**Department of Veterans Affairs**

**Fee-Revenue Service Connected (SC) Condition**

**Decision**

**Requirements Specification Document**



**September 2015**

**Version 1.0**

**Revision History**

|  |  |  |  |  |  |
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**1. Introduction**

The Chief Business Office (CBO), Purchased Care Program Office is requesting enhancements to the Veterans Health Information Systems and Technology Architecture (VistA) Fee Basis application that would remove the responsibility from Fee Clerks for identifying if services provided by Non-Department of Veterans Affairs (VA) healthcare providers are related to a Veteran’s Service Connected (SC) condition. Current Program Office policy requires all invoices submitted for services provided by Non-VA healthcare providers to be reviewed by VA Revenue Staff to determine if there is a potential for cost recovery through the Medical Care Cost Recovery (MCCR) Program.

**1.1. Purpose**

This Requirements Specification Document (RSD) specifies the requirements for the Fee- Revenue SC Condition Decision enhancement of the Electronic Data Interchange (EDI) Consolidated Patient Account Center (CPAC) Revenue Enhancements Program. The intended audience is the CBO Purchased Care Program Office, CPAC key stakeholders including the CPAC Revenue Systems Management (RSM) organization, and the CPAC EDI Revenue Enhancements development team.

**1.2. Scope**

This document addresses the Business Need (BN) and requirements proposed in the *Fee Revenue SC Decision Change Business Requirements Document (BRD)* dated June 2011, which outlines recommended changes to the VistA Fee Basis application.

The goals, impacts, and outcome measures of the enhancements proposed in the BRD are shown in Table 1.

**Table 1: Goals and Impacts**

|  |  |  |
| --- | --- | --- |
| **Goal/Objective and Desired Outcome** | **Impact** | **Measurement** |
|  Provide the ability to include all billed line item charges for Non- VA Care on the Potential Cost Recovery Report (PCRR), including line item charges previously excluded based on responses to POTENTIAL COST RECOVERY and SC CONDITION prompts in Fee Basis. |  Decision of whether a service is related to a Veteran’s SC illness/injury is removed from  Fee Clerical  Staff.   Increased opportunities for Revenue Staff to evaluate potentially cost recoverable cases identified on PCRR. | System will default to auto-response to allow maximum review of cost recoverable cases. |

This document addresses only the *Fee-Revenue SC Condition Decision* enhancement, one of five enhancements comprising the EDI CPAC Revenue Enhancements Program. Details regarding other enhancements in the program are described in separate RSDs.

During requirements elaboration for this enhancement, the BN and requirements were discussed from the perspective of the BRD, including the changes recommended in the BRD to address the BN.

The solution suggested by the BRD entailed establishing default responses to certain VistA fields in order to meet the stated goal of forcing billed line item charge transactions to appear on the VistA Fee Basis PCRR.

After further discussion and elaboration in the meeting, the actual BN was clarified and it was discovered that the BN, goals, and outcomes could be effectively met by an approach that would be less invasive to other VistA Fee Basis options.

This revised understanding of the BN and goals has rendered the original BN2 and goals from the BRD as obsolete. To address this change, the BN will be amended in this RSD. The BRD will not be revised to reflect the amended BN. The RSD should be regarded as the source for the most recent BN and requirements based on requirements elaboration.

The BNs/requirements are shown in Table 2. Table 2 also reflects the obsolescence of BN2 and the inclusion of new BN3.

**Table 2: Fee Revenue SC Decision Change BNs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ReqPro**  **Tag** | **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Priority\*** |
|  | BN 1: Adhere to the Enterprise Level requirements within the Enterprise Requirements Management (ERM) Repository and as specifically addressed in Appendix B of this document. | | | |
|  | BN 2: Capability in VistA Fee Basis application for system auto-response prompts in  SC and Potential Cost Recovery fields. (Obsolete) | | | |
|  |  | 2.1 | Provide the ability to set the value of the POTENTIAL COST RECOVERY field (FBPCR67\*), to automatic default response of “YES” in the VistA Fee Basis Civil Hospital (CH)/Community Nursing Home (CNH) Program. (Obsolete) | High |
|  |  | 2.2 | Provide the ability to set the value of the SC field (FBPCR2) to automatic default response of “NO” in VistA Fee Basis OUTPATIENT Program. (Obsolete) | High |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ReqPro**  **Tag** | **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Priority\*** |
|  |  | 2.3 | Provide the ability to set the value of the POTENTIAL COST RECOVERY field (FBPCR3) to automatic default response of “YES” in VistA Fee Basis PHARMACY Program. (Obsolete) | High |
|  | BN 3: Increase opportunities for Revenue Staff to evaluate potential cost recoverable cases on the VistA Fee Basis PCRR. | | | |
|  |  | 3.1 | Provide the ability to include all billed line item charges for Non-VA Care on the PCRR, including line item charges previously excluded based on responses to POTENTIAL COST RECOVERY and SC CONDITION prompts in Fee Basis. | High |

