**Health Administration Product Enhancements (HAPE) Electronic Data Interchange (EDI)**

**Purchased Care (PC) Enhancements User Guide**

**for**

**Purchased Care Authorizations Compliance Authorization Request Processing System (ARPS)**



**November 2016 Department of Veterans Affairs**

**Office of Information and Technology (OI&T)**

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# Introduction

The mission of the Department of Veterans Affairs (VA), Office of Information and Technology (OI&T), HAPE is to provide information technology (IT) products and services to the Veterans Health Administration (VHA) who in turn provides benefits and services to Veterans of the United States. In meeting these goals, OI&T strives to provide high quality, effective, and efficient IT services to those responsible for providing care to the Veterans at the point of-care as well as throughout all the points of the Veterans’ health care in an effective, timely and compassionate manner. VA depends on information management/information technology (IM/IT) systems to meet mission goals.

The Chief Business Office (CBO) PC assesses the impact of healthcare regulatory requirements on VHA EDI revenue operations and designs the use cases to illustrate the reengineered business process flows associated with technology changes. The office continuously monitors and participates in meetings of industry EDI standards-setting organizations. As the business process owner and subject matter expert (SME) for industry health care EDI mandates, Purchased Care defines business needs that necessitate revenue system software development. The office designs the maintenance and iterative updates to the EDI enterprise tool used to pay healthcare providers for service connected care provided to Veterans. Purchased Care develops partnerships with other Federal agencies and trading partners to support EDI processing and verify compliance; they test software, train users on the use of revised software, and provide help desk support for end users. The EDI transactions processes are utilized to pay nearly $6B in projected claims annually. The development work done under the scope of Purchased Care is inextricably linked to providing Veterans the medical care they have earned and deserve.

The HAPE EDI portfolio delivers IT products and services to CBO. This PC enhancement project is intended to deliver a range of updates, extensions, and modifications to various financial and administrative systems, processes, files, and reporting mechanisms, including:



**PC System Enhancements**: Harris will modify vendor data storage and claims processing functionality so payments to small businesses are made in a timely manner per the Prompt Payment Act. Harris will develop reports to verify compliance and data integrity.

**Health Administration Center (HAC) EDI Claims System Enhancements**: Harris will provide EDI functionality related to referral requests and authorizations in preparation for rules effective January 2016.

**Electronic Remittance Advice (ERA) (835) Compliance**: To comply with CORE Level III Electronic Funds Transfer (EFT) standards, Harris will modify vendor file and vendor maintenance functionality, Veterans Health Information Systems and Technology Architecture (VistA) Fee, and Claims Processing and Eligibility (CP&E) for beneficiary- related transactions.

**Health Plan Identifier (HPID) Compliance**: To comply with rules effective Fall 2016, Harris will modify claim transaction functionality related to incoming HPID validation and generation of outgoing EDI transactions to populate the VA HPID.

**Claims Attachments Compliance**: Harris will create systems to manage the receipt, processing, and storage of claims attachments in preparation for rules effective January 2016.

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| --- | --- | --- | --- |
| **Healthcare Claims 837 Compliance**: Harris will review and modify the 837 transaction | | | |
| flow within VA systems. |  | | |
| **Caregiver Stipend Payments System (optional task)**: Harris will create a rules-based | | |  |
| system to calculate stipend payments for caregivers, and create an interface to VA’s | |  | |



vendor database and maintenance process, CBOPC Veterans files, and Financial Management System (FMS) payment system.

**Comment [A1]:** Delete?

|  |  |
| --- | --- |
| The HAPE EDI portfolio delivers IT products and services to CBO. This PC enhancement | |
| project is intended to deliver a range of updates, extensions, and modifications to various financial and administrative systems, processes, files, and reporting mechanisms. The PC | g |
| Authorizations Compliance project will create processes and systems to receive incomin |
| requests for Healthcare Claim services review (278) and produce corresponding response |
| transactions (278). Over time, this enhancement should significantly reduce manual methods | |

(e.g., responding to telephone calls to VA Medical Centers, or VAMCs) using EDI transactions for treatment authorizations and pre-certifications.

**Comment [A2]:** Add? From the SDD

The PC Authorizations Compliance project will create new processes and systems to receive incoming requests for healthcare services review (278) and produce corresponding response transactions (278). Over time, this enhancement should significantly reduce manual methods (e.g., responding to telephone calls to VA Medical Centers (VAMCs) using EDI transactions for treatment authorizations and pre-certifications.

|  |  |  |
| --- | --- | --- |
| As part of the FY14 Authorizations project, the ability to create a 278 Response when a copy of | | |
| the master authorization exists in the 278 repository will be introduced. This functionality will | |  |
| continue to be supported in FY15. |  | |

**NOTE**: The master authorization is a generic term to reference either the 10-7078 or 10-7079 authorization created and stored in the VistA Fee system. Information from this authorization will be stored in the 278 Repository and the 278 Response will be generated from the information stored in the 278 Repository.

In FY15, new functionality will be introduced that will allow the VA to process 278 Request where a copy of the master authorization does not exists in the 278 Repository at the time that the 278 Request is received and a master authorization has to be created. In this document, these requests are referenced as unsolicited 278 Request.

Additional enhancements in this project will build on the EDI 278 Request for Services Review being introduced as part of the FY14 Authorizations project. The new 278 processing functionality will allow a provider to submit an unsolicited 278 Request for Health Care Services.

