**Department of Veterans Affairs**

**Copays on Hold – Medicare/No Insurance**

**Requirements Specification Document**



**September 2015**

**Version 1.0**

**Revision History**

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**1. Introduction**

The Veterans Health Information Systems and Technology Architecture (VistA) Integrated Billing (IB) software application automates the creation of third party billing forms allowing for the entry, editing, authorizing, printing, and canceling of bills. It also provides reports to identify billable episodes of care, patient and insurance inquiries, and statistical data. Part of this functionality involves processing first party bills for medications or services. First party bills are created when a Veteran incurs charges based on the patient’s priority group and/or income level for medical services rendered at a Department of Veterans Affairs (VA) health care facility. The charges incurred are generally copayments for Veterans who are treated as an inpatient, outpatient, or in receipt of prescriptions.1 If the Veteran does not have third party billable insurance, copay charges are released to the Veteran and he/she receives a monthly statement showing the copay amounts due. If the Veteran does have billable insurance, copay charges are automatically put on hold by the system (within the 350 IB Action File) for up to 90 days. This holding period allows time for VA to submit bills to the third party insurance carrier as well as time for the carrier to submit payment(s) back to VA. Revenue personnel actively review

Veteran copayments on hold (“held charges”) to ensure third party payments are applied to offset

the amount due from the Veteran as well as release charges where the services are not covered by their third party insurance. These core reviews will not be impacted by the enhancements in this Requirements Specification Document (RSD).

Veterans and Active Duty personnel who present for care under their TRICARE benefit are not subject to the Veteran copayments referenced in this document. Those beneficiaries are assessed a cost share based on third party payments collected and individual TRICARE policy coverage. Other First Party bills are manually created for TRICARE beneficiaries when a cost-share is due from submission of a claim for medical services to TRICARE.

**1.1. Purpose**

This RSD specifies the requirements for the Copays on Hold enhancement of the Electronic Data Interchange (EDI) Consolidated Patient Account Center (CPAC) Revenue Enhancements Program. The intended audience is the Chief Business Office (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 *Copays on Hold – Medicare/No Insurance Work Effort Unique Identifying #20120204 Business Requirements Document* (BRD) dated July 2012, which outlines recommended changes to the VistA IB application.

The goals, impacts, and outcome measures of the enhancements proposed in the BRD are shown in Table 1. Note: during requirements elaboration, VA stakeholders and subject matter experts examined the BNs, goals, and outcomes from the BRD and applied clarifications and corrections.

1 Series 1601C: Revenue for Veteran Benefits/Claims – First Party Accounts Receivable

Therefore, the BNs expressed in this document may differ slightly from the original BNs listed in the BRD referenced above.

**Table 1: Goals and Impacts**

|  |  |  |
| --- | --- | --- |
| **Goal/Objective and Desired**  **Outcome** | **Impact** | **Measurement** |
| Automatically release copay charges for Veterans when all of the following criteria have been determined/met:   All outstanding Buffer File entries currently assigned to the Veteran have been processed;   Veteran has no other  billable third party insurance for the copay date loaded into the insurance file. Note: “no other billable third party insurance” is indicated by a  value of “No” in the “Will Reimburse” field in the insurance company editor as well  as individual/group plan coverage limitations.   If the Veteran only has TRICARE or Civilian Health and Medical Program of the VA (CHAMPVA) in the Patient Insurance (PI) File and has no other billable third party insurance for the copay date loaded into the insurance file. Note: “no other billable third party insurance” is indicated by a value of “No” in the “Will Reimburse” field in the insurance company  editor as well  as individual/group plan coverage limitations. |  More efficient use of VA resources by discontinuing the manual process of releasing first party copayments.   Adherence to the Veterans Health Administration (VHA) Directive 2012-005  Application of Third-Party  Reimbursement to Veteran Copayments () that copays  are held only for billable insurance reimbursements.   Less Veteran confusion due to extensive time lapse, resulting in less calls to Health Resource Center (HRC) and CPACs. | Copay charges will be automatically released to Veterans 100% of the time when all buffer  file entries have been  processed and  no additional billable insurance for the date of service or prescription fill date is active (including Veterans who only have TRICARE and CHAMPVA). |

Table 2 reflects the BNs/requirements from the BRD.

