

**Medical Care Collection Fund (MCCF) eInsurance Compliance Phase 3  
NSR #20140413**

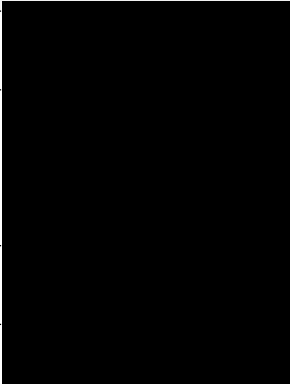
*Business Requirements Document*



**October 2014**

## Revision History

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

| Date       | Description      | Author  |
|------------|------------------|---|
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# 1. Purpose

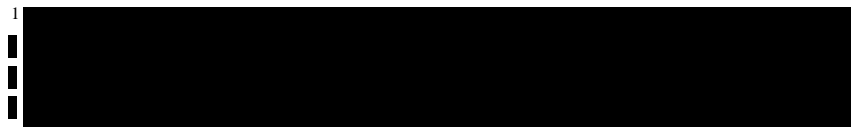
The Business Requirements Document (BRD) is authored by the business community for the purpose of capturing and describing the business needs of the customer/business owner identified within New Service Request (NSR) #20140413 Medical Care Collection Fund (MCCF) Eligibility Compliance Phase 3<sup>1</sup>. (Note: Business needs and requirements associated with the following NSRs are bundled/included in this request and document: NSR #20131003 Integrated Billing: Electronic Insurance Verification (eIV) Repair<sup>2</sup>, NSR #20140201 Display Insurance Review (IR)<sup>3</sup> (also referred to as eBusiness Eligibility Benefits and Claims Infrastructure), and NSR #20140701 Insurance Verification Processor (IVP) Phase 1, Iteration 2<sup>4</sup>.) In addition, this body of work encompasses changes necessary to correct functionality deficiencies identified in Remedy Tickets #834424 and #968671. The BRD provides insight into the AS-IS and TO-BE business area, identifying stakeholders and profiling primary and secondary user communities. It identifies what capabilities the stakeholders and the target users need and why these needs exist, providing a focused overview of the request requirements, constraints, and other considerations identified. This document does not state the development methodology. The intended audience for this document is the Office of Information and Technology (OI&T).

## 2. Overview

In an ongoing effort to increase revenue, the Chief Business Office's (CBO) eBusiness Solutions Office will implement best practices related to insurance capture and verification, insurance reporting and site parameters. Best practices related to insurance capture and verification will allow the capture of detailed free text insurance reviews and sharing of these entries with all other revenue personnel. As a result, Veterans Health Administration (VHA) insurance verification clerks will have the software changes necessary to capture, store and display individualized patient insurance information. Modification of insurance reports will allow better alignment with Consolidated Patient Account Centers' (CPACs) Internal Controls and Office of Inspector General (OIG) audits. With additional new data fields and filtering capabilities, insurance verification staff will be able to identify, track and trend missed insurance revenue opportunities. In addition, these enhancements will incorporate industry standard card scanning capabilities and a Windows Graphical User Interface (GUI) for Veterans Health Information Systems and Technology Architecture (VistA). This will provide VHA insurance intake and verification clerks with the ability to capture new insurance information for Veterans electronically. The enhancements requested will support an appointment driven business process that captures and verifies insurance information and demographic data through paperless technology combined with VistA integration.

Changes to Medical Care Cost Recovery (MCCR) Site Parameters are needed to allow CPAC Program Management Office (PMO) the necessary means to view, monitor and manage the parameters used for eInsurance Verification.

Changes to VistA Integrated Billing (IB), Patient Insurance File, Claims Tracking (CT) and Third Party Joint Inquiry (TPJI) application software are being requested to ensure value in collecting, capturing and sharing free text detailed insurance review information.



Upgrades to the IVP GUI software are being requested to streamline and enhance existing data capture and processing abilities of VistA IB package. VHA is also in the process of updating its current Health Insurance Portability and Accountability Act of 1996 (HIPAA) transaction standards to align with updated errata releases. In addition, continued implementation of the Health Plan Identifier (HPID) requirements of the Patient Protection and Affordable Care Act of 2010 (PPACA) must be performed. VHA must address business changes and software system impacts that will result from final rules published by the Department of Health and Human Services (HHS) to meet the administrative simplification mandates of PPACA section 1104. While this body of work will not specifically address any particular HIPAA or PPACA regulations, any GUI software developed will need to be cognizant of HIPAA and PPACA mandates now and in the future.

An OIG Report [11-00333-254 - Audit of VHA's MCCF Billing of Veterans Administration (VA) – Provided Care Status Update Request <sup>5</sup>] focused on VHA's intake process of collecting insurance information. The current intake process method was found lacking in the collection, monitoring and auditing performance. This engineered GUI software project will develop a more aggressive and consolidated method of meeting OIG's improvement expectations.

### **3. Customer and Primary Stakeholders**

[REDACTED] Ph.D., Director, eBusiness Solutions, representing CBO, is the Business Owner for this request. Refer to [Appendix C](#) for a complete listing of all primary and secondary stakeholders.

### **4. Scope**

In an ongoing effort to improve and increase revenue, CBO will implement best practices related to insurance capture and verification. Changes to VistA's IB, Insurance Company and Patient Insurance File modules are being requested by the eBusiness Solutions Department to provide standardized areas within the Patient Insurance file to capture, store and display expanded details. Capturing of detailed free text insurance review information will allow multiple software packages in VistA (Patient Insurance File, IB, CT and TPJI) to view insurance comments entered by insurance verification clerks through the Patient Insurance File. The Insurance Verification staff needs the ability to enter an insurance comments action and have it visible in the CT and TPJI menu options for Billing, Accounts Receivable (AR) and Revenue Utilization Review (RUR) staff to view. These fields are necessary (in addition to the small patient policy comments section) to document extended details relating to patient insurance coverage and use. Additional changes are requested to Insurance Reports and MCCR Site Parameters. Modifications to the Insurance Reports will allow new data fields and filtering capabilities for the Insurance Verification staff. The Insurance Verification staff needs the ability to identify and report potential missed insurance revenue opportunities. Changes to MCCR Site Parameters are needed to allow CPAC Management standardized control to view and monitor eIV Site Parameters used to manage the eIV application used for electronic Insurance Verification.

The IVP incorporates industry standard card scanning capabilities and a Windows GUI to provide VHA Insurance Intake Clerks the electronic software system necessary to seamlessly capture new insurance information from Veterans. This business process is appointment driven and implements a standard business process that captures insurance information through paperless technology combined with VistA integration.

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<sup>5</sup> [REDACTED] [oig/pubs/VAOIG-11-00333-254.pdf](http://oig/pubs/VAOIG-11-00333-254.pdf)

In addition, IVP is a real-time insurance verification processor developed for Insurance Verification clerks who perform insurance validation processes and VA Medical Center (VAMC) and CPAC Managers who perform process monitoring activities; CPAC PMO performing business oversight; and VHA CBO Leadership performing business systems guidance. This software is present at CPACs and at every patient treatment area of all VHA facilities. The IVP application incorporates insurance card scanning along with integrating real time HIPAA X12 270/271 insurance eligibility benefits request/response and VistA's Master Insurance File, Insurance Buffer file, Patient's Insurance File, and Veterans Point of Service (VPS) kiosks in a user friendly, standardized software application.

## 5. Goals, Objectives and Outcome Measures

| Goal/Objective   | Desired Outcome   | Measurement  | Impact  |
|--|---|--|---|
| Streamline manual eligibility collection approximately 20 minutes for each validation of information previously verified.  | Patient eligibility data can be captured through keystrokes in a more efficient manner.                                       | VistA or VistA related modules will be able to obtain patient eligibility data in 5 minutes or less through data keyed in by insurance verification clerks 100% of the time when machine readable patient health insurance are scanned.  | Efficiency of the insurance verification process will be improved due to the absence of the requirement to call health payers to obtain eligibility information.                          |
| Provide the ability to expand the use of free text comments/ insurance reviews associated with patient insurance policies. | Patient insurance comments will be displayed and viewed in multiple Vista packages (Patient Insurance File, IB, CT and TPJI). | VistA or VistA related modules will be able to view expanded free text comments/insurance reviews associated with the patient's insurance policy. Additional key staff members (AR, Billing, RUR, facility staff, Purchased Care staff, etc.) will be enabled to view all comments. Re-verification of valid insurance policies will reduce man-hours (approximately 20 minutes of re-verification of insurance information previously verified by insurance staff). | Efficiency on the insurance verification process will be improved due to the ability to add extensive comments that can be viewed on the patient's insurance policy.                      |
| Provide the ability to add additional new data fields along with filtering capabilities to Insurance Reports.              | New data fields and filtering capabilities will be added and available on Insurance Reports.                                  | CPAC personnel and OIG will be given the ability to download and obtain additional data which will increase the performance to review, monitor and clean incorrect insurance data.   | Insurance Verification staff will be able to run Insurance Reports with the new data fields and filtering capabilities. These reports will aid with CPAC Internal Control and OIG Audits. |

| Goal/Objective  | Desired Outcome   | Measurement  | Impact   |
|---|---|--|--|
|   |   | These reports will increase CPAC PMO and OIG's ability to obtain accessible information made possible with new reports with 100% accuracy.   |  |
| The end users require the ability to access the HPID/Other Entity Identifier (OEID) fields found in the insurance company file.   | HPID/OEID numbers may be entered into the insurance company file through manual means.  | Ability to add a new or edit an existing HPID/OEID number 100% of the time.  | Increasing electronic efficiency of insurance collection and verification software will increase Electronic Data Interchange (EDI) usage, saving VA money.   |
| Provide the ability to save historical HPID/OEID activation/deactivation dates in the VistA Insurance Company file.   | Multiple HPID/OEID numbers may be captured in the insurance company file for billing purposes.  | Ability to save historical HPID/OEID numbers 100% of the time.   | Increasing electronic efficiency of insurance collection and verification software will increase EDI usage, saving VA money.   |
| Provide the ability for CPAC Management to view and monitor the eIV Site Parameters used to manage the eIV application used for electronic Insurance Verification             | Enable CPAC Management to monitor the eIV Site Parameters to ensure standardization to the IB/Patient Insurance Files throughout all CPACs. | All eIV Site Parameters will be standardized throughout the nation with 100% accuracy as determined by CPAC PMO.   | Efficiency on the electronic insurance verification process will be improved due to the ability standardized and control the eIV Site Parameters used to manage the eIV application used for electronic Insurance Verification   |
| The end users require a software solution that enables electronic discovery and confirmation of third party commercial health insurance coverage for registered VHA patients. | Patient eligibility data can be captured through scanning and keystrokes in a more efficient manner.  | VistA or VistA related modules will be able to obtain patient eligibility data by scanning a patient health insurance card after the applicable hardware and software is installed 100% of the time. | <ul style="list-style-type: none"> <li>• Efficiency of the insurance intake and verification process will be improved due to the absence of the requirement to call Veterans and health payers to obtain eligibility information.</li> <li>• Increasing electronic efficiency of insurance collection and verification software will increase EDI usage, saving VA money.</li> </ul> |
| The end users require a Windows GUI application interacting with the VistA data files that is easy to use   | Patient eligibility data can be captured through scanning and keystrokes in a   | IVP training time and costs will be reduced by approximately 25% and error rate should decrease by 95%.  | Efficiency of the insurance intake and verification process will be improved due to the absence of the need to memorize complicated VistA  |

| Goal/Objective   | Desired Outcome  | Measurement  | Impact   |
|--|--|--|--|
| and to understand. A user should be able to intuitively navigate through the process using screen prompts and help text without having to be trained on the process.   | more efficient manner.   |  | function and navigation.   |
| The end users require a software solution that will automate the insurance intake and verification process and streamline any manual intervention to a minimal number of clicks and screens (fewer than 5 clicks and 5 screens or less). | Patient eligibility data can be captured through scanning and keystrokes in a more efficient manner. | VistA or VistA related modules will be able to obtain patient eligibility data by scanning a patient health insurance card after the applicable hardware and software is installed 100% of the time. | Efficiency of the insurance intake and verification process will be improved due to the absence of the need to memorize complicated VistA function and navigation.   |
| The end users require a software solution that increases discovery of new and existing insurance policies and improves the patient check-in experience.  | Patient eligibility data can be captured through scanning and keystrokes in a more efficient manner. | VistA or VistA related modules will be able to obtain patient eligibility data by scanning patient health insurance card after the applicable hardware and software is installed 100% of the time.   | <ul style="list-style-type: none"> <li>Collecting additional insurance policies increases insurance collection opportunities, therefore increasing potential revenue.</li> <li>Streamlining the Veteran check-in experience increases patient satisfaction.</li> </ul> |

## 6. Enterprise Need/Justification

Insurance identification and verification is vital to the success of the VA revenue collection process. Accurate insurance information is needed to effectively submit claims and collect payments from third-party payers for medical care and services provided to Veterans by VHA. In an effort to provide all revenue staff the necessary tools to become more efficient at their collection duties, this enhancement seeks to provide the software and reports to ensure the insurance information is valid and accessible to all Billing, AR and RUR staff. The reports will enable Insurance Verification personnel to review and ensure that the information captured in the Patient Insurance File is updated with the latest insurance information possible.