**1.3. References**

The following documentation/hyperlinks contain information related to this RSD:

 Fee Revenue SC Decision Change BRD, June 2011

 Please refer to Appendix A of the BRD for additional references relevant to this enhancement

**2. Overall Description**

**2.1. Accessibility Specifications**

This project will adhere to all applicable requirements of Section 508 of the Rehabilitation Act of

1973, as amended (29 U.S.C. 794d). A 508 compliance review will be conducted in accordance with Project Management Accountability System (PMAS) standards.

**2.2. Business Rules Specification**

There are no specific business rules applicable to this enhancement.

**2.3. Design Constraints Specification**

 VA Standards and Conventions for Massachusetts General Hospital Utility Multi- Programming System (MUMPS) development

 VA Technical Reference Model (TRM)

**2.4. Disaster Recovery Specification**

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

**2.5. Documentation Specifications**

System documentation to be delivered will be in accordance with PMAS and ProPath System

Development Processes.

Documentation to be delivered includes but is not limited to:

 Installation Guide

 User Guide

 Technical Manual

 Security Guide

 Contingency Plan

 Disaster Recovery Plan (DRP)

 Deployment Plan

 Release Notes

**2.6. Functional Specifications**

If a Veteran is treated for a non-SC injury/illness by a Non-VA healthcare provider, VA is able to bill a Veteran’s third party insurer for costs associated with those services. Inconsistencies have been identified in the current processes which have allowed cost recoverable claims to be missed and not evaluated by Revenue Staff for collection on compensable services. It has been determined that the root cause of this problem resides on the Fee side of the claims process. Fee clerks are required to respond when prompted, as to whether or not a billed line item charge is related to a Veteran’s SC injury/illness or is cost recoverable. Purchased Care Program Office Staff have identified business practices in the Non-VA healthcare provider claims process that could be inhibiting revenue optimization. They include:

 Fee clerks are not directed by policy or trained to make appropriate decisions as to whether or not a billed line-item charge is related to a Veteran’s SC injury/illness per revenue operations guidelines.

 If Fee clerks indicate that a billed line item charge is for a condition related to a Veteran’s SC illness/injury, that charge is categorized as non-cost recoverable. Revenue staff would not be provided an opportunity to review this line item charge/claim as it will be

excluded from the PCRR. This report lists all claims that are potentially cost recoverable by VA. The exclusion of this information on the PCRR prevents Revenue Staff from having access to information on all Non-VA healthcare claims and is in direct conflict with current CBO policy which states that all Non-VA healthcare claims are to be presented to Revenue Staff for proper evaluation to determine if they qualify as cost- recoverable claims. As a result, Revenue staff would not be able to bill a Veteran’s third party insurance carrier for potentially cost-recoverable services. These instances could result in loss of potential revenue, as VA would not be able to bill for services it is legally permitted to cost-recover.

To address this issue, the PCRR will be modified to remove the filtering that excludes Non-VA Care billed line item charges based on responses entered in the Fee Basis software by Fee Clerks. By removing the report filtering that pertains to the SC Condition and Potential Cost Recovery

data values, line item charges previously excluded based on responses to POTENTIAL COST RECOVERY and SC CONDITION prompts in Fee Basis will appear on the PCRR, enabling the Revenue Staff to optimize cost recovery.

*BN 3.1: Provide the ability to include all billed line item charges for Non-VA Care on the PCRR.*

**System Feature: VistA Fee Basis PCRR**



Logic will be removed from the existing PCRR that selects report data based on Potential Cost

Recovery and/or SC Condition Yes/No responses in Fee Basis.

**2.6.1.1. Functional Requirement: FRSC-3.1-01**

The system shall include all Non-VA Care CNH billed line item charges on the VistA Fee Basis

PCRR.

**2.6.1.2. Functional Requirement: FRSC-3.1-02**

The system shall include all Non-VA Care CH billed line item charges on the VistA Fee Basis

PCRR.

