**Department of Veterans Affairs**

**Billing Interface for Fee Care**

**Requirements Specification Document**



**September 2015**

**Version 1.0**

**Revision History**

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**Table of Contents**

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

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

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

**1.3. References ....................................................................................................... 4**

**2. Overall Description ............................................................................ 4**

**2.1. Accessibility Specifications............................................................................ 4**

**2.2. Business Rules Specification ......................................................................... 4**

**2.3. Design Constraints Specification................................................................... 5**

**2.4. Disaster Recovery Specification .................................................................... 5**

**2.5. Documentation Specifications........................................................................ 5**

**2.6. Functional Specifications ............................................................................... 5**

**2.6.1. System Feature: New IB Rate Type of FEE REIMB INS ........................ 6**

**2.6.2. System Feature: New AR Category of FEE REIMB INS and new**

**Revenue Source Codes in FMS Tables. .............................................................. 7**

**2.6.3. System Feature: System capability to generate reports in AR**

**Package that include New FEE REIMB INS Rate Type. ...................................... 7**

**2.6.4. System Feature: Create new fund of FEE REIMB INS in FMS tables. . 8**

**2.7. Graphical User Interface (GUI) Specifications .............................................. 8**

**2.8. Multi-divisional Specifications........................................................................ 8**

**2.9. Performance Specifications............................................................................ 8**

**2.10.Quality Attributes Specification ..................................................................... 8**

**2.11.Reliability Specifications................................................................................. 9**

**2.12.Scope Integration............................................................................................. 9**

**2.13.Security Specifications ................................................................................... 9**

**2.14.System Features .............................................................................................. 9**

**2.15.Usability Specifications................................................................................... 9**

**3. Applicable Standards ........................................................................ 9**

**4. Interfaces .......................................................................................... 10**

**4.1. Communications Interfaces .......................................................................... 10**

**4.2. Hardware Interfaces....................................................................................... 11**

**4.3. Software Interfaces........................................................................................ 11**

**4.4. User Interfaces ............................................................................................... 11**

**5. Legal, Copyright, and Other Notices .............................................. 11**

**6. Purchased Components .................................................................. 11**

**6.1. Defect Source (TOP 5) ................................................................................... 11**

**7. User Class Characteristics.............................................................. 11**

**8. Estimation ........................................................................................ 11**

**Attachment A – Approval Signatures .................................................... 13**

**Attachment B – Acronym List ................................................................ 14**

**Attachment C – Enterprise Requirements ............................................ 16**

**List of Tables**

*Table 1: Success Factors .............................................................................................................................. 1*

*Table 2: Billing Interface for Fee Care BNs................................................................................................. 2*

*Table 3: Acronym List................................................................................................................................. 14*

*Table 4: Enterprise Requirements .............................................................................................................. 16*

**List of Figures**

*Figure 1: Cumulative Probability (“S-curve”) Chart ................................................................................ 12*

**1. Introduction**

The Chief Business Office (CBO) is requesting system enhancements to the Veterans Health Information Systems and Technology Architecture (VistA) Integrated Billing (IB), Accounts Receivable (AR), and Fee Basis software modules that would allow segregating all billing and collection activities for Non-Department of Veterans Affairs (VA), Care Third Party Insurance carriers’ reimbursement.

Current Medical Care Collections Fund (MCCF) Third Party billing and collections applications in the VistA information system do not segregate the Non-VA care claims from those claims for service rendered at Veterans Health Administration (VHA) healthcare facilities, which makes it difficult to validate the third party revenue generated through the Non-VA care cost recovery efforts. The current process is a resource intensive, manual process with no assurance that all applicable Non-VA charges have been billed and collected.

**1.1. Purpose**

This Requirements Specification Document (RSD) specifies the requirements for the Billing Interface for Fee Care 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 *Third Party Billing Improvements for Fee Care Business Requirements Document (BRD)* dated March 2011, which outlines recommended changes to the VistA IB, AR, and Fee Basis applications.

The success factors of the enhancements proposed in the BRD are shown in Table 1.

