

**Purchased Care – Program Integrity Enhancements
(PC-PIE)**

Work Effort Unique Identifying #

Business Requirements Document



November 2014

Revision History

Note: The revision history cycle begins once changes or enhancements are requested after the Business Requirements Document has been approved.

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Table of Contents

1. Purpose	1
2. Overview	2
3. Scope	4
4. Customer and Primary Stakeholders	5
5. Goals/Objectives and Outcome Measures	6
6. Enterprise Need/Justification.....	8
7. Business Requirements	8
7.1. Themes and Epics	8
7.2. User Access Levels	9
7.3. Known Interfaces and Data Sources.....	9
7.4. Related Projects or Work Efforts.....	11
8. Service Level Requirements	12
8.1. Availability.....	12
8.2. Capacity & Performance	13
8.3. Interfaces and Security	14
9. Other Considerations	15
9.1. Alternatives	15
9.2. Assumptions	15
9.3. Dependencies	15
9.4. Constraints.....	15
9.5. Business Risks and Mitigation	15
Appendix A References	16
Appendix B Models.....	17
Appendix C Stakeholders, Users, and Workgroups.....	19
Appendix D User Interface/User Centered Design Principles.....	21
Appendix E Acronyms and Abbreviations	23
Appendix F Approval Signatures.....	25

1. Purpose

The Business Requirements Document (BRD) is authored by the business community for the purpose of capturing and describing the business needs of the customer/business owner. The BRD provides insight into the AS-IS and TO-BE business areas, identifying stakeholders and profiling primary and secondary user communities. It identifies what capabilities the stakeholders and the target users need and why these needs exist, providing a focused overview of the request requirements, constraints, and other considerations identified. This document is a business case and does not mandate a development methodology, however the requirements are written using agile methodology terminology. The intended audience for this document is the Office of Information and Technology (OI&T) to facilitate project planning when the project is approved and funded. These requirements are not documented at a level sufficient for development.

This BRD is written at a level of detail and abstraction that directly conveys the business goals, needs, and expectations from the perspective of the end users and key business stakeholders, without consideration to specific design and solution details. All requirements in this document shall be elaborated upon in order for system architects to design a solution, for developers to write and test software code, and for other technical team members to perform system integration and testing. The collection of documents that will house the set of all elaborated requirements for this project is depicted in the figure below. Note that all requirements at all levels of detail must be present in the project Requirements Traceability Matrix (RTM).

