

**Consolidated Co-payment Processing Center (CCPC) Patient  
Statement Enhancement and Consolidation  
Work Effort Unique Identifying #20100716**

*Business Requirements Document*



**January 2015**

Version 1.0

## Revision History

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

Date	Description	Author
12/4/2014	Initial version.	
Date BRD submitted to Business Owner(s) and Health Enterprise Systems Manager for sign-off	Approved version	
Date BRD submitted to OI&T for sign-off	Approved version	

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# 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 identified within the New Service Request (NSR) #20100716 CCPC Patient Statement Enhancement and Consolidation<sup>1</sup>. 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 deliverables. 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.

## 2. Overview

The Veterans Health Administration (VHA) Chief Business Office (CBO) is requesting software enhancements to remedy deficiencies identified with patient statements. These requested enhancements will require changes to the Veterans Health Information Systems and Technology Architecture (VistA) Accounts Receivable (AR) package.

The enhancement identifies VistA AR account balance discrepancies and other known discrepancies that interrupt the normal patient statement printing process and prevents successful completion. Three types of major discrepancies have been identified through a search of help desk tickets submitted. (Note: The discrepancies [documented in [Appendix B](#)] may not be a comprehensive list of all potential discrepancies that prevent the patient statement printing processes from completing.) The existing work-around process requires submission of a National Remedy Ticket submitted by the field to Product Support. Product Support personnel access the VistA AR package and complete the onerous manual adjustments to the data in order to correct the discrepancy, on Veteran accounts before Consolidated Co-Payment Processing Center (CCPC) patient statements can be sent.

Additional project development will be dependent on the VistA AR enhancement to create a single, consolidated patient statement, self-service options for payment, and other modifications, which will allow the Department of Veterans Affairs (VA) to apply the payments to the appropriate account. Currently, Veterans receive a patient statement from each facility providing their care. As a result, Veterans are being burdened to make multiple payments and potentially pay multiple administrative fees to VA during a single billing cycle which causes a multitude of phone inquiries that increase operational expenses and decrease the level of customer service at VA contact centers.

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<sup>1</sup> [\[REDACTED\]nsrd/Tab\\_GeneralInfoView.asp?RequestID=20100716](#)

In addition, the transition to the Consolidated Patient Account Center (CPAC) operating model which can be reviewed in [Appendix A](#), adds another layer of complexity to customer service related to first party Co-payments because inquiries must be coordinated with Medical Center personnel, CPAC facility based staff and CPAC management at regional processing centers. This further delays the revenue generation process and negatively impact the CPACs ability to effectively provide accurate billing and account reconciliation for the VA and customer support for the Veteran.

These enhancements will increase Veteran client satisfaction by mitigating concerns raised by Veterans Service Organizations (VSO), and individual Veterans, who have provided feedback to the VA regarding poor customer service and poor business practices. Further, these enhancements will deploy best practices in financial and business processes, and align with the VA initiative to build Veterans Record Management (VRM) capability to enable convenient, seamless interactions.

### **3. Scope**

CBO seeks a solution to address discrepancies that prevent the patient statement from printing. The requested enhancements will reduce conditions resulting in discrepancies that impede patient statement processes. They will also provide a tool to automatically identify discrepant accounts and correct the discrepancy to allow normal operations to resume. The goal is successful completion of patient statement processing resulting in the Veteran receiving a timely statement without any need for manual intervention.

The proposed scope is to be implemented in the phases outlined below:

#### **Phase 1**

- Automated detection and tracking of discrepancies that prevent a patient statement from processing
- Automated discrepancy resolution and process recovery to resume normal operations
- Conduct an analysis of the VistA Patient Statement 'As-Is' generation and accounting process and a 'To Be' of a future Consolidated Patient Statement solution process. Program the initial foundation software for this effort within the VistA System.
- Develop a communication plan to notify patients about upcoming changes to the patient statement
- Modify the language on the back of the current statement to ensure it is clear and concise (The language depicted on the back of the patient will be written in a manner more comprehensible to the patient)
- Develop a communication plan to notify patients about upcoming changes to the patient statement
- Modify and document changes to various policies, processes and training required by the project

## Phase 2

- Ensure a single, consolidated monthly statement
- Provide annual patient payment summaries to the Veteran
- Provide functionality to ensure that payments made by Veterans are applied to the appropriate charges regardless of the VA facility at which the charge originated. This covers all payments made by Veterans, whether made through the Lockbox system, in person at a VA facility, or online (via Pay.gov).
- Develop a communication plan to notify patients and VA end users about upcoming changes to the patient statement and payment processes

## Phase 3

- Allow Veterans to view statements through MyHealtheVet
- Provide reporting capabilities at the enterprise level
- Develop a communication plan to notify patients and VA end users about upcoming changes to the patient statement and payment processes

## **4. Customer and Primary Stakeholders**

Stephanie Mardon, Chief Business Officer is the primary stakeholder for this request. Review [Appendix F](#) for the complete list of primary and secondary stakeholders.

## **5. Goals/Objectives and Outcome Measures**

<b>Goal/Objective and Desired Outcome</b>	<b>Impact/Benefit</b>	<b>Measurement</b>
Identify changes to the current patient statement processes that will reduce the number of discrepancies which prevent the patient statement from printing.	Conducting a Root Cause Analysis may yield the source of the discrepancies, potentially allowing further patient statement process improvements.	The total number of recorded discrepancies, which prevent the patient statement from printing, will be reduced within the first year of release.
Build a utility to detect, diagnose, and automatically correct the discrepancies which prevent the patient statement from processing and resume normal operations.	<ul style="list-style-type: none"><li>• Resources will not be required for manual correction.</li><li>• The patient statement printing process will be more efficient.</li><li>• Veteran satisfaction will be improved.</li></ul>	The total number of discrepancies, which prevent the patient statement from printing and require manual corrective action, will be reduced within the first year of release.