Management personnel will be enabled to obtain any insurance information as required by OIG, CBO, and CPAC PMO in an efficient and timely manner. Standardization is also promoted to ensure insurance information and processes are consistent throughout the nation.

IVP is a real-time insurance intake and verification processor that positively affects efficiencies by standardizing the process of insurance intake and verification, thus realizing cost savings for VA. VHA is home to the United States' largest integrated health care system and is committed to achieving the full benefits of EDI Health Care processes. VHA assumes operational control of the IVP ensuring seamless integration with other current and future VHA projects such as the National Insurance File (NIF) and the HPID. This project supports VA's strategic goal to support



Veterans' rights to receive benefits, and meet expectations for quality, timeliness and responsiveness.

The PPACA was passed in March 2010 with the intent of implementing standardized operating rules and processes to increase the portability, efficiency and quality of health care services. As a federal entity and the nation's largest integrated health care providers, VHA is required to comply with all mandates. This legislation requires that health care providers structure health care operating information in a way that is universal amongst entities across the country. In an effort to meet the spirit of the legislative mandate, VHA must continue to secure a stable software solution that is cost effective and that meets both regulatory and business needs. To maintain administrative efficiencies, VistA and IVP must implement modern technologies not available in legacy VistA systems today.

## 7. Requirements

### 7.1. Business Needs/Requirements

| BN #<br>Repository # | Business Need (BN)/Requirement   | OWNR<br>Priority* |
|----------------------|--|-------------------|
| BN 1                 | Adhere to the Enterprise Level requirements as specifically addressed in <a href="#">Appendix D</a> of this document.  | High              |
| BN 2                 | Utilize nationally standardized terminology for all VistA IB Package Development.  | High              |
| BN 3                 | Provide the ability for users to add and view any Insurance Comments within the Patient Insurance in VistA.  | High              |
| OWNR<br>3.1          | Provide the ability to view brief descriptions of all insurance comments.  | High              |
| OWNR<br>3.2          | Provide the ability for one-step navigation from insurance comments to other screens within the Patient Insurance file (i.e., View Insurance, Expand Entry, Add/Edit Comment, etc.). | High              |
| OWNR<br>3.3          | Provide the ability to create a new comment from the previous dated comment.   | High              |
| OWNR<br>3.4          | Provide the ability to edit a previously dated comment.  | High              |
| OWNR<br>3.5          | Provide the ability to select a specific comment.  | High              |
| OWNR<br>3.6          | Provide the ability to view the detailed comment in a separate screen.   | High              |
| OWNR<br>3.7          | Provide the ability to expand a comment.   | High              |
| OWNR<br>3.9          | Rename 'IC Insur. Contact Inf.' to 'IC Insurance Comments'.  | High              |

| <b>BN #<br/>Repository #</b> | <b>Business Need (BN)/Requirement</b>  | <b>OWNR<br/>Priority*</b> |
|------------------------------|--|---------------------------|
| BN 4                         | Provide the ability to manage multiple Insurance Comments entries for each associated insurance company  | High                      |
| OWNR<br>4.1                  | Provide the ability to enter multiple Insurance Comments entries, sorted by date entered for each associated insurance company.  | High                      |
| OWNR<br>4.2                  | Provide the ability to display multiple Insurance Comments entries, sorted by date entered for each associated insurance company.  | High                      |
| OWNR<br>4.3                  | Provide the ability to store multiple Insurance Comments entries, sorted by date entered for each associated insurance company.  | High                      |
| BN 5                         | Provide the ability to allow users to enter a subject line for new Insurance Comments.   | High                      |
| OWNR<br>5.1                  | Provide the ability to create a subject line for new insurance comments (containing 2 – 40 characters).  | High                      |
| OWNR<br>5.2                  | Create the ability to view the subject line for each individual comment.   | High                      |
| OWNR<br>5.3                  | Create the ability for users to edit the subject line.   | High                      |
| BN 6                         | Provide the ability for users to view all Insurance Comments within Claims Tracking.   | High                      |
| OWNR<br>6.1                  | Create a new option for insurance comments in Claims Tracking.   | High                      |
| OWNR<br>6.2                  | Create the ability to display the new insurance comment option in Claims Tracking.   | High                      |
| OWNR<br>6.3                  | Create the ability to view only the new insurance comment option in Claims Tracking.   | High                      |
| OWNR<br>6.4                  | Create a shortcut to the new insurance comment option.   | High                      |
| OWNR<br>6.5                  | Provide the ability for one-step navigation from one screen to another the screen that contains patient policy information after the user has selected an insurance comment for a specific insurance policy. | High                      |
| OWNR<br>6.6                  | Create the ability to select and view all patient insurance comments.  | High                      |
| BN 7                         | Provide the ability for users to view all insurance comments within Third Party Joint Inquiry (TPJI).  | High                      |

| <b>BN #<br/>Repository #</b> | <b>Business Need (BN)/Requirement</b>   | <b>OWNR<br/>Priority*</b> |
|------------------------------|---|---------------------------|
| OWNR<br>7.1                  | Create a new insurance comment option within TPJI.  | High                      |
| OWNR<br>7.2                  | Create the ability to view only Insurance Comments in TPJI.   | High                      |
| BN 8                         | Create new data filtering and display additional data fields in the VistA: List Insurance Plans by Company Report   | High                      |
| OWNR<br>8.1                  | Provide the ability to add new filtering criteria to the insurance company list selection on the existing standard type report. (i.e., ACTIVE/INACTIVE/ALL).                | High                      |
| OWNR<br>8.2                  | Ability to add new filtering criteria to the group plan list selection on the existing standard type report. (i.e., ACTIVE/INACTIVE/ALL; TYPE OF PLAN; ENTRY DATE).         | High                      |
| OWNR<br>8.3                  | Ability for user selection of insurance company attributes that contain null values for display on a new “missing” type report.   | High                      |
| OWNR<br>8.4                  | Ability for user selection of group plan attributes that contain null values for display on a new “missing” type report.  | High                      |
| OWNR<br>8.5                  | Ability to display additional information on the existing standard type report (i.e. timely filing; ELECTRONIC PLAN TYPE; COVERAGE LIMITATIONS; BIN and PCN; etc.).         | High                      |
| OWNR<br>8.6                  | Ability to display information on a new “missing” type report   | High                      |
| OWNR<br>8.7                  | Ability to display all existing and new data elements on one report (either existing standard report or new “missing” type report)  | High                      |
| OWNR<br>8.8                  | Ability to print report data output to paper.   | High                      |
| OWNR<br>8.9                  | Ability to export data output to Microsoft Excel.   | High                      |
| BN 9                         | Create new data filtering criteria and display additional data on the VistA: Patients without Medicare Insurance Report   | High                      |
| 9.1                          | Ability to add new filtering criteria based on Last Appointment Date including user defined date range (from/to) to all report outputs regardless of initial sort criteria. | High                      |
| OWNR<br>9.2                  | Ability to display LAST VERIFIED DATE of the patient policy listed on the report data output  | High                      |
| OWNR<br>9.3                  | Ability to print report data output to paper.   | High                      |
| OWNR<br>9.4                  | Ability to export data output to Microsoft Excel.   | High                      |

| <b>BN #<br/>Repository #</b> | <b>Business Need (BN)/Requirement</b>   | <b>OWNR<br/>Priority*</b> |
|------------------------------|---|---------------------------|
| BN 10                        | Create new data filtering criteria and display additional data on the VistA: Active Policies with no Effective Date Report.   | Medium                    |
| OWNR<br>10.1                 | Ability to filter patient policies based on living patients/deceased patients/ALL.  | Medium                    |
| OWNR<br>10.2                 | Ability to add new filtering criteria based on Last Appointment Date including user defined date range (from/to) to all report outputs regardless of initial sort criteria.     | Medium                    |
| OWNR<br>10.3                 | Ability to display LAST VERIFIED DATE of the patient policy listed on the report data output.   | Medium                    |
| OWNR<br>10.4                 | Ability to display LAST VERIFIED BY of the patient policy listed on the report data output.   | Medium                    |
| OWNR<br>10.5                 | Ability to print report data output to paper.   | Medium                    |
| OWNR<br>10.6                 | Ability to export data output to Microsoft Excel.   | Medium                    |
| BN 11                        | Create new data filtering criteria and display additional data fields on the VistA: eIV Patient Insurance Update Report   | High                      |
| OWNR<br>11.1                 | Ability to add new filtering criteria (billable) to the insurance company.  | High                      |
| OWNR<br>11.2                 | Ability to print report data output to paper.   | High                      |
| OWNR<br>11.3                 | Ability to export data output to Microsoft Excel.   | High                      |
| BN 12                        | Create new menu option for List Subscribers Company (LS).   | High                      |
| OWNR<br>12.1                 | Provide the ability to display all members of a selected insurance company and group plan file.   | High                      |
| OWNR<br>12.2                 | Ability to select one or more insurance companies.  | High                      |
| OWNR<br>12.3                 | Ability to select one or more group plans within the selected insurance company(s).   | High                      |
| OWNR<br>12.4                 | Ability to filter patient policies based on different criteria (i.e., ACTIVE/INACTIVE; living/deceased patients/all, etc.)  | High                      |
| OWNR<br>12.5                 | Ability to display as a worklist all patient policies with data elements: Patient Name, Social Security Number, Subscriber ID, Effective Date, Termination Date, Date of Death. | High                      |
| OWNR<br>12.6                 | Ability to select a single patient policy from the worklist.  | High                      |

| <b>BN #<br/>Repository #</b> | <b>Business Need (BN)/Requirement</b>   | <b>OWNR<br/>Priority*</b> |
|------------------------------|---|---------------------------|
| OWNR<br>12.7                 | Ability to automatically jump (or be able to access information) from one screen to another (e.g., to view patient insurance management information for a selected patient).) | High                      |
| OWNR<br>12.8                 | Ability to exit Patient Insurance Management screen directly back to the worklist screen.   | High                      |
| BN<br>13                     | Create new Management abilities of eIV Site Parameters under MCCR Site Parameters Menu.   | High                      |
| OWNR<br>13.1                 | Ability to view and edit eIV payer assignment.  | High                      |
| OWNR<br>13.2                 | Ability to view Freshness days.   | High                      |
| OWNR<br>13.3                 | Ability to view Retry Flag viewing.   | High                      |
| OWNR<br>13.4                 | Ability to view Timeout days.   | High                      |
| OWNR<br>13.5                 | Ability to view Timeout mailman.  | High                      |
| OWNR<br>13.6                 | Ability to view Number of retries.  | High                      |
| OWNR<br>13.7                 | Ability to view Default Service Type Code.  | High                      |
| OWNR<br>13.8                 | Ability to view and edit Health Management System (HMS) Directory.  | High                      |
| OWNR<br>13.9                 | Ability to view and edit ell active flag (HMS software).  | High                      |
| BN 14                        | Automatically post Patient Date of Death to active patient policies.  | Medium                    |
| OWNR<br>14.1                 | Ability to post the official VA Patient Date of Death as expiration date on active patient policies   | Medium                    |
| OWNR<br>14.2                 | Ability to display the official VA Patient Date of Death in the Patient Management Screen and the Patient Policy Information Screen   | Medium                    |
| OWNR<br>14.3                 | Create a new Patient Date of Death report to include the name of the deceased, date of death, patient policy, etc.  | Medium                    |
| OWNR<br>14.4                 | Ability to export data output to Microsoft Excel.   | Medium                    |