**Table 2: Copays on Hold BNs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ReqPro Tag** | **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Priority\*** |
| NEED1555 | BN 1: Adhere to the Enterprise Level requirements within the Requirements Management Repository (RMR) and as specifically addressed in Appendix B of this document. | | | |
| NEED2227 | BN 2: Provide the ability for the VistA IB software application to automatically release copay charges for Veterans, when appropriate. | | | |
| OWNR10112 |  | 2.1 | Provide the ability for the VistA IB software application to automatically release copay charges when processing the Buffer File and all of the following criteria have been determined/met:  All outstanding Buffer File entries currently assigned to the Veteran have been processed;  Veteran has no other billable third party insurance for the copay  date loaded into the insurance file. Note: “no other billable third  party insurance” is indicated by a value of “No” in the “Will  Reimburse” field in the  insurance company editor as well as individual/group plan coverage  limitations. | High |
| OWNR10113 |  | 2.2 | Provide the ability to not place copays on hold if the Veteran  only has TRICARE or CHAMPVA  insurance within the VistA insurance file and has no other billable third party insurance for the copay date loaded into the insurance file. Note: “no other billable third party insurance” is indicated by a value of “No” in the “Will Reimburse” field in the insurance company editor as well as individual/group plan coverage limitations. | High |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ReqPro Tag** | **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Priority\*** |
|  |  | 2.3 | Provide the ability to automatically release copayment charges when insurance file coverage limitations for any insurance active for that date of service/fill date indicate “NO” coverage for that particular type of service. | High |
|  | BN 3: Provide enhancements to the VistA Held Charges Report to address current CPAC processes and use of the report. | | | |
|  |  | 3.1 | System shall include a List Manager User Interface with available VistA fields currently required for effective review of held copayment charges:  1. Site/Division  2. Patient Name  3. Patient ID  4. Insurance  5. Coverage limitations  6. Coverage effective dates  7. Event type  8. Date of service or fill date  9. RX number when applicable  10. Amount on hold  11. Date copay billed  12. Third party claim(s) numbers associated with patient and date of service  13. Current Status of associated third party claims identified in Field  #12.  14. Date third party claims billed  15. Billed charges for third party claims  16. Number of days On Hold | High |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ReqPro Tag** | **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Priority\*** |
|  |  | 3.2 | System shall provide report parameters that allow customization of data:  1. Timeframe (based on date of service/fill date)  2. Site/Division  3. Patient name and last 4  Social Security Number  (SSN)  4. Include insurance information (y/n)  5. Include previously released copay charges (y/n)  6. Excel ready print to file | High |
|  |  | 3.3 | System shall perform an internal sort so file output will group copayment charge data by patient eliminating duplicate entries of patient name and insurance information. | High |
|  |  | 3.4 | System shall only pull PI information relevant to the oldest date of held charges for a patient (date of service). | High |

This document addresses only the *Copays on Hold* enhancement, one of five enhancements comprising the EDI CPAC Revenue Enhancements Program. Details regarding other enhancements in the program are described in separate RSDs.

**1.3. References**

The following documentation contains information related to this RSD:

 Copays on Hold – Medicare/No Insurance Work Effort Unique Identifying #20120204

BRD, July 2012

 CHAMPVA Policy Manual, Chapter 1 – Program Administration

 Financial Policies and Procedures, Medical Care Debts, Volume XII - Chapter 5, June

2010

 General Counsel Decision/Ruling (PRC03-96) – Application of Health Insurance

Payments to Veterans’ Copayment Obligations, 5/23/96

 Help Desk Inquiry, Case ID: HD0000000390964, Entered 3/30/10

 New Service Request (NSR) #20120204 Copays On Hold – Medicare/No Insurance

 Series 1601C: Revenue for Veterans Benefits/Claims – First Party Accounts Receivable

 Spreadsheet, Types of Plans (VistA). Shown in Attachment D – Types of Plans in VistA

of this document.

 VA Handbook 6500 – Information Security Program

 VHA Directive 2012-005 Application of Third-Party Reimbursement to Veteran

**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**

The VistA IB software application automates the creation of third party billing forms allowing for the entry, editing, authorizing, printing, and canceling of bills. It also provides reports to identify billable episodes of care, Veteran and insurance inquiries, and statistical data. Part of

this functionality involves processing first party bills for medications or services. First party bills are created when a Veteran incurs charges based on the Veteran’s priority group and/or income level for medical services rendered at a VA health care facility. The charges incurred are generally copayments for Veterans who are treated as an inpatient, outpatient, or in receipt of prescriptions.2 If the Veteran does not have third party billable insurance, copay charges are released to the Veteran; and he/she receives a monthly statement showing the copay amounts

due. If the Veteran does have billable insurance, copay charges are automatically put on hold by the system (within the 350 IB Action File) for up to 90 days. This holding period allows time for VA to submit bills to the third party insurance carrier as well as time for the carrier to submit payment(s) back to VA.