Goal/Objective and Desired Outcome	Impact/Benefit	Measurement
For those discrepancies not automatically corrected, provide a utility to list them along with a tool for manual corrective action.	An efficient utility for listing and manual correction for those discrepancies not automatically resolved will lessen the amount of time a user requires to complete the correction process.	The amount of time to manually correct AR Balance Discrepancies shall be less than the current situation, which takes Health Product Support technical staff 45 minutes (on average) to resolve.
Generate a single, consolidated monthly patient statement that includes a unique patient identifier, for each customer.	<ul style="list-style-type: none"> <li>• Improved customer satisfaction by clarifying and consolidating the patient statement.</li> <li>• Facilitate local Agent Cashiers' ability to properly apply payments.</li> <li>• Reduces patient confusion.</li> <li>• Implements the notion of the consolidated VA health care system.</li> </ul>	<p>Reduce the number of calls to the Health Resource Center (HRC) from customers inquiring about additional information or requesting explanation of patient statements 5%</p> <p>(Assumption: Baseline measurement from HRC on patient statement confusion or need for explanation is available.)</p>
Provide a single, consolidated, annual summary of payments to Veterans at the end of the calendar year.	<ul style="list-style-type: none"> <li>• Provide an annual, clear summary of patient payments.</li> <li>• Compliance with Patient Protection and Affordable Care Act (PPACA) requirements.</li> </ul>	100% of Veterans who receive a monthly statement are provided a single, consolidated, annual summary of patient payments.
Eliminate billing of multiple administrative charges for Veterans who have delinquent accounts at multiple facilities.	<ul style="list-style-type: none"> <li>• Ensure a single administrative fee charged for each delinquent account on the consolidated statement. (Addresses business rules needed for disposition of fees in accordance with VA policy.)</li> <li>• Improved patient satisfaction stemming from Veterans no longer burdened to pay multiple administrative delinquency fees each billing cycle.</li> </ul>	85% elimination of multiple administrative delinquency fees charged per statement within the first 90 days of implementation.

Goal/Objective and Desired Outcome	Impact/Benefit	Measurement
Develop a process to distribute payments from the one consolidated statement coupon to appropriate VistA systems where the accounts reside.	<ul style="list-style-type: none"> <li>A new process that uses business rules to parse the payments received at Lockbox to the appropriate VistA systems for application to accounts.</li> <li>Improve service to Veterans while ensuring that collection goals are met and accounts are closed out in a timely manner.</li> </ul>	Enable the process where accounts are posted and payments are closed out.
Develop a process which supports the PPACA.	<ul style="list-style-type: none"> <li>Provide an annual, clear summary of patient payments.</li> <li>Provide Veterans that paid toward their VHA copays during the previous calendar year with a consolidated annual copy statement.</li> <li>Aid Veterans during the tax season.</li> </ul>	100% of Veteran who have paid copay is provided an annual summary of their payment.

## 6. Enterprise Need/Justification

This request supports the Blueprint for Excellence by meeting the following strategies:

*Strategy 1:* Operate a healthcare network that anticipates and meets the unique needs of enrolled Veterans, in general, and the service disabled and most vulnerable Veterans, in particular.

*Strategy 9:* Operate and communicate with integrity, transparency and accountability that earns and maintains the trust of Veterans, stewards of the system (Congress, Veterans Service Organizations) and the public

*Strategy 10:* Modernize management processes in human resources, procurement, payment, capital infrastructure, and information technology to operate with benchmark agility and efficiency.

This initiative also supports the following government mandates and goals:

- VA's Integrated Objectives and Strategies:
  - Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively



- Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery
- Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners.
- VHA's Eight for Excellence/Power of Performance Goals and Strategies:
  - Promote excellence in business practices through administrative, financial, and clinical efficiencies
  - Promote improved business processes
- VHA's Strategic Goals for Fiscal Year (FY) 2013-2018:
  - Provide Veterans personalized, proactive, patient-driven health care
  - Achieve measurable improvements in health outcomes
  - Align resources to deliver sustained value to Veterans

## 7. Business Requirements

### 7.1. Business Needs/Owner Requirements

Identifier	Requirement	Priority*
BN 1	Manage VistA A/R discrepancies	Phase 1
1.1	The system shall detect discrepancies that prevent the patient statement processes from successful completion.	High Phase 1
1.2	The system shall track identified discrepancies.	High Phase 1
1.3	The system shall provide a report to identify discrepancies.	High
1.4	The system shall correct the discrepancy as part of normal operations.	High Phase 1
1.5	The system shall auto-escalate any discrepancies not corrected; for manual corrective action.	High Phase 1
1.6	The system shall create and execute transactions required to correct the discrepancy.	High Phase 1
1.7	The system shall record all values associated to the discrepancy for use in root cause analysis (auditing).	High Phase 1
1.8	The system shall record all automated transactions and outcome to a report.	High Phase 1
BN 2	Create the foundation of the consolidated patient statement	Phase 2
2.1	Analyze and design the foundation software and processes for the creation of a consolidated patient statement.	High Phase 1

Identifier	Requirement	Priority*
2.2	Install the ability to create the preliminary features of an initial system containing a monthly consolidated patient statement that reflects activity throughout the VA system.	High Phase1
BN 3	Consolidate patient statement(s) within a single billing cycle.	Phase 2
3.1	The system shall assign a VHA-wide, unique patient identifier for each customer.	High Phase 2
3.2	The system shall assess a single, monthly administrative charge for a Veteran's delinquent account on the consolidated patient statement.(Contact CBO Revenue regarding the policy)	High Phase 2
3.3	The system shall generate a consolidated statement combining all active outstanding account charges (regardless of the VA facility) based on the Veteran's billing cycle.	High Phase 2
3.4	Provide online access (MyHealthVet) to the consolidated patient statements.	High Phase 3
BN 4	Ensure the ability to interface with patient statement data and process events	Phase 2
4.1	The system shall interface with VistA AR to pass VHA-wide, unique, identifier to the Consolidated Co-payment Processing Center (CCPC).	High Phase 2
4.2	The system shall maintain existing interfaces with LBX.	High Phase 2
4.3	The system shall maintain existing interfaces with Customer Relationship Management (CRM) system.	High Phase 2
4.4	The system shall maintain existing interfaces with <a href="http://Pay.gov">Pay.gov</a> .	High Phase 2
4.5	The system shall maintain existing interfaces with Treasury Offset Program (TOP).	High Phase 2
4.6	The system shall maintain existing interfaces with 90-day Debt Management Center (DMC).	High Phase 2
4.7	The system shall maintain existing interfaces with CCPC Print Contractor.	High Phase 2
4.8	The system shall maintain existing interfaces with Lockbox Bank of America.	High Phase 2

Identifier	Requirement	Priority*
BN 5	The system shall consolidate an annual summary of all patient payments, i.e., requirement for ACA.	Phase 2
5.1	The system shall generate patient summary statements which provide the payment information to include; total charged, paid and balanced.	High Phase 2

\*All listed requirements are needed by the business community. The Priority is merely a mechanism to suggest a sense of urgency and order to the technical community if the requirements are to be parsed into phases. The order of importance begins with those that are designated as **High** priority.