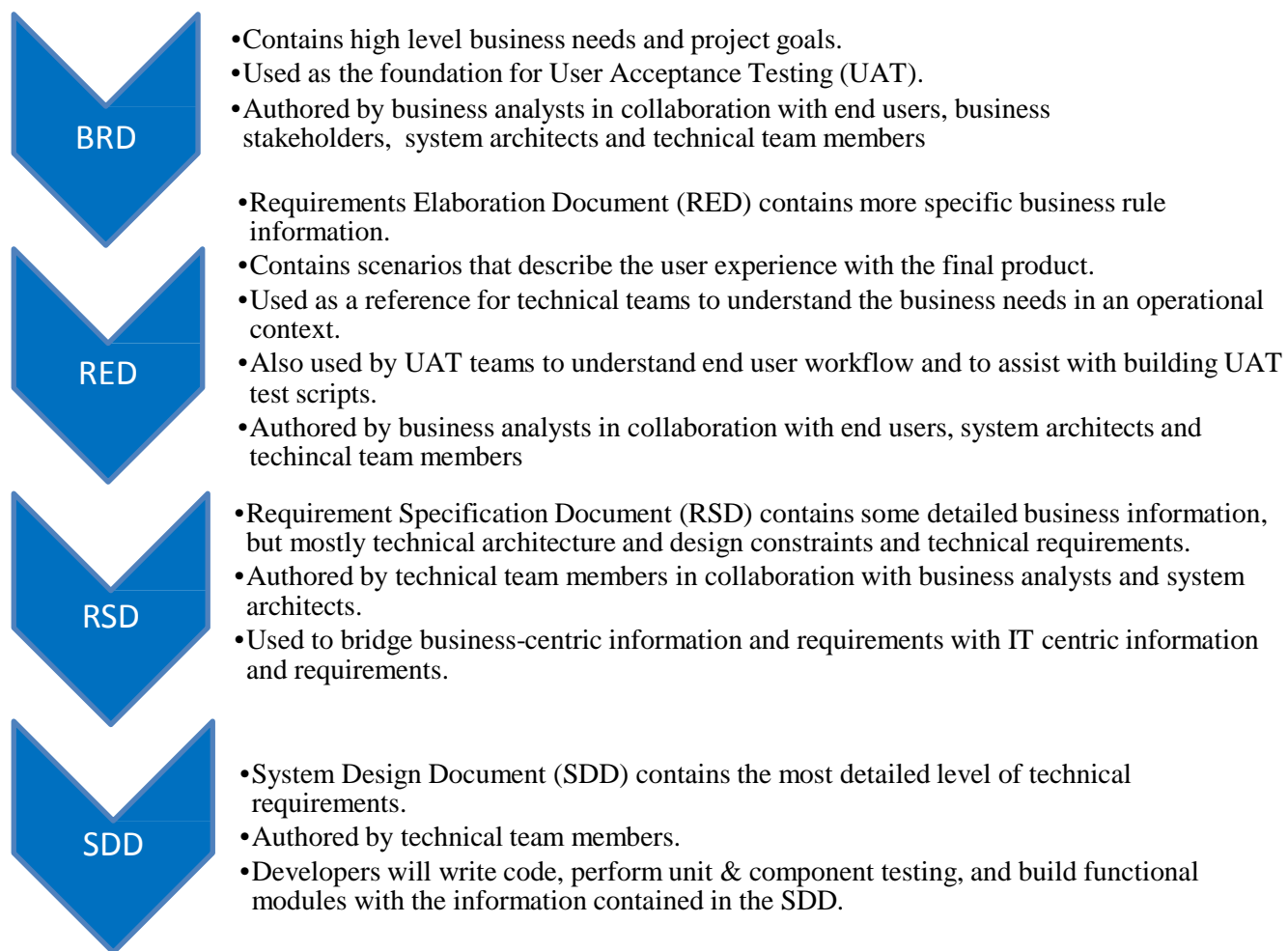


Figure 1 – Anticipated Requirement Document Hierarchy

2. Overview

The Department of Veterans Affairs (VA), Veterans Health Administration (VHA) is one of the world's largest health care delivery organizations. The VA Chief Business Office Purchased Care (CBOPC) Business Line is the sole authority responsible for administration and payment of healthcare services provided to veterans and eligible dependents outside of the VA healthcare system.

Prior to 2010 CBOPC was a collection of vertically oriented, standalone programs. The largest of these programs were:

- Fee-Basis (now generally referred to as Non-VA Care or Non-VA Medical Care)

- Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)
- CHAMPVA In House Treatment Initiative (CITI)
- State Home Program
- Foreign Medical Program (FMP)
- Spina Bifida
- The Caregiver Program
- Pharmacy benefits programs
- Children of Women Vietnam Veterans (CWVV)

As a result of the stovepipe nature of the programs there was no single view to claims payments and provider activity. In addition, there was wasteful redundancy within programs. In 2010 the Deputy Chief Business Officer reorganized Purchased Care with the intent of creating a horizontal matrix of services to the programs. The VA Office of the Inspector General (VAOIG) also conducted an investigation into the Non-VA Care Program and published a finding recommending the establishment of a fraud management program. Additionally, all federal government program officers are required to comply with the Federal Managers Financial Accountability Act of 1982 which requires that “funds, property, and other assets are safeguarded against waste, loss, unauthorized use, or misappropriation.” This act states (in part): Agencies shall establish effective management practices in accordance with Office of Federal Procurement Policy (OFPP) Policy Letter 93-1, Management Oversight of Service Contracting, to prevent fraud, waste, and abuse in service contracting.

CBOPC has established elements of a fraud management program using the Program Integrity Tools (PIT) through the Secretary’s Transformational Initiatives Program. This tool utilizes a set of custom business rules and logic capabilities to evaluate or “score” a claim based upon the likelihood of fraud or improper payment. Known deficiencies in the current implementation include:

- Not all desired claim data from all aforementioned CBOPC programs routes through PIT.
- Not all data transfers between the various systems are error free, and there is no effective capability for CBOPC employees to manage data transfer errors.
- Not all claim types from the aforementioned CBOPC programs route through PIT. Specifically, only Electronic Data Interface (EDI) claims data from the Claims Processing & Eligibility (CP&E) system routes to PIT. Claims received on paper and manually entered into CP&E do not route to PIT.

CBOPC is making requested modifications to the current PIT implementation and the dependent systems as outlined in this BRD to address the known deficiencies in the current implementation and to plan for future growth of the programs. The primary software applications impacted by this request are:

- CP&E – the primary system that adjudicates CHAMPVA, CITI, State Home, FMP, Spina Bifida, Caregiver, and Pharmacy claims.

- Fee Basis Claim System (FBCS) – the primary system that adjudicates Non-VA Care claims.
- PIT – the primary system that enables CBOPC staff to perform data analysis in support of Fraud, Waste and Abuse (FWA) prevention.
- CP&E Data Warehouse (DW) – a data warehouse which is connected to CP&E to enable other types of data analysis in support of CHAMPVA, CITI, State Home, FMP, Spina Bifida, Caregiver, and Pharmacy claims. The CP&E DW is a shadow copy of the primary CP&E server which contains a copy of the data but not the executable code contained in the primary CP&E system.
- Corporate DW – a data warehouse which enables other types of data analysis in support of the Non-VA Care program.

An Information Technology (IT) solution is essential to the goal of effective and timely FWA prevention due to the volume of claims to be analyzed and the constraints on CBOPC staff size. When fully realized and implemented, the PIT will enable CBOPC to audit every claim before payment. This capability drives efficiencies in processing speed and accuracy that no other solution can match. The fact that the PIT enables the business lines to implement solutions to the ever changing FWA landscape from a single location and to refine these solutions quickly and effectively provides value to the CBOPC operations groups and associated business processes by ensuring that all claims payments are of the correct amount.