The Buffer File was created to provide a temporary holding file for newly identified health insurance policies until such time that the policy information could be verified and placed into the PI File for billing. When the Buffer File was designed in the 1990s, all copays were automatically placed on hold when any entry was made in the Buffer File or if the Veteran had active insurance in the VistA PI File. Since the buffer was only used to collect billable insurance and/or Medicare for those Veterans with insurance, the hold copay feature was not a problem. Sites could manage the copays on hold for those limited number of entries in the Buffer File that may have erroneously been created. This became a problem when the Insurance Capture Buffer (ICB) was released to the field with instructions to actually create buffer entries for ‘No Insurance’ and ‘Patient Refused’. Collecting and verifying all Medicare information from the

Buffer File, regardless of whether the Veteran has any billable insurance or not, compounded the problem. This has resulted in increased man hours to manually release copay charges from lengthy ‘Held Charges Reports’. If the report is not worked on a regular basis, the system will auto-release the charges in 90 days. VHA has mandated that copays are held only for billable insurance reimbursements. Additionally, Veterans can become confused due to the long wait from the time service was rendered to the time they receive a bill. This has increased the volume of calls that are being made by the Veteran to HRC and CPACs for explanations associated with the delay.

To remedy this situation, the VistA IB software application must be updated to automatically release copay charges after the insurance verification staff has completed processing of each individual buffer file entry for a specific Veteran.

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The VistA Held Charges Report will be reworked extensively and converted to List Manager format. The List Manager format will allow the user to interact with the report to facilitate the examination of data. List Manager actions will be created that will provide the user with the capability to release the copay charges directly from the List Manager report screen, and also the capability to export the report to Excel format. New report filtering selections will be provided to further customize the report generation.

**2.6.1. System Feature: Automatically Release Copay Charges**

*BN 2: Provide the ability for the VistA IB software application to automatically release copay charges for Veterans, when appropriate.*

*BN 2.1: Provide the ability for the VistA IB software application to automatically release copay charges when processing the Buffer File and all of the following criteria have been determined/met: 1) All outstanding Buffer File entries currently assigned to the Veteran have been processed; 2) Veteran has no other billable third party insurance for the copay date loaded into the insurance file. Note: “no other billable third party insurance” is indicated by a value of “No” in the “Will Reimburse” field in the insurance company editor as well as individual/group plan coverage limitations.*

**2.6.1.1. Functional Requirement: COH-2.1-01**

The system shall automatically release copay charges for a Veteran during Buffer File processing when both of the following conditions are met: all outstanding Buffer File entries assigned to the Veteran have been processed, and the Veteran has no other billable third party insurance for the copay date loaded into the insurance file. Note: “no other billable third party insurance” is indicated by a value of “No” in the “Will Reimburse” field in the insurance company editor as well as individual/group plan coverage limitations.

*BN 2.3: Provide the ability to automatically release copayment charges when insurance file coverage limitations for any insurance active for that date of service/fill date indicate “NO” coverage for that particular type of service.*

**2.6.1.2. Functional Requirement: COH-2.3-01**

The system shall automatically release copay charges for a Veteran when insurance file coverage limitations for the date of service/fill date indicate that there is no coverage for that particular

type of service. This applies to any insurance active for the date of service/fill date being evaluated.

**2.6.2. System Feature: Prohibit Copays from Being Placed on Hold**

*BN 2: Provide the ability for the VistA IB software application to automatically release copay charges for Veterans, when appropriate.*

*BN 2.2: Provide the ability to not place copays on hold if the Veteran only has TRICARE or CHAMPVA insurance within the VistA insurance file and has no other billable third party insurance for the copay date loaded into the insurance file. Note: “no other billable third party*

*insurance” is indicated by a value of “No” in the “Will Reimburse” field in the*

*insurance company editor as well as individual/group plan coverage limitations.*

**2.6.2.1. Functional Requirement: COH-2.2-01**

The system shall prohibit copays from being placed on hold if the Veteran has TRICARE insurance within the VistA insurance file and no other billable third party insurance for the copay date loaded into the insurance file. Note: “no other billable third party insurance” is indicated by

a value of “No” in the “Will Reimburse” field in the insurance company editor as well as individual/group plan coverage limitations.