## 7.2. Non-Functional Requirements

- Provide users the ability interfaces with external systems to obtain assistance with the online patient statement by providing technical Help Desk Support for the application.
- An implementation plan shall be developed for all aspects of the Patient Statement Enhancement and Consolidation.
- In order to create a consolidated patient statement, the program office shall develop a strategy to ensure all charges created by any of the VistA systems are included in the consolidated patient statement.
- In order to ensure the consolidated patient statement can be printed efficiently and user support provided effectively, the program office shall develop a strategy to ensure that consolidated VistA data is transmitted at a constant rate throughout the month to the print contractor.
- Updates will be made to the applicable user manuals related VistA located in the VA Software Document Library (VDL).
- Develop a communication and business plan to communicate with the Veteran
- Training and user guides will be developed for support staff and Veterans.
- VistA on-line help shall be updated.
- Updates will be made as appropriate to technical and support manuals.
- Usability and workflow issues for Veterans and customer support staff must be considered. User acceptance testing personnel shall include customer support staff that is able to confirm acceptable changes to their workflow.
- Data protection measures such as backup intervals and redundancy shall be consistent with systems categorized as critical.
- All reports and statements containing individually identifiable information shall be transmitted/retrieved in a manner that meets [VA Directive 6500 Information Security Program](#) requirements.

### 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. All required interfaces will be stated as Business Needs in [Section 7.1](#) and/or non-functional requirements in [Section 7.2](#).

#### **Consolidated Co-payment Processing Center (CCPC)**

This system electronically receives first party medical debt Co-payment information from VA Medical Centers (VAMCs) and issues over 2 million patient invoices each month. Invoices provide Veterans with information on specific charges, account balances, and their rights and obligations associated with the medical care received at VA. The CCPC formats and standardizes addresses to conform to postal standards to achieve the highest possible postal discounts. Informational flyers are frequently inserted into CCPC mail to Veterans. Possible impacts include:

1. The statement form will need to be redesigned.
2. The need to add the new, VHA-wide, unique patient identifier to the database. VistA needs to pass this field to CCPC.
3. Program changes required to use the new, VHA-wide, unique, patient identifier and new updated form.

#### **My HealtheVet (MHV)**

My HealtheVet is VA's award-winning e-health website, which offers Veterans, active duty soldiers, their dependents and caregivers Internet access to VA health care information and services anywhere, anytime. Launched nationwide in 2003, My HealtheVet is a free, online Personal Health Record that empowers Veterans to become informed partners in their health care. With My HealtheVet, America's Veterans can access trusted, secure, and current health and benefits information as well as record and store important health and military history information at their convenience.

With My HealtheVet, one can access:

- Nine (9) Healthy Living Centers
- Disease + Conditions Centers
- Mental Health Information
- Trusted Health/Medical Information
- Information on VA Benefits & Services
- Local VA Events & Activities
- Personal Health Journals
- Vitals Tracking & Graphing
- Military Health History
- Activity/Food Journals

In addition, Veterans who receive their healthcare at a VA facility receive additional features, like online refill of VA medications anytime, anywhere – as long as there is access to the Internet.

Registered My HealtheVet users who are VA patients and have completed the In Person Authentication (IPA) process will be able to view the names of their VA prescriptions, access their personal VA Wellness Reminders, and communicate with their providers through Secure

Messaging as that benefit is delivered to each facility. After this one-time IPA process is complete, Veterans will have full access to their online Personal Health Record as it becomes available.

### **VistA Accounts Receivable (AR)**

VistA AR is the authoritative data source for all Veteran account information. AR creates and stores accounts receivables records for all Veterans who are due a Co-payment charge. It provides all the tools required to manage these receivables, to include payment posting, write-off and termination transactions, and other types of decrease adjustments. All payments of outstanding Veteran receivables are reported by AR to the Financial Management System (FMS). AR electronically transmits the Veteran's patient statement to the CCPC for printing and mailing, and also electronically refers delinquent patient accounts to the DMC and TOP. AR also receives and processes electronic deposit records received from the Lockbox application for Veteran payments made directly to the Bank of America (VA's first-party lockbox). (**Note:** See constraints for the AR debtor and patient file)

### **First Party Lockbox (LBX)**

This system supports the centralized collection of checks and credit card payments at a lockbox bank (Bank of America) and automates the steps necessary to apply those funds to a patient's account that resides at the VAMCs. The lockbox bank transmits the payment transactions electronically to the Austin Information Technology Center (AITC) and these transactions are distributed to the appropriate VAMC for automatic posting to the patient's account and subsequent reporting into the VA's accounting system, FMS. The browser-based Lockbox application uses the VA Intranet to provide online database queries and update features for the Financial Services Center (FSC) to resolve unidentified payments. In addition to online query capabilities, the Lockbox application provides browser-based reporting functionality. Possible impacts include:

1. The database and web application will need to be updated to include the new, VHA-wide, unique, patient account field.
2. Logic to link payments will need to be updated to use the new, VHA-wide, unique, patient identifier instead of the Data File Number (DFN).
3. Logic to the Exception Repository table that is based on the DFN number will need to be updated to use the VHA-wide, unique, patient identifier instead.
4. Update logic to the reconciliation (215) file.

### **Customer Relationship Management (CRM)**

The CRM application is a strategy for managing our interactions with customers. It involves using technology to organize, automate and synchronize business processes for customer service. The overall goals are to find and maintain records of customer interaction. The customer relationship management application allows for us to interface with other departments, as well as outside customers.

### **[Pay.gov](#)**

A Treasury application that can be used to make secure electronic payments to Federal Government Agencies. Payments can be made from a bank account or by credit/debit card. Lockbox AITC receives a daily file from [Pay.gov](#) and processes those payments and distributes

them to the appropriate VAMC. This NSR should not pose an impact to this Treasury application. However, the Lockbox AITC application will need to be updated to link payments using the VHA-wide, unique, patient identifier instead of the DFN.