Implementation of the requested modifications will enable immediate FWA prevention greater than that which exists today. While no specific estimates exist for potential savings realized as part of this effort, the programs previously mentioned pay out in excess of \$8 billion per year. Improper payment rates vary by program, but are in the range of 2% to 10%, resulting in improper payments in excess of \$500 million per year. Therefore the potential savings are considered to be very large. While not all of that rate or amount is the result of fraud, on March 24, 2014, PIT took top honors and received the Excellence in Government Award due to the immediate financial benefits realized by the current implementation.

3. Scope

The scope of this request is considered to be the systems and data which directly or indirectly enable the effective execution of a fraud management program within CBOPC. Those systems have been listed in the Overview section. The bulk of the requested modifications are relevant to the CP&E system, but a capability to manage data transfer to and from the FBCS system is also essential to the overall effective execution of a fraud management program and is therefore also within scope. Also, a capability to load historical data into PIT to enable more robust data analysis and trend analysis is within scope of this request, even though that capability is anticipated to be used only at the initial implementation of the requested enhancements.

Generally, the implementation of PIT and its interface with FBCS is more mature than that of PIT with CP&E. However, User Acceptance Testing (UAT) from the PIT-FBCS implementation has also identified deficiencies related to the movement of data to and from PIT (including missing data elements), whose correction is considered within scope of this request.

The PIT application overall has many system elements that, when the requirements elaboration is complete, may be directly or indirectly impacted by the desired enhancements and so any system elements that are part of the PIT application are considered within scope pursuant to the requirements in this document and later documents and as traced through the RTM.

The Fraud and Abuse Management System (FAMS) has its native scoring activity, and new data enables future JRules development to refine scoring logic and create new logic. This BRD does not include modification to the core FAMS capability, nor does it include creation or modification of JRules elements, but rather the data which drive FAMS and JRules results and performance.

Other programs' paper claim data that are not specified (e.g., Camp Lejeune Family Member (CLFM) and State Home) are not considered to be in scope for this BRD.

4. Customer and Primary Stakeholders

Terri Schuchard, Director, CBOPC POI is the primary stakeholders for this request. Review [Appendix C](#) for the complete list of primary and secondary stakeholders.

The organizational groups who will be impacted by the implementation of the business requirements and are responsible for technical implementation are outlined below.

Organizational Grouping	Role
Program Oversight and Informatics (POI)	The Departments of PI and the Department of Informatics (DI) provides executive team approval and sponsorship for the business requirements. Has budget ownership for the project and are the major stakeholder and recipient for the project deliverables. PI is the primary customer and user of the deliverables. DI is the architect and analyst group with PIT oversight for structure and form.
Denver OI&T	Denver OI&T owns maintenance and operation of the CP&E system. They also own the CP&E Data Warehouse. Although they have indicated an inability to assist in this effort they will need to be involved in coordination of the ETL of CP&E data and trouble shooting of any transfer problems. Additionally, they will be the host to the contractor that performs the data transfers.
Business Systems Management (BSM)	Provides program and project management and sponsorship for the business requirements. Has budget ownership for the project and are the major stakeholder and recipient for the project deliverables.

Healthcare Reimbursement (HCR)	HCR adjudicates healthcare claims received by CBOPC for payment from healthcare providers. HCR provides the project team with insight and assistance in understanding the claims payment process and the needs and requirements of end users.
Office of Information & Technology (OI&T)	Provides the project team with insight and assistance into interfacing application development activities (Ex: Requirements, development, testing and scheduling requirements etc.)
Austin Information Technology Center (AIRC)	Provides datacenter and technical support to VHA. Provides PIT server and PIT Repository maintenance and upgrades.

5. Goals/Objectives and Outcome Measures

Goal/Objective and Desired Outcome	Impact/Benefit	Measurement
Goal 1: The goal is to send all adjudicated claim data, to include historical data for 6 calendar years and all future data from CP&E to PIT for storage in the PIT data repository for the following CBOPC programs as listed in Section 2 excluding Non-VA care and other claims specified as excluded previously in this document (Camp Lejeune and State Home).	Impact 1: An impact of the goals is to enable reporting and analysis on the aggregation of claim data currently existing in the PIT data repository and all adjudicated claim data being added through this enhancement.	Measurement 1: 100% of the all historical adjudicated claim data for the prior six calendar years to production roll-out are in the PIT data repository and available for reporting and analysis.