First the Automated EDI Tool (AET) will route the 278 Request to the appropriate VAMC and assign the request to a queue based on the service requested. These enhancements will allow the authorization clerk to to review the request based on the service requested and allow authorization clerks to respond to those requests utilizing two new Graphical User Interfaces (GUI).

In this project, we will be modifying existing authorization processing so that the authorization clerk will be able to select a service to be provided (from a lookup table) and enter the quantity

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## Purpose

|  |  |  |
| --- | --- | --- |
| and the units for the service to be provided. This change is necessary to support the 278 | |  |
| Response record. |  | |

This Purchase Care Authorizations Compliance User Guide provides end users with the information needed to utilize the enhancements to the ARPS, AET, and VistA Fee Basis.

The enhancements described in the guide are: ARPS:

* + - The ability to link the CPRS order with the master authorization record
    - The ability to create and issue a 10-7078 prior to the Veteran receiving the services
    - The ability to add quantitative services for a Veteran (improves support of 278 processing)
    - The ability to receive unsolicited 278 Request from a provider, routed to the appropriate VAMC and verify that the provider is authorized to conduct business with VA
    - The ability to view the 278 Unsolicited Request queues and select a 278 Request to process
    - The ability to see the details of the 278 Request
    - The ability to generate a 278 Response AET:
    - Allow VA to accept unsolicited 278 Authorization Request from Providers
    - Verify all providers listed in the Authorization Request are allowed to perform services for the VAMC
    - Route the unsolicited 278 Authorization Request to the appropriate VAMC
    - Allow administration of lookup table data used to populate 278 responses
    - Notify the EDI management team if AET goes offline
    - Allow the EDI management team to export summary data from the 278 Repository to generate necessary management reports
    - Automatically route the 278 Authorization Request to specific queues based on predefined routing criteria
    - Allow local queue management of unsolicited 278 Health Care Service Reviews
    - Verify patient is in local VAMC Authorizations database VistA Fee Basis:
    - Generate 10-7078 authorizations services with quantified deliverables for the service (procedure) authorized
    - Generate 10-7079 authorizations services with quantified deliverables for the service (procedure) authorized

**Comment [A3]:** Add? From the RSD

**Comment [A4]:** Look for doubles

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* + - Specify quantifiable Health Care Services Delivery (HSD) schedules
    - Review the 278 Request utilizing a new GUI
    - Generate the appropriate 278 Reponses to the Request either approving, rejecting or denying request for services
    - Capture the Computerized Patient Record System (CPRS) order number within the master authorization file, when an Authorization is created as a result of a CPRS order
    - Print the CPRS Order number on the appropriate Authorization paperwork
    - Allow a user to generate and issue a master authorization prior to the services being provided to the Veteran

## Document Orientation

### Audience

The intended audience of this document includes the Product Development (PD), Software Quality Assurance (SQA), the Chief Business Office (CBO), staff at the OI&T at the Health Administration Center (HAC) and the staff who issue authorizations for Non-VA Care.

### Assumptions

This guide was written with the following assumed experience/skills of the audience:

* + - * User has basic knowledge of the operating system (such as the use of commands, menu options, and navigation tools)
      * User has been provided the appropriate active roles, menus, and security keys required for the ARPS, AET, and VistA Fee Basis
      * User has validated access to ARPS, AET, and VistA Fee Basis
      * User has completed any prerequisite training

### Document Conventions

System menus are depicted graphically as figures in the document.

### Organization of the Manual

The organization of this manual is driven by project-specific scenarios. The project-specific scenarios described in this manual are organized in the following order:

1. ARPS Functionality
2. AET Enhanced Functionality
3. VistA Fee Basis Enhanced Functionality

## Disclaimers

### Software Disclaimer

This software was developed at the Department of Veterans Affairs (VA) by employees of the Federal Government in the course of their official duties. Pursuant to title 17 Section 105 of the

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### Documentation Disclaimer

The appearance of external hyperlink references in this manual does not constitute endorsement by the Department of Veterans Affairs (VA) of this Web site or the information, products, or services contained therein. The VA does not exercise any editorial control over the information found at these locations. Such links are provided and are consistent with the stated purpose of the VA.

## References and Resources

* + - BRD PC Authorizations Compliance Phase 3 - EPS 01-02-03-03-08-020 - New Service Request (NSR) 20140611 <http://DNS/pm/hape/ipt_5010/EDI_Portfolio/Program%20Level%20Documentation/PC/FY%202015/Team%20Administration/S02_Purchased_Care_(PC)_Systems_Enhancements_PWS_11-20-2014,_v5.0.docx> ocumentation/PC/FY%202015/BRD/08- 020%20PC%20Auth%20Compl%20BRD%20v1.0.pdf
    - Transformation Twenty-One Total Technology (T4), Performance Work Statement (PWS), Date: November 20, 2014, TAC-15-16822, Task Order (TO) PWS Version Number: 5.0.
    - ASC X12N/005010X215 Health Care Services Review – Inquiry and Response (278), Date May 2006, ASC X12 Standards for EDI Technical Report Type 3.
    - ASC X12N/005010X217 Health Care Services Review – Request for Review and Response (278), Date May 2006, ASC X12 Standards for EDI Technical Report Type 3.
    - Phase IV CAQH CORE 452 Health Care Services Review - Request for Review and Response (278) Infrastructure Rule version 4.0.0 - Draft for Rules Work Group Ballot - March 2015
    - Non-VA Care Version 6.2 Template
    - Real-Time X12 Standard Companion Guide version 1.0, date December 2012, Emdeon Business Services