### **Treasury Offset Program (TOP)**

Mandated by the Debt Collection Improvement Act (DCIA) of 1996, TOP is the centralized administrative offset program used to collect debts owed to the Government by offset from most federal payments. Federal agencies must refer debts older than 180 days to the Treasury Department for offset of federal benefits. The TOP application receives debt collection data ultimately from the VistA System. Three types of debt data are collected: first party debtors, vendor, and ex-employees. TOP collects debts by offsetting other federal payments, such as payments to vendors and certain benefit payments, including some social security benefits subject to dollar thresholds. In accordance with [Title 38, United States Code – Veterans' Benefits §§5301 and 5314](#), VA benefit payments are exempt from being offset to collect any debts other than VA benefit debts. Implementation of a solution meeting the needs outlined in this document may require an update to TOP to use the VHA-wide, unique, patient identifier instead of the DFN number.

### **90-Day Debt Management Center (DMC)**

This system accepts First Party debts for Medical Care Cost Fund (MCCF) accounts which are more than 90 days delinquent and are eligible for collection through offset of compensation and pension benefits. The DMC in St. Paul, Minnesota supports the role of gathering overdue payments from Veterans (first party and Co-payment bills) for both VHA and Veterans Benefits Administration (VBA). Veteran's VHA bills are referred to the DMC when they are over \$25 and more than 90 days old. The DMC may seek to withhold payments from a Veteran's VHA or VBA benefits to cover the cost of the bill. There should not be an impact as this uses the Social Security Number (SSN).

### **CCPC Print Contractor**

This is an external company that prints and mails the CCPC statements. CCPC transmits the statement files to the Print Contractor along with the United States (US) Postal paper work for printing and mailing. A possible impact might be that the contractor needs to convert the current CCPC form to the revised form.

### **Lockbox Bank of America**

An external company that receives First Party payments from Veterans, the lockbox bank transmits the payment transactions electronically to the AITC. There should not be an impact on mailed payments if the Integration Control Number (ICN) number length is 16 characters or less. The Automated Clearing House (ACH) account edit logic to accept payments from third party vendors may need to be updated.

## **7.4. Related Projects or Work Efforts**

In 2001, the US Congress directed VHA to develop a patient financial management system with the overall responsibility for improving the management of accounts receivables and billing activities ([House Report 107-272 dated November 6, 2001](#)). In order to meet this mandated

requirement, the CBO established the Revenue Improvement System Enhancement (RISE) program to define and execute an enterprise revenue system.

The revenue system will implement a consolidated revenue system that allows VA to integrate standardized business rules with the automated processing of visit, patient and clinical information. This revenue system will abide by industry best practices. Where possible, the revenue system will employ rules-based processing to automate decision making.

The revenue system will feature a consolidated system and local modules deployed to VistA. The consolidated system will provide integrated visit and patient management, insurance, charge capture, billing, accounts receivable and workflow services. Appropriate end-users will have access to a user interface to perform revenue cycle work on the revenue system.

#### **NSR 20120301 AR Balance Discrepancies on Patient Accounts**

In VistA's Accounts Receivable (AR), when suspending, re-establishing, waiving or terminating a bill sometimes causes an AR balance discrepancy, which in turn stops the Consolidated Co-Payment Processing Center (CCPC) patient statements from being sent to the patient. National Remedy tickets are initiated by the field and Product Support manually fixes the problem - approximately 45 minutes per discrepancy. New software would prevent balance discrepancies from occurring.

If software is not changed, patient statements will not be sent to the patient; local facilities are required to enter Remedy tickets; Product Support will manually correct problems (10/1/10-2/28/12 there were 264+ Remedy tickets with avg. of 25 discrepancies. per ticket and avg. time to fix, 45 minutes per discrepancies., approx. 4950+ man hours). Patients go months/years without receiving a statement and AR continues to set up charges. This creates bad PR.

System will prevent Patient Balance Discrepancies from occurring: There are times when a user enters certain Transaction Types using options: [PRCAC TR SUSPENDED], [PRCAC TR RE-ESTABLISH BILL], [PRCAC TR WAIVED] or [PRCAC TR TERMINATION] and there is no dollar value

#### **Treasury Cross Servicing Project (Patch PRCA \*4.5\*301)**

**Expected National Release: July 2015** Patch contains changes needed to patient statement process to reduce potential confusion for the Veteran with regards to whom a debt is payable, once that debt is referred to Treasury for Cross Servicing collections. The changes are described below.

- The VistA AR package will exclude the value of bills that have been referred to Cross Servicing from the "Previous Balance" and the "Balance" block fields on the monthly patient statement.
- The VistA AR package shall include the value of bills in the "Previous Balance" and the "Balance" block on the monthly patient statement when a bill is no longer referred to Cross Servicing.

## 8. Service Level Requirements

### 8.1. Performance, Capacity, and Availability Requirements

#### 8.1.1. Performance

<b>If this is a system modification, how many users does the current system support?</b>
<p>The current system supports all Veterans. Approximately 5 million Veterans are treated each year and 2 million statements are sent out each month.</p> <p>In the current system:</p> <ul style="list-style-type: none"><li>• Accounts receivable data is uploaded to the VistA AR package for charges for Veteran medical care for each Veteran who receives care.</li><li>• Customer service representatives access the VistA AR module when a Veteran calls in with a question about their account. The estimated number of customer service representatives using the VistA AR module is 1,200.</li><li>• Once a month, billing data is sent from each of the 100 + VistA systems for each Veteran who has incurred charges at that site. The statements are then created, printed and sent out. Many Veterans get bills from more than one site.</li></ul>
<b>How many users will the new system (or system modification) support?</b>
<p>The number of Veterans and customer service representatives who are supported by this system will be the same for the modified system as for the current system.</p>
<b>What is the predicted annual growth in the number of system users?</b>
<p>It is estimated that the number of Veterans that this system supports and the number of statements for medical care may grow an additional 5 – 10% in the first year.</p> <p>Actual data provided for the number of Unique SSN / First Party Collections (Prescription, Inpatient/Outpatient, and Long Term Care) by FY: Approximately 200K get multiple statements per month</p>

