating this disincentive, greater shared services and information sharing between the two agencies is encouraged. This project will impact all VA DoD sharing sites where veterans are treated by Military Treatment Facilities. As such, this effort is consistent with the priority of the Under Secretary for Health “to improve collaboration with DoD.”