| <b>BN #<br/>Repository #</b> | <b>Business Need (BN)/Requirement</b>  | <b>OWNR<br/>Priority*</b> |
|------------------------------|--|---------------------------|
| BN<br>15                     | Enhance the VistA Security key capability to restrict additional insurance options   | High                      |
| OWNR<br>15.1                 | Provide ability to restrict the editing command lines within patient information screens.  | High                      |
| OWNR<br>15.2                 | Provide the ability to restrict COVERAGE LIMITATIONS.  | High                      |
| OWNR<br>15.3                 | Provide the ability to restrict ANNUAL BENEFITS.   | High                      |
| BN 16                        | Save the eIV Header and Summary information in VistA.  | High                      |
| OWNR<br>16.1                 | Provide the ability to save the eIV Header and Summary information from the eIV response report in the Expanded Benefits (EB) section of VistA.                                      | High                      |
| BN<br>17                     | Display eIV Response Reports and Expanded Benefits.  | High                      |
| OWNR<br>17.1                 | Provide the ability to display the requested Service Date and Service Type code from the originating Health Level Seven (HL7) in the Response Report.                                | High                      |
| OWNR<br>17.2                 | Provide the ability to display the requested Service Date and Service Type code from the originating HL7 in the Expanded Benefits.   | High                      |
| BN 18                        | Modify VistA screens and display prompts.  | High                      |
| OWNR<br>18.1                 | Change the existing data prompt "Policy Not Billable" to "Is This Policy Billable?".   | High                      |
| OWNR<br>18.2                 | Provide the ability to modify Policy Not Billable answer upon installation (i.e., change existing answer question from "No" to "Yes".  | High                      |
| OWNR<br>18.3                 | Provide the ability to display Policy Not Billable on the Expanded Policy Information screen.  | High                      |
| OWNR<br>18.4                 | Provide the ability to adjust the insurance buffer default filtering screen to include additional available policies when holding the security keys.                                 | High                      |
| OWNR<br>18.5                 | Provide the ability to display any specifically entered address associated for prescription//inpatient patient/outpatient/appeals data when entered into the insurance company file. | High                      |

| <b>BN #<br/>Repository #</b> | <b>Business Need (BN)/Requirement</b>   | <b>OWNR<br/>Priority*</b> |
|------------------------------|---|---------------------------|
| BN 19                        | Create a VistA Global to VistA IVP to X12 data element crosswalk.   | High                      |
| OWNR<br>19.1                 | Provide the ability to trace all VistA fields utilized in the generation of outbound HL7 message back to the VistA Global.  | High                      |
| OWNR<br>19.2                 | Document VistA Global locations for all outbound data elements.   | High                      |
| OWNR<br>19.3                 | Provide the ability to trace all VistA fields updated by the inbound HL7 message back to the VistA Global.  | High                      |
| OWNR<br>19.4                 | Document VistA Global locations for all inbound data elements.  | High                      |
| BN 20                        | Adjust Appointment and Batch eIV extract rules.   | High                      |
| OWNR<br>20.1                 | Ability to adjust the eIV Appointment extract based on clinic code/stop code.   | Medium                    |
| OWNR<br>20.2                 | Create a new High Dollar eIV appointment extract list.  | Medium                    |
| OWNR<br>20.3                 | Create a new Low Dollar eIV appointment extract list.   | Medium                    |
| OWNR<br>20.4                 | Ability to adjust the contents of the high dollar eIV appointment extract list based on clinic code/stop code to run.   | Medium                    |
| OWNR<br>20.5                 | Ability to adjust the contents of the low dollar eIV appointment extract list based on clinic code/stop code to run.  | Medium                    |
| OWNR<br>20.6                 | Ability to adjust All other eIV appointment extracts to run.  | Medium                    |
| OWNR<br>20.7                 | Ability to adjust how often the eIV appointment extract list generates i.e. days, weeks, months, etc.   | Medium                    |
| OWNR<br>20.8                 | Provide the ability for authorized users to adjust certain insurance parameters (i.e., clinic lists, Medicare payer, etc.).   | High                      |
| OWNR<br>20.9                 | Provide the ability for authorized users to only view certain insurance parameters (i.e., extract times, maximum/minimum days, HL7 maximum, etc.).  | High                      |
| OWNR<br>20.10                | Provide the ability for Financial Services Center (FSC) to control certain insurance parameters via a table update process (freshness days, extract times, HL7 maximums, freshness days, etc.). | High                      |

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|------------------------------|---|---------------------------|
| OWNR<br>20.11                | Provide the ability to remove the pharmacy filter from Appointment Extract, on all policies (except Medicaid) in order to create buffer entries in VistA under eIV Appointment Extract.   | High                      |
| OWNR<br>20.12                | Provide the ability to modify the eIV appointment extract to ignore VistA Date of Death entry during the appointment extract.   | High                      |
| OWNR<br>20.13                | Provide the ability to modify the eIV individual request electronic insurance inquiry to ignore the VistA Date of Death entry.  | High                      |
| OWNR<br>20.14                | Provide the ability to modify the eIV extract rules to accommodate HIPAA mandates.  | High                      |
| BN 21<br>418324<br>ARCH143   | Provide Windows based GUI integrating VistA Patient File (#2), Patient Insurance File (#2.312), Insurance Company File (#36); Group Plan File (#355.3), Insurance Verification Processor (#355.33), IIV Response File (#365), and other such VistA files as deemed necessary for MCCF and Non-MCCF insurance verification purposes. | High                      |
| 21.1<br>419171               | System must utilize single sign on routine.   | High                      |
| 21.2<br>418884               | System shall synchronize VistA assigned menus with IVP assigned menus or user roles.  | High                      |
| 21.3<br>419023               | System shall provide the ability to access multiple VistA installations across multiple VAMCs, Veterans Integrated Service Networks (VISNs) and Regions with single sign on.  | High                      |
| 21.4<br>418867               | System shall be compatible with the majority of scanners in current use, regardless of manufacturer, model, and design. Only TWAIN driver scanners are used.  | High                      |
| 21.5<br>4188845              | Create new VistA Source of Information Code – IVP (#355.12).  | High                      |
| BN 22<br>NEED109<br>ARCH143  | IVP shall be accessible at CBO Revenue Operations, to include: CPAC PMO, eBusiness Solutions, and Business Information Office (BIO).  | High                      |
| 22.1<br>418671               | System shall provide ability for CBO designated personnel to provide oversight over all system functionality.   | High                      |
| 22.2<br>418848               | All system data shall be available to designated CBO level personnel, including reports.  | High                      |
| 22.3<br>419510               | All system data and reports shall have the ability to be generated, viewed and exported.  | High                      |



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| 22.4<br>418940               | CBO shall have access to view, add, edit and save IVP system parameters across all IVP system data and reports.   | High                      |
| 22.5<br>418853               | CBO shall have access to assign VAMC databases (VistA) to different geographic locations.   | High                      |
| BN 23<br>NEED112<br>ARCH143  | Create multiple user roles to control access levels to menus, actions and data. Each higher user role shall include all access provided at the user role levels below it.   | High                      |
| 23.1<br>418954               | System shall create the ability to assign user roles.   | High                      |
| 23.2<br>419064               | User Role 1 – High – Reserved for VAMC Information Resource Manager (IRM) and CBO access to system parameters, national reports and system troubleshooting.                 | High                      |
| 23.3<br>418648               | User Role 2 – Med-High – Reserved for CPAC Insurance Verification Manager/Supervisor and non-MCCF Chief; includes limited parameter setting abilities and report access.    | High                      |
| 23.4<br>419519               | User Role 3 – Medium – Reserved for CPAC Insurance Verification Lead and designated insurance points of contact and non-MCCF Supervisor, includes report access.            | High                      |
| 23.5<br>418573               | User Role 4 – Medium-Low – Reserved for experienced insurance verification person, includes report access at limited levels.  | High                      |
| 23.6<br>418883               | User Role 5 – Low – Reserved for inexperienced insurance verification personnel, includes personal report access.   | High                      |
| 23.7<br>418796               | User Role 6 – Minimal – Reserved for insurance intake personnel, includes personal report access.   | High                      |
| 23.8<br>418832               | User Role 7 – Read Only – Reserved for non-insurance personnel to view insurance data without edit or creation capabilities, includes report access.                        | High                      |
| 23.9<br>419485               | User Role 8 – Report Only – Reserved for personnel to view data reports only.   | High                      |
| BN 24<br>NEED115<br>ARCH143  | Provide Daily Appointment worklist to insurance intake personnel, with integrated VistA appointment check in.   | High                      |
| 24.1<br>418718               | User Role 6 shall have access to utilize Daily Appointment worklist.  | High                      |
| 24.2<br>419210               | The IVP Daily Appointment worklist displays all patient appointments for 'today' for insurance intake personnel based on user's VistA account settings for clinic location. | High                      |

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| 24.3<br>OWNR1333 (6.3)       | The IVP Daily Appointment worklist automatically updates based on changes made to user's VistA account settings for clinic location.   | High                      |
| 24.4<br>OWNR1334 (6.4)       | The IVP Daily Appointment worklist is integrated into VistA live appointment scheduling; updating automatically upon appointment creation, edit or cancellation.   | High                      |
| 24.5<br>OWNR1335 (6.5)       | System automatically marks VistA scheduling package as "patient checked in" once insurance information is addressed.   | High                      |
| 24.6<br>OWNR1336 (6.6)       | System shall force the creation of an appropriate IVP entry prior to patient being checked in for appointment.   | High                      |
| 24.7<br>OWNR1337 (6.7)       | System automatically marks IVP entries <sup>6</sup> with VistA Source of Information Code – IVP.   | High                      |
| BN 25                        | Creation of IVP entries.   |                           |
| 25.1<br>OWNR1338 (6.8)       | Insurance intake personnel can select existing active insurance to scan associated card, system files images with IVP entry containing minimum data required for VistA eIV module.   | High                      |
| 25.2<br>OWNR1339 (6.9)       | Insurance intake personnel can select existing active insurance without associated card, system files IVP entry containing minimum data required for VistA eIV module.   | High                      |
| 25.3<br>OWNR1340<br>(6.10)   | Insurance intake personnel can select existing active insurance to indicate patient asserts insurance is now expired; system files IVP entry containing minimum data required for VistA eIV module.                            | High                      |
| 25.4<br>OWNR1341<br>(6.11)   | Insurance intake personnel can create new insurance entry to scan associated card, system files images with IVP entry containing minimum data required for VistA eIV module.   | High                      |
| 25.5<br>OWNR1342<br>(6.12)   | Insurance intake personnel can create new insurance entry without associated card, system files IVP entry containing with minimum data required for VistA eIV module.  | High                      |
| 25.6<br>OWNR1343<br>(6.13)   | Insurance intake personnel can create 'no insurance' entry without associated card, system files IVP entry containing minimum data required for VistA to post 'no insurance' automatically to Patient Insurance file.          | High                      |
| 25.7<br>OWNR1344<br>(6.14)   | Insurance intake personnel can create 'not enough information available' entry without associated card, system files IVP entry containing minimum data required to notate Daily Appointment worklist entry has been addressed. | High                      |

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<sup>6</sup> The terms "IVP entries", "insurance intake entries", "verification entries", "buffer entries", and "insurance entries" can be used interchangeably.