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* + - National Non-VA Medical Care Program Office (NNPO) Non-VA Medical Care Coordination Authorization Fact Sheet for Pre-authorized Care - VA Form 10-7078/10- 10-7079
    - Place of Service Codes for Professional Claims *Database (updated November 1, 2012)*
    - Fee Basis Technical Manual version 3.5, Revised January 2013, VA – OI&T PD
    - Fee Basis User Manual version 3.5, Revised September 2013, VA – OI&T PD
    - 44 U.S.C. § 3541, “Federal Information Security Management Act (FISMA) of 2002”
    - Federal Information Processing Standards (FIPS) Publication 140-2, “Security Requirements For Cryptographic Modules”
    - Software Engineering Institute (SEI), Software Acquisition-Capability Maturity Modeling Integration (SA-CMMI) Level 3 procedures and processes
    - VA Directive 6102, “Internet/Intranet Services,” July 15, 2008
    - 36 C.F.R. Part 1194 “Electronic and IT Accessibility Standards,” July 1, 2003
    - Office of Management and Budget (OMB) Circular A-130, “Management of Federal Information Resources,” November 28, 2000
    - An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, March 2005
    - Sections 504 and 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998
    - Homeland Security Presidential Directive (12) (HSPD-12)
    - VA Directive 6500, “Information Security Program,” August 4, 2006
    - VA Handbook 6500, “Information Security Program,” September 18, 2007
    - VA Handbook, 6500.5, Incorporating Security and Privacy in System Development Lifecycle.
    - VA Handbook 6500.6, “Contract Security,” March 12, 2010
    - Program Management Accountability System (PMAS) portal (reference PWS References

- Technical Library at <https://DNS/>)

* + - Office of Enterprise Development (OED) ProPath Process Methodology (reference PWS References -Technical Library and ProPath Library links at <https://DNS/>). Note: In the event of a conflict, OED ProPath takes precedence over other processes or methodologies.
    - Technical Reference Model (TRM) (reference at [http:DNS/TRM/TRMHomePage.asp](http://DNS/TRM/TRMHomePage.asp))
    - National Institute Standards and Technology (NIST) Special Publications SP 800-60 and 800-53

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

 HIPAA of 1996; Pub.L 104-191).

* + - Patient Protection and Affordable Care Act (PPACA), Pub. L. 111-148, 124 Stat. 119,

H.R. 3590, enacted March 23, 2010

* + - 5 CFR 1315, Final Rule, Prompt Payment (<http://DNS/prompt/regulations.html>) (formerly OMB Circular A-125)
    - The aim of this project is to verify that the EDI PC systems are compliant with the CORE Rules as published by CAQH, and found here <http://www.caqh.org/CORE_operat_rules.php>
    - VA Section 508 policies and procedures 6221 Accessible Electronic and IT, Directive/Handbook, published by VA’s Section 508 PD Product Assessment Competency Division
    - VA M Programming Standards and Conventions. Revised 04/03/2007 (<http://DNS/TRM/files/SACC_2008.pdf>).

## Coordination

This is an enhancement to new and existing software; no coordination is required to access any new functionality.

# System Summary

AET is a web-based system used for receiving EDI transactions, including 278 transactions inquiring about authorizations or requesting a new authorization. This project will improve support for those authorization requests, including adding a new ARPS GUI for responding to those requests.

ARPS GUI is a new web-based system that will allow review nurses or clerks at the various VAMCs to respond to requests for new authorizations.

VistA Fee Basis is a web-based system used to manage authorizations and payments for Non-VA Care. It will be modified to allow for more discrete entry of authorized services and better tracking of the status of authorizations.

## System Configuration

System configuration was not in scope for the Purchased Care Authorizations Compliance project.