Goal/Objective and Desired Outcome	Impact/Benefit	Measurement
Goal 2: The goal is all adjudicated claim data for the identified Purchased Care programs will be available in the PIT data repository for cross program FWA and predictive analytics oversight, management, and reporting.	Impact 2: An impact of Goal 2 will enable more streamlined, efficient validation for auditing activities conducted for programs adjudicated by the VHA Chief Business Office Purchased Care (CBOPC).	Measurement 2: 100% of all adjudicated claim data from the date of production roll-out exists in the PIT data repository and is available for reporting and analysis.
Goal 3: Upon completion of this project, the goal of these enhancements is to proactively monitor the progress of retrieving claims from the source systems to the PIT data repository, identifying all claim exceptions or processing errors and communicating these to the Program Integrity Department.	Impact 3: An impact of Goal 3 is ensuring complete and accurate claim data is available in the PIT data repository.	Measurement 3: Supports auditing activities in maintaining the required target accuracy rate determined by individual audit or when applicable the 98.5% defined by Public Law 108-199, 111-204 and 112-248 for the Improper Payments Elimination and Recovery Improvement Act (IPERIA).
Goal 4: The goal is the proactive monitoring and identification of exception and processing errors relating to the ETL of data to the PIT data repository.	Impact 4: An impact of Goal 4 is to ensure that all desired data is in the PIT to enable maximum data analysis, since the greater the quantity of available data then greater the accuracy of associated analysis.	Measurement 4: 100% of the inbound claim data not transmitted successfully to the PIT data repository will be identified and communicated for further processing and resolution.
Goal 5: The goal is that all resources currently used to monitor and report claim exception and processing errors in the drop zone will be available for other business functions.	Impact 5: An impact of Goal 5 is that constrained CBOPC resources will be available to perform data analysis which will prevent improper payments, rather than resolve data transfer problems.	Measurement 5: Approximately 1 person-month of employee time, when compared to previous years, will become available due to faster and more effective resolution of data transfer errors.

6. Enterprise Need/Justification

In addition to items listed in the Overview section, including but not limited to compliance with the Federal Managers Financial Integrity Act of 1982 and the requirements of the Federal Acquisition Regulations (FAR), the PIT is designed to provide a single view to all CBOPC payments including the ability to view cross program payments. There are thousands of beneficiaries who are eligible for more than one CBOPC program. It has not been previously feasible to review payments for duplication across programs. The PIT will provide this view and be the ultimate integration point for all CBOPC claims payments. This project adds the level of detail from CP&E claims necessary to detect duplicate payment between Non-VA Care and CP&E.

7. Business Requirements

7.1. Themes and Epics

All business and technical requirements from initial requirements elicitation through the elaboration process and concluding in the System Design Document (SDD) will be captured in a Requirements Traceability Matrix (RTM). The requirements table below provides a list of the Themes and Epics that are detailed in the RTM for this project and their alignment to previously stated Goals. At the level of this BRD, a New Service Request (NSR) has been submitted which governs the scope of requirements listed in this document.

Generally, CBOPC refers to claim data regardless of the source of that data. Some claims arrive at CBOPC via EDI and some arrive through the US Post Office on paper. Those paper claims are manually entered into CP&E. However, manually entered claims are not sent to PIT, only EDI claims are. For this BRD, CBOPC requirements that address sending claim data to PIT are defined to include both claims from EDI data and claims from paper submissions so as to address this known deficiency.

PC-PIE Requirements Table

Identifier	Requirement Text
Theme 1	Maximize the use of historical data by PIT and CBOPC. [Aligns to Goal 1]
Epic 1	As a payer of healthcare claims, CBOPC needs to transfer 6 years of historical adjudicated claim data from CP&E into PIT so that CBOPC employees may utilize that data to perform FWA analysis.
Theme 2	Maximize the current use and value of PIT by CBOPC. [Aligns to Goal 2]
Epic 2	As a PIT user, I need to manage the current performance of PIT during FWA analysis so that I resolve any issues that are impacting the performance of PIT.
Epic 3	As a PIT user, I need to create fully customized reports based on fully aggregated data contained in PIT so that I can present analytical conclusions from FWA analysis activities to CBOPC leadership as part of my current daily duties.
Theme 3	Maintain integrity of PIT data and transfers. [Aligns to Goals 3,4, & 5]

Identifier	Requirement Text
Epic 4	As a PIT user, I need to manage the current and future transfer of claim data from CP&E into PIT so that I can resolve all data transfer errors.
Epic 5	As a PIT user, I need to manage the current and future transfer of claim data from FBCS into PIT so that I can resolve all data transfer errors.
Epic 6	As PIT user, I need to manage the current and future errors in the storage of all claim data in PIT so that I can resolve all errors that occur in data storage.
Epic 7	As a PIT user, I need to manage the data that is stored in PIT so that FWA analysis may be performed by CBOPC employees.

7.2. User Access Levels

User Level	Role	Responsibilities	PIT Access Level
Primary User	Designated POI staff	Repository Data Model management functionality Repository Test Set Creation ELT Management Functionality Reporting Tool functionality Analytic Functionality	Full Control
Primary User	Designated BSM staff	Reporting Tool and Analytic Functionality	Limited Control
Primary User	Designated contractor resources	Reporting Tool and Analytic Functionality	Limited Control
Primary User	Designated AITC staff	System Administration	Full Control
Secondary User	Designated CBOPC staff external to POI and BSM	Reporting Tool	Read Only

7.3. Known Interfaces and Data Sources

This is the business community's best understanding of known interfaces and may not be a comprehensive listing.

