Health Administration Product Enhancements (HAPE)

Electronic Data Interchange (EDI)

Purchased Care (PC) Enhancements

System Design Document (SDD)

for

Purchased Care Authorizations Compliance Phase 3 Increment 1



Department of Veterans Affairs

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# Introduction

The mission of the Department of Veterans Affairs (VA), Office of Information and Technology (OI&T), Health Administration Product Enhancements (HAPE) is to provide information technology (IT) products and services to the Veterans Health Administration (VHA) which 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 Purchased Care (CBOPC) assesses the impact of healthcare regulatory requirements on VHA Electronic Data Interchange (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, PC 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. PC 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 PC 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. The PC Authorizations Compliance project will create processes and systems to receive incoming 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.

## Purpose of the SDD

This System Design Document (SDD) translates the requirements listed in the corresponding Requirements Specification Document (RSD) into technical design specifications. It identifies the system architecture, and describes hardware, software, communication, and interface components for Increment 1 of the the Authorizations Compliance project.

The intended audience of this document includes the Product Development (PD), Software Quality Assurance (SQA), the CBO, and staff at the Office of OI&T at the Health Administration Center (HAC).

This SDD for Authorizations Compliance details the necessary functionality for processing provider requests for authorizations and for more accurately defining authorized services on those authorizations.

This document is organized as follows:

* Section 1: Presents introduction, scope, definition and acronyms, and references.
* Section 2: Presents a conceptual design and analysis of the External Interfaces.
* Section 3: Documents the specific technical and design requirements for each software element relevant to the PC Authorizations Compliance project.
* Section 4: Presents details regarding the system architecture.
* Section 5: Presents details regarding data design, including database management system (DBMS) and data view.
* Section 6: Discusses the system’s detailed hardware and software design as applicable.
* Section 7: Presents details of the external interface design to the system.
* Section 8: Presents details of the interface between the user and the PC system.
* Section 9: Presents details of system security mechanisms and privacy design considerations at the application level.
* Attachment A: Documents the approval of this SDD by VA OI&T personnel.

## Identification

The systems impacted by this project are Veterans Health Information Systems and Technology Architecture (VistA) Fee Basis and the Automated EDI Tool (AET).

Listed below are VA reference and guidance documentation and standards applicable to or tailored for the EDI PC Project. EDI PC will use this guidance to fulfill the performance requirements of this contract.

* 44 U.S.C. § 3541, “Federal Information Security Management Act (FISMA) of 2002”
* Federal Information Processing Standards (FIPS) Publication 140-2, “Security Requirements For Cryptographic Modules”
* Software Engineering Institute (SEI), Software Acquisition-Capability Maturity Modeling (SA-CMM) Level 3 procedures and processes
* VA Directive 6102, “Internet/Intranet Services,” July 15, 2008
* 36 C.F.R. Part 1194 “Electronic and IT Accessibility Standards,” July 1, 2003
* Office of Management and Budget (OMB) Circular A-130, “Management of Federal Information Resources,” November 28, 2000
* 32 C.F.R. Part 199, “Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)”
* An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, March 2005
* Sections 504 and 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998
* Homeland Security Presidential Directive (12) (HSPD-12)
* VA Directive 6500, “Information Security Program,” August 4, 2006
* VA Handbook 6500, “Information Security Program,” September 18, 2007
* VA Handbook, 6500.5, Incorporating Security and Privacy in System Development Lifecycle.
* VA Handbook 6500.6, “Contract Security,” March 12, 2010
* Project Management Accountability System (PMAS) portal (reference Performance Work Statement (PWS) References - Technical Library at [https:/DNS/](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>)
* National Institute Standards and Technology (NIST) Special Publications (SP) 800-60 and   
  800-53
* Information Technology Asset Management (ITAM) and Enterprise Management Foundation (EMF) BR-0006, version 002.1-14052008, dated 10/30/2007
* 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 Code of Federal Regulations (CFR) 1315, Final Rule, Prompt Payment (<http://DNS/prompt/regulations.html>) (formerly OMB Circular A-125),
* The aim of this project is to ensure that the EDI PC systems are compliant with the Committee on Operating Rules for Information Exchange (CORE) Rules as published by Council for Affordable Quality Healthcare (CAQH), and found here <http://www.caqh.org/CORE_operat_rules.php>
* VA M Programming Standards and Conventions. Revised 04/03/2007 ([http:/DNS/TRM/files/SACC\_2008.pdf](http://DNS/TRM/files/SACC_2008.pdf))

## Scope

This document addresses the software design that will satisfy the technical requirements in the PC Authorizations Compliance RSD, which the EDI PC project team developed from the Business Requirements Document (BRD).