**Table 1: Success Factors**

|  |  |
| --- | --- |
| **Success Factors** | **Measurement** |
| Third Party insurance carriers are billed and reimbursement is collected for each approved Non-VA care claim for Veterans with third party  insurance. Complete claim information is captured in VistA and is clearly identified as Non-VA care  claims data. | Identify billed fee care so VA has metrics and can validate how much has been billed/collected for Fee Care – mechanism to track on back end |

This document addresses only the *Billing Interface for Fee Care* 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 BNs/requirements are shown in Table 2.

**Table 2: Billing Interface for Fee Care BNs**

|  |  |  |  |
| --- | --- | --- | --- |
| **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Ranking R=Required O=Optional** |
| BN 1: New IB Rate Type of Fee Reimbursement Insurance (FEE REIMB INS). | 1.1 | System capability for option to select FEE REIMB INS Rate Type in VistA IB menu for all applicable IB Rate Type options. System shall allow selection of FEE REIMB INS Type when billing for Inpatient and Outpatient Non-VA Care Claims. | R |
| BN 1: New IB Rate Type of  FEE REIMB INS. | 1.2 | System automatically assigns the FEE REIMB INS Rate Type when the Patient Treatment File (PTF) indicates NON-VA CARE. | R |
| BN 1: New IB Rate Type of  FEE REIMB INS. | 1.3 | System capability for data entry of following Non-VA Care data elements (not an all-inclusive list):   Non-VA Discharge Date   Non-VA Facility   Non-VA Care Type   Non-VA Care Provider ID#   Non-VA Facility Taxonomy | R |
| BN 1: New IB Rate Type of  FEE REIMB INS. | 1.4 | Associate FEE REIMB INS with  Reasonable Charges. | R |
| BN 1: New IB Rate Type of  FEE REIMB INS. | 1.5 | System will automatically associate all FEE REIMB INS Rate Type bills with Discharge Bedsection of “30 NON-VA CARE”. | R |
| BN 1: New IB Rate Type of  FEE REIMB INS. | 1.7 | System will also allow e-billing of claims, the same as for the Rate Type of REIMBURSABLE INS. | R |
| BN 1: New IB Rate Type of  FEE REIMB INS. | 1.8 | System capability for IB Output Clerk Productivity option/report to include FEE REIMB INS insurance Rate Type for both summary and detailed reports. | R |
| BN 1: New IB Rate Type of  FEE REIMB INS. | 1.9 | Incorporate the FEE REIMB INS Rate Type into other IB Reports /Menus that currently contain the Reimbursable Ins Rate Type. | R |

|  |  |  |  |
| --- | --- | --- | --- |
| **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Ranking R=Required O=Optional** |
| BN 2: New AR Category of FEE REIMB INS and new Revenue Source Codes in Financial Management System (FMS) Tables. | 2.1 | Associate FEE REIMB INS Rate Type in IB with new Category Type in AR with the same title. | R |
| BN 2: New AR Category of FEE REIMB INS and new Revenue Source Codes in FMS Tables. | 2.2 | Associate FEE REIMB INS Category in  AR with new Fund (if approved) or  528704, if not approved. | R |
| BN 2: New AR Category of FEE REIMB INS and new Revenue Source Codes in FMS Tables. | 2.3 | Associate FEE REIMB INS Category in AR with new Revenue Source Code(s) in AR and Tables in FMS (possibly 1 for IPT,  1 for OPT, TBD). | R |
| BN 3: System capability to generate reports in AR Package that include New FEE REIMB INS Rate Type. | 3.1 | Enhance AR Third Party Follow Up Summary Report (IBJD) to include a separate category for Non-VA Care data (FEE REIMB INS) AR Category. | R |
| BN 3: System capability to generate reports in AR Package that include New FEE REIMB INS Rate Type. | 3.2 | Enhance AR Third Party Detailed Follow- Up Report to include a separate category for New FEE REIMB INS AR Category for Non-VA Care data. | R |
| BN 3: System capability to generate reports in AR Package that include New FEE REIMB INS Rate Type. | 3.3 | Enhance Insurance Payment Trend Report to include new FEE REIMB INS AR Category for Non-VA Care data. | R |