**2.6.1.3. Functional Requirement: FRSC-3.1-03**

The system shall include all Non-VA Care Outpatient billed line item charges on the VistA Fee

Basis PCRR.

**2.6.1.4. Functional Requirement: FRSC-3.1-04**

The system shall include all Non-VA Care Pharmacy billed line item charges on the VistA Fee

Basis PCRR.

**2.7. Graphical User Interface (GUI) Specifications**

This enhancement does not involve a GUI.

**2.8. Multi-divisional Specifications**

No new multi-divisional requirements are being introduced as part of this enhancement. This enhancement will use existing multi-divisional functionality and will continue to operate in a multi-division and/or multi-site environment.

**2.9. Performance Specifications**

No performance specifications have been identified.

It is implied that this enhancement will not introduce performance degradation to the existing system.

**2.10. Quality Attributes Specification**

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

The MUMPS code developed for this project will be compliant to all VA MUMPS Coding

Standards and Conventions.

**2.11. Reliability Specifications**

As specified in the BRD, system availability should be 24 hours per day, 365 days per year except during periods of scheduled maintenance.

**2.12. Scope Integration**

This enhancement will be limited to changes to the VistA Fee Basis application, and will affect only the PCRR.

**2.13. Security Specifications**

There are no explicit security specifications for this enhancement.

All VA and Veterans Health Administration (VHA) security requirements will be adhered to. Cross-cutting security requirements are contained in the VA Enterprise Requirements Repository (ERR). Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.

**2.14. System Features**

This enhancement modifies an existing VistA application.

The System Features introduced by this project are detailed in Section **Error! Reference source not found.**.

**2.15. Usability Specifications**

The existing Fee Basis interface will be used for this enhancement, including existing usability specifications. The user interface features of the existing VistA Fee Basis Application will not be modified, and therefore no performance degradation will be introduced.

Additional functionality will be described from a user standpoint in the user guide. Training needed to begin using the new functionality is expected to be minimal.

**3. Applicable Standards**

Configuration Management (CM) processes provide the release and control of the system, hardware, and software to which this document applies, including identification number(s), title(s), abbreviation(s), version number(s), and release number(s).

Listed below are VA reference and guidance documentation and standards applicable to or tailored for the CPAC EDI Project. This guidance is used to fulfill the performance requirements of this contract.

 44 U.S.C. § 3541, “Federal Information Security Management Act (FISMA) of 2002”

 Federal Information Processing Standards (FIPS) Publication 140-2, “Security

Requirements For Cryptographic Modules”

 Software Engineering Institute, Software Acquisition-Capability Maturity Modeling (SA- CMM) Level 3 procedures and processes

 VA Directive 6102, “Internet/Intranet Services,” July 15, 2008

 36 C.F.R. Part 1194 “Electronic and Information Technology (IT) Accessibility

Standards,” July 1, 2003

 Office of Management and Budget (OMB) Circular A-130, “Management of Federal

Information Resources,” November 28, 2000

 32 C.F.R. Part 199, “Civilian Health and Medical Program of the Uniformed Services

(CHAMPUS)”

 An Introductory Resource Guide for Implementing the Health Insurance Portability and

Accountability Act (HIPAA) Security Rule, March 2005

 Sections 504 and 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the

Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998

 Homeland Security Presidential Directive (12) (HSPD-12)

 VA Directive 6500, “Information Security Program,” August 4, 2006

 VA Handbook 6500, “Information Security Program,” September 18, 2007

 VA Handbook, 6500.5, Incorporating Security and Privacy in System Development

Lifecycle.

 VA Handbook 6500.6, “Contract Security,” March 12, 2010

 PMAS portal (reference Performance Work Statement (PWS) References – Technical

Library

 Office of Enterprise Development (OED) ProPath Process Methodology (reference PWS References –Technical Library and ProPath Library. Note: In the event of a conflict, OED ProPath takes precedence over other processes or methodologies.

 TRM

 National Institute Standards and Technology (NIST) Special Publications (SP) 800-60 and 800-53

 IT Asset Management (ITAM) and Enterprise Management Foundation (EMF) BR-0006, version 002.1-14052008, dated 10/30/2007 [Note informational, Context, and ITAM- EMF Conceptual link]

 HIPAA of 1996; Pub.L 104-191.