**2.6.2.2. Functional Requirement: COH-2.2-02**

The system shall prohibit copays from being placed on hold if the Veteran has CHAMPVA insurance within the VistA insurance file and no other billable third party insurance for the copay date loaded into the insurance file. Note: “no other billable third party insurance” is indicated by

a value of “No” in the “Will Reimburse” field in the insurance company editor as well as individual/group plan coverage limitations.

**2.6.3. VistA Held Charges Report**

*BN 3: Provide enhancements to the VistA Held Charges Report to address current CPAC*

*processes and use of the report.*

*BN3.1: System shall include available VistA fields currently required for effective review of held copayment charges: Site/Division, Patient Name, Patient ID, Insurance, Coverage limitations, Coverage effective dates, Event type, Date of service or fill date, RX number when applicable, Amount on hold, Date copay billed, Third party claim(s) numbers associated with patient and date of service, Date third party claims billed, Billed charges for third party claims, Number of Days On Hold.*

**2.6.3.1. Functional Requirement: COH-3.1-01**

The system shall provide the capability to produce the VistA Held Charges report containing the following fields:

 Site/Division

 Patient Name

 Patient ID

 Insurance

 Coverage limitations

 Coverage effective dates

 Event type

 Date of service or fill date

 RX number when applicable

 Amount on hold

 Date copay billed

 Third party claim(s) numbers associated with patient and date of service

 Current Status of associated third party claims

 Date third party claims billed

 Billed charges for third party claims

 Number of Days on Hold

*BN 3.2 System shall provide report parameters that allow customization of data: Timeframe (based on date of service/fill date), Site/Division, Patient name, Include insurance information (y/n), Include previously released copay charges (y/n), Excel ready print to file.*

**2.6.3.2. Functional Requirement COH-3.2-01**

The system shall provide the capability to generate the VistA Held Charges report for a Date of

Service/Fill Date as defined by the user.

**2.6.3.3. Functional Requirement COH-3.2-02**

The system shall provide the capability to generate the VistA Held Charges report for a range of

Dates of Service/Fill Dates as defined by the user.

**2.6.3.4. Functional Requirement COH-3.2-03**

The system shall provide the capability to generate the VistA Held Charges report for all Dates of Service/Fill Dates.

**2.6.3.5. Functional Requirement COH-3.2-04**

The system shall provide the capability to generate the VistA Held Charges report for a Site

(Division within Site) as defined by the user.

**2.6.3.6. Functional Requirement COH-3.2-05**

The system shall provide the capability to generate the VistA Held Charges report for more than one Site (Division within Site) as defined by the user.

**2.6.3.7. Functional Requirement COH-3.2-06**

The system shall provide the capability for the user to generate the VistA Held Charges report for all Sites (including Division within Site).

**2.6.3.8. Functional Requirement COH-3.2-07**

The system shall provide the capability to generate the VistA Held Charges report for a Veteran as defined by the user.

**2.6.3.9. Functional Requirement COH-3.2-08**

The system shall provide the capability to generate the VistA Held Charges report for more than one Veteran as defined by the user.

**2.6.3.10. Functional Requirement COH-3.2-09**

The system shall provide the capability for the user to generate the VistA Held Charges report for all Veterans.

**2.6.3.11. Functional Requirement COH-3.2-10**

The system shall provide the capability for the user to choose whether insurance information is included on the VistA Held Charges report. Insurance information includes Insurance, Coverage Limitations, and Coverage Effective Dates.

**2.6.3.12. Functional Requirement COH-3.2-11**

The system shall provide the capability for the user to choose whether Previously Released

Copay charges are included on the VistA Held Charges report.

**2.6.3.13. Functional Requirement COH-3.2-12**

The system shall generate the VistA Held Charges report in List Manager format.

**2.6.3.14. Functional Requirement COH-3.2-13**

The system shall provide a List Manager action to export the VistA Held Charges report in Excel format.