#### 8.1.2. Capacity

<b>What is the predicted size (average) of a typical business transaction?</b>
<p>For a typical business transaction, the average number of lines is 35 and the record size is 134 characters. Therefore, the average length is approximately 5,000 characters.</p>
<b>What is the predicted number of transactions per hour (day, or other time period)?</b>
<p>If these enhancements are implemented, there will be an estimated 1.8 million paper statements per month. This is based on the current number of 2 million paper statements per year being reduced by 200,000 (10 %) due to consolidating statements so that each Veteran receives only one statement.</p> <p>1,200 customer service representatives currently access the billing data, but current statistics cannot provide an estimate on the number of transactions they complete per hour. The number of transactions is not expected to change significantly.</p>



It is estimated that Veterans will view their statements online 210,000 times per month and print their statements online at least once per month.\*

\* **Assumptions for estimates of Veterans viewing statements online, printing statements online and opting out of paper statements.**

It is estimated that of the 1.7 million Veterans receiving statements, 40% will have an average of two views of their current or archived statements online each month by the end of the first year.

**Is the transaction profile expected to change (grow) over time?**

Not applicable

**What are the dependencies-interactions-interfaces with other systems?**

Due to this online capability, a significant impact to [Pay.gov](http://Pay.gov) for an additional 20,000 - 50,000 Veterans making their payments online per month is projected. This statement is for informational purposes only. [Pay.gov](http://Pay.gov) is not part of the current system that is being modified in this project.

For additional dependency/interface information, please refer to applications and systems and statements listed in [Section 7.4 Known Interfaces](#) and Section [9.3 Dependencies](#) below.

### 8.1.3. Availability

**Describe when the envisioned system will need to be available (business hours only, weekends, holidays, etc) to support the business.**

Not applicable

## 9. Other Considerations

### 9.1. Alternatives

The only alternatives are to maintain status quo. However, this is unacceptable due to the issues identified in this document.

### 9.2. Assumptions

- Root Cause of the discrepancies which prevent the patient statement processes from successful completion may not be found easily.
- The current business processes in place for addressing the discrepancies will continue to be utilized until the subject matter is resolved.
- MHV will provide the mechanism to provide access, for IPA'd patients only, to the repository containing non-editable consolidated patient statements.
- In order to create a consolidated patient statement, a strategy must be defined to collect all activities for the reporting period.

- Development resources will be available to develop this enhancement.
- Business rules and/or policies will be developed or changed to allow the implementation of this enhancement.
- Funding will be made available for development and implementation of this enhancement.
- Security on MHV is up to required standards necessary to host and/or share account information.
- MHV is willing to assume the overhead required to host this functionality.
- Lockbox processing by Bank of America will not change.
- The existing MHV Application Programming Interface (API) released in January of 2004 would be reviewed for its applicability to this effort. VistA AR issued an API for MHV that would allow MHV to retrieve a patient's detailed account information or the outstanding balance.
- No other hardware will be required to implement this requested enhancement.
- Meeting the requirements of this requested enhancement may require additional bandwidth and network resources. The extra bandwidth and network requirements should be analyzed prior to undertaking the enhancement.
- MHV technical support will be provided by MHV.
- There will be no staffing changes required by the HRC to support this enhancement.
- We assume there will be additional assumptions as the requirements for this enhancement are refined.

### **9.3. Dependencies**

- Subject matter experts (SMEs) in the area of VistA AR package and CCPC system will be needed for every phase of the project to ensure effective processes. This includes both business and technical SMEs.
- This request is dependent upon availability and input of stakeholders and SMEs. Please refer to [Appendix F](#) for the complete list of stakeholders and SMEs.
- This request is dependent upon prioritization, approval, and funding of this effort which will provide the necessary resources from OI&T Product Development (PD) and Systems Engineering. These resources will provide the necessary Information Technology (IT) solution development, implementation, and testing.
- Conduct analysis of the VistA Patient Statement 'As-Is' generation and 'To Be' solution processes and lay the software ground work for this effort within the VistA System
- Document a detailed analysis of the VistA 'As-Is' Patient Statement generation process from statement generation through payment and accounting.
- Document a detailed analysis and design of a VistA 'To-Be' Consolidated Patient Statement Solution from statement generation through facility(s) payment and accounting.

- This request is dependent upon MHV to make necessary enhancements to support this initiative.