|  |  |  |  |
| --- | --- | --- | --- |
| **BN** | **Owner Requirement (OWNR)**  **Number** | **OWNR** | **Ranking R=Required O=Optional** |
| BN 3: System capability to generate reports in AR Package that include New FEE REIMB INS Rate Type. | 3.4 | Incorporate the FEE REIMB INS Category into other AR Reports/Menus that  currently contain the Category of  REIMBURS. HEALTH INS. Bills. | R |
| BN 4: Create new fund of FEE REIMB INS in FMS tables. | 4.1 | Associate new fund with new FEE REIMB INS category type in AR. | R |
| BN 4: Create new fund of FEE REIMB INS in FMS tables. | 4.2 | Associate new fund with new Revenue  Source Codes in AR. | R |
| BN 4: Create new fund of FEE REIMB INS in FMS tables. | 4.3 | Associate new fund with new Revenue  Source Codes in FMS. | R |

**1.3. References**

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

 Third Party Billing Improvements for Fee Care BRD, March 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) billing interface for fee care processes/workflows are available via Technical Services Project Repository (TSPR) here: <http://DNS/warboard/anotebk.asp?proj=1783&Type=Active>

**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 scope of this request is to enhance VistA software applications, IB, AR, Fee care modules, and related business practices to improve and ensure accurate billing, collections, data capture, and reporting for all approved Non-VA care claims for services rendered by Non-VA health care providers. These enhancements would allow VHA to improve current processes with more efficient and effective practices, thereby improving the level of satisfaction of our Veterans.

Major objectives of this request include:

 Capture all inpatient and outpatient third party billing and collections data for claims submitted in the Non-VA care cost recovery effort.

 Accurate segregation of Non-VA care billing and collections from other third party financial information.

 Increased monitoring, trending, and reporting activities on Non-VA Care Third Party insurance billed and collected claims.

**2.6.1. System Feature: New IB Rate Type of FEE REIMB INS**

**Functional Requirement: FRBILL-1.1-1**



The system shall have the capability for the option to select FEE REIMB INS Rate Type in

VistA IB menu for all applicable IB Rate Type options.

**Functional Requirement: FRBILL-1.1-2**



The system shall allow selection of FEE REIMB INS Type when billing for Inpatient and

Outpatient Non-VA Care Claims.

Note: If there is a Non-VA Facility, but rate type doesn’t show Fee Reimburse - error will show;

if there is no Non-VA facility, but Fee Reimbursement is rate type - error will show.

**Functional Requirement: FRBILL-1.2**



The system shall automatically assign the FEE REIMB INS Rate Type when the PTF indicates

NON-VA CARE.

**Functional Requirement: FRBILL-1.3 - 01**



The system shall provide the capability to associate Non-VA Discharge Date to the new IB rate type.

**Functional Requirement: FRBILL-1.3 - 02**



The system shall provide the capability to associate Non-VA Facility to the new IB rate type.

**Functional Requirement: FRBILL-1.3 - 03**



The system shall provide the capability to associate Non-VA Care Type to the new IB rate type.

**Functional Requirement: FRBILL-1.3 - 04**



The system shall provide the capability to associate Non-VA Care Provider ID# to the new IB

rate type.

**Functional Requirement: FRBILL-1.3 – 05**



The system shall provide the capability to associate Non-VA Facility Taxonomy to the new IB

rate type

**Functional Requirement: FRBILL-1.4**



The system shall associate FEE REIMB INS with Reasonable Charges.

**Functional Requirement: FRBILL-1.5**



The system shall automatically associate all FEE REIMB INS Rate Type bills with Discharge

Bedsection of “30 NON-VA CARE”.

**Functional Requirement: FRBILL-1.7**



The system shall allow e-billing of claims, the same as for the Rate Type of REIMBURSABLE INS.

**Functional Requirement: FRBILL-1.8**



The system shall provide the capability for IB Output Clerk Productivity option/report to include

FEE REIMB INS insurance Rate Type for both summary and detailed reports.