The existing PIT interfaces that transform claims-related data received from the source systems and are loaded into the PIT data repository are as follows:

Name of Application	Description of current application	Interface Type	Existing Functionality	Expected Outcome
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Name of Application	Description of current application	Interface Type	Existing Functionality	Expected Outcome
CP&E DW	Source of claim data.	Inbound	System exists (for paid EDI claims) but is not currently working due to technical defects.	Claim Data for all CBOPC programs (excluding Non-VA Care) transfer successful.
CP&E EDI	Source of claim data.	Inbound	Only for pre-payment claim EDI received via the health care clearing house (no existing functionality for paper claims).	Claim Data for all CBOPC programs (excluding Non-VA Care) transfer successful.
Corporate Data Warehouse (CDW)	Source of corporate data.	Inbound	Yes	All current and correct functionality applicable to existing claim data transfers should continue unimpeded by any enhancements described in this BRD and relative to PIT specifically.

Name of Application	Description of current application	Interface Type	Existing Functionality	Expected Outcome
Fee Basis Claims Systems (FBCS)	Source of claim data.	Inbound & Outbound	Yes	A new capability to enable management of errors during the transfer and storage of data between FBCS and PIT is available to designated CBOPC users. (Data transfer capability exists, but management of errors capability does not).

7.4. Related Projects or Work Efforts

The following projects or work efforts are related to PIT, or may be impacted by the implementation of the requirements outlined in this document:

VHA CBOPC Fee Basis Claims System Operations & Maintenance (FBCS O&M) Project

[h](#) [REDACTED]

The purpose of this project is to provide the field with updates and enhancements to the FBCS through the release of software patches. The need for the updates and enhancements are a result of changes to VistA Fee, Congressional mandates, various audits, or requests from field users.

PIT Technical Services Support (TSS) Project

[REDACTED]

Following the initial deployment of the FBCS/PIT interface in 2013, POI identified additional FBCS data that will be required to align with upcoming development efforts and to enhance the effectiveness of the PIT Suite of Tools and Report Builder functionality. A contract was awarded in April, 2014 to the e-Quality Corporation to provide technical support for implementation of the necessary enhancement. Documentation related to the PIT TSS Project to include the Requirements Specification Document and System Design Document is located on the CBOPC BSM SharePoint site at the following

- PIT Scoring Policy: Documentation related to the FBCS O&M Project to include Patch 27 and 37 requirements, project documentation and design documentation are

located on the CBOPC BSM SharePoint site at the following link: [h \[REDACTED\]](#)

- FBCS Patch 27 PIT Data Fields: Documentation related to the HCP Project to include interface control documentation, project documentation and design documentation is located on the CBOPC BSM SharePoint site at the following link: [h \[REDACTED\]](#)

VHA CBOPC Health Claims Processing (HCP) Project

[h \[REDACTED\]](#)

The VHA Chief Business Office (CBO), Purchased Care is engaging with the Financial Services Center (FSC) in Austin, Texas, to develop and field the CBO future state requirements in four iterations including enrollment and eligibility, referral and authorization, claims processing and contact center. The culmination of iterations will facilitate the CBO envisioned future state and will serve as a basis for evaluation to move to one claims processing system for VHA.

8. Service Level Requirements

The following sections detail the Service Level Requirements for the PC-PIE project.

8.1. Availability

Service Level Requirement (SLR) Question	SLR Criteria	Description
1. How much time should the system be available (and how much down time is acceptable due to incident [unexpected] outage)?	99.9% availability during defined work hours of 6am EST to 10pm EST. (8.76 hours down time)	This is the desired availability of the system.
2. When should the system be available (what will be the core operating hours of the system)?	6am EST- 10pm standard weekdays	This is the defined primary work time for CBOPC employees using the system.
3. How soon should the system fully recover from an outage? (Includes Mean Time to Restore)	Within 1 business day.	Within 1 business day.
4. How much data will be restored when outage is recovered?	100% (continuous back-up)	All data is needed.
5. What time period should be considered for maintenance periods?	After 10pm EST weekdays. Any weekend time slot. All maintenance periods would come with a minimum of 72 hours advanced notice to all users.	Non-working hours, and with advanced notice to users.

Service Level Requirement (SLR) Question	SLR Criteria	Description
6. What standard time zone will the system operate in?	Not practical do define beyond Item 2 Availability.	Users exist in all US time zones.

8.2. Capacity & Performance

SLR Question	SLR Criteria	Description
1. How many users will be on the system hourly?	50-75	At any given time during defined work hours, this is the number of CBOPC and VA or VA-authorized employees that may utilize some part of the system.
2. How many transactions will each average user perform each hour?	10-50/hour	This is the range of expected transactions per user per hour.
3. What are the anticipated peak user times during the day?	No unique peak.	Due to geographically dispersed users, CBOPC anticipates steady usage during all normal operating hours.
4. What is the anticipated peak transaction load (when do you think that there will be the most transactions being performed on the system) during the day?	No unique peak.	Due to anticipated work flow and work products of CBOPC users, CBPOC anticipates steady usage during all normal operating hours. Transaction frequency and size is anticipated to vary within normal ranges with no known or anticipated unique peak.
5. How many new users will be added in one year?	0-100	Approximate range of new users.
6. How many more (if any) transactions will be added in one year?	None	Beyond requirements specified in this BRD no new transactions are anticipated.