## Data Flows

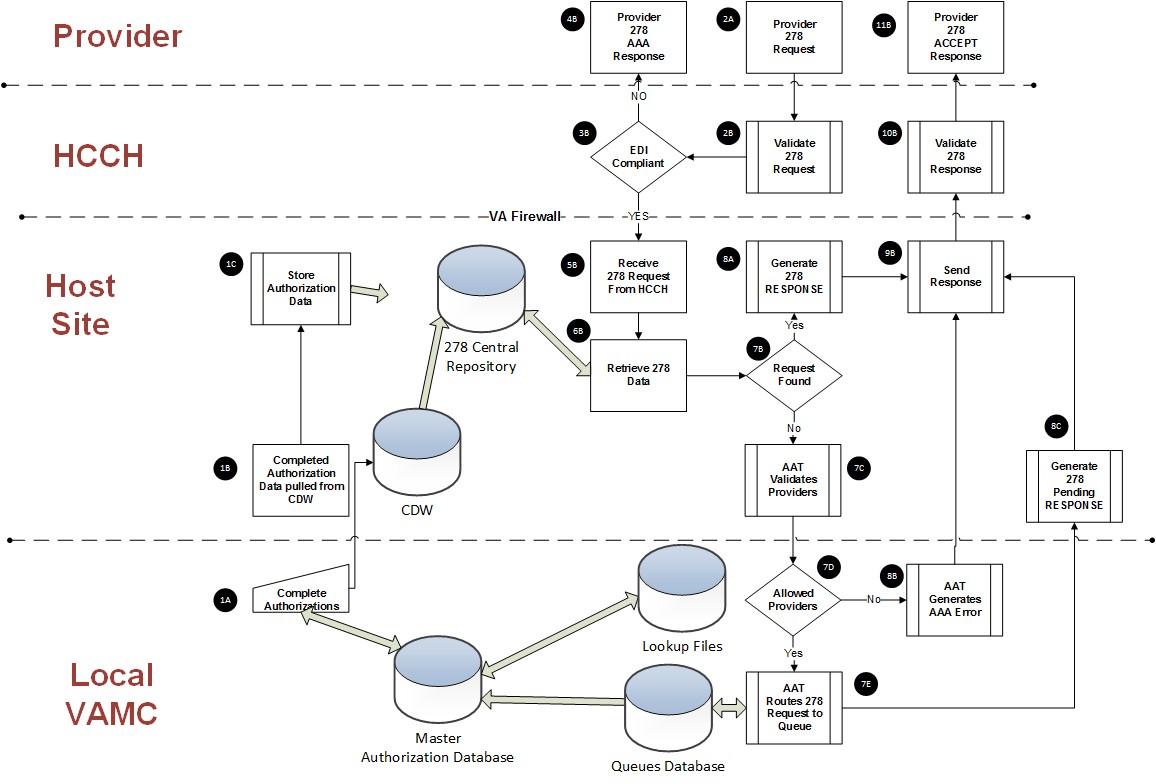
The following workflow process defines how Non-VA care personnel can respond to requests for authorizations.

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The process begins when unsolicited 278 Requests are received. Unsolicited 278 Requests will be routed by to the VAMC that ARPS determines services the Veteran. The ARPS will use the same routing logic currently incorporated in the Automated Eligibility Tool (AET).

The ARPS will route the request to a specific queue, based on the information in the 278 Request and the routing rules provided by the PMD. The authorization clerk will then be able to view all of the unsolicited 278 Requests by assigned queue and select 278 Request to view in the 278 Request GUI. A 278 Response will be generated to the request by an authorization clerk either accepting or denying the 278 request.

**Figure 1: Data Flow Diagram**



## User Access Levels

The user and group level access to the AET and VistA Fee Basis did not change for the enhancements described in this manual.

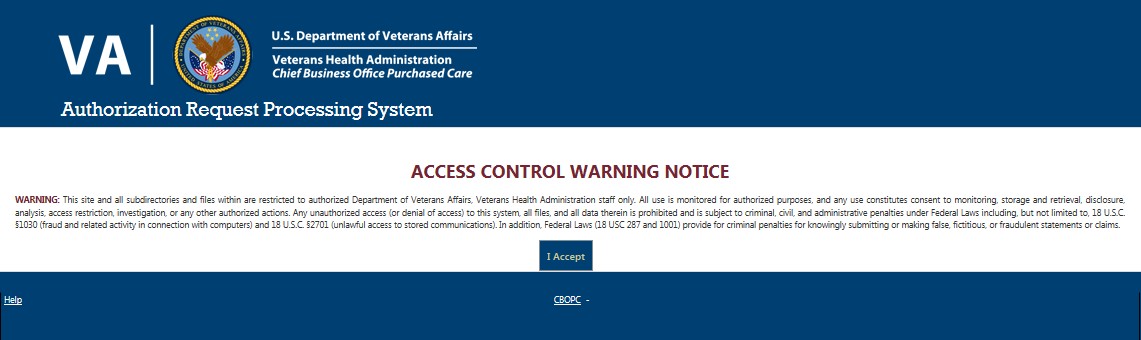
The user access to ARPS will be coordinated by a HAC administrator.

## Continuity of Operation

The existing Disaster Recovery Plan did not change for AET and VistA Fee Basis.

**Comment [A5]:** Add something about ARPS?

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# Getting Started

## Logging On

Use existing login procedures to access the system.

The ARPS application can be accessed through the users web browser by simply pasting the URL link (DNS/) into the navigation bar.

The screen below is the first one the user will encounter. Users must accept the Warning notice to access ARPS.