**Functional Requirement: FRBILL-1.9**



The system shall incorporate the FEE REIMB INS Rate Type into other IB Reports/Menus that currently contain the Reimbursable INS Rate Type.

**2.6.2. System Feature: New AR Category of FEE REIMB INS and new Revenue Source Codes in FMS Tables.**

The system shall create a new AR Category of FEE REIMB INS and new Revenue Source

Codes in FMS Tables.

**Functional Requirement: FRBILL-2.1**



The system shall associate FEE REIMB INS Rate Type in IB with new Category Type in AR

with the same title.

**Functional Requirement: FRBILL-2.2**



The system shall associate FEE REIMB INS Category in AR with new Fund (if approved) or

528704, if not approved.

**Functional Requirement: FRBILL-2.3**



The system shall associate FEE REIMB INS Category in AR with new Revenue Source Code(s)

in AR and Tables in FMS.

**2.6.3. System Feature: System capability to generate reports in AR Package that include New FEE REIMB INS Rate Type.**

The system shall provide the capability to generate reports in AR Package that include New FEE REIMB INS Rate Type.

**Functional Requirement: FRBILL-3.1**



The system shall enhance AR Third Party Follow up Summary Report (IBJD) to include a separate category for Non-VA Care data (FEE REIMB INS) AR Category.

**Functional Requirement: FRBILL-3.2**



The system shall enhance AR Third Party Detailed Follow-Up Report to include a separate category for New FEE REIMB INS AR Category for Non-VA Care data.

**Functional Requirement: FRBILL-3.3**



The system shall enhance Insurance Payment Trend Report to include new FEE REIMB INS AR Category for Non-VA Care data.

**Functional Requirement: FRBILL-3.4**



The system shall incorporate the FEE REIMB INS Category into other AR Reports/Menus that currently contain the Category of REIMBURS. HEALTH INS. Bills.

**2.6.4. System Feature: Create new fund of FEE REIMB INS in FMS**

**tables.**

The system shall create a new fund of FEE REIMB INS in FMS tables.

**Functional Requirement: FRBILL- 4.1**



The system shall associate the new fund with new FEE REIMB INS category type in AR.

**Functional Requirement: FRBILL- 4.2**



The system shall associate the new fund with new Revenue Source Codes in AR.

**Functional Requirement: FRBILL- 4.3**



The system shall associate the new fund with new Revenue Source Codes in FMS.

**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 IB, AR, Fee Basis applications, and making a new fund available to the FMS.

**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 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 [http:/DNS.asp?Pub\_ID=435&FType=2](http://dns/vapubs/viewPublication.asp?Pub_ID=435&FType=2))

**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 IB, AR, and Fee Basis user interface. No modifications are specified for these user interfaces.

**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 modifications identified in this enhancement are primarily used by VHA Fee Basis Administration Staff, IB Staff, AR Staff and secondary users; Veterans Integrated Service Network (VISN) Staff, and 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:

Greg Estes

Business Sponsor

Signed: Date:

Charles Dunn

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

Signed: Date:

Ann Kliegl

CPAC Project Manager, IPT Co-Chair

**Attachment B – Acronym List**

**Table 3: Acronym List**

|  |  |
| --- | --- |
| **Term** | **Meaning** |
| AR | Accounts Receivable |
| 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 |
| FEE REIMB INS | Fee Reimbursement Insurance |
| FIPS | Federal Information Processing Standards |
| FISMA | Federal Information Security Management Act |
| FMS | Financial Management 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 |
| MCCF | Medical Care Collections Fund |
| MUMPS | Massachusetts General Hospital Utility Multi-Programming System |

|  |  |
| --- | --- |
| **Term** | **Meaning** |
| 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 |
| PMAS | Project Management Accountability System |
| PTF | Patient Treatment File |
| 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 |
| TRM | Technical Reference Model |
| TSPR | Technical Services Project Repository |
| VA | Department of Veterans Affairs |
| 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 [PII](mailto:PII).

**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:/DNS/508/resources\_508.html](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. |

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| **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. |