SLR Question	SLR Criteria	Description
7. What kind of information will be stored (specify average of each kind per month)?	Health claims data.	Health claims data as per defined CBOPC business lines, to include data impacted by HIPAA regulation.
8. What kind of search capacity is required?	Medium	CBOPC anticipates that users will search for claim data and associated data a moderate number of times per day.
9. What type of system(s) is/are required?	Intranet	All VHA
10. Is there a need for heavy application reporting? If yes, when?	Yes	End of quarter.

8.3. Interfaces and Security

SLR Question	SLR Criteria	Description
1. Does this system interact with other existing systems?	Yes	As specified in Section 7.3
2. Will this system require additional monitoring for Information Technology system metrics?	Don't Know	
3. Will this system contain personally identifiable information (PII), Protected Health Information (PHI), Health Insurance Portability and Accountability Act (HIPAA) information, or other confidential/regulated data?	Yes	PII, PHI, HIPAA data
4. Who will be the anticipated users of this system?	VA and approved contractors	CBOPC employees, other VA employees geographically dispersed around the United States, and appropriately authorized and approved VA contractors.

9. Other Considerations

9.1. Alternatives

There are no known alternatives within the VHA enterprise providing similar functionality to the PIT. Doing nothing is not a viable option due to the anticipated number of claims that CBOPC will analyze for FWA, and the approximated error rates and improper payment amounts as described in Section 2.

9.2. Assumptions

The PIT ETL software and PIT Data Repository will continue to perform its current duties (extract/transform/load) in addition to the enhancements specified in this BRD.

9.3. Dependencies

As described in Section 7.4, the following dependencies are recognized:

- PIT Technical Services Support Project
- VHA CBOPC Fee Basis Claims System Operations & Maintenance (FBCS O&M) Project
- HCP Project


9.4. Constraints

Modifications to CP&E beyond that which support data transfer to PIT or other business functional requirements as delineated in the RTM are not considered to be a part of this project.

9.5. Business Risks and Mitigation

Business Risks	Mitigation
If there is insufficient funding to support all development or acquisition, then all capabilities provided by PIT may not be realized.	Ensure the project is planned in a way that will allow for customer facing deliverables to be implemented incrementally to support the available project funding. Work with the business owner and OIT to ensure appropriate funding is requested for out years.
If this project is not executed, then the rate of improper payments as described in Section 2 will continue or increase, due to the lack of effective and holistic FWA analysis on all data for all CBOPC programs.	The mitigation for this business risk is to execute the modifications as described in this BRD.

Appendix A References

- VA Handbook 6500 – Information Security Program

- VAOIG Finding relative to Non-VA Care
(<http://www.va.gov/oig/52/reports/2010/VAOIG-10-00004-166.pdf>)
- Federal Managers Financial Integrity Act of 1982
http://www.whitehouse.gov/omb/financial_fmfi1982

Appendix B Models

This diagram is intended to be viewed as a *high level concept* of how the system functions, rather than a literal representation of physical architecture or implementation. This diagram is presented in order to provide conceptual context to the current system and implementation of PIT functionality, and provide some context to the envisioned areas where that functionality will be impacted by the modifications outlined in this BRD.

Therefore, the following diagram is not intended to be fully and totally complete (showing all existing linkages, nor all intermediary systems between two primary systems) but rather illustrate those areas that CBOPC anticipates will be impacted by this BRD.