## 9.4. Constraints

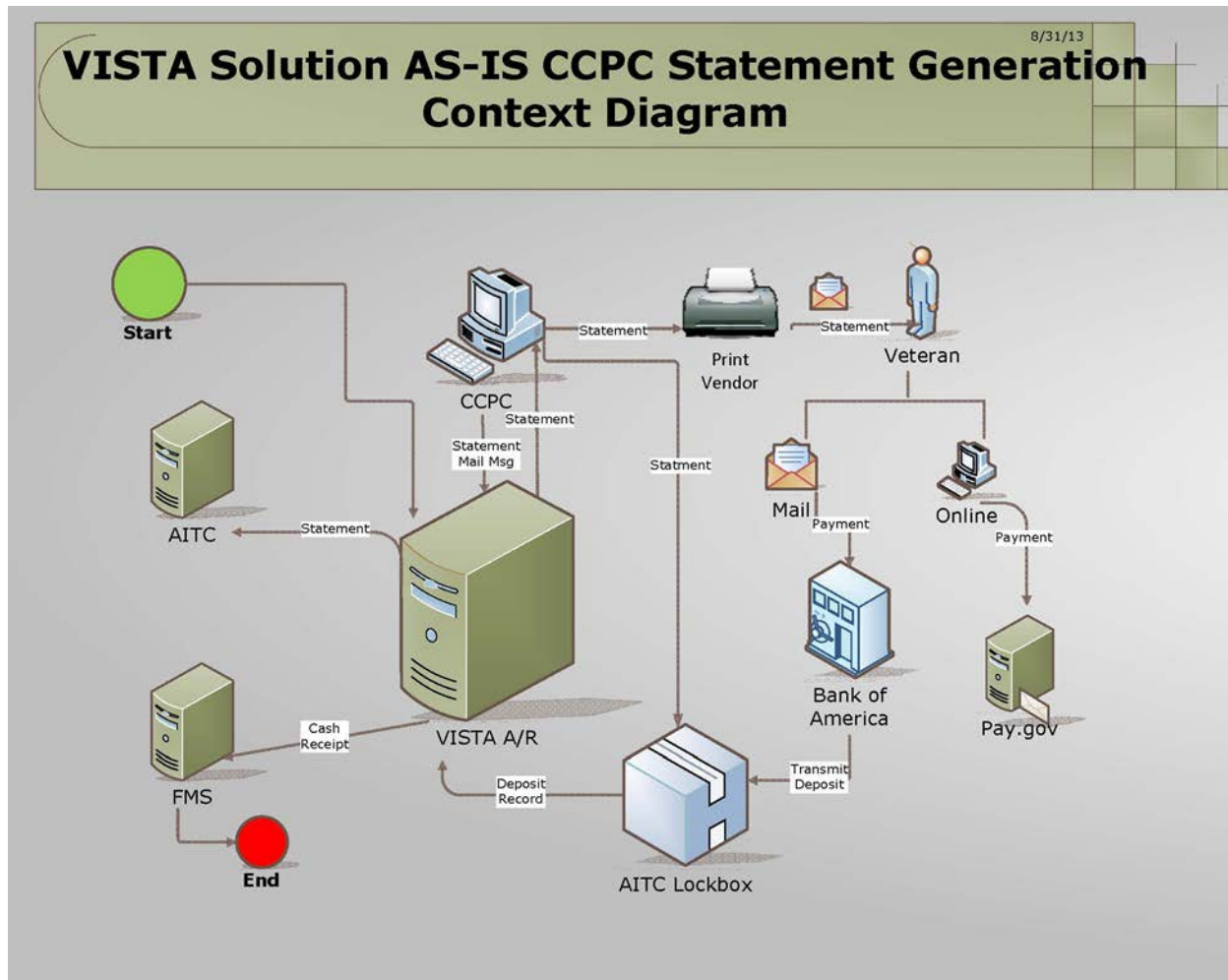
- Technical SME shortage, due to the complexity of the existing software, the participation of experienced VistA AR application developers is essential to the successful design and development of the system.
- Any proposed solution must meet all VHA Security, Privacy, and Identity Management requirements as specifically addressed in [Appendix H](#) of this document.
- Integrated testing environments that include all upstream and downstream applications, i.e., Lockbox, must be available.
- This initiative will be constrained by the MHV environment and the functionality it is capable of hosting.
- Constraints on functionality of this initiative exist related to revenue policies and business rules.
- The compilation of the consolidated patient statement on a VistA system may be constrained if the exchange of patient account information between any two VistA systems is prevented or delayed for any reason.
- Statements will not print if the AR Debtor file is set to unknown or has an invalid entry/incomplete address. Addresses used for billing purposes are stored in either the AR Debtor file (#340). First Party (patient) debtor addresses are stored in the VistA Patient file (#2).
- Other constraints will be added as discovered during requirements elaboration.

## 9.5. Business Risks and Mitigation

Business Risks	Mitigation
The development and/or implementation of this enhancement will impact the existing process to generate and distribute statements to Veteran patients.	Thoroughly test this enhancement prior to implementation, including load testing.
Unauthorized disclosure of Veteran account information.	MHV sign on security meets or exceeds the standards required to prevent the unauthorized release of data.
A Veteran patient could use a compromised computer to log onto the MHV site; exposing personal health information to a security breach.	Accept. Reinforce or ensure that Veterans understand the rules of behavior required for accessing MHV.
The development and/or implementation of this enhancement will impact the existing process to credit payments to facilities.	Thoroughly test this enhancement prior to implementation.
The development and/or implementation of this enhancement will impact the existing reconciliation process by the Lockbox Reconciliation unit at the FSC.	Thoroughly test this enhancement prior to implementation.

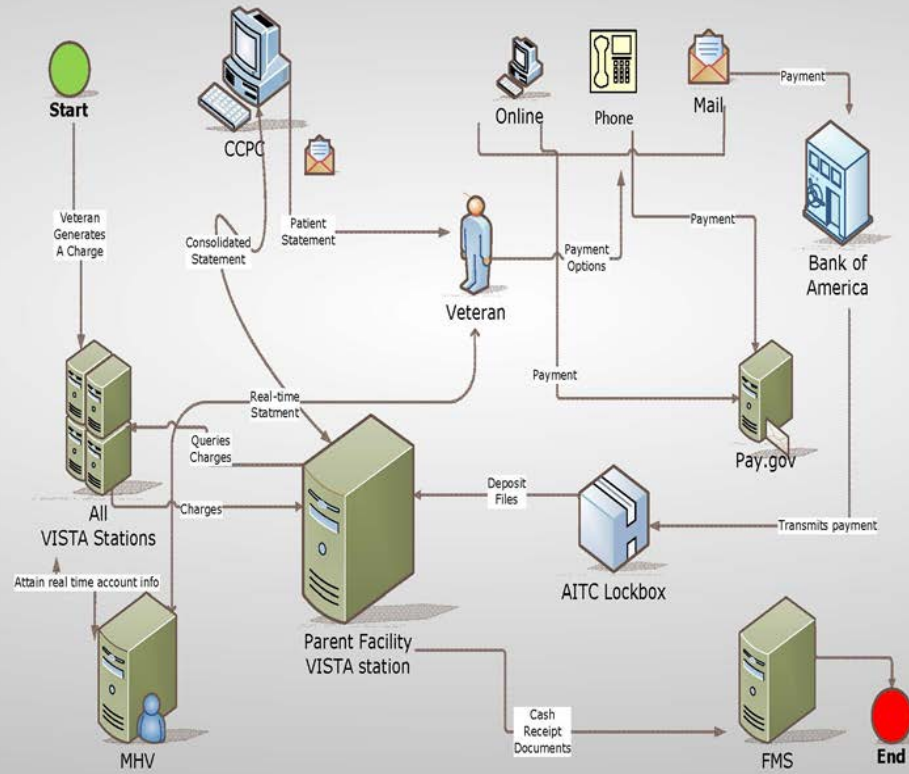
Business Risks	Mitigation
The project fails due to the inability of the developers to develop the enhancements as required.	Strong project management including constant checkpoints ensuring that the functionality can be reviewed tested and compared to stated requirements. Tight collaboration with the business owner.
All business risks may not have been identified.	Ensure risks discovered during requirements elaboration are documented and mitigation plans are provided.