**Figure 2: ARPS Warning Notice**

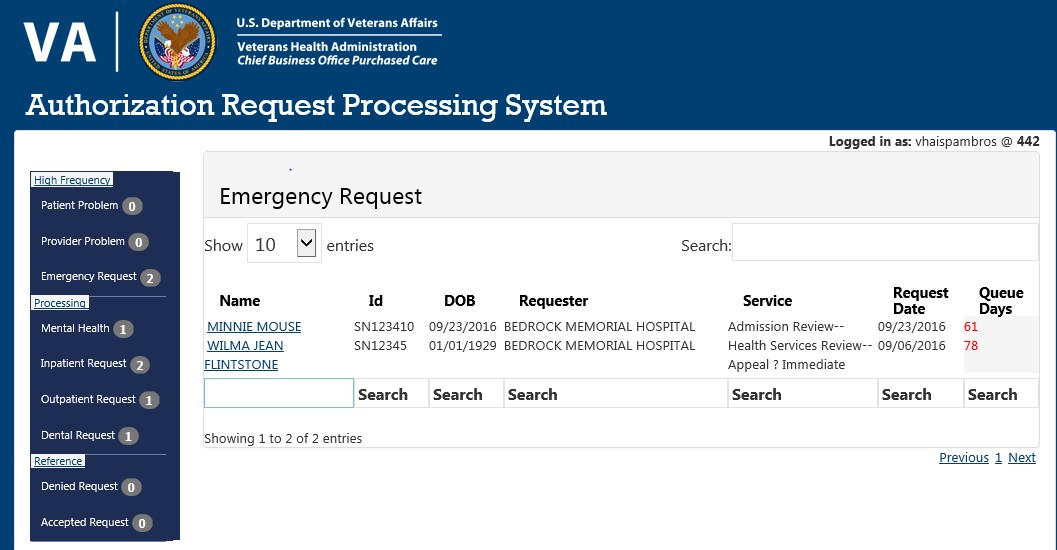
## S ys tem M enu

* + 1. **ARPS**

The system menu first encountered is the Search 278 Requests screen. The Search 278 Requests screen shows summary information for all records in the selected queue. On the left side of the screen is the 278 Requests selection screen. The user can navigate to different types of 278 requests by clicking on a hyperlink. Its current default is the Emergency Request screen but the instructions are the same for all other queues.

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**Figure 3: Search 278 Requests Screen**



* + - 1. **Viewing 278 Requests**

To view the request, a user can click a record from the Search 278 Requests screen. After selecting a record from the search screen:

* + - * 1. Patient Authorization request (header info) displays
        2. All detailed Authorization Request information displays on screen (scroll to see the data)
        3. Left Navigation – navigate to different parts of the Authorization Request:

Patient Information

Provider Information

Dependent information (if present)

Care Requested information

Services Requested

Action

Deny/Accept Authorization

Change queue

Change Station

Audit log (of all actions taken on specific patient record)

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**Figure 4: Viewing a 278 Request**



**3.2.2. AET**

**3.2.3. VistA Fee Basis**

**Comment [A6]:** Include?

## Changing User ID and Password

The ARPS HAC administrator will add users to the application. User IDs and passwords are not used to access ARPS. Access and rights are based on the rights given when added as a user to ARPS by the HAC administrator.

Use existing procedures for changing user IDs and passwords in AET and VistA Fee Basis.

## Exit System

Close the web browser to exit the ARPS system.

Use existing procedures to logoff and exit the system for AET and VistA Fee Basis.

## Caveats and Exceptions

Not Applicable.

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# Using the Software

* 1. **ARPS Functionality**
     1. **Search 278 Requests**

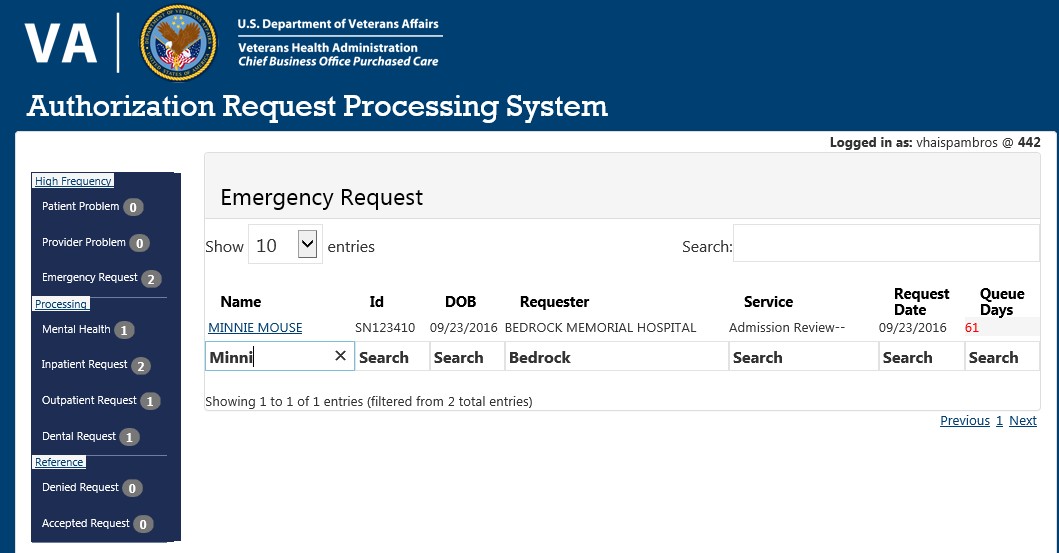
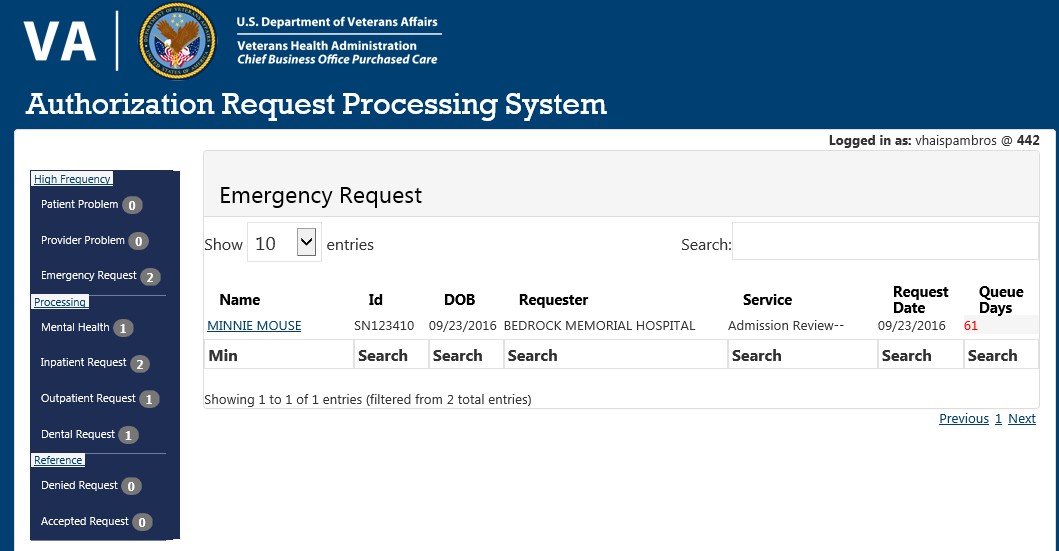
The following table contains instructions for searching 278 Requests.