Table 1 lists the scope inclusions for the PC Authorizations Compliance project*.*

Table 1 – Scope Inclusions

| Identifier | Description |
| --- | --- |
| Theme 001 | Addition of new data points (Aligns to Goal 2) |
| Epic 001 | As Non-VA Care Authorization team, I want to be able to input a Consult ID so I can connect the consultation to the authorization. |
| User Narrative 001 | As a Non-VA PC Authorization Clerk, I want to input a Consult ID that is associated with the VistA Fee Authorizations so that I can validate authorization entry compliance prior to Veterans being authorized to seek Non-VA Care for their medical need. |
| User Narrative 002 | As a Non-VA PC Authorization Clerk, I want to input a Consult ID that is associated with the VistA Fee Authorizations so that I can validate the length of time that elapses prior to Veterans being authorized to seek Non-VA Care for their medical need. |
| User Narrative 003 | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a Consult ID when available from the Consult/Request Tracking package that is associated with the VistA Fee Authorizations so that I can validate authorization entry compliance prior to Veterans being authorized to seek Non-VA Care for their medical need. |
| Epic 002 | As Non-VA PC Authorization team, I want to be able to create appropriate authorization outputs with a Consult ID so I can connect the consultation to the authorization. |
| User Narrative 005 | As a Non-VA PC Authorization Clerk, I want the system to print a Consult ID that is associated with the Authorization on a 10-7078 so that I can match documentation to the authorization and consult. |
| User Narrative 006 | As a Non-VA PC Authorization Clerk, I want the system to print a Consult ID that is associated with the Authorization on a 10-7079 so that I can match documentation to the authorization and consult. |
| User Narrative 007 | As a Non-VA PC Authorization Clerk, I want the system to print a Consult ID that is associated with the Authorization on a Non-VA Provider Authorization Notification Letter so that I can match documentation to the authorization and consult. |
| Theme 002 | Edit Admission Date for Authorization (Aligns to Goal 1) |
| Epic 003 | As Non-VA Care Authorization team, I want to be able to input a future date of service so I can preauthorize inpatient care. |
| User Narrative 008 | As a Non-VA PC Authorization Clerk, I want to input a date of admission on the associated VistA Fee Authorization so that I can validate authorization compliance when the Veteran is authorized to be admitted in the hospital for their medical need. |
| User Narrative 010 | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a date of admission when it has been edited from the associated VistA Fee Authorization to the Hospital Notification so that I can update the date of admission to match the authorization. |
| User Narrative 012 | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a date of admission when it has been edited from the associated VistA Fee Authorizations to the Patient Treatment File (PTF) so that I can update date of admission to match the authorization. |
| Theme 003 | Multiple Authorizations Created (Aligns to Goal 1) |
| Epic 004 | As Non-VA Care Authorization team, I want to be able to create multiple authorizations so I can authorize emergency care. |
| User Narrative 014 | As a Non-VA PC Authorization Clerk, I want the system to identify incomplete authorizations so that I can process an authorization for payment. |
| Epic 005 | As Non-VA PC Authorizations team, I want to be able to export a report with the number of authorizations completed per user for a selected timeframe so that I can download the data. |
| Epic 006 | As Non-VA PC Authorizations team, I want to be able to export a report by the type of service for a selected timeframe so that I can download the data. |