## Appendix A. CCPC Models





# VISTA Solution To-Be CCPC Statement Generation Context Diagram


8/31/13



## Appendix B. Known Example Discrepancies

<b>Discrepancy #1</b>	<b>TRANS. AMOUNT missing data</b>
Occurrence scenario	<p>Created when user initiated options are used:</p> <ul style="list-style-type: none"> <li>-Termed by Fiscal Officer (PRCAC TR TERM-FISCAL)</li> <li>-Waived by Fiscal Officer (PRCAC WAIVED FULL)</li> <li>-Suspended and Unsuspended Charges (PRCAC TR SUSPENDED)</li> </ul> <p>OI&amp;T has been unable to replicate this discrepancy on command. It is intermittent.</p>
Problem	File #433 is missing the Transaction Amount. Root Cause unknown.
Solution	Input the transaction amount in file #433 using Fileman
Additional Info	 <p>disc1_transamount missing.pdf</p>

<b>Discrepancy #2</b>	<b>Duplicate transaction in File #433</b>
Occurrence scenario	<p>Created when automatic decreases happen. Two transactions will be added, only difference between them will be the internal identification (ID).</p> <p>This issue is happening approx. 6 times a month across the CPACs. It is always associated with a decrease.</p>
Problem	Assumed transaction “hiccup” of some nature. Root Cause unknown.
Solution	Adjust the overall account balance to equal the Patient Statement balance
Additional Info	 <p>disc2_system hiccupped_duplicate.</p>

<b>Discrepancy #3</b>	<b>“Incomplete” status on Transactions in File #433</b>
Occurrence scenario	Related to an old AR option that allowed the user to balance the accounts through increase and decrease adjustments. They would mark them “Incomplete” and some of these flags remain.
Problem	Root Cause unknown.
Solution	Remove the flag in File #433; if necessary, you may need to flag a bill as “Incomplete”
Additional Info	 <p>disc3_charges marked as incomplete</p>

## Appendix C. Known Conditions that Prevent the Patient Statement Process from Completing

Event
A patient statement will not print when the outstanding balance of the AR bills and the Patient Statement balance are unequal.
A patient statement will not print when the outstanding amount of the account is in an unprocessed status (i.e., Refund Review, Pending Calm Code).
A patient statement will not print when it has an Open or Active bill and an unprocessed Prepayment bill. (Prepayment in Refund Review status)
A patient statement will not print when it has a zero balance and the site parameter "Suppress Zero Balance" field is set to "Yes".
A patient statement will not print when there is no amount due and no new activity.
A patient statement will not print when the account has a credit balance and no new activity.
A patient statement will not print when it has a refund balance amount of less than \$1.00 (one dollar).
A patient statement will not print when it has no new activity for the past three (3) statement dates other than interest/admin charges.
A patient statement will not print when the next statement date has not yet occurred.
A patient statement will not print when the statement date is unknown.
A patient statement will not print when the third (3 <sup>rd</sup> ) letter has already printed.

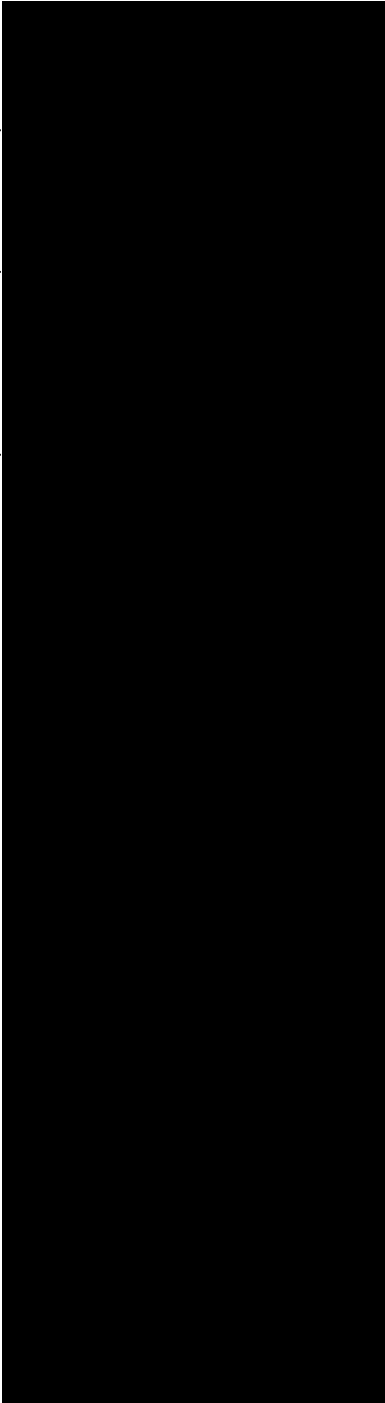


## Appendix D. References

- Blueprint for Excellence  
[REDACTED]
- House Report 107-272 - Making appropriations for the departments of veterans affairs and housing and urban development, and for sundry independent agencies, boards, commissions, corporations, and offices for the fiscal year ending September 30, 2002, and for other purposes:  
[http://thomas.loc.gov/cgi-bin/cpquery/?&dbname=cp107&sid=cp107XmkOf&refer=&r\\_n=hr272.107&item=&&&sel=TOC\\_1877&](http://thomas.loc.gov/cgi-bin/cpquery/?&dbname=cp107&sid=cp107XmkOf&refer=&r_n=hr272.107&item=&&&sel=TOC_1877&)
- NSR 20100716 Consolidated Co-payment Processing Center (CCPC) Patient Statement Enhancement and Consolidation:  
[REDACTED]
- NSR 20120301 AR Balance Discrepancies on Patient Accounts:  
[REDACTED]
- Secretary's T21 Initiative. Retrieved from:  
[REDACTED]
- Title 38, United States Code — Veterans' Benefits:  
<http://democrats.veterans.house.gov/documents/title38.pdf>
- VA Handbook 6500 – Information Security Program  
[REDACTED]
- VA's Integrated Objectives and Strategies  
[REDACTED]
- VHA's Eight for Excellence/Power of Performance Goals and Strategies  
[REDACTED]
- VHA Strategic Plan FY 2013-2018  
[REDACTED]

## Appendix E. Stakeholders, Users, and Workgroups

### Stakeholders

Type of Stakeholder	Description	Responsibilities
Requester		Submitted request. Submits business requirements. Monitors progress of request. Contributes to BRD development.
Endorser		Endorsed this request. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Business Owner(s)/Program Office(s)		Provides final approval of BRD with sign-off authority. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Business Subject Matter Expert(s) (SME)		Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.