**Table 1: Authorization Request Search**

|  |  |
| --- | --- |
| **Action** | **Description** |
| Introduction | The purpose of the ARPS Search 278 Requests screen is to allow the user to search for 278 Requests by several key identifiers. |
| Accessing the Search screen | The Search 278 Requests screen is the first screen the user may see when entering ARPS. |
| Selecting Search Criteria | Once the Search 278 Requests displays the criteria to search for 278 Requests includes:   * Name * ID * DOB * Requester * Service * Request Date * Queue Days (more than 30 days – red, less than 30 days – green) |
| Displaying the Search Results | After the desired criteria has been input click Enter. The query results are then displayed. |

Search criteria can be entered for an individual field or multiple fields to increase accuracy of results.

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**Figure 5: Search 278 Requests example (Name)**

**Figure 6: Search 278 Requests example (multiple fields)**

* + 1. **Viewing 278 Requests**

The following table contains instructions for viewing 278 Requests.

**Table 2: View 278 Requests**

|  |  |
| --- | --- |
| **Action** | **Description** |
| Introduction | A 278 Request can be viewed in ARPS. |

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|  |  |
| --- | --- |
| **Action** | **Description** |
| Accessing the 278 Request | A Request exists in ARPS if it is found matching search criteria. |
| Displaying the Request | The user must click on the patients name they would like to view. A new browser window will open to display the Request. |
| Viewing the Authorization Request | The navigation located on the left side of the screen allows the user to navigate to different parts of the Authorization Request:   1. Patient Information    1. Subscriber 2. Provider Information    1. Requester 3. Dependent information (if present) 4. Care Requested information 5. Services Requested 6. Action    1. Deny/Accept Authorization    2. Change queue    3. Change Station 7. Audit log (of all actions taken on specific patient record) |

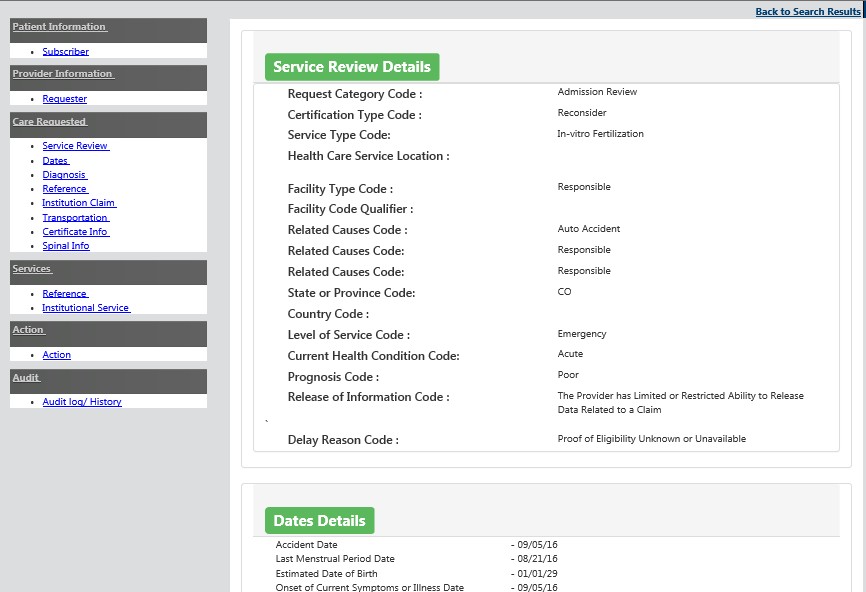
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**Figure 7: Displaying the Request**



**Figure 8: Viewing the Authorization Request**

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* + 1. **Accept/Deny Requirements**

**Comment [A7]:** Put a table

An authorization in a queue has two possible dispositions. They can be accepted or denied. Information from 278 request will be available to the authorization clerk for review and further processing.

Authorization responses will be returned in the Patient Event loop.

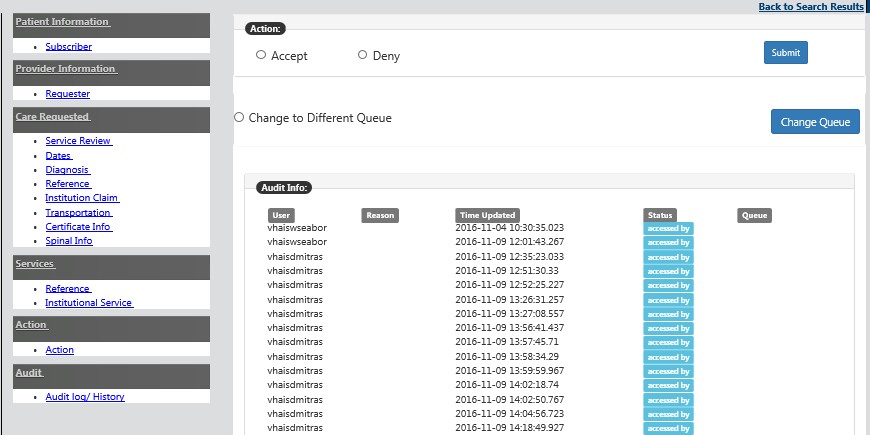
A 278 response is required for either an accepted or denied 278’s. The requirements in the next table are common to both responses.

