**Department of Veterans Affairs**

**Fee-Revenue Enhancements**

**Requirements Specification Document**



**September 2015**

**Version 1.0**

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**Table of Contents**

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

**1.1. Purpose ............................................................................................................ 1**

**1.2. Scope ................................................................................................................ 1**

**1.3. References ....................................................................................................... 7**

**2. Overall Description ............................................................................ 7**

**2.1. Accessibility Specifications............................................................................ 7**

**2.2. Business Rules Specification ......................................................................... 7**

**2.3. Design Constraints Specification................................................................... 7**

**2.4. Disaster Recovery Specification .................................................................... 7**

**2.5. Documentation Specifications........................................................................ 8**

**2.6. Functional Specifications ............................................................................... 8**

**2.6.1. System Feature: VistA Fee Basis interface to IB .................................. 8**

**2.7. Graphical User Interface (GUI) Specifications ............................................ 12**

**2.8. Multi-divisional Specifications...................................................................... 12**

**2.9. Performance Specifications.......................................................................... 12**

**2.10.Quality Attributes Specification ................................................................... 12**

**2.11.Reliability Specifications............................................................................... 12**

**2.12.Scope Integration........................................................................................... 12**

**2.13.Security Specifications ................................................................................. 12**

**2.14.System Features ............................................................................................ 12**

**2.15.Usability Specifications................................................................................. 13**

**3. Applicable Standards ...................................................................... 13**

**4. Interfaces.......................................................................................... 14**

**4.1. Communications Interfaces .......................................................................... 14**

**4.2. Hardware Interfaces....................................................................................... 14**

**4.3. Software Interfaces........................................................................................ 14**

**4.4. User Interfaces ............................................................................................... 14**

**5. Legal, Copyright, and Other Notices .............................................. 14**

**6. Purchased Components .................................................................. 15**

**6.1. Defect Source (TOP 5) ................................................................................... 15**

**7. User Class Characteristics.............................................................. 15**

**8. Estimation ........................................................................................ 15**

**Attachment A – Approval Signatures .................................................... 17**

**Attachment B – Acronym List ................................................................ 18**

**Attachment C – Enterprise Requirements ............................................ 20**

**List of Tables**

*Table 1: Goals and Impacts .......................................................................................................................... 1*

*Table 2: Fee-Revenue Enhancements BNs ................................................................................................... 2*

*Table 3: Acronym List................................................................................................................................. 18*

*Table 4: Enterprise Requirements .............................................................................................................. 20*

**List of Figures**

*Figure 1: Cumulative Probability (“S-curve”) Chart ................................................................................ 16*

**1. Introduction**

The Chief Business Office (CBO), Purchased Care Program Office is requesting enhancements primarily to the Veterans Health Information Systems and Technology Architecture (VistA) Fee Basis and Integrated Billing (IB) applications that would provide an interface between the various modules to automate current manual processes, which include Revenue Operations (RO) staff manually generating third party claims and first party copayments for cost recoverable services provided by Non-VA providers.

**1.1. Purpose**

This Requirements Specification Document (RSD) specifies the requirements for the Fee Revenue Enhancements 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 Department of Veterans Affairs Medical Center (VAMC) Non-VA care staff, CPAC and RO staff, 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 Enhancements (New Service Request [NSR] # 20110303) Business Requirements Document (BRD)* dated July 2011, which outlines recommended changes to the VistA Fee Basis and IB applications.

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** |
|  Automate manual billing process to allow information entered in VistA Fee Basis to populate VistA IB.   System to automatically populate in VistA IB software, information entered in VistA Fee Basis authorizations and claims for Non-VA health care services. |  Improved accuracy and timeliness in processing of Veterans’ Third-Party Insurance and Co- Payment Claims.   Increased opportunities for increased revenue from collections of  cost recoverable Non- VA health care  services claims. | In 100% of cases submitted via industry standard billing, information on Non-VA health care services entered in VistA Fee Basis application will auto-populate VistA IB. |

This document addresses only the *Fee Revenue* 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 revised understanding of the BNs and goals has revealed that BNs 2 FRE-2.10 – FRE-2.20 are no longer needed since they have been addressed on other projects and don’t need to be implemented. These revised BNs will be reflected in this RSD. The RSD should be regarded as the source for the most recent BNs and requirements based on requirements elaboration.

The BNs/requirements are shown in Table 2. Table 2 also reflects the obsolescence of BN2 requirements FRE-2.10 – FRE-2.20 that are no longer needed on this Enhancement.