| Theme 004 | Electronically Transmit Accredited Standards Committee X12 (ASC X12) 278 (Aligns to Goal 2) |
| Epic 007 | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
| User Narrative 015 | As a Non-VA PC Authorization Clerk, I want to view an ASC X12 278 Request so that I can accept an authorization of care. |
| User Narrative 016 | As a Non-VA PC Authorization Clerk, I want to view an ASC X12 278 Request so that I can deny an authorization of care. |
| Epic 008 | As Non-VA Care Authorization team, I want to be able to electronically receive an ASC X12 278 Request so that I can initiate the authorization process. |
| User Narrative 017 | As a Non-VA PC Authorization Clerk, I want to create an ASC X12 278 response so that I can deny an authorization of care. |
| Theme 005 | Electronically Process ASC X12 278 (Aligns to Goal 2) |
| Epic 009 | As Non-VA Care Authorization team, I want to be able to identify the category of an ASC X12 278 Request so that I know the type of service for an authorization. |
| User Narrative 018 | As a Non-VA PC Authorization Clerk, I want to view a UM01 so that I can identify the category of service that is needed. |
| User Narrative 019 | As a Non-VA PC Authorization Clerk, I want to view a UM02 so that I can identify the certification type that is needed. |
| User Narrative 020 | As a Non-VA PC Authorization Clerk, I want to view a UM03 so that I can identify the type of service that is needed. |
| User Narrative 021 | As a Non-VA PC Authorization Clerk, I want to view a UM04 so that I can identify the health care service location that is needed. |
| Epic 010 | As Non-VA Care Authorization team, I want to be able access an ASC X12 278 Request in an identified processing queue so that I can group authorizations based on a pre-defined criteria. |
| User Narrative 022 (A) | As a Non-VA PC Authorization Clerk, I want to view an authorization that is placed in a queue so that I can process an authorization request. |
| User Narrative 022 (B) | As a Non-VA PC Authorization Clerk, I want the system to create an automated response based on pre-defined criteria so that I can respond to an authorization request. |
| Epic 011 | As Non-VA Care Authorization team, I want to be able to identify the facility that processed an ASC X12 278 Request so that I can track what facility is responsible for the authorization. |
| Theme 006 | Report on ASC X12 278 Transactions (Aligns to Goal 2) |
| Epic 012 | As EDI Team, I want to be able to export a report with pre-defined ASC X12 278 data points so that I can download the data. |
| Theme 007 | Implement CAQH CORE Operating Rules for ASC X12N 278 (Aligns to Goal 2) |
| Epic 013 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the authorization operating rules to demonstrate compliance so that VHA can certify that Chief Business Office Purchased Care (CBOPC) is compliant. |
| Epic 014 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the standard transactions format to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| Epic 015 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the processing connectivity rule to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| Epic 016 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the system availability rule to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| Epic 017 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the system response rule to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| Epic 019 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the real time standard acknowledgements time frame to demonstrate compliance so that VHA can certify that CBOPC is compliant. |
| User Narrative 024 | As a Non-VA PC Authorization Clerk, I want the system to respond to the request of a real time authorization within 20 seconds so that I can be in compliance with operating rules. |