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| 25.8<br>OWNR1345<br>(6.15)   | System shall provide ability for insurance intake personnel to utilize Optical Character Recognition (OCR) technology to selectively populate fields necessary to complete an IVP entry.     | High                      |
| 25.9<br>OWNR1346<br>(6.16)   | Completion IVP entries and VistA "patient checked in" action will automatically update user Daily Appointment worklist as complete, removing patient name.                                   | High                      |
| 25.10<br>OWNR1347<br>(6.17)  | System automatically marks IVP entries with user name, time & date stamp and clinic location for audit report tracking.  | High                      |
| 25.11<br>OWNR1348<br>(6.18)  | System shall automatically stores user name, date, time, clinic location and patient details to an audit file when IVP entries are created.  | High                      |
| 25.12<br>OWNR1349<br>(6.19)  | System automatically prevents users from creating duplicate IVP entries with exact matching insurance data.  | High                      |
| 25.13<br>OWNR1350<br>(6.20)  | System automatically prevents unique patients to be asked multiple times to provide insurance information during same day appointments once an IVP entry has been created for that same day. | High                      |
| 25.14<br>OWNR1351<br>(6.21)  | System automatically prompts insurance intake user to create Medicare entry if patient is over the age of 65 and does not currently have a Medicare insurance entry on file.                 | High                      |
| 25.15<br>OWNR1352<br>(6.22)  | System shall automatically prompt insurance intake user to create additional IVP entries if multiple active entries exist in the patient's VistA Patient Insurance file.                     | High                      |
| 25.16<br>OWNR1353<br>(6.23)  | System automatically suppresses existing expired patient insurance file entries from view for this user role.  | High                      |
| 25.17<br>OWNR1354<br>(6.24)  | System shall provide access to create IVP entry for patient not currently on Daily Appointment worklist.   | High                      |
| OWNR<br>25.18                | System shall provide ability for user to process patient check in activities if insurance information does not need verification at this time.   | High                      |
| OWNR<br>25.19                | System shall remove patient name from appointment worklist when check in without insurance needing update is completed.  | High                      |
| BN 26                        | During insurance intake, insurance card images are captured.   | High                      |

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| 26.1<br>OWNR1356 (7.1)       | System provides ability for insurance intake user to view scanned image and re-scan prior to saving.   | High                      |
| 26.2<br>OWNR1357 (7.2)       | System provides ability for user to default appropriate source scanner into user profile.  | High                      |
| 26.3<br>OWNR1358 (7.3)       | System provides ability for user to set appropriate scanner settings based on scanner model for image size and quality.  | High                      |
| 26.4<br>OWNR1359 (7.4)       | System automatically marks and stores images to be retrieved with associated IVP entry at any time.  | High                      |
| 26.5<br>OWNR1360 (7.5)       | System automatically purges images based on selectable time parameter controlled by CBO.   | High                      |
| BN 27<br>NEED113<br>ARCH143  | System contains editable business rules for finalizing IVP entries for insurance verification action based on selectable parameters controlled by CBO.   | High                      |
| 27.1<br>OWNR1361 (8.1)       | Parameter setting shall be available to User Role 1 and have remote setting capabilities.  | High                      |
| 27.2<br>419001               | System shall provide multiple 'days since last verified' parameters to be applied to single insurance companies and/or groups of companies and 'no insurance' type files.                        |                           |
| 27.3<br>419466               | System shall provide mechanism for insurance verification personnel to override 'days since last verified' parameter on single patient basis to force verification sooner than system parameter. | High                      |
| 27.7<br>OWNR1367 (8.7)       | Selectable 'no insurance' parameter will prevent IVP entries from being finalized when calculated to be within the parameter setting.  | High                      |
| BN 28<br>NEED108<br>ARCH143  | Insurance intake data, including images are immediately accessible.  | High                      |
| 28.1<br>419281               | All IVP entries are immediately visible in VistA IVP File.   | High                      |
| 28.2<br>OWNR1378 (9.2)       | All IVP entries are immediately registered to the VistA eIV inquiry queue for processing.  | High                      |
| 28.3<br>OWNR1384<br>(10.1)   | IVP entries are automatically marked processed and removed if VistA Buffer file is auto-updated via VistA eIV module.  | High                      |

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| 28.4<br>OWNR1380 (9.4)       | IVP entries will be marked with existing VistA eIV buffer entry status flags for viewing.  | High                      |
| 28.5<br>419211               | IVP 'no insurance' entries are automatically processed by the system, marking the VistA Patient Insurance File with 'verification of no coverage' without human intervention.  | High                      |
| 28.6<br>OWNR1386<br>(10.3)   | System automatically marks 'no insurance' IVP entries with system user name, time & date stamp for audit report tracking when system processes them.   | High                      |
| BN 29<br>NEED102<br>ARCH143  | IVP entries are visible in an insurance verification working queue.  | High                      |
| 29.1<br>OWNR1387<br>(11.1)   | Insurance verification working queue display can be customized by user selected features to include but not limited to: Date & Time; Patient; Insurance Company; eIV status; image; VistA Patient Status Flag, source of information and appointment type. | High                      |
| 29.2<br>OWNR1388<br>(11.2)   | Insurance verification working queue display can be filtered by user selected features to include: Date and Time; Patient; Insurance Company; VistA eIV status; image; VistA Patient Status Flag, source of information, division and appointment type.    | High                      |
| 29.3<br>418947               | System contains selectable parameter to display multiple VistA system insurance verification entries under single user log in.   | High                      |
| BN 30<br>NEED101<br>ARCH143  | System shall provide capability to open, view, edit, save, and process insurance verification entries.   | High                      |
| 30.1<br>OWNR1390<br>(12.1)   | System shall provide ability to view in a single split screen the existing VistA patient insurance file, insurance verification entries, scanned image and eIV response report.  | High                      |
| 30.2<br>OWNR1391<br>(12.2)   | System shall provide the ability to reasonably match insurance verification entry with existing patient insurance file entry (if available) and prompt user approval.  | High                      |
| 30.3<br>OWNR1392<br>(12.3)   | System shall provide the ability of the insurance verifier to select matching existing patient insurance file entry (if available) to view simultaneously with eIV response report data.   | High                      |
| 30.4<br>OWNR1393<br>(12.4)   | System shall provide the ability to reasonably match insurance verification entry with existing insurance company file and group plan file entry (if available) when matching existing patient insurance file entry does not exist.                        | High                      |

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| 30.5<br>OWNR1394<br>(12.5)   | System shall provide the ability to the insurance verifier to select matching existing insurance company file and group plan file entry (if available) to view simultaneously with eIV response report data. | High                      |
| 30.6<br>OWNR1395<br>(12.6)   | System shall provide the ability to search existing VistA insurance company file when system cannot prompt for matching entry.   | High                      |
| 30.7<br>OWNR1396<br>(12.7)   | System shall provide the ability to make edits to an existing VistA insurance company file entry if edits to matching or selected entry are needed based on user role.                                       | High                      |
| 30.8<br>OWNR1397<br>(12.8)   | System shall provide the ability to create a new VistA insurance company file entry when the user cannot find an existing VistA Insurance company file entry based on user role.                             | High                      |
| 30.9<br>OWNR1400<br>(12.11)  | System shall provide the ability to search existing VistA group plan file when system cannot prompt for matching entry.  | High                      |
| 30.10<br>OWNR1401<br>(12.12) | System shall provide the ability to make edits to an existing VistA group plan file entry if edits to matching or selected entry are needed based on user role.  | High                      |
| 30.11<br>OWNR1402<br>(12.13) | System shall provide the ability to create a new group plan file (355.3) entry when the user cannot find an existing VistA Insurance company file entry based on user role.                                  | High                      |
| 30.12<br>OWNR1403<br>(12.14) | System shall provide ability for insurance verification personnel to utilize OCR technology to selectively populate fields necessary to complete an insurance verification entry.                            | High                      |
| 30.13<br>OWNR1406<br>(12.17) | System shall provide the ability to enter new patient policy information when the user cannot find existing policy information from patient insurance file entry.  | High                      |
| 30.14<br>OWNR1413<br>(14.1)  | System shall provide access to enter data to capture Annual Benefits, and save to VistA's Annual Benefits file.  | High                      |
| 30.15<br>OWNR1414<br>(14.2)  | System shall provide access to enter data to capture Coverage Limitations, and save to VistA's Plan Coverage Limitations file.   | High                      |
| 30.16<br>OWNR1415<br>(14.3)  | System shall provide access to enter data to capture Insurance Review, and save to VistA's Insurance Review file, and automatically mark the resulting VistA entries with 'Insurance Verification'.          | High                      |

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| 30.17<br>OWNR1416<br>(14.4)  | System shall provide access to view, enter and accept data imported from the VistA Patient file regarding completing the VistA Patient Insurance file 'Subscriber's Information'.   | High                      |
| OWNR<br>30.18                | System shall provide smart logic mechanism to identify pharmacy policies and implement additional required fields as necessary.   | High                      |
| OWNR<br>30.19                | System shall provide the ability for insurance verifiers to delete an improperly scanned image without deleting the IVP entry data.   | High                      |
| OWNR<br>30.20                | System shall provide audit trail of improperly scanned images that were deleted for output reports.   | High                      |
| BN 31                        | System contains editable business rules for processing insurance verification entries based on selectable parameters controlled by CBO.   | High                      |
| OWNR<br>31.2                 | System shall automatically write changes made to the VistA Insurance Company file and VistA group plan file during insurance verification entry processing to VistA, applying changes to all groups and members based on user role. | High                      |
| OWNR<br>31.3                 | System shall automatically prompt for user approval for edits to the VistA Insurance Company file and VistA group plan file during insurance verification entry processing.   | High                      |
| OWNR<br>31.4                 | System shall automatically store user name, date and time to an audit file when edits are made to the VistA Insurance Company field and/or the VistA group plan file (#355.3).  | High                      |
| OWNR<br>31.5                 | System shall provide the ability for insurance verification entries to be rejected by providing a 'reject reason code'. Rejected entries shall leave remaining 'stub' entry in audit file.  | High                      |
| OWNR<br>31.6                 | System shall provide the ability for insurance verification entries to be processed to completion utilizing looping business rules examining data for completeness and accuracy where possible.                                     | High                      |
| OWNR<br>31.7                 | System provides the ability use VistA buffer filing flag option overwrite pushing all changes to VistA storage locations including "blanks".  | High                      |
| BN 32                        | System shall create an audit file to include creation, edits, and completion of all IVP entries.  | High                      |
| OWNR<br>32.1                 | System shall generate number and percentage of entries made versus entries needed to be made (exceptions) based on clinic location and individual intake personnel  | High                      |
| OWNR<br>32.2                 | System shall store number and percentage of entries made versus entries needed to be made (exceptions) based on clinic location and individual intake personnel   | High                      |

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| OWNR<br>32.3                 | System shall retrieve number and percentage of entries made versus entries needed to be made (exceptions) based on clinic location and individual intake personnel   | High                      |
| OWNR<br>32.4                 | System shall generate number and percentage of images associated with IVP entries.   | High                      |
| OWNR<br>32.5                 | System shall store number and percentage of images associated with IVP entries.  | High                      |
| OWNR<br>32.6                 | System shall retrieve number and percentage of images associated with IVP entries.   | High                      |
| OWNR<br>32.7                 | System shall generate number and percentage of entries worked by insurance verification personnel.   | High                      |
| OWNR<br>32.8                 | System shall store number and percentage of entries worked by insurance verification personnel.  | High                      |
| OWNR<br>32.9                 | System shall retrieve number and percentage of entries worked by insurance verification personnel.   | High                      |
| OWNR<br>32.10                | System shall generate entry specific data including but not limited to; entered by date/time, saved by date/time, processed by date/time, entered by person, saved by person, processed by person, lag time, billable versus not billable, number of images, source of information, new company, new group plan, new patient policy, insurance company name, patient name, subscriber ID, clinic location, appointment date/time, etc. | High                      |
| OWNR<br>32.11                | System shall store entry specific data including but not limited to; entered by date/time, saved by date/time, processed by date/time, entered by person, saved by person, processed by person, lag time, billable versus not billable, number of images, source of information, new company, new group plan, new patient policy, insurance company name, patient name, subscriber ID, clinic location, appointment date/time, etc.    | High                      |
| OWNR<br>32.12                | System shall retrieve entry specific data including but not limited to; entered by date/time, saved by date/time, processed by date/time, entered by person, saved by person, processed by person, lag time, billable versus not billable, number of images, source of information, new company, new group plan, new patient policy, insurance company name, patient name, subscriber ID, clinic location, appointment date/time, etc. | High                      |
| OWNR<br>32.13                | System data shall be accessible using VistA Fileman when IVP GUI interface is not operational or available for use   | High                      |
| BN 33                        | System shall create, edit, store, and retrieve reports.  | High                      |