**Table 2: Fee-Revenue Enhancements BNs**

|  |  |  |  |
| --- | --- | --- | --- |
| **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Priority\*** |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.1 | The system shall have the ability to record the authorization and the corresponding authorization modification data. | High |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.2 | The system shall have the ability to transmit the authorization and the corresponding authorization data to the IB package to support Revenue pre- certification. | High |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.3 | The system shall have the ability to display the authorization and the corresponding authorization data in real-time to include any authorization updates. | High |

|  |  |  |  |
| --- | --- | --- | --- |
| **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Priority\*** |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.4 | The system shall have the ability to automatically alert/notify specified Revenue users of instances of authorized care for members with insurance. | High |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.5 | The system shall have the ability to track all transmissions of authorizations and authorization updates to the IB package. | High |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.6 | The system shall have the ability to transmit all claim data received and processed to the IB package. | High |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.7 | The system shall have the ability to track all transmissions of claims and claims updates to the IB package. | High |

|  |  |  |  |
| --- | --- | --- | --- |
| **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Priority\*** |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.8 | The system shall have the ability to identify paid claims associated with a patient whose eligibility is copay required | High |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.9 | The system shall have the ability to interface with the VistA IB Software (bi- directional) to send Fee payment data on paid claims for first party (co-pay) and third party determination. | High |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.10 | The system shall have the ability to receive cost recovery and recoupment detail  updates for Fee third party accounts receivables from the  IB package. | Not  Required |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.11 | The system shall have a bi- directional interface with Financial Management System (FMS) to process recoupment data for Fee claims with overpayments, duplicate payments and erroneous payments. | Not  Required |

|  |  |  |  |
| --- | --- | --- | --- |
| **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Priority\*** |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.12 | The system shall have the ability to create workflow for all issues that must be resolved manually. | Not  Required |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.13 | The system shall have the ability to manage all workflow items resulting from issues. | Not  Required |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.14 | The system shall have the ability to track all workflow, including date and time stamps for each workflow  stage throughout the workflow life cycle for historical and reporting purposes. | Not  Required |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.15 | The system shall have the ability to escalate/reassign workflow items based on user specific permissions. | Not  Required |

|  |  |  |  |
| --- | --- | --- | --- |
| **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Priority\*** |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.16 | The system shall provide the capability to query workflow results both in detail and in summary. | Not  Required |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.17 | The system shall have the ability for automatic and manual report generation. | Not  Required |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.18 | The system shall have the ability for all reports to be archived/stored in a depository for historical purposes to be accessed on demand by any user with the appropriate permissions. | Not  Required |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.19 | The system shall have the ability for designated users to create ad hoc reports. | Not  Required |

|  |  |  |  |
| --- | --- | --- | --- |
| **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Priority\*** |
| BN 2: The system shall have the ability to interface with the VistA IB Software to transmit authorized care data at the time the care is authorized and paid claims data, post Fee payment. | FRE-2.20 | The system shall have the ability to allow all users with the appropriate permissions to export data into other formats, such as Access data tables and/or Excel workbooks for analysis and manipulation. | Not  Required |

**1.3. References**

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

 Fee Revenue Enhancements BRD, July 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 new business rules applicable to this enhancement.

A high-level view of the current (as-is) and future (to-be) fee revenue enhancements processes/workflows are available via Technical Services Project Repository (TSPR) here:

**2.3. Design Constraints Specification**

 Department of Veterans Affairs (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 are 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**

This enhancement seeks modifications to various VistA applications, primarily VistA Fee Basis and IB. The scope of these enhancements involves an interface between the various modules that would automate current manual processes where RO staff manually generates third party claims and first party copayments for cost recoverable services provided by Non-VA providers.

**2.6.1. System Feature: VistA Fee Basis interface to IB**

The system shall have the ability to interface with the VistA IB Software to transmit to transmit third party billable patient authorized care data at the time of authorization and paid claim data after fee payment has been authorized.

**2.6.1.1. Functional Requirement: FRFEE-2.1**

The system shall have the ability to record the authorization and the corresponding authorization modification data in a new VistA file that will allow the IB system to "point" to the authorization data in Fee Basis system at the time the authorization is created.

**2.6.1.1.1. Functional Requirement: FRFEE-2.1-01**

The system shall provide the ability to record authorization and authorization modification data in the IB system that includes the name of the ordering physician (National Provider Identifier [NPI] #, Taxonomy Code, Last Name, First Name MI).