 VA Section 508 policies and procedures 6221 Accessible Electronic and IT, Directive/Handbook, published by VA’s Section 508 Product Development Product Assessment Competency Division

 VA M Programming Standards and Conventions. Revised 04/03/2007

 VA Section 508 policies and procedures 6221 Accessible Electronic and IT, Directive/Handbook, published by VA’s Section 508 Product Development Product Assessment Competency Division (reference at)

**4. Interfaces**

**4.1. Communications Interfaces**

No new communications interfaces are required for this enhancement.

**4.2. Hardware Interfaces**

No new hardware interfaces are required for this enhancement.

**4.3. Software Interfaces**

No new software interfaces are required for this enhancement.

The Fee Basis package interfaces with other VistA Applications like Admission, Discharge, Transfer (ADT)/Registration, Integrated Funds Distribution Control Point Activity, Accounting and Procurement (IFCAP), and Integrated Billing (IB). The Fee Basis package transmits MailMan messages to Central Fee. Refer to the Fee Basis Technical Manual for list of integration agreements with other VistA Applications.

**4.4. User Interfaces**

This enhancement will use the existing VistA Fee Basis user interface. No modifications are specified for the user interface.

**5. Legal, Copyright, and Other Notices**

This effort is sponsored by an agency of the United States Government. Neither the United States

Government nor any agency thereof, nor Harris Corporation nor any of its subcontractors, nor any of their employees, makes any warranty, express or implied, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed, or represents that its use would not infringe on privately owned rights. Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise does not necessarily constitute or imply its endorsement, recommendation, or favoring by the United States Government or any agency thereof, or Harris Corporation or any of its subcontractors. The views and opinions of authors expressed herein do not necessarily state or reflect those of the United States Government or any agency thereof.

**6. Purchased Components**

Not applicable.

**6.1. Defect Source (TOP 5)**

Not applicable.

**7. User Class Characteristics**

The Fee Basis enhancements described in this document will be used by VA Medical Center (VAMC) Revenue/MCCR staff, CBO National Fee Program Office (NFPO) and Purchased Care Program Office staff, Veterans Integrated Service Network (VISN) staff, and VA Central Office (VACO) CBO staff.

**8. Estimation**

TBD.

**Project Software Functional Size and Size-Based**

**Effort and Duration Estimate**

**Application**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **A** | **B** | **C** | **D** | **E** | **Total** |
| Counted Function  Points |  |  |  |  |  | TBD |
| Estimated Scope  Growth |  |  |  |  |  | TBD |
| Estimated Size at  Release |  |  |  |  |  | TBD |

|  |  |  |
| --- | --- | --- |
| **Size-Based Effort Estimates** | **Labor Hours** | **Probability** |
| Low-Effort Estimate – With indicated probability, project will consume no more than: | TBD |  |
| High-Effort Estimate – With indicated probability, project will consume no more than: | TBD |  |

|  |  |  |
| --- | --- | --- |
| **Size-Based Duration Estimates** | **Work Days** | **Probability** |
| Low-Duration Estimate – With indicated probability, project will consume no more than: | TBD |  |
| High-Duration Estimate – With indicated probability, project will consume no more than: | TBD |  |

TBD

**Figure 1: Cumulative Probability (“S-curve”) Chart**

**Attachment A – Approval Signatures**

Signed: Date:

xxxx

Business Sponsor

Signed: Date:

xxxx

CPAC Program Manager, Integrated Project Team (IPT) Co-Chair

Signed: Date:

xxxx

CPAC Project Manager, IPT Co-Chair

**Attachment B – Acronym List and Glossary**

**Table 3: Acronym List and Glossary**

|  |  |
| --- | --- |
| **Term** | **Meaning** |
| ADT | Admission, Discharge, Transfer |
| BN | Business Need |
| BRD | Business Requirements Document |
| CBO | Chief Business Office |
| CCD | Continuity of Care Document |
| CH | Civil Hospital |
| CHAMPUS | Civilian Health and Medical Program of the Uniformed Services |
| CM | Configuration Management |
| CNH | Community Nursing Home |
| CPAC | Consolidated Patient Account Center |
| DRP | Disaster Recovery Plan |
| EDES | Emergency Department Encounter Summary |
| EDI | Electronic Data Interchange |
| EMF | Enterprise Management Foundation |
| ERM | Enterprise Requirements Management |
| ERR | Enterprise Requirements Repository |
| FIPS | Federal Information Processing Standards |
| FISMA | Federal Information Security Management Act |
| GUI | Graphical User Interface |
| HIPAA | Health Insurance Portability and Accountability Act |
| HITSP | Health IT Standards Panel |
| HL7 | Health Level Seven |
| HSPD-12 | Homeland Security Presidential Directive (12) |
| IB | Integrated Billing |
| IFCAP | Integrated Funds Distribution Control Point Activity, Accounting and Procurement |
| IHE | Integrating the Healthcare Enterprise |
| IPT | Integrated Project Team |
| IT | Information Technology |
| ITAM | IT Asset Management |