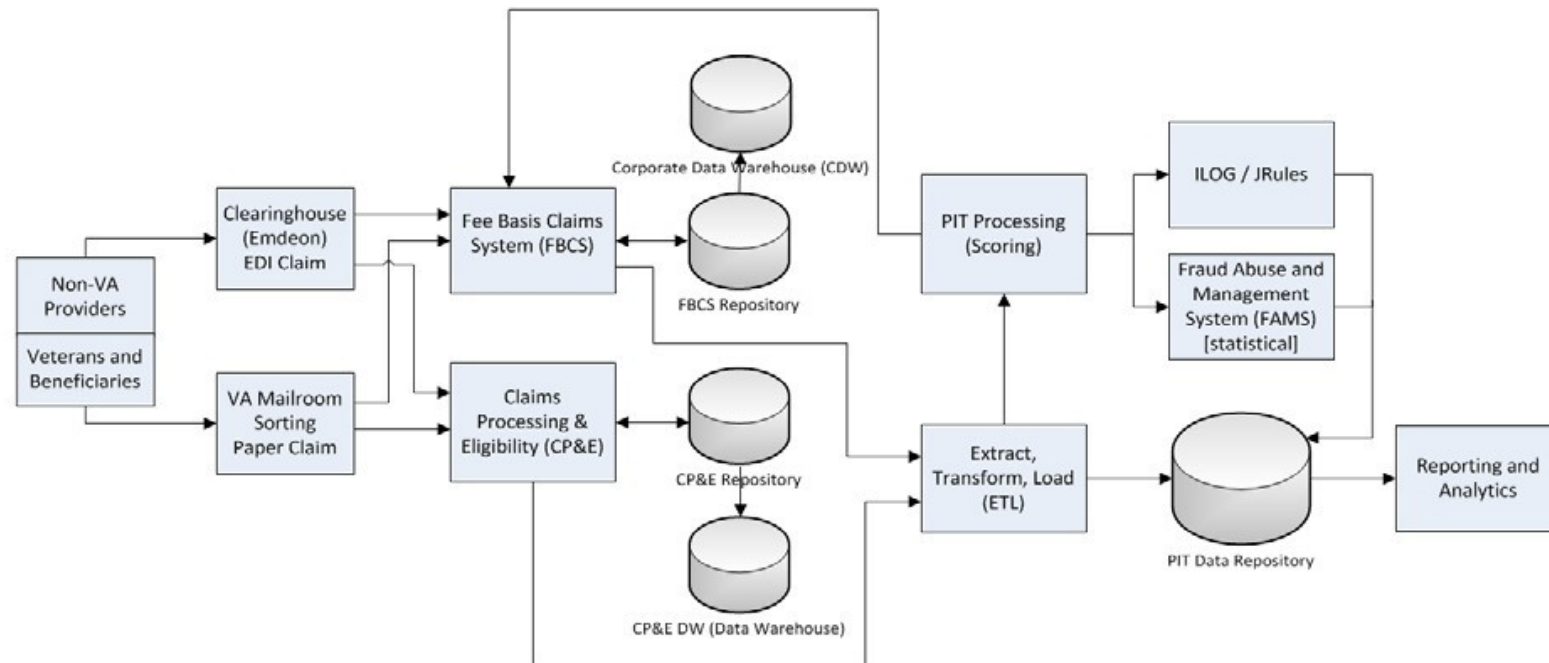


Figure 1: As-Is Conceptual Illustration of CP&E and FBCS elements and claim data flow

The As-Is component view above represents current functionality and how information flows as triggers (a signal to “start” something) or messages (data transfer, such as a claim) throughout the components. The narrative below provides an overview of the diagram and is not intended to provide a detailed architecture or implementation description. In other words, it is intended to set the context for understanding the To-Be component diagram.

The lines from the Clearinghouse and Mailroom going to FBCS and CP&E represent existing electronic and paper claim routing of currently supported claim benefit types.

The existing process receives electronic and paper claims for multiple benefit types from Non-VA Providers. In addition, Veterans and Beneficiaries may submit paper claims for some benefit types. Electronic claims are transmitted through the Emdeon Clearinghouse and paper claims are received by various VA facilities’ mail rooms where it is sorted and routed to service center personnel.

Claims from FBCS are sent to PIT for scoring prior to adjudication. FBCS places the claim in a hold state, waiting for a scoring response from PIT. Following the returned PIT response, the claim is adjudicated and the adjudication information is sent to PIT. These flows are represented by the lines between the components FBCS, ETL, PIT Processing (including ILOG / JRules and FAMS) and the PIT Data Repository. The flow from PIT Processing to FBCS represents the scoring result.

Appendix C Stakeholders, Users, and Workgroups

Stakeholder Support Team (BRD Development)

Type of Stakeholder	Description	Responsibilities
Project Sponsor		Oversee all program and project execution on behalf of customers and stakeholders within CBOPC.
Project Sponsor		Oversee all activities of informatics and program integrity staff who perform FWA analysis for CBOPC.
PIT Program Management		Supervise all project managers within BSM directorate.
Project Manager, Direct Artifacts for Approval, Assist with Follow up - Program Managers and SMEs		Execute project management duties for assigned projects
Requirement Management Oversight		Supervise assigned business analysts within BSM.
Requirements Management		Perform duties of a business analyst on assigned projects.
Program Manager, Subject Matter Expert		Supervise program integrity staff who perform FWA analysis for CBOPC
Subject Matter Expert		Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.
Subject Matter Expert		Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.
Subject Matter Expert		Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.

Type of Stakeholder	Description	Responsibilities
Subject Matter Expert		Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.
Subject Matter Expert		Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.
Subject Matter Expert		Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.
Subject Matter Expert		Provide technical background information about the current software and requested enhancements.

Primary and Secondary Users

Users	User Description	Application/ Functionality
Business Users	Designated POI Staff Designated BSM Staff Designated Contractor Team	Reporting Tool and Analytic Functionality Resolution of data errors
Application Management Users	Designated POI Staff Designated BSM Staff Designated Contractor Team Members	Repository Data Model management functionality Repository Test Set Creation ELT Management Functionality Reporting Tool functionality
System Administrators	Designated AITC Staff Designated Contractors	User account Administration External system connection management
CBOPC Business Lines Program Administration	Designated Departments in a Supportive Function of all CBOPC Business Line	Recipients of reports and research finding

Appendix D User Interface/User Centered Design Principles

User Experience encompasses direct and indirect interactions between the user and the system. Improving usability over the prior version is a key requirement for this application. The International Organization for Standardization (ISO) defines usability as “the extent to which a product can be used by specified users to achieve specified goals with effectiveness, efficiency, and satisfaction in a specified context of use” (1998).

For an optimal user experience the system must meet the requirements outlined in this section, which involve attributes of the application and the process required to achieve them.