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| OWNR<br>33.1                 | System shall provide output audit exports from the Daily Appointment worklist to capture who, what, when, how and where on work performed.                                | High                      |
| OWNR<br>33.2                 | System shall provide output audit reports from the Daily Appointment worklist to capture who, what, when, how and where on work not performed or 'missed'.                | High                      |
| OWNR<br>33.3                 | System shall provide output audit reports from the IVP entries to capture who, what, when, how and where on work performed.   | High                      |
| OWNR<br>33.4                 | System shall provide output audit reports when edits are detected in the VistA Insurance Company and the VistA group plan file to capture who, what, when, how and where. | High                      |
| OWNR<br>33.5                 | System shall provide output audit reports displaying insurance capture percentages with other supporting data addressing insurance collection productivity.               | High                      |
| OWNR<br>33.6                 | System shall provide output audit reports displaying insurance verification percentages with other supporting data addressing insurance verification productivity.        | High                      |
| OWNR<br>33.7                 | System shall provide output audit reports displaying improperly scanned images that were deleted with user details (i.e., user, time, date, image, company, etc.).        | High                      |
| BN 34                        | System shall provide graphical access to existing VistA reports.  | Medium                    |
| OWNR<br>34.1                 | Provide the capability to select the Insurance Buffer Activity option in the graphical user interface. .  | Medium                    |
| OWNR<br>34.2                 | Provide the capability to select the Insurance Buffer Employee option in the graphical user interface.  | Medium                    |
| OWNR<br>34.3                 | Provide the capability to select the Source of Information option in the graphical user interface.  | Medium                    |
| OWNR<br>34.4                 | Provide the capability to select the Patients Without Medicare option in the graphical user interface.  | Medium                    |
| OWNR<br>34.5                 | Provide the capability to select the Veterans with Insurance and Outpatient Visit option in the graphical user interface.   | Medium                    |
| OWNR<br>34.6                 | Provide the capability to select the Veterans with Insurance and Inpatient Admin option in the graphical user interface.  | Medium                    |
| OWNR<br>34.7                 | Provide the capability to select the Inpatients with Unknown or Expired Insurance option in the graphical user interface.   | Medium                    |
| OWNR<br>34.8                 | Provide the capability to select the Outpatients with Unknown or Expired Insurance option in the graphical user interface.  | Medium                    |

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| OWNR<br>34.9                 | Provide the capability to select the Patients with Unidentified Insurance option in the graphical user interface.  | Medium                    |
| OWNR<br>34.10                | Provide the capability to select the Insurance Policies Not Verified option in the graphical user interface.   | Medium                    |
| OWNR<br>34.11                | Provide the capability to select the Insurance Payment Trend Report option in the graphical user interface.  | Medium                    |
| OWNR<br>34.12                | Provide the capability to select the Generate Insurance Company Listings option in the graphical user interface .  | Medium                    |
| OWNR<br>34.13                | Provide the capability to select the List Inactive Insurance Companies Covering Patients option in the graphical user interface.   | Medium                    |
| OWNR<br>34.14                | Provide the capability to select the List Plans by Insurance Company option in the graphical user interface .  | Medium                    |
| OWNR<br>34.15                | Provide the capability to select the Verification of No Coverage Report option in the graphical user interface.  | Medium                    |
| OWNR<br>34.16                | Provide the capability to select the Active Policies with no Effective Date Report option in the graphical user interface.   | Medium                    |
| OWNR<br>34.17                | Provide the capability to select the List New not Verified Policies option in the graphical user interface .   | Medium                    |
| OWNR<br>34.18                | Provide the capability to select the Patients with or without Insurance Report option in the graphical user interface.   | Medium                    |
| BN 35                        | Provide the ability to modify existing VistA coding.   | High                      |
| OWNR<br>35.1                 | Provide the ability to modify the VistA methodology used to add new insurance company file to properly trigger a NIF update.   | High                      |
| OWNR<br>35.2                 | Provide the ability to modify the VistA methodology used to add new insurance company files to obey the proper security keys.  | High                      |
| OWNR<br>35.3                 | Provide the ability to modify the VistA methodology used to add new group plan files to obey a duplicate group checker.  | High                      |
| OWNR<br>35.4                 | Provide the ability to modify the VistA eIV auto-update behavior when Medicare response reports are processed.   | High                      |
| OWNR<br>35.5                 | Provide the ability to modify the VistA eIV auto-update behavior when posting data elements to the patient insurance subfile. Example: do not overwrite Name, merge Patient Identifier (ID), ignore subscriber ID, etc.) | High                      |

| <b>BN #<br/>Repository #</b> | <b>Business Need (BN)/Requirement</b>  | <b>OWNR<br/>Priority*</b> |
|------------------------------|--|---------------------------|
| BN 36                        | System shall provide the ability to save current and multiple historic HPID/OEIDs in the VistA Insurance Company file. | High                      |
| OWNR<br>36.1                 | Provide the ability to store multiple HPID/OEIDs for historical purposes.  | High                      |
| OWNR<br>36.2                 | Provide the capability to store the HPID/OEID deactivation date in the VistA Insurance Company file.                   | High                      |
| OWNR<br>36.3                 | Provide the capability to store the HPID/OEID activation date in the VistA Insurance Company file.                     | High                      |
| BN<br>37                     | Provide the ability to integrate VPS Kiosk insurance scanning with IVP insurance scanning.                             | High                      |
| OWNR<br>37.1                 | Provide the ability for IVP business rules to control when insurance cards are requested at the VPS kiosks.            | High                      |
| OWNR<br>37.2                 | Provide the ability for IVP to display insurance cards captured at a kiosk.  | High                      |
| OWNR<br>37.3                 | Provide the ability for IVP to display insurance data collected at a kiosk.  | High                      |
| OWNR<br>37.4                 | Provide the ability for insurance verifiers to utilize OCR on kiosk captured insurance card images.                    | High                      |

## 7.2. Non-Functional Requirements

| <b>Non-Functional Requirement Number</b> | <b>System Performance Reporting Requirements</b><br>(Note: Each system developed by VA OI&T <u>must</u> comply with the following mandatory requirements.)   |
|--|--|
| NFR 1                                    | Include instrumentation to measure all performance metrics specified in the Non-Functional Requirements section of the BRD. At a minimum, systems will have the ability to measure reporting requirements for Responsiveness, Capacity, and Availability as defined in the non-functional requirements section of this document. |
| NFR 2                                    | Make the performance measurements available to the Information Technology (IT) Performance Dashboard to enable display of “actual” system metrics to customers and IT staff.   |

|        | <b>Operational Environment Requirements</b>  |
|--------|--|
| NFR 3  | The primary and back-up sites for data storage shall be the same sites used for the VistA application(s) impacted by these operations. <sup>7</sup>  |
| NFR 4  | The system shall respond to user actions in 7 seconds or less in 95% of the attempts, and never more than 10 seconds.  |
| NFR 5  | System response times and page load times shall be consistent with VistA IB standards (for example My HealtheVet or HealtheVet).   |
| NFR 6  | Maintenance, including maintenance of externally developed software incorporated into the impacted VistA and/or IVP application(s), shall be scheduled during local system off peak hours or in conjunction with relevant maintenance schedules.   |
| NFR 7  | Information about response time degradation resulting from unscheduled system outages and other events that degrade system functionality and/or performance shall be disseminated to the user community within 30 minutes of the occurrence. The notification shall include the information described in the current Automated Notification Reporting (ANR) template maintained by the VA Service Desk. The business impact must be noted. |
| NFR 8  | Provide a real-time monitoring solution during the maintenance windows or when technical issues/problems occur which may require a preventative back-up.   |
| NFR 9  | Notification of scheduled maintenance periods that require the service to be offline or that may degrade system performance shall be disseminated to the business user community a minimum of 48 hours prior to the scheduled event.   |
| NFR 10 | When/if lapses in system/update availability occur, users would contact local Program Application Specialist (PAS) assigned to IVP or VistA and IB; contact OI&T assistance as needed; and enter standard Remedy ticket by calling National Support Desk.  |
|        | <b>Usability/User Interface Requirements</b>   |
| NFR 11 | User acceptance testing personnel shall include revenue staff (Insurance Verification and Intake Clerks, CPAC Managers, Regional and Facility Revenue Managers, Business Implementation Managers and Business Office Managers/Service Line Managers) that is able to confirm acceptable changes to their workflow.   |
| NFR 12 | User acceptance training and testing tools shall include user prompts to guide the use of the application so that minimal technical support is needed by the user.   |
| NFR 13 | A technical training curriculum shall be developed and delivered to all levels of staff users.   |
| NFR 14 | Technical documentation will be developed (or updated if already available) to include documentation of detailed system design and process mapping. This document will be provided to CBO.   |
| NFR 15 | The training curriculum shall state the expected training time for primary users and secondary users to become productive at using the VistA insurance, billing, pharmacy, payments and IVP applications.  |

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<sup>7</sup> Business SMEs did not want to limit any of the business or non-functional requirements listed by identifying specific VistA applications when that can be fully determined during the requirements elaboration and software design processes. They prefer to state the needs/requirements and have the technical analysts assigned determine the applications in which the changes need to be made.

|   |   |
|---|---|
| NFR 16  | A training curriculum, user manuals and other training tools shall be created/updated by VHA CBO eBusiness Solutions and then delivered to all levels of staff users at minimum 4-6 weeks in advance of the release of the software through nationwide teleconference calls, Live Meetings, Lync online meetings and PowerPoint presentations. The curriculum shall include all aspects of the new IVP application. |
| NFR 17  | The training curriculum shall state the expected task completion time for primary and secondary users.  |
| NFR 18  | The general training timeframe to yield productivity will vary based on the standardized requirements mandated by PPACA. Training will be provided to Revenue staff and systems support personnel. Training may occur through Live Meeting and Conference calls.  |
| <b>Documentation Requirements</b>                   |   |
| NFR 19  | Updates shall be made, as necessary, to the applicable user manuals and Operations and Maintenance (OM) manuals related to the VistA application(s) located on the VA Software Documentation Library. If no User or OM documentation exists, it shall be produced.  |
| <b>Implementation Requirements</b>                  |   |
| NFR 20  | An implementation plan shall be developed for all aspects of the electronic insurance process(es).  |
| NFR 21  | Technical Help Desk support for the application shall be provided or users to obtain assistance with processing insurance transactions.   |
| NFR 22  | The IT solution shall be designed to comply with the applicable approved Enterprise Service Level Agreements (SLA).   |
| NFR 23  | The update will be implemented via a single switchover during non-peak operation hours. The switch over to the new enhancements shall be implemented to minimize impact on Veterans and VA staff.   |
| NFR 24  | Implementation will require a system downtime equivalent to the time typically allocated for patches to these applications.   |
| <b>Data Protection/Back-up/Archive Requirements</b> |   |
| NFR 25  | Provide a back-up and recovery/restoration plan for when the system is brought off-line for maintenance or technical issues/problems.   |
| <b>User Access/Security Requirements</b>            |   |
| NFR 26  | Due to patient privacy considerations, health information data protection measures such as backup intervals and/or redundancy shall be consistent with systems categorized as critical.   |
| NFR 27  | Ensure the proposed solution meets all VHA Security, Privacy and Identity Management requirements as addressed in NIST SP 800-53 and VA Handbook 6500, Appendix D.  |
| NFR 28  | All efforts must be made to comply with VA and VHA Privacy requirements. Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.  |

|        |   |
|--------|---|
| NFR 29 | All efforts must be made to comply with the Section 508 requirements. VHA recognizes that these are Enterprise cross-cutting legal requirements for all developed Electronic and Information Technology. To ensure that these requirements are met, they are addressed through the Enterprise-level requirements maintained by VHA Health Information Technology, Software Engineering and Integration, Enterprise Requirements Management. |
|--------|---|