**2.6.1.1.2. Functional Requirement: FRFEE-2.1-02**

The system shall provide the ability to record authorization and authorization modification data in the IB system that includes the Diagnosis/Procedure for services authorized in free text with unlimited characters.

**2.6.1.1.3. Functional Requirement: FRFEE-2.1-03**

The system shall provide the ability to record authorization and authorization modification data in the IB system that includes the scheduled date of service which include date ranges (MM/DD/YY).

**2.6.1.1.4. Functional Requirement: FRFEE-2.1-04**

The system shall provide the ability to record authorization and authorization modification data in the IB system that includes the name of Non-VA location (when available).

**2.6.1.1.5. Functional Requirement: FRFEE-2.1-05**

The system shall provide the ability to record authorization and authorization modification data in the IB system that includes the billable insurance information on file.

**2.6.1.1.6. Functional Requirement: FRFEE-2.1-06**

The system shall provide the ability to record authorization and authorization modification data in the IB system that includes the last date of billable insurance verified (MM/DD/YY).

**2.6.1.1.7. Functional Requirement: FRFEE-2.1-07**

The system shall provide the ability to record authorization and authorization modification data in the IB system that includes the type of service (inpatient/outpatient).

**2.6.1.1.8. Functional Requirement: FRFEE-2.1-08**

The system shall provide the ability to record authorization and authorization modification data in the IB system that includes the existing special authority and/or service connected conditions in free text (if applicable).

**2.6.1.2. Functional Requirement: FRFEE-2.2**

The system shall have the ability to interface authorization and the corresponding authorization data to the IB package to support Revenue pre-certification.

**2.6.1.2.1. Functional Requirement: FRFEE-2.2-01**

The system shall provide the ability to transmit authorization and authorization modification data to the IB system that includes the name of the ordering physician (NPI #, Taxonomy Code, Last Name, First Name MI).

**2.6.1.2.2. Functional Requirement: FRFEE-2.2-02**

The system shall provide the ability to transmit authorization and authorization modification data to the IB system that includes the Diagnosis/Procedure for services authorized in free text with unlimited characters.

**2.6.1.2.3. Functional Requirement: FRFEE-2.2-03**

The system shall provide the ability to transmit authorization and authorization modification data to the IB system that includes the scheduled date of service which include date ranges (MM/DD/YY).

**2.6.1.2.4. Functional Requirement: FRFEE-2.2-04**

The system shall provide the ability to transmit authorization and authorization modification data to the IB system that includes the name of Non-VA location (if available).

**2.6.1.2.5. Functional Requirement: FRFEE-2.2-05**

The system shall provide the ability to transmit authorization and authorization modification data to the IB system that includes the billable insurance information on file.

**2.6.1.2.6. Functional Requirement: FRFEE-2.2-06**

The system shall provide the ability to transmit authorization and authorization modification data to the IB system that includes the last date of billable insurance verified (MM/DD/YY).

**2.6.1.2.7. Functional Requirement: FRFEE-2.2-07**

The system shall provide the ability to transmit authorization and authorization modification data to the IB system that includes the type of service (inpatient/outpatient).

**2.6.1.2.8. Functional Requirement: FRFEE-2.2-08**

The system shall provide the ability to transmit authorization and authorization modification data to the IB system that includes the existing special authority and/or service connected conditions

in free text (if applicable).

**2.6.1.3. Functional Requirement: FRFEE-2.3**

The system shall have the ability to display the authorization and the corresponding authorization data (Fee Basis Claims System [FBCS] data elements available in VistA Fee) in real-time to include any authorization updates in a new IB Worklist.

**2.6.1.3.1. Functional Requirement: FRFEE-2.3-01**

The system shall provide the ability to display authorization and authorization data in IB system via Worklist that includes the name of the ordering physician (NPI #, Taxonomy Code, Last Name, First Name MI).

**2.6.1.3.2. Functional Requirement: FRFEE-2.3-02**

The system shall provide the ability to display authorization and authorization data in IB system via Worklist that includes the Diagnosis/Procedure for services authorized in free text with unlimited characters.

**2.6.1.3.3. Functional Requirement: FRFEE-2.3-03**

The system shall provide the ability to display authorization and authorization data in IB system via Worklist that includes the scheduled date of service which include date ranges (MM/DD/YY).

**2.6.1.3.4. Functional Requirement: FRFEE-2.3-04**

The system shall provide the ability to display authorization and authorization data in IB system via Worklist that includes the name of Non-VA location (if available).