In order to improve usability of VA-developed or purchased applications, the following actions are required:

- In accordance with the Office of the National Coordinator for Health Information Technology’s Meaningful Use Stage 2 final ruling, employ an industry recognized User Centered Design (UCD) process. The methods for UCD are well defined in documents and requirements such as ISO 9241–11, ISO 13407, ISO 16982, National Institute of Standards and Technology Interagency Report 7741, ISO/International Electrochemical Commission 62366, and ISO 9241-210. Developers will choose their UCD approach; one or more specific UCD processes will not be prescribed.
- Adhere to an industry recognized User Interface (UI) Best Practices Guideline or Style Guide. For example, first follow UI guidelines for the development platform. In instances where platform guidelines are not available, adhere to VA’s Best Practices Guidelines/Style Guide.
- Inform requirements and designs with detailed human factors work products that have been/will be completed for the specific project. Examples of specific human factors activities might include heuristic evaluations, site visits, interviews, application-specific design guides, and usability testing on existing systems or prototypes.

A sound UCD and development process based on human factors should include the following activities:

- Understanding of the users, the users’ tasks, and the users’ environments
- Review of similar or competitive systems to inform requirements and design
- Heuristic evaluation of prior versions, prototypes, or baseline applications, if applicable
- Iterative design and formative usability testing (formative usability testing is used to discover usability problems during the design and development process)
- User risk analysis
- Summative validation usability testing (summative usability testing is used to quantify and validate usability of a product with measures of effectiveness, efficiency, user perceptions, etc.)

To demonstrate high usability, the application should be:

- Intuitive and easy to learn, with minimal training
- Effective by allowing users to successfully complete tasks
- Efficient by allowing users to complete their work in a manner consistent with clinical practice and workflow
- Perceived to have high usability, as demonstrated by appropriate survey measures
- Designed to aid users in meeting task goals without being an additional burden

The system must be reliable and enable user trust by providing:

- Stable and reliable performance

- Accurate data
- Display of all data that is available in native or interfaced systems and intended to be available in the application
- Accessible information related to the source of data

The application should include a modern Graphical User Interface that allows the user to view data from multiple sources and include:

- Integrated display of structured and unstructured data
- Rich data visualization and graphical display of data
- Ability to switch between tabular and graphical data views
- Ability to interact with displayed data to obtain additional details related to the data and source of the data
- User customizable components and settings

The application must provide for advanced and up-to-date searching, to include:

- Fast search functionality with auto-complete and real-time display of matched results during typing
- Search history

The application must provide for advanced filtering capabilities, to include:

- Filtering of data tables, lists, and grids
- Filtering of search results

The application design should be modified to:

- Address the specific findings from a human factors heuristic evaluation conducted on the prior version of the application
- Address the specific findings reported from field use of the prior version
- Address the specific findings reported from usability testing of the prior version or relevant prototypes

Appendix E Acronyms and Abbreviations

Click this hyperlink for the [OIT Master Glossary](#).

Term	Definition
AITC	Austin Information Technology Center
BRD	Business Requirements Document
BSM	Business Systems Management
CBOPC	Chief Business Office Purchased Care
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans
CITI	CHAMPVA In-House Treatment Initiative
CP&E	Claims Processing & Eligibility
CWVV	Children of Women Vietnam Veterans
EDI	Electronic Data Interchange
ESM	Enterprise Systems Management
ETL	Extract, Transform & Load
FAMS	Fraud and Abuse Management System
FBCS	Fee Basis Claims System
FBCS O&M	Fee Basis Claims System Operations & Maintenance
FMP	Foreign Medical Program
HCP	Health Claims Processing
HCR	Healthcare Reimbursement
ILOG JRules	WebSphere ILOG JRules BRMS is the market-leading Business Rule Management System
IPERIA	Improper Payment Elimination & Recovery Improvement Act of 2012
IT	Information Technology
NSR	New Service Request
OIT	Office of Information and Technology
OWNR	Owner Requirement
PC-PIE	Purchased Care - Program Integrity Enhancements
PIT	Program Integrity Tools
POI	Program Oversight & Informatics
PMO	Program Management Office
RED	Requirements Elaboration Document
RSD	Requirement Specification Document
SDD	System Design Document
SDS	Standard Data Services
SLA	Service Level Agreements
SME	Subject Matter Expert
TSS	Technical Support Services

UAT	User Acceptance Testing
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture

Appendix F Approval Signatures

The requirements defined in this document are the high level business requirements necessary to meet the strategic goals and operational plans of the Chief Business Office Purchased Care. Further elaboration to these requirements will be done in more detailed artifacts.

Business Owner

Signifies that the customer approves the documented requirements, that they adequately represent the customers desired needs, and that the customer agrees with the defined scope.

<div>X</div> <div></div> <div>Chief, Department of Program Integrity, POI</div>	<div>X</div> <div></div> <div>Chief, Department of Informatics, POI</div>
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Business Liaison

Signifies appropriate identification and engagement of necessary stakeholders and the confirmation and commitment to quality assurance and communication of business requirements to meet stakeholder expectations.

<div>X</div> <div></div> <div>Acting Director, CBOPC BSM</div>	<div>X</div> <div></div> <div>Acting Deputy Director, CBOPC BSM</div>
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Office of Information and Technology

Indicates agreement that the requirements have been received, are clear, understandable, and are documented sufficiently to facilitate project planning when the project is approved and funded. It is understood that negotiations may need to occur with the Business Owner and Business Liaison during project planning as a result of technical reviews and feasibility.

X

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OIT Project Manager