Several Business Needs were found to be out of the scope for this project, for one of two reasons. The needs marked with “[Batch Mode]” were marked as such because the currently contracted Health Care Clearing House (HCCH) doesn’t support batch processing for 278 authorization transactions. The needs marked with “[FBCS]” were marked as such because those needs require modification to the Fee Basis Claims System (FBCS), which can only be made by the contractor charged with updating that system. The needs marked with “[AET Monitor]” were marked as such because those needs are already met by the existing AET Monitor system.

Table 2 – Scope Exclusions

| Identifier | Description |
| --- | --- |
| User Narrative 023 | As a Non-VA PC Authorization Clerk, I want to respond to a request for authorization within three business days for the batch processing mode so that CBOPC can be in compliance with the operating rules. *[Batch Mode]* |
| Epic 018 | As Non-VA Care Authorization team, I want to be able to process an ASC X12 278 according to the batch acknowledgements format to demonstrate compliance so that VHA can certify that CBOPC is compliant. *[Batch Mode]* |
| User Narrative 004 | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a Consult ID that is associated with the consult description from Computerized Patient Record System (CPRS) to the associated FBCS Authorizations so that I can validate the length of time that elapses prior to the Veteran being authorized to seek Non-VA Care for their medical need. *[FBCS]* |
| User Narrative 009 | As a Non-VA PC Authorization Clerk, I want to input a date of admission on the associated FBCS Authorization so that I can validate authorization compliance when the Veteran is authorized to be admitted in the hospital for their medical need. *[FBCS]* |
| User Narrative 011 | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a date of admission when it has been edited from the associated FBCS Authorizations to the Hospital Notification so that I can update date of admission to match the authorization. *[FBCS]* |
| User Narrative 013 | As a Non-VA PC Authorization Clerk, I want the system to pre-populate a date of admission when it has been edited from the associated FBCS Authorizations to the PTF so that I can update date of admission to match the authorization. *[FBCS]* |
| Epic 020 | As EDI Team, I want to be able to receive a notification of ASC X12 278 system status to demonstrate compliance so that I can notify providers of availability. *[AET Monitor]* |
| User Narrative 025 | As an EDI Analyst, I want to receive a notification when the ASC X12 278 repository is unavailable within one hour of it being unavailable so that I can notify providers of availability of the system. *[AET Monitor]* |
| User Narrative 026 | As an EDI Analyst, I want to receive a notification when the ASC X12 278 repository is scheduled for non-routine downtime at least one week prior to being unavailable so that I can notify providers of availability of the system. *[AET Monitor]* |
| User Narrative 027 | As an EDI Analyst, I want to publish CBOPC holiday schedule so that I can notify providers of availability of the system. *[AET Monitor]* |

## Constraining Policies, Directives and Procedures

This SDD is constrained by the following policies, directives, artifacts, and procedures.

Policies and Directives

* PMAS Guide v4.0, (VAIQ 7023849) Assistant Secretary for Information and Technology (005) Release Memorandum, dated September 17, 2010
* HAPE Program Office Procedures, Policies, Templates
* System Engineering Design Review (SEDR) Process
* One-VA TRM – Data, Service, Technical Federal Segment Architecture Methodology (FSAM)
* PMAS Project Documentation Portal
* C&A Division Webpage
* ASC X12N/005010X215 Health Care Services Review – Inquiry and Response (278)
* ASC X12N/005010X217 Health Care Services Review – Request for Review and Response (278)
* ProPath Version 23, PRP-2.3, Create SDD

VA-generated Artifacts

* BRD
* Project Charter

VA Standard Procedures

* PMAS Readiness Checklist
* VA Section 508 policies and procedures 6221 Accessible Electronic and IT, Directive/Handbook, published by the VA’s Section 508 PD Product Assessment Competency Division (reference at <http://DNS/vapubs/viewPublication.asp?Pub_ID=435&FType=2>)
* 508 compliance testing certifications for each enhancement that requires any change to the Graphical User Interface (GUI) ([http:/DNS/Standards\_Checklist.asp](http://DNS/Standards_Checklist.asp))
* VA M Programming Standards and Conventions. Revised 04/03/2007 (<http://DNS/TRM/files/SACC_2008.pdf>)

## User Characteristics

This development will mostly affect review nurses and Non-VA Care clerks responsible for managing authorizations for Non-VA Care.

### User Objectives

The Authorizations Compliance development will allow Non-VA Care personnel to respond to requests for authorizations from Non-VA providers and to more accurately select authorized services.

## Relationship to Other Documents and Plans

The SDD for PC Authorizations Compliance is developed in conjunction with other EDI PC documents, as shown in the following tableTable 3.

Table 3 – EDI PC Documentation

| Document Type | Description |
| --- | --- |
| Performance Work Statement (PWS) | Defines work activities, deliverables, and the timeline for the performance of the contracted work, including the SDD development and delivery. |
| RSD | System design is derived from this document, which details the requirements. |
| Requirements Traceability Matrix (RTM) | Continuously confirms and validates requirements by providing backward traceability. Also maps individual test cases to each design element and requirement, demonstrating forward traceability. |
| Project Management Plan (PMP) | Describes the approach for managing and monitoring the implementation of the project. |
| Project Schedule | Details the planned schedule tasks, milestones, and dates necessary to accomplish on-time contractual deliveries. |
| Test Plan | Provides the testing approach, including specification of the testing scope and objectives, and testing strategy and conduct. |
| Quality Assurance Surveillance Plan (QASP) | VA-generated document that describes processes that promote periodic inspections of documents, processes, and the end product. |
| Configuration Management Plan (CMP) | Provides the defined Configuration Management (CM) and change control policies and guidelines that are applied throughout the project life cycle to validate the integrity of systems and components that are placed under its control. Addresses configuration identification, change processes, configuration auditing, and status accounting information. |

## Definitions, Acronyms, and Abbreviations

### Acronyms

The table below lists acronyms and abbreviations applicable to the Authorizations Complianceproject.