### 7.2.1. User Access Levels

| Type of User   | Description   | IVP User Role             | IVP Access   |
|----------------|---|---------------------------|--|
| Primary User   | VAMC Patient Registration Teams   | User Role 6 - Minimal     | Create insurance entries and limited report access   |
| Primary User   | Primary Insurance Verification Clerks (those employed by facilities and by CPACs)   | User Role 5 - Low         | Enter/Edit Patient Policy records, limited report access   |
| Primary User   | Secondary Insurance Verification Clerks (those employed by facilities and by CPACs) | User Role 4 – Med-Low     | Enter/Edit Insurance Company File, Group Plan File, Enter/Edit Patient Policy records, limited report access |
| Primary User   | CPAC IV Supervisors, CPAC IV Leads, Facility Revenue Supervisors                    | User Role 3 - Medium      | Enter/Edit Insurance Company File, Group Plan File, Enter/Edit Patient Policy records, full report access    |
| Primary User   | CPAC IV Managers / Facility Billing Managers  | User Role 2 – Med High    | Limited parameters, full report access.  |
| Primary User   | CBO CPAC PMO  | User Role 8 – Report only | Report only  |
| Secondary User | VISN Business Implementation Managers   | User Role 8 – Report only | Report only  |
| Secondary User | CBO Revenue Operations  | User Role 7 – Read only   | View only access   |
| Secondary User | Business Office Managers/Service Line Managers/PICM                                 | User Role 8 – Report only | Report only  |
| Secondary User | CBO eBusiness Solutions Office  | User Role 1 - High        | System parameters, national reports  |
| Secondary User | CBO Business Information Office   | User Role 8 – Report only | Report only  |
| Secondary User | VAMC Information Resource Managers (IRMs)   | User Role 2 – Med High    | Limited parameters, report access.   |
| Secondary User | National OI&T   | User Role 1 - High        | System parameters, national reports  |
| Secondary User | National OI&T System Administrators   | User Role 1 - High        | Observation, Troubleshooting   |

## 7.2.2. Performance, Capacity, and Availability Requirements

### 7.2.2.1. Performance

|  |
|--|
| <b>If this is a system modification, how many users does the current system support?</b>   |
| This is a system modification. Approximately 3,000 VHA staff members will potentially use this new modification, representing the same volume of existing system users. End users span the entire VHA third party insurance, billing, and accounts receivable operation as well as system support staff.       |
| <b>How many users will the new system (or system modification) support?</b>  |
| The new system modifications will support the entire VHA third party insurance, billing, accounts receivable and system support staff. Approximately 3,000 VHA staff members will potentially <u>use</u> this new modification.  |
| <b>What is the predicted annual growth in the number of system users?</b>  |
| Although there is no way to predict the increase in staff, it has been determined that additional users would not have a negative impact on the system. It is expected that insurance intake users will increase as new clinics are established nation-wide and may fluctuate with Veteran enrollment and use. |

### 7.2.2.2. Capacity

|   |
|---|
| <b>What is the predicted size (average) of a typical business transaction?</b>  |
| The typical size of VistA's outbound HL7 eligibility request to FSC is 500-600 bytes of data. The majority of inbound HL7 messages to VistA carrying eligibility benefit data vary between 1,000 to 3,000 bytes each. A large response can be up to 30,000 bytes each. A larger response is possible, but rare.   |
| <b>What is the predicted number of transactions per hour (day, or other time period)?</b>   |
| Approximately 30,000 transactions per day VHA wide.   |
| <b>Is the transaction profile expected to change (grow) over time?</b>  |
| Yes, data associated with each insurance verification message will continue to grow modestly and change based on new federal mandates. An estimated increase of 10 to 15% volume of electronic insurance verification transactions is projected as new electronic payers are added to the system. Additional increases are possible and dependent upon Veteran enrolment and usage. |
| <b>What is the process for planning/adjusting capacity?</b>   |
| The future capacity of a typical business transaction is unknown by Business Subject Matter Experts (SMEs). The estimate can more appropriately be made by IT staff.  |
| <b>Does the update require a surge capacity that would be different from the base application?</b>  |
| No, there is not a requirement for surge capacity different from the base application.  |

### 7.2.2.3. Availability

|  |
|--|
| <b>Describe when the envisioned system will need to be available (business hours only, weekends, holidays, etc.) to support the business.</b>  |
| Required minimum availability would be during business hours (6:00 am – 6:00 pm) in all time zones. (All time zones include eastern, central, mountain, western, Hawaii-Aleutian and Chamorro time.) The system must have 99.00% availability during these business hours. |

### 7.3. Known Interfaces

This is the business community's best understanding of known interfaces and may not be a comprehensive listing. All new required interfaces will be stated as Business Needs in [Section 7.1](#).

- FSC Eligibility Communicator (EC) – receives and translates HL 7 messages to 270/271 transactions format
- Austin Information Technology Center (AIRC) – receives and transmits 270/271 transactions to the clearinghouses
- Clearinghouses – receives and transmits 270/271 transactions to health insurance payers
- VistA Insurance Buffer
- VistA eIV Software
- VistA Appointment Scheduling package
- VistA Master Insurance File or NIF
- Patient's Insurance File
- VistA's eIV response files
- VistA must interface with Insurance Capture Buffer (ICB) until complete cut-over to IVP

### 7.4. Related Projects or Work Efforts

- **Supplemental to BRD #20090210 - VA Point of Service (VPS) - Detailed Phase 2: Insurance Card Scanner Capabilities**

[\[Redacted\]](#)

Point of service or interactive kiosks are one business innovation that provides VHA an opportunity to improve services and provide easy access to intuitive applications to retrieve, review and update information. VHA has recently identified interactive kiosks as an innovation that will enable medical centers to enhance services to veterans and improve the efficiency of operations. Kiosks are widely used in numerous industries, including healthcare, transportation, education, retail, employment services and advertising. The implementation of kiosks can be varied ranging from designated computer terminals to electronic devices with a touch screens.

- **NSR #20110503 EDI New Standards and Operating Rules – VHA Provider-side Technical Compliance Requirements**

[\[Redacted\]](#)

Section 1104 of the PPACA requires HIPAA covered entities, such as VHA, to adopt standard operating rules for the electronic exchange and use of health information for the purposes of financial and administrative transactions. The standard operating rules will require changes in current EDI implementations. Centers for Medicare and Medicaid Services (CMS) promulgates these new rules.

- **NSR #20130513 Health Plan Identifier (HPID) (Phase 2, Iteration 2)**

[\[Redacted\]](#)

HPIDs and OEIDs are mandated for use in HIPAA electronic transactions, as amended by the PPACA. The purpose of this effort is to develop the ability to store the HPID in VistA,



associate that HPID with an insurance company, insurance group/plan and a patient, and transmit that HPID on all applicable EDI transactions.

- **NSR #20130516 – Eligibility Benefits & Claim Status Data Content & Infrastructure (Phase 3, Iteration 2)**

[REDACTED] [6](#)

Enables generic and explicit inquiries for a defined set of high volume services with: health plan name and coverage dates, static financials such as co-pay, co-insurance, and base deductibles; benefit-specific and base deductible for individual and family; in/out of network variances; remaining deductible amounts; real-time batch turnaround times; enhanced patient identification and error reporting.

- **NSR #20130517 Insurance Verification Processor (IVP) (Phase 1 Iteration 1)**

[REDACTED] [n](#)

Project will incorporate industry standard card scanning capabilities and a Windows GUI to provide VA intake and verification clerks the electronic software system necessary to capture new insurance information for Veterans. This business process will be appointment-driven and will implement a standard business process that captures and verifies insurance information and demographic data through paperless technology combined with VistA integration.

- **NSR #20140411 eBusiness ePharmacy Compliance (Phase 3)**

[REDACTED] [n](#)

HIPAA requires industry wide standardization of EDI transactions to achieve improved efficiency and cost effectiveness in United States healthcare. This project extends ePharmacy standards to ePharmacy compliance.

- **NSR #20140414 eBusiness eBilling Compliance FY15**

[REDACTED]

HIPAA requires industry wide standardization of EDI transactions to achieve improved efficiency and cost effectiveness in United States healthcare. This project extends eBilling standards to claims, claims attachments, claims enrollment referrals, and universal healthcare identifier usage.

## **8. Other Considerations**

### **8.1. Alternatives**

There are no alternatives.

### **8.2. Assumptions**

It is assumed that related business processes will continue to function nationally, within the CPAC business model and VHA healthcare system. It is also assumed that there will be some degree of end user and Product Support training required for proper use and understanding of new functionality.

System functionality requested under all previous work products and project packages is completely delivered and operational.

## 8.3. Dependencies

Availability and amount of funds to support this request will impact resources available to develop software requirements to meet these business needs.

## 8.4. Constraints

- **Schedule:** Insurance Verification Processor; Phase 1 Iteration 1 has no known release date.
- **Technical:** GUI displays such as icons, windows applications that allow simultaneous programs to run, mouse selection/move, are not available in VistA.
- **Technical:** Editable image file formats are not supported by VistA.
- **Technical:** Compatibility with the existing VistA Insurance Buffer must be maintained. If a new platform/system is developed, the application must run on both platforms until such time as cutover to the new system is complete.
- **Technical:** The IVP must capture all required insurance data per HIPAA X12 transaction specifications as well as VHA business needs in order to maintain EDI eligibility transaction operations.
- **Non-Functional:** The system must be secure and meet VA standards for information privacy and security.
- **Non-Functional:** The system must be 508 compliant, Class 1 software.
- **Non-Functional:** The code must be able to be maintained by VistA Product Support post deployment.
- **Non-Functional:** The system must be scalable, i.e. easily expanded or upgraded based on evolving insurance data needs to include an ability to maintain performance (speed, response time, data integrity) along with data expansion.

## 8.5. Business Risks and Mitigation

**Risk:** Interoperability. This system will require integration with several VistA packages such as Appointment Scheduling, the Master Insurance file, the Insurance Buffer file, and the Patient Insurance file. If integration with these systems is not made, then the IVP will not meet functional needs.

**Mitigation:** The OI&T vendor must be able to integrate the software and make agreements with those package owners in order to effectively develop the IVP system. The Performance Work Statement (PWS) must specify the need for a development vendor with experience in working in those VistA packages.

**Risk:** Business. Historically, the Business Owners have received funding for mandated work late in the funding cycle. In most recent history, funding for the next Fiscal Year was received four months before the start of that year. If funding is delayed, then an inability to release timely acquisitions, an unrealistic vendor Periods of Performance, and overall timely delivery will occur.

**Mitigation:** The Business Owners and OI&T organization will monitor funding cycle events closely for potential risks to timely funds commitment, certification, and obligation. As risks are discovered plans for addressing those risks through the Integrated Product Team (IPT) structure will be analyzed and implemented.

**Risk:** Creating a Monopoly for Future Procurements. The IT solution requested involves sophisticated Windows GUI development to overlay VistA back-end functionality. This state of the art technology is often brought to VHA through a branded product offering, which makes it difficult for VHA Product Support to fix defects as they arise. If this product is proposed as a branded solution with software or source code that is proprietary, closed, or protected, then VHA will be at risk for increased future costs for sustainment of a product it cannot fix through its own internal resources.

**Mitigation:** The PWS must specify that the software solution be owned wholly by VA (i.e., software, source code, hardware) and will therefore be maintained by federal staff and not by an external vendor or contracted resource.

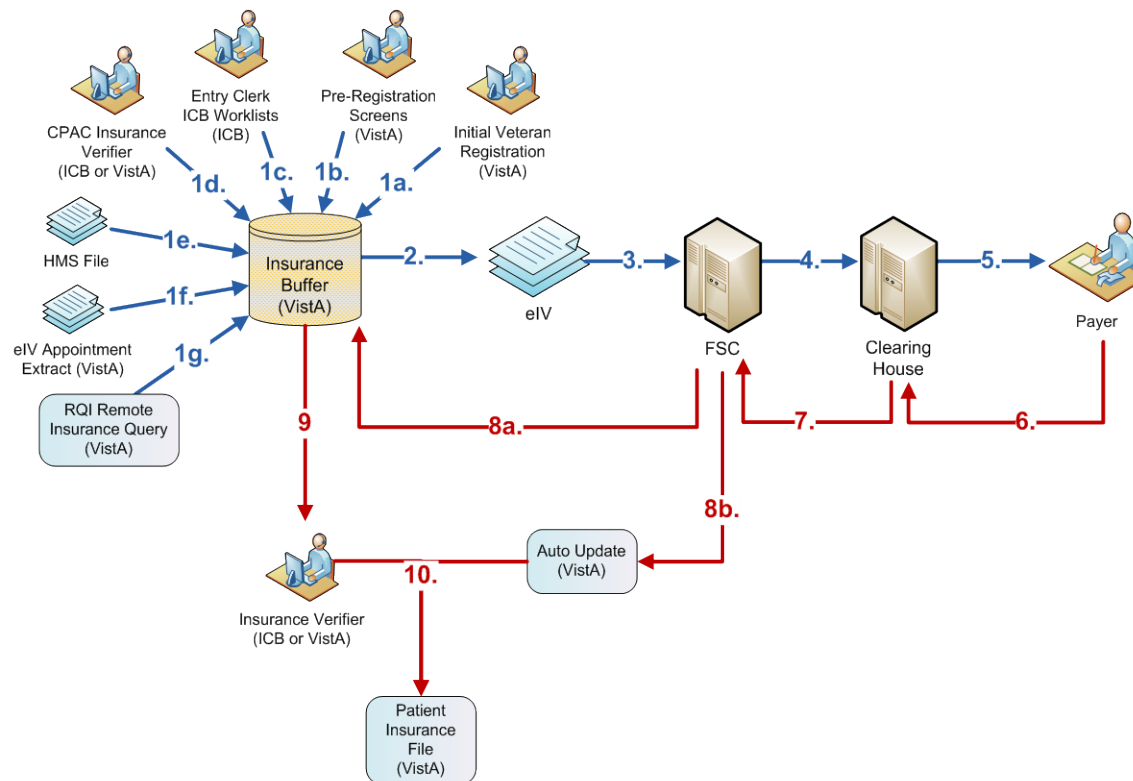
**Risk:** Time. If sufficient time elapses between IVP software development/release and the existing commercial software contract can no longer be renewed; end users will be left with no insurance card scanning capabilities. VistA will remain usable, but significant business process degradation will occur.