Type of Stakeholder		Responsibilities
OI&T Program/Project Managers		Provide program and project management support in accordance with OI&T PMAS policies and directives.
Technical SME(s)		Provide technical background information about the current software and requested enhancements.
User SME(s)		Ensure that the enhancements will account for current business processes and existing software capabilities.

### Stakeholder Support Team (BRD Development)

Type of Stakeholder	Description	Responsibilities
Health Care Security Requirements SME(s)		Responsible for determining and providing guidance on compliance with the Health Information Portability and Accountability Act.
Service Coordination SME(s)	•	Responsible for ensuring all aspects of non-functional requirements have been accurately recorded for this request.
Business Liaison Staff		Serve as the liaison between the Program Office (Business Owner) and PD throughout the lifecycle.
Requirements Analyst(s)	•	Responsible for [REDACTED] with all stakeholders to ensure the business requirements have been accurately

	M [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	recorded for this request.
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## Appendix F. 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 G. Enterprise Requirements**

Below is a subset of Enterprise Requirements that are of particular interest to the business community. These requirements **MUST** be addressed within each project resulting from this work effort. If OI&T cannot address these enterprise requirements, the Business Owners responsible for each area **MUST** be engaged in any waiver discussions prior to any decisions being made. This section is not meant to be a comprehensive list of all enterprise requirements that may apply to this work effort and should not preclude the technical community from reviewing all enterprise requirements, and identifying others that should apply to this work effort as well.

Enterprise requirements are contained in the VA Enterprise Requirements Repository (ERR). To gain access to the repository contact [VA OIT OED Enterprise Requirements Management](#).

### **Security Requirements**

All VA security requirements will be adhered to. Based on Federal Information Processing Standard (FIPS) 199 and National Institute of Standards and Technology (NIST) SP 800-60, recommended Security Categorization is High.

The Security Categorization will drive the initial set of minimal security controls required for the information system. Minimum security control requirements are addressed in NIST SP 800-53 and VA Handbook 6500, Appendix D.

### **Privacy Requirements**

All VA Privacy requirements will be adhered to. Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.

### **508 Compliance Requirements**

All Section 508 requirements will be adhered to.

### **Executive Order Requirements**

All executive order requirements will be adhered to.

### **Identity Management Requirements**

All Enterprise Identity Management requirements will be adhered to. These requirements are applicable to any application that adds, updates, or performs lookups on persons.

## Appendix H User Access Levels

The table below defines the different levels of access to the VistA AR package.

User Level	Role	Responsibilities	Access Level
Primary	VA Medical Center agent cashiers	<ul style="list-style-type: none"> <li>Applying payments</li> <li>Effecting other various changes to the AR record (increases and decreases)</li> </ul>	Full Access
Primary	Customer Service Staff (facilities and CPACs)	Effecting other various changes to the AR record (increases and decreases)	Full Access
Primary	HRC Staff	Effecting other various changes to the AR record (increases and decreases)	Full Access
Secondary	Austin Information Technology Center (AITC) staff	<ul style="list-style-type: none"> <li>Receives statement data in a flat file</li> <li>Format data for statement mailing</li> <li>Send data file to print contractor</li> </ul>	Full Access
Secondary	Administrators	Run FileMan routines for reporting purposes or extracting information for other reasons.	Full Access



## Appendix I. Acronyms and Abbreviations

Term	Definition
ACA	Affordable Care Act
ACH	Automated Clearing House
AITC	Austin Information Technology Center
API	Application Programming Interface
AR	Accounts Receivable
BN	Business Need
BRD	Business Requirements Document
CBO	Chief Business Office
CCPC	Consolidated Co-payment Processing Center
CDW	Corporate Data Warehouse
CFO	Chief Financial Officer
CPAC	Consolidated Patient Account Center
CRM	Customer relationship management
DCIA	Debt Collection Improvement Act
DFN	Data File Number
DMC	Debt Management Center
DQ	Data Quality
ERR	Enterprise Requirements Repository
FIPS	Federal Information Processing Standard
FMS	Financial Management System
FSC	Financial Services Center
FY	Fiscal Year
HRC	Health Resource Center
ICN	Integration Control Number
IPA	In–Person Authentication
ID	Identification
IT	Information Technology
ISO	International Organization for Standardization
LBX	First Party Lockbox
MACPAC	Mid-Atlantic Consolidated Patient Account Center
MCCF	Medical Care Cost Fund
MHV	My HealtheVet

<b>Term</b>	<b>Definition</b>
MQAS	Management Quality Assurance Service
NIST	National Institute of Standards and Technology
NSR	New Service Request
OI&T	Office of Information and Technology
PD	Product Development
PMO	Program Management Office
PPACA	Patient Protection and Affordable Care Act
PRCAC	(Appendix B)
RISE	Revenue Improvement System Enhancement
RDM	Requirements Development and Management
RSD	Requirements Specification Document
RSM	Revenue Systems Management
SSN	Social Security Number
SME	Subject Matter Expert
TOP	Treasury Offset Program
TR	(Appendix B)
UCD	User Centered Design
UI	User Interface
US	United States
VA	Department of Veterans Affairs
VACO	VA Central Office
VAMC	VA Medical Center
VBA	Veterans Benefits Administration
V/CHIO	Veterans/Consumers Health Informatics Office
VDL	VA Software Document Library
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture
VRM	Veterans Record Management
VSO	Veterans Service Organizations

## Appendix J. 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. Further elaboration to these requirements may be done in more detailed artifacts.

### **Business Owner**

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

Signed:

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██████████, Implementation Coordinator, CPAC Date

### **Business Liaison**

This 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.

Signed:

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██████████ Deputy Director, Revenue Systems Management Date

### **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 during project planning as a result of technical reviews and feasibility.

Signed:

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██████████ Program Manager, OI&T Date