Table 4 – Acronyms and Abbreviations

| Term | Definition |
| --- | --- |
| AAT | Automated Authorization Tool |
| AET | Automated EDI Tool |
| ANSI | American National Standards Institute |
| ASC X12 | Accredited Standards Committee X12 |
| BRD | Business Requirements Document |
| CAQH | Council for Affordable Quality Healthcare |
| CBO | Chief Business Office |
| CBOPC | Chief Business Office Purchased Care |
| CDW | Corporate Data Warehouse |
| CFR | Code of Federal Regulations |
| CHAMPUS | Civilian Health and Medical Program of the Uniformed Services |
| CM | Configuration Management |
| CMP | Configuration Management Plan |
| CMS | Centers for Medicare & Medicaid Services |
| CORE® | Committee on Operating Rules for Information Exchange |
| COTS | Commercial off-the-shelf |
| CPRS | Computerized Patient Record System |
| CVS | Conformance Validation Statement |
| DBMS | Database Management System |
| EDI | Electronic Data Interchange |
| EFT | Electronic Funds Transfer |
| EMF | Enterprise Management Foundation |
| ERD | Entity Relationship Diagram |
| ESS | Electronic Safety and Security |
| FBCS | Fee Basis Claims System |
| FIPS | Federal Information Processing Standards |
| FISMA | Federal Information Security Management Act |
| FSAM | Federal Segment Architecture Methodology |
| GUI | Graphical User Interface |
| HAC | Health Administration Center |
| HAPE | Health Administration Production Enhancements |
| HCCH | Health Care Clearing House |
| HIPAA | Health Insurance Portability and Accountability Act |
| HL7 | Health Level 7 |
| HSD | Healthcare Services Delivery |
| HSPD-12 | Homeland Security Presidential Directive (12) |
| IM | Information Management |
| IPT | Integrated Project Team |
| IT | Information Technology |
| ITAM | Information Technology Asset Management |
| NIST | National Institute of Standards and Technology |
| NVCC | Non-VA Coordinated Care |
| OED | Office of Enterprise Development |
| OI&T | Office of Information and Technology |
| OMB | Office of Management and Budget |
| PC | Purchased Care |
| PD | Product Development |
| PHI | Protected Health Information |
| PII | Personally Identifiable Information |
| PjM | Project Manager |
| PMAS | Project Management Accountability System |
| PMD | Policy Management Department |
| PMP | Project Management Plan |
| PPACA | Patient Protection and Affordable Care Act |
| PTF | Patient Treatment File |
| PWS | Performance Work Statement |
| QASP | Quality Assurance Surveillance Plan |
| RPC | Remote Procedure Call |
| RSD | Requirements Specification Document |
| RTM | Requirements Traceability Matrix |
| SA-CMM | Software Acquisition-Capability Maturity Modeling |
| SDD | System Design Document |
| SEDR | System Engineering Design Review |
| SEI | Software Engineering Institute |
| SME | Subject Matter Expert |
| SOA | Service Oriented Architecture |
| SP | Special Publication |
| SQA | Software Quality Assurance |
| T4 | Transformation Twenty-One Total Technology |
| TCP / IP | Transmission Control Protocol / Internet Protocol |
| TO | Task Order |
| TRM | Technical Reference Model |
| UAK | Unique Authorization Key |
| UMO | Utilization Management Organization |
| VA | Department of Veterans Affairs |
| VAMC | VA Medical Center |
| VHA | Veterans Health Administration |
| VISN | Veterans Integrated Service Networks |
| VistA | Veterans Health Information Systems and Technology Architecture |
| VPN | Virtual Private Network |

### Definitions

The table below lists terms and definitions applicable to the Authorizations Complianceproject.