A denied response will be used when the NVCC staff determines that the services are not covered by the VA.

In both cases, the 278 Request is moved to the appropriate reference queue so NVCC staff have access to the original 278 Request and Response information in the event the provider or patient follow up with a phone call or email to resolve the problem.

**Figure 9: Accept/Deny Requirements Screen**

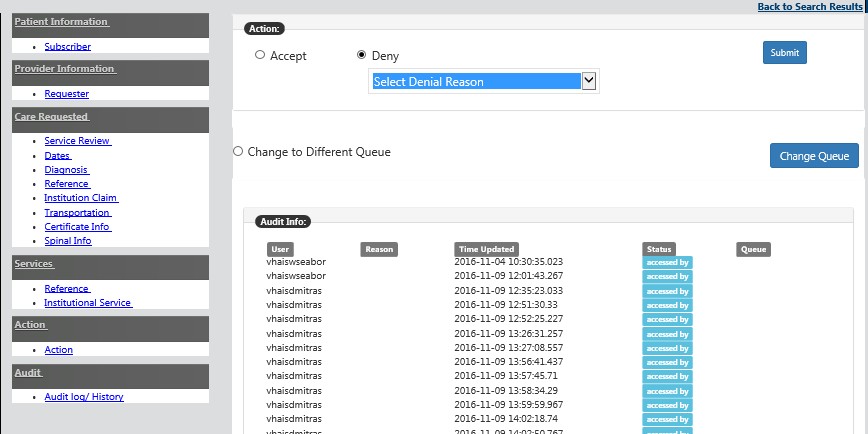
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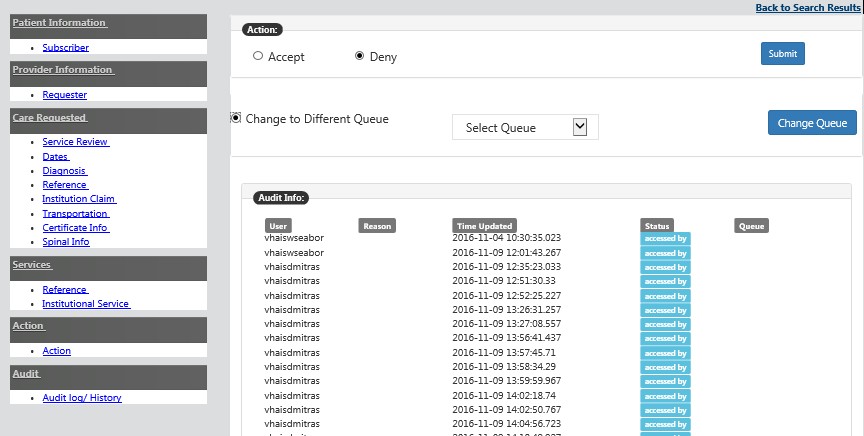
**Figure 10:**

**Comment [A8]:** Audit info supposed to show up on action page?

**Figure 11:**



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**Figure 12:**

# Troubleshooting

There are no known problems anticipated or otherwise. For assistance with problems with the system, the user should follow existing procedures for help.

## Special Instructions for Error Correction

There are no special instructions for error eorrection associated with the new functionality in the ARPS, AET, and VistA Fee Basis.

## National Service Desk and Organizational Contacts

The ARPS system is owned and implemented by the HAC OIT.

Users should continue to reference existing points of contact for information and troubleshooting purposes in place for AET and VistA Fee Basis.

As this is an existing system, no further coordination between organizations is required.

# Acronyms and Abbreviations

**Table 3: Acronyms and Definitions**

|  |  |
| --- | --- |
| **Acronym** | **Definition** |
| ARPS | Authorization Request Processing System |
| CBO | Chief Business Office |
| EDI | Electronic Data Interchange |
| HAPE | Health Administration Product Enhancements |
| IM | Information Management |

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|  |  |  |
| --- | --- | --- |
| **Acronym** | **Definition** |  |
| IT | Information Technology |  |
| OI&T | Office of Information and Technology |  |
| PC | Purchased Care |  |
| SME | Subject Matter Expert |  |
| VA | Department of Veterans Affairs |  |
| VHA | Veterans Health Administration |  |

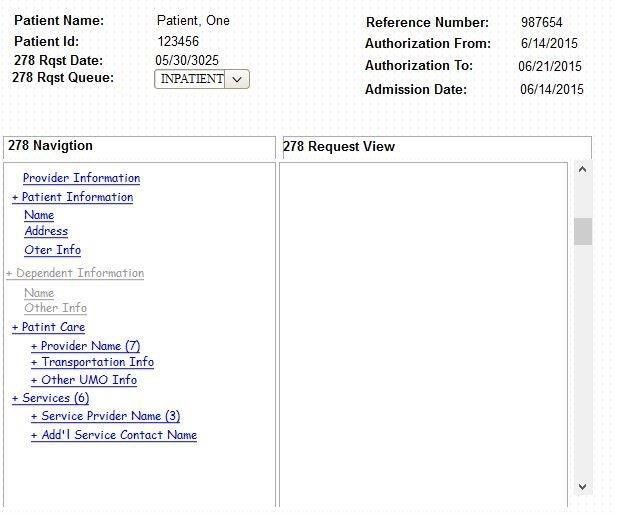
The figure below is a concept of what the 278 Request/Response GUI might look like. The final design may change based on feedback from the customer and the final design created by the developers.