## Appendix A References

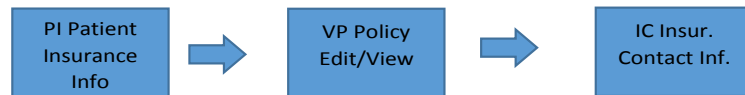
- HIPAA (Health Insurance Portability and Accountability Act of 1996)  
<http://www.gpo.gov/fdsys/pkg/PLAW-104publ191/pdf/PLAW-104publ191.pdf>
- NSR #20140413 Medical Care Collection Fund (MCCF) Eligibility Compliance Phase 3  
[REDACTED] [n](#) [REDACTED]
- NSR #20131003 Integrated Billing: eIV Repair  
[REDACTED] [3](#)
- NSR #20140201 Display Insurance Review (IR)  
[REDACTED] [n](#) [REDACTED]
- NSR #20140701 Insurance Verification Processor (IVP) (Phase 1, Iteration 2)
- [REDACTED]  
Audit Report 11-00333-254: Audit of Medical Care Collections Fund Billing of VA-  
Provided Care  
<http://www.va.gov/oig/pubs/VAOIG-11-00333-254.pdf>
- Public Law 111–148, The Patient Protection and Affordable Care Act  
<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>
- PPACA Compliance, Certification, and Penalties  
[https://www.cms.gov/Affordable-Care-Act/04\\_ComplianceCertificationandPenalties.asp](https://www.cms.gov/Affordable-Care-Act/04_ComplianceCertificationandPenalties.asp)
- VA Handbook 6500 – Information Security Program  
[REDACTED] [v](#) [REDACTED]

## Appendix B Models

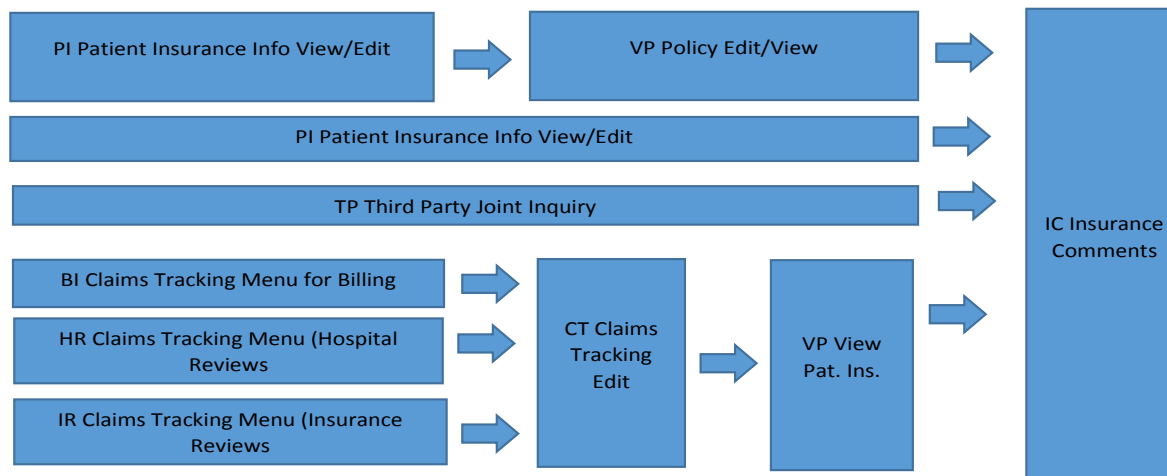
Current Business Process:



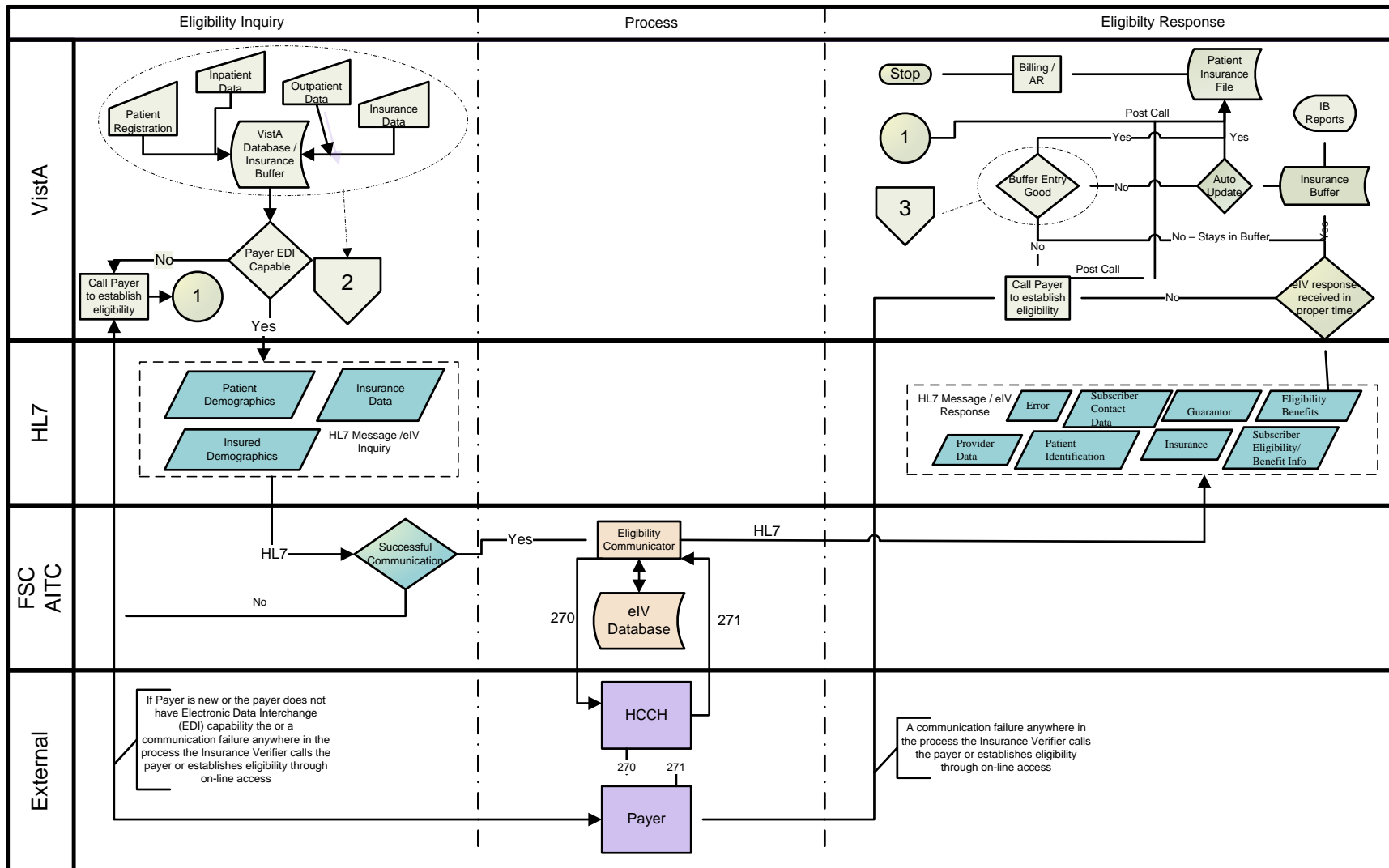
### Insurance Comments Flow (AS IS Model)