**2.6.3.15. Functional Requirement COH-3.2-14**

The system shall provide a List Manager action to release held co-pay charges for a selected line item on the VistA Held Charges report.

**2.6.3.16. Functional Requirement COH-3.2-15**

The system shall limit the ability to release held co-pay charges from the VistA Held Charges report List Manager screen by maintaining the existing requirement of the user to possess the IB AUTHORIZE security key to access this option.

*BN 3.3: System shall perform an internal sort so file output will group copayment charge data by*

*Veteran eliminating duplicate entries of patient name and insurance information.*

**2.6.3.17. Functional Requirement COH-3.3-01**

The system shall group data by patient on the VistA Held Charges report, with each copayment appearing as a separate line item within each patient.

*(Note: presently the report groups data by payments, causing the same patient to appear in multiple locations on the report.)*

**2.6.3.18. Functional Requirement COH-3.3-02**

The system shall include only charges having on “on hold” status on the VistA Held Charges

report.

**2.6.3.19. Functional Requirement COH-3.3-03**

The system shall generate the Patient ID on the VistA Held Charges report as the first letter of the last name/last four digits of the Veteran’s SSN. For example, a Veteran whose last name begins with the letter ‘B’ and whose SSN ends with 1234 will appear on the report as B1234.

*BN 3.4: System shall only pull PI information relevant to the oldest date of held charges for a*

*Veteran (date of service).*

**2.6.3.20. Functional Requirement COH-3.4-01**

The system shall include only the insurance information (as listed in requirement COH-3.2-10) that was active at the time of the episode of care relating to the held copay charges on the VistA Held Charges Report.

**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. The VistA Held Charges Report will reflect 5 digit division number within site.

**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**

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 IB application only.

**2.13. Security Specifications**

There are no explicit security specifications for this enhancement.

All VA and 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 IB user interface will be used for this enhancement, including existing usability specifications. The user interface features of the existing VistA IB 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.

**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 enhancements described in this document will be used by Billers, First Party Accounts

Management, HRC First Party Call Center, and Revenue Supervisors.

**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 |  |  |  |  |  |  |
| Estimated Scope  Growth |  |  |  |  |  |  |
| Estimated Size at  Release |  |  |  |  |  |  |

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

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

TBD

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

**Attachment A – Approval Signatures**

Signed: Date:

xxxxxx

Business Sponsor

Signed: Date:

xxxxxxxx

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

Signed: Date:

xxxxxx

CPAC Project Manager, IPT Co-Chair

**Attachment B – Acronym List and Glossary**

**Table 3: Acronym List and Glossary**

|  |  |
| --- | --- |
| **Term** | **Meaning** |
| BN | Business Need |
| BRD | Business Requirements Document |
| CBO | Chief Business Office |
| CCD | Continuity of Care Document |
| CHAMPUS | Civilian Health and Medical Program of the Uniformed Services |
| CHAMPVA | Civilian Health and Medical Program of the VA |
| CM | Configuration Management |
| CPAC | Consolidated Patient Account Center |
| DRP | Disaster Recovery Plan |
| EDES | Emergency Department Encounter Summary |
| EDI | Electronic Data Interchange |
| EMF | Enterprise Management Foundation |
| 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 |
| HRC | Health Resource Center |
| HSPD-12 | Homeland Security Presidential Directive (12) |
| IB | Integrated Billing |
| ICB | Insurance Capture Buffer |
| IHE | Integrating the Healthcare Enterprise |
| IPT | Integrated Project Team |
| IT | Information Technology |
| ITAM | IT Asset Management |
| MUMPS | Massachusetts General Hospital Utility Multi-Programming  System |
| NIST | National Institute Standards and Technology |

|  |  |
| --- | --- |
| **Term** | **Meaning** |
| NSR | New Service Request |
| OED | Office of Enterprise Development |
| OI&T | Office of Information and Technology |
| OMB | Office of Management and Budget |
| OWNR | Owner Requirement |
| PI | Patient Insurance |
| 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 |
| SDS | Standard Data Services |
| SP | Special Publications |
| SSN | Social Security Number |
| TRM | Technical Reference Model |
| VA | Department of Veterans Affairs |
| VETS | VA Enterprise Terminology Services |
| VHA | Veterans Health Administration |
| 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 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

**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: [l](http://www.ehealth.va.gov/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. |
| 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. |

|  |  |  |
| --- | --- | --- |
| **ReqPro**  **Tag** | **Requirement**  **Type** | **Description** |
| 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. |