**2.6.1.3.5. Functional Requirement: FRFEE-2.3-05**

The system shall provide the ability to display authorization and authorization data in IB system via Worklist that includes the billable insurance information on file.

**2.6.1.3.6. Functional Requirement: FRFEE-2.3-06**

The system shall provide the ability to display authorization and authorization data in IB system via Worklist that includes the last date of billable insurance verified (MM/DD/YY).

**2.6.1.3.7. Functional Requirement: FRFEE-2.3-07**

The system shall provide the ability to display authorization and authorization data in IB system via Worklist that includes the type of service (inpatient/outpatient).

**2.6.1.3.8. Functional Requirement: FRFEE-2.3-08**

The system shall provide the ability to display authorization and authorization data in IB system via Worklist that includes the existing special authority and/or service connected conditions in free text (if applicable).

**2.6.1.4. Functional Requirement: FRFEE-2.4**

The system shall have the ability to automatically alert/notify specified Revenue users of instances of authorized care for members with billable insurance using a new IB Worklist that has on demand refresh capabilities.

**2.6.1.5. Functional Requirement: FRFEE-2.5**

The system shall have the ability to track each transmission of authorizations and authorization updates to the IB package using the IB Worklist.

**2.6.1.6. Functional Requirement: FRFEE-2.6**

The system shall provide an interface so once payment has been approved/issued (output of VistA Fee Basis), it would create/revise a revision of the paid Non-VA care claim and push into IB.

**2.6.1.7. Functional Requirement: FRFEE-2.7**

The system shall provide the ability to track delivery of paid Non-VA care claims and claims updates from VistA Fee Basis to the IB package.

**2.6.1.8. Functional Requirement: FRFEE-2.8**

The system shall provide the ability to identify unpaid/paid Non-VA care claims with the appropriate copay eligibility status, such as member "co-pay required" in the new IB Worklist.

**2.6.1.9. Functional Requirement: FRFEE-2.9**

The system shall provide the ability to interface Fee Basis with the VistA IB Software (bi- directional) to send Fee payment data on paid Non-VA claims for first party (co-pay) and third party determination via the new IB worklist.

**2.6.1.10. Functional Requirement: FRFEE-2.10**

The system shall provide the ability to enter timeframe parameters when generating the IB Worklist based on paid date and date of service.

**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 and IB applications. This enhancement will also include a new interface between the VistA Fee Basis and IB applications that would automate current manual processes.

**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 2.6.

**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**

Upon implementation of the requested enhancements to VistA, continued interface is expected at established intervals for data transmission and upload in all VHA information systems. All interfacing partners will need system capability to process these enhancements. These should include interfaces with the FBCS, the Austin IT Center (AITC), the Non-VA Fee Basis Medical System commonly referred to as Central Fee, local VAMC’s VistA, FMS, the Fee Payment Processing System (FPPS), the VHA Support Service Center (VSSC), and the VAPM (VISN 6

Pilot).

**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 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 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 VAMC Revenue/RO 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:

xxxxx

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

Signed: Date:

xxxx

CPAC Project Manager, IPT Co-Chair

**Attachment B – Acronym List**

**Table 3: Acronym List**

|  |  |
| --- | --- |
| **Term** | **Meaning** |
| AITC | Austin IT Center |
| 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 |
| 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 |
| FBCS | Fee Basis Claims System |
| FIPS | Federal Information Processing Standards |
| FISMA | Federal Information Security Management Act |
| FMS | Financial Management System |
| FPPS | Fee Payment Processing System |
| 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 |
| IHE | Integrating the Healthcare Enterprise |
| IPT | Integrated Project Team |
| IT | Information Technology |
| ITAM | IT Asset Management |
| MUMPS | Massachusetts General Hospital Utility Multi-Programming  System |

|  |  |
| --- | --- |
| **Term** | **Meaning** |
| NFPO | National Fee Program Office |
| NIST | National Institute Standards and Technology |
| NPI | National Provider Identifier |
| 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 |
| PMAS | Project Management Accountability System |
| PWS | Performance Work Statement |
| QA | Quality Assurance |
| RMR | Requirements Management Repository |
| RO | Revenue Operations |
| RSD | Requirements Specification Document |
| SA-CMM | Software Acquisition-Capability Maturity Modeling |
| SDS | Standard Data Services |
| SP | Special Publications |
| TRM | Technical Reference Model |
| TSPR | Technical Services Project Repository |
| 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 |
| VSSC | VHA Support Service Center |

**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.

**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:  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. |