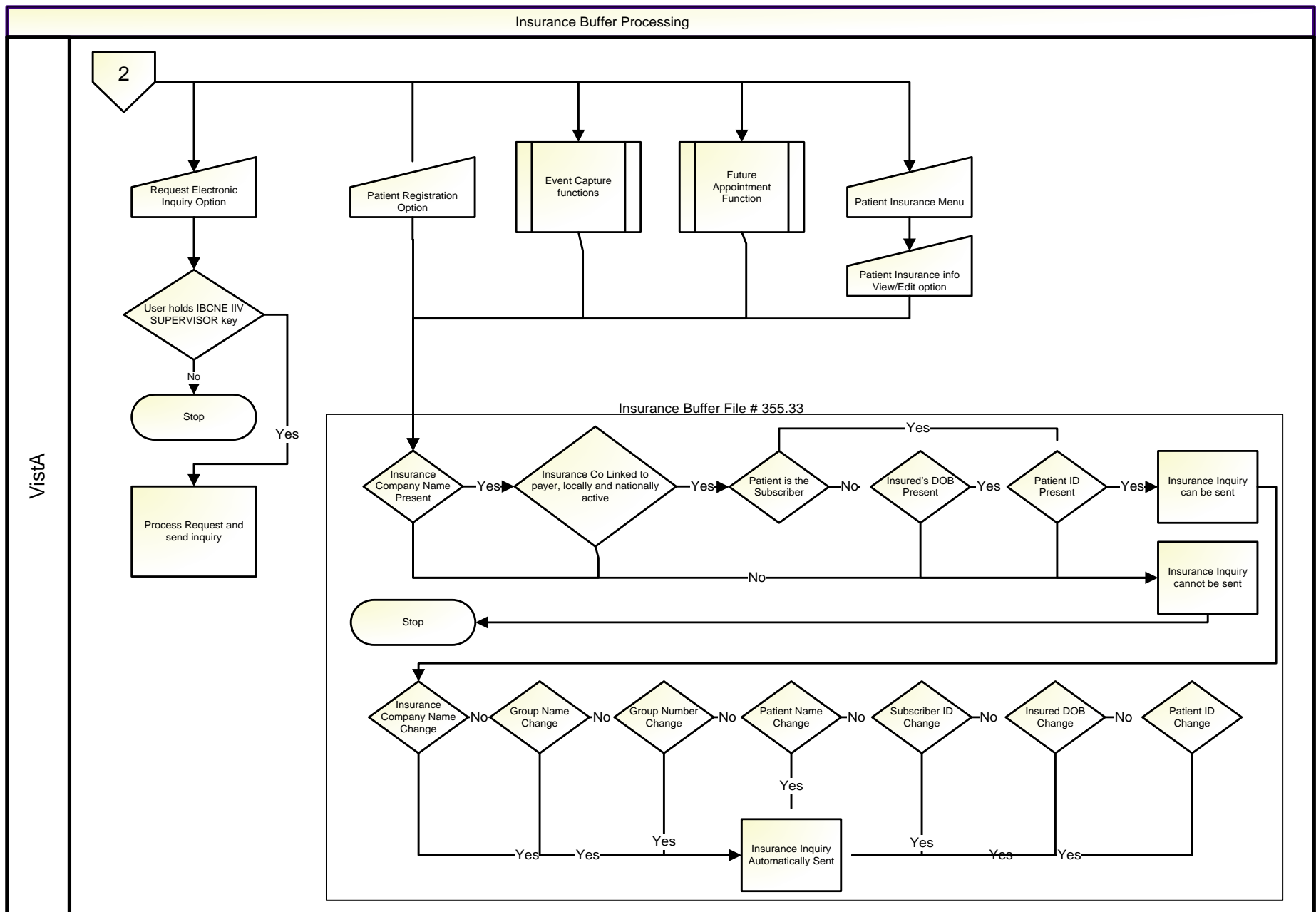


### Insurance Comments Flow (FUTURE Model)

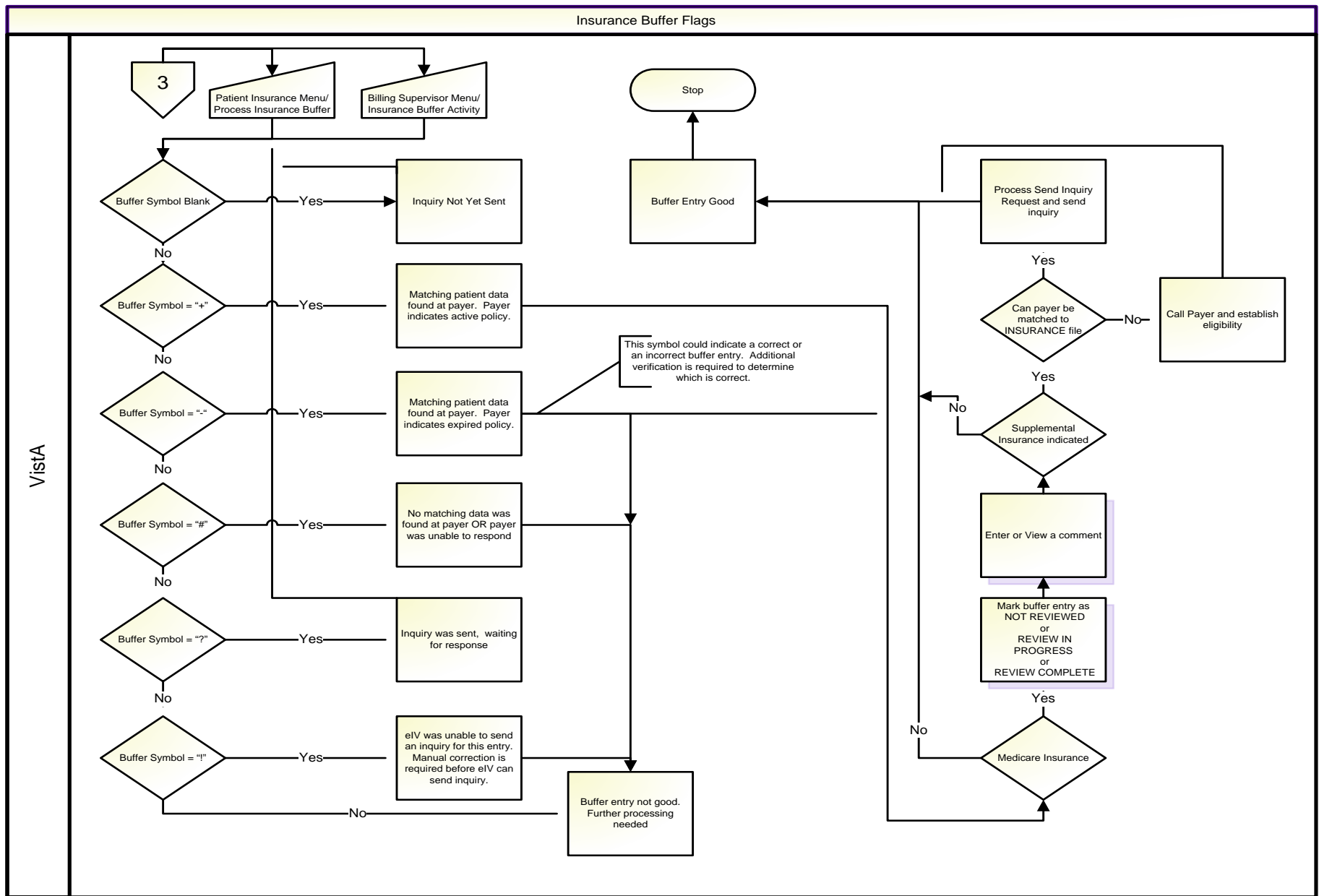


## Current eIV Flow Process









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## Appendix C Stakeholders, Users, and Workgroups

### Stakeholders

| Type of Stakeholder                | Description  | Responsibilities  |
|------------------------------------|--|---|
| Requester                          | [REDACTED]<br>EDI Transactions, eBusiness Solutions, CBO   | Submitted request. Submits business requirements. Monitors progress of request. Contributes to BRD development.   |
| Endorser                           | [REDACTED]<br>Chief Business Officer, CBO  | Endorsed this request. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.                                |
| Business Owner/Program Office      | [REDACTED],<br>Director, eBusiness Solutions, CBO  | Provide final approval of BRD with sign-off authority. Provide strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines. |
| Business SMEs                      | <ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>   | Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.                           |
| User SMEs                          | <ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul> | Ensure that the enhancements will account for current business processes and existing software capabilities.  |
| Office of Information & Technology | [REDACTED]   | Representing the Office of Information & Technology   |

## Stakeholder Support Team (BRD Development)

| Type of Stakeholder  | Description                     | Responsibilities  |
|--|---------------------------------|---|
| Security Requirements SME  | [REDACTED]<br>Analyst           | Responsible for determining the Assessment & Authorization (A&A) and other security requirements for the request.                             |
| Service Coordination SME   | [REDACTED] Service Coordination | Responsible for ensuring all aspects of non-functional requirements have been accurately recorded for this request.                           |
| Health Enterprise Systems Portfolio Management Staff                                       | [REDACTED]                      | Serve as the liaison between the Program Office (Business Owner) and Product Development throughout the lifecycle.                            |
| Requirements Development and Management Staff (RDM), Strategic Investment Management (SIM) | [REDACTED]                      | Responsible for reviewing content of this externally generated BRD and providing other support, as needed in the new service request process. |

## Primary and Secondary Users

| Type of User    | Description   | IVP Access   |
|-----------------|---|--|
| Primary Users   | VAMC Patient Registration Teams   | Create insurance entries & limited report access   |
| Primary Users   | Primary Insurance Verification Clerks (those employed by facilities and by CPACs)   | Enter/Edit Patient Policy records, limited report access   |
| Primary Users   | Secondary Insurance Verification Clerks (those employed by facilities and by CPACs) | Enter/Edit Insurance Company File, Group Plan File, Enter/Edit Patient Policy records, limited report access |
| Primary Users   | CPAC IV Supervisors, CPAC IV Leads, Facility Revenue Supervisors                    | Enter/Edit Insurance Company File, Group Plan File, Enter/Edit Patient Policy records, full report access    |
| Primary Users   | CPAC IV Managers / Facility Billing Managers  | Limited parameters, full report access.  |
| Primary Users   | CBO CPAC PMO  | Report only  |
| Secondary Users | VISN Business Implementation Managers   | Report only  |

| Type of User    | Description   | IVP Access                          |
|-----------------|---|-------------------------------------|
| Secondary Users | CBO Revenue Operations                              | View only access                    |
| Secondary Users | Business Office Managers/Service Line Managers/PICM | Report only                         |
| Secondary Users | CBO eBusiness Solutions Office                      | System parameters, national reports |
| Secondary Users | CBO Business Information Office                     | Report only                         |
| Secondary Users | VAMC IRMs   | Limited parameters, report access.  |
| Secondary Users | National OI&T                                       | System parameters, national reports |
| Secondary Users | National OI&T System Administrators                 | Observations, Troubleshooting       |

## Appendix D 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 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.

| Requirement Type    | Description  |
|---------------------|--|
| Security            | <p>All VA security requirements will be adhered to. Based on Federal Information Processing Standard (FIPS) 199 and National Institute of Standards and Technology (NIST) SP 800-60, recommended Security Categorization is moderate.</p> <p>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.</p>  |
| 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.  |
| 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: <a href="http://www.ehealth.va.gov/508/resources_508.html">http://www.ehealth.va.gov/508/resources_508.html</a> 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. |
| Executive Order     | All executive order requirements will be adhered to.   |
| 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.   |

## Appendix E Acronyms and Abbreviations

OI&T Master Glossary:

| Term  | Definition  |
|-------|---|
| A&A   | Assessment and Authorization                                    |
| AITC  | Austin Information Technology Center                            |
| ANR   | Automated Notification Reporting                                |
| AR    | Accounts Receivable   |
| BIO   | Business Information Office                                     |
| BN    | Business Need   |
| BRD   | Business Requirements Document                                  |
| CBO   | Chief Business Office   |
| CMS   | Centers for Medicare and Medicaid Services                      |
| CPAC  | Consolidated Patient Account Centers                            |
| CT    | Claims Tracking   |
| EB    | Expanded Benefits   |
| EC    | Eligibility Communicator  |
| EDI   | Electronic Data Interchange                                     |
| eIV   | Electronic Insurance Verification (aka: HIPAA 270/271 software) |
| FSC   | Financial Services Center                                       |
| FIPS  | Federal Information Processing Standard                         |
| GUI   | Graphical User Interface  |
| HHS   | Health and Human Services                                       |
| HI    | Health Informatics  |
| HIPPA | Health Insurance Portability and Accountability Act             |
| HL7   | Health Level Seven  |
| HMS   | Health Management System  |
| HPID  | Health Plan Identifier  |
| HR    | Hospital Review   |
| IC    | Insurance Comments  |
| ICB   | Insurance Capture Buffer  |
| IB    | Integrated Billing  |
| ID    | Identifier  |
| IR    | Insurance Review  |

| <b>Term</b> | <b>Definition</b>   |
|-------------|---|
| IRM         | Information Resource Manager                                    |
| IT          | Information Technology  |
| IVP         | Insurance Verification Processor                                |
| MCCF        | Medical Care Collections Fund                                   |
| MCCR        | Medical Care Cost Recovery                                      |
| NIF         | National Insurance File   |
| NIST        | National Institute of Standards and Technology                  |
| NSR         | New Service Request   |
| OCR         | Optical Character Recognition                                   |
| OEID        | Other Entity Identifier   |
| OIA         | Office of Informatics and Analytics                             |
| OIG         | Office of Inspector General                                     |
| OI&T        | Office of Information and Technology                            |
| OM          | Operations and Maintenance                                      |
| PAS         | Program Application Specialist                                  |
| PMO         | Program Management Office                                       |
| PPACA       | Patient Protection and Affordable Care Act                      |
| PWS         | Performance Work Statement                                      |
| RDM         | Requirements Development and Management                         |
| RUR         | Revenue Utilization Review                                      |
| SIM         | Strategic Investment Management                                 |
| SLA         | Service Level Agreement   |
| SME         | Subject Matter Expert   |
| TPJI        | Third Party Joint Inquiry                                       |
| RUR         | Revenue Utilization Review                                      |
| VA          | Department of Veterans Affairs                                  |
| VAMC        | Veterans Affairs Medical Center                                 |
| VHA         | Veterans Health Administration                                  |
| VIC         | Veteran Identification Card                                     |
| VISN        | Veterans Integrated Service Network                             |
| VistA       | Veterans Health Information Systems and Technology Architecture |
| VPS         | Veterans Point of Service                                       |



## Appendix F Approval Signatures

The requirements defined in this document are the high level business requirements necessary to meet the strategic goals and operational plans of the eBusiness Solutions, Chief Business Office. Further elaboration to these requirements will be done in more detailed artifacts.

### Business Owner

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

Signed:

---

[REDACTED] Director, eBusiness Solutions, CBO Date

**From:** [REDACTED]

**Sent:** Wednesday, October 29, 2014 12:10 PM

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: Approval of NSR Requirements and Architecture Package - NSR 20140413 MCCF eInsurance Compliance, Phase 3

I accept this version of the Requirements and Architecture Package (RAP).

Thank you,

[REDACTED]



20140413\_Approval  
\_Phelps.msg

### Business Liaison

Signifies appropriate identification and engagement of necessary stakeholders and the confirmation and commitment to quality assurance and communication of business requirements to meet stakeholder expectations.

Signed:

---

[REDACTED] Health Enterprise Systems Manager (for VHA)  
/es/ [REDACTED] (11/3/14)



[REDACTED]

**Office of Information and Technology**

Indicates agreement that the requirements have been received, are clear, understandable, and are documented sufficiently to facilitate project planning when the project is approved and funded. It is understood that negotiations may need to occur with the business during project planning as a result of technical reviews and feasibility.

Signed:

\_\_\_\_\_  
[Redacted Signature] Date  
[Redacted Title]