|  |  |
| --- | --- |
| **Term** | **Meaning** |
| MCCR | Medical Care Cost Recovery |
| MUMPS | Massachusetts General Hospital Utility Multi-Programming  System |
| NFPO | National Fee Program Office |
| NIST | National Institute Standards and Technology |
| OED | Office of Enterprise Development |
| OI&T | Office of Information and Technology |
| OMB | Office of Management and Budget |
| OWNR | Owner Requirement |
| PCRR | Potential Cost Recovery Report |
| PMAS | Project Management Accountability System |
| PWS | Performance Work Statement |
| QA | Quality Assurance |
| RMR | Requirements Management Repository |
| RSD | Requirements Specification Document |
| RSM | Revenue Systems Management |
| SA-CMM | Software Acquisition-Capability Maturity Modeling |
| SC | Service Connected |
| SDS | Standard Data Services |
| SP | Special Publications |
| TRM | Technical Reference Model |
| VA | Department of Veterans Affairs |
| VACO | VA Central Office |
| VAMC | VA Medical Center |
| VETS | VA Enterprise Terminology Services |
| VHA | Veterans Health Administration |
| VISN | Veterans Integrated Service Network |
| VistA | Veterans Health Information Systems and Technology  Architecture |

**Attachment C – Enterprise Requirements**

Below is a subset of Enterprise-level Requirements that are of particular interest to the business community. These requirements MUST be addressed within each project resulting from this work effort. If Office of Information and Technology (OI&T) cannot address these Enterprise- level 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-level requirements that may apply to this work effort and should not preclude the technical community from reviewing all Enterprise-level requirements, and identifying others that should apply to this work effort as well.

Enterprise-level requirements are contained in the VA Requirements Management Repository (RMR). Contact the RMR Team to gain access to the RMR and to obtain the comprehensive allocation of Enterprise-level requirements for the project development iteration at [x](mailto:VAOITOEDSEEnterpriseRequirementsManagement@va.gov).

**Table 4: Enterprise Requirements**

|  |  |  |
| --- | --- | --- |
| **ReqPro**  **Tag** | **Requirement**  **Type** | **Description** |
| ENTR99 | Security | All VA security requirements will be adhered to. Based on FIPS 199 and 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. |
| ENTR10 | Privacy | 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. |
| ENTR95 | 508 Compliance | All Section 508 requirements will be adhered to. Compliance with Section 508 will be determined by fully meeting the applicable requirements as set forth in the VHA Section 508 checklists (1194.21, 1194.22, 1194.24, 1194.31 and 1194.41) located at: <http://xxxxxxxxxxxxxxxx/508/resources_508.html>or as otherwise specified. Checkpoints will be established to ensure that accessibility is incorporated from the earliest possible design or acquisition phase and successfully implemented throughout the project. |
| ENTR7 | Executive Order | All executive order requirements will be adhered to. |

|  |  |  |
| --- | --- | --- |
| **ReqPro**  **Tag** | **Requirement**  **Type** | **Description** |
| ENTR8 | Identity  Management | All Enterprise Identity Management requirements will be adhered to. These requirements are applicable to any application that adds, updates, or performs lookups on persons. |
| ENTR103 | Terminology  Services | Application/services shall reference the Standard Data Services (SDS) as the authoritative source to access non- clinical reference terminology. |
| ENTR104 | Terminology  Services | Application/Services shall use the VA Enterprise Terminology Services (VETS) as the authoritative source to access clinical reference terminology. |
| ENTR105 | Terminology  Services | Applications recording the assessments and care delivered in response to an Emergency Department visit shall  conform to standards defined by the VHA-endorsed version of C 28 – Health IT Standards Panel (HITSP) Emergency Care Summary Document Using Integrating the Healthcare  Enterprise (IHE) Emergency Department Encounter  Summary (EDES) Component. |
| ENTR106 | Terminology  Services | Applications exchanging data summarizing a patient’s medical status shall conform to standards defined by the VHA-endorsed version of C 32 – HITSP Summary Documents Using Health Level Seven (HL7) Continuity of Care Document (CCD) Component. |