**Attachment D – Types of Plans in VistA**

**Table 5: Types of Plans in VistA (As of 4-17-12)**

|  |  |  |
| --- | --- | --- |
| **#** | **TYPE OF PLAN** | **CATEGORY** |
| 1 | ACCIDENT AND HEALTH INSURANCE | MAJOR MEDICAL |
| 2 | AUTOMOBILE | MAJOR MEDICAL |
| 3 | CARVE-OUT | MAJOR MEDICAL |
| 4 | CATASTROPHIC INSURANCE | MAJOR MEDICAL |
| 5 | CHAMPVA | MAJOR MEDICAL |
| 6 | COMPREHENSIVE MAJOR MEDICAL | MAJOR MEDICAL |
| 7 | DENTAL INSURANCE | DENTAL |
| 8 | HEALTH MAINTENANCE ORGANIZ | MAJOR MEDICAL |
| 9 | INCOME PROTECTION (INDEMNITY) | INDEMNITY |
| 10 | INDIVIDUAL PRACTICE ASSOCATION (IPA) | MAJOR MEDICAL |
| 11 | INPATIENT (BASIC HOSPITAL) | MAJOR MEDICAL |
| 12 | LABS, PROCEDURES, X-RAY, ETC. (ONLY) | ALL OTHER |
| 13 | MANAGED CARE SYSTEM (MCS) | MAJOR MEDICAL |
| 14 | MEDI-CAL | MEDICAIDE |
| 15 | MEDICAID | MEDICAIDE |
| 16 | MEDICAL EXPENSE (OPT/PROF) | MAJOR MEDICAL |
| 17 | MEDICARE (M) | MEDICARE |
| 18 | MEDICARE SECONDARY (B EXC) | MAJOR MEDICAL |
| 19 | MEDICARE SECONDARY (NO B EXC) | MAJOR MEDICAL |
| 20 | MEDICARE SUPPLEMENTAL | MAJOR MEDICAL |
| 21 | MEDICARE/MEDICAID (MEDI-CAL) | MEDICARE |
| 22 | MEDIGAP PLAN A | MEDICARE SUPPLEMENTAL |
| 23 | MEDIGAP PLAN B | MEDICARE SUPPLEMENTAL |
| 24 | MEDIGAP PLAN C | MEDICARE SUPPLEMENTAL |
| 25 | MEDIGAP PLAN D | MEDICARE SUPPLEMENTAL |
| 26 | MEDIGAP PLAN F | MEDICARE SUPPLEMENTAL |
| 27 | MEDIGAP PLAN G | MEDICARE SUPPLEMENTAL |
| 28 | MEDIGAP PLAN K | MEDICARE SUPPLEMENTAL |
| 29 | MEDIGAP PLAN L | MEDICARE SUPPLEMENTAL |
| 30 | MEDIGAP PLAN M | MEDICARE SUPPLEMENTAL |

|  |  |  |
| --- | --- | --- |
| **#** | **TYPE OF PLAN** | **CATEGORY** |
| 31 | MEDIGAP PLAN N | MEDICARE SUPPLEMENTAL |
| 32 | MENTAL HEALTH | ALL OTHER |
| 33 | NO-FAULT INSURANCE | MAJOR MEDICAL |
| 34 | POINT OF SERVICE | HEALTH MAINTENANCE ORGANIZATION (HMO) |
| 35 | PREFERRED PROVIDER ORGANIZATION (PPO) | PPO |
| 36 | PREPAID GROUP PRACTICE PLAN | HMO |
| 37 | PRESCRIPTION | PRESCRIPTION |
| 38 | RETIREE | MAJOR MEDICAL |
| 39 | SPECIAL CLASS INSURANCE | MAJOR MEDICAL |
| 40 | SPECIAL RISK INSURANCE | MAJOR MEDICAL |
| 41 | SPECIFIED DISEASE INSURANCE | MAJOR MEDICAL |
| 42 | SURGICAL EXPENSE INSURANCE | MAJOR MEDICAL |
| 43 | TORT FEASOR | ALL OTHER |
| 44 | TRICARE | CHAMPUS |
| 45 | TRICARE SUPPLEMENTAL | MAJOR MEDICAL |
| 46 | WORKERS' COMPENSATION INSURANCE | WORKMANS COMP |