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When a user selects a Request from one of the 278 Unsolicited Request queues, the 278 Request/Response GUI will be populated. Under the current concept, there will be four views available in the GUI:

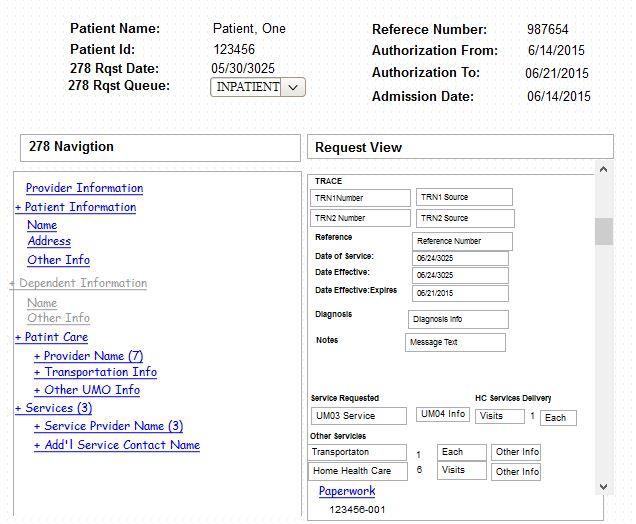
* View 1 – Patient demographics, populated from the 278 Request information.
* View 2 – 278 Request Navigation View – this provides summary information about the request. For example if a segment is present and the number of occurrences if a segment repeats.
* View 3 – 278 Request detailed view. This view allows a user to:
  + Select an available segment from the 278 Navigation View and the detailed information received in the section 278 Request will display.
  + View associated paperwork residing in the 275 repository.
* View 4 – 278 Response This view will allow a user:
  + To ACCEPT a 278 Request and designate inpatient/outpatient authorization. This will prepopulate the master authorization record with data from the 278 reqquest OR
  + To DENY an authorization and provide a reason for the denial.

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**Figure 13 - Unsolicited 278 Requests GUI – Summary View**

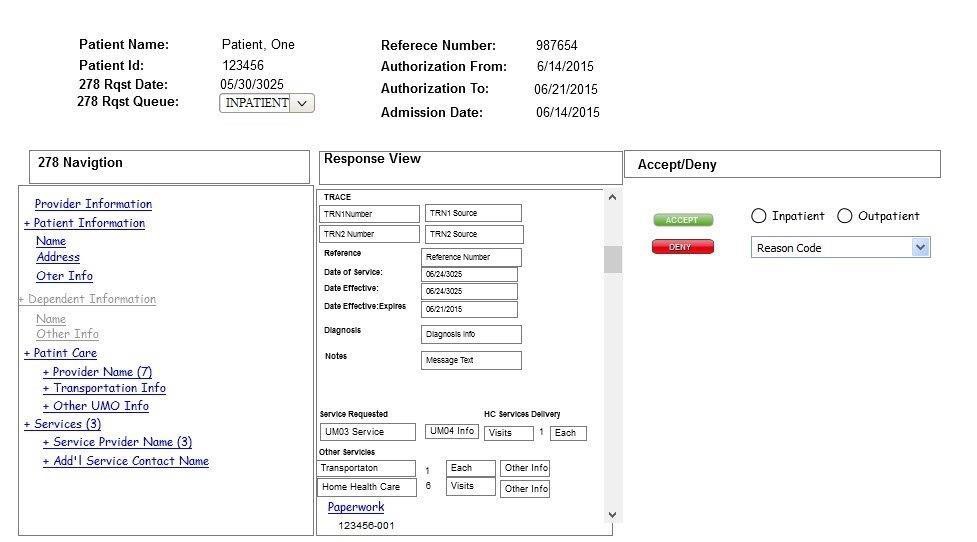
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**Figure 14 - Unsolicited 278 Requests GUI – Detail View**

This view will allow the user to review all the information in the 278 Request.

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**Figure 15 - Unsolicited 278 Requests GUI - Response View**

## 6.1. Accept/Deny Requirements

An authorization in a queue has two possible dispositions. They can be acceptedor denied. Information from 278 request will be available to the authorization clerk for review and further processing.

Authorization responses will be returned in the Patient Event loop.

A 278 response is required for either an accepted or denied 278’s. The requirements in the next table are common to both responses.

A denied response will be used when the NVCC staff determines that the services are not covered by the VA.

In both cases, the 278 Request is moved to the appropriate reference queue so NVCC staff have access to the original 278 Request and Response information in the event the provider or patient follow up with a phone call or email to resolve the problem.

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**1.1.1 AAT Requirements**

To enforce 278 response data, new lookup tables will be required. The data required to populate these tables is defined in the ASC X12 278 X215 and X217 standards.

(For the purposes of this document, the assumption is the AAA code tables were created in FY14).

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