Table 5 – Definitions

| Term | Definition |
| --- | --- |
| 278 Health Care Services Review – Request for Review | An EDI transaction that allows an authorized trading partner to request and receive a response on services being provided for a patient. |
| AAA | The standard segment used in X12 messages to indicate an error. |
| ASC X12 | ASC X12 – is an American National Standards Institute (ANSI)-accredited standards development organization and the entity responsible for the HIPAA transaction standards for electronic health care, eligibility, claims processing, claims status, authorizations and remittance transactions named by the Health Insurance Accountability and Portability Act of 1996. The VA is currently operating to version 5010 standards. |
| CORE | The CORE, is an multi-stakeholder initiative created, organized and facilitated by CAQH that is working to make it easier for physicians and hospitals to access eligibility, benefits and claim information for their patients at the point of care |
| HIPAA v. 5010 | HIPAA version 5010 is the newest set of standards related to the electronic transmission of specific health care transactions such as Health Care Claims, Eligibility Inquiry/Response, and Health Care Claim Remittance Advice. |
| Master Authorization | Term used when referring to 10-7078 or 10-7079 authorizations without regard to which type of authorization is referenced. |
| Payer | An insurance company, fiscal intermediary, government agency, other agency, or individual responsible for the payment of health care claims |

## References

* Authorizations Compliance BRD - version 1.0, 5/14/15   
  (<http://DNS/pm/hape/ipt_5010/EDI_Portfolio/Program%20Level%20Documentation/Forms/AllItems.aspx?RootFolder=%2Fpm%2Fhape%2Fipt%5F5010%2FEDI%5FPortfolio%2FProgram%20Level%20Documentation%2FPC%2FFY%202015%2FBRD&InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence>)
* Authorizations Compliance RSD - version 1.0, 8/24/2015  
  (<http://DNS/pm/hape/ipt_5010/EDI_Portfolio/Program%20Level%20Documentation/Forms/AllItems.aspx?RootFolder=%2Fpm%2Fhape%2Fipt%5F5010%2FEDI%5FPortfolio%2FProgram%20Level%20Documentation%2FPC%2FFY%202015%2FVendor%20Deliverables%20%28VA%2D118%2D11%2DD%2D1009%29%2F0002AC%20%2D%20Purchased%20Care%20Authorizations%20Compliance%20Phase%203%20Requirements%20Specification%20Document>)
* Authorizations Compliance Entity Relationship Diagram (ERD) - version 0.01, July 2015   
  (VA SharePoint link pending)
* Transformation Twenty-One Total Technology (T4), PWS, Date: November 20, 2014, TAC-15-16822, Task Order (TO) PWS Version Number: 5.0   
  <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>
* 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.
* CORE Level III Electronic Funds Transfer (EFT) standards.
* 44 U.S.C. § 3541, “FISMA of 2002”
* FIPS Publication 140-2, “Security Requirements For Cryptographic Modules”
* SEI, SA-CMM 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
* OMB Circular A-130, “Management of Federal Information Resources,” November 28, 2000
* 32 C.F.R. Part 199, “CHAMPUS”
* An Introductory Resource Guide for Implementing the HIPAA Security Rule, March 2005
* Sections 504 and 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998
* Homeland Security Presidential Directive (12) (HSPD-12)
* VA Directive 6500, “Information Security Program,” August 4, 2006
* VA Handbook 6500, “Information Security Program,” September 18, 2007
* VA Handbook, 6500.5, Incorporating Security and Privacy in System Development Lifecycle.
* VA Handbook 6500.6, “Contract Security,” March 12, 2010
* PMAS portal (reference PWS References - Technical Library at <https://DNS/>)
* 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.
* TRM (reference at <http://DNS/TRM/files/SACC_2008.pdf>)
* NIST SP 800-60 and 800-53
* ITAM and EMF BR-0006, version 002.1-14052008, dated 10/30/2007
* HIPAA of 1996; Pub.L 104-191.
* 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 ensure that the EDI PC systems are compliant with the CORE Rules as published by the CAQH, and found here: <http://www.caqh.org/CORE_operat_rules.php>.
* VA M Programming Standards and Conventions. Revised 04/03/2007 (<http://DNS/TRM/files/SACC_2008.pdf>)
* ASC X12N/005010X215 Health Care Services Review – Inquiry and Response (278)
* ASC X12N/005010X217 Health Care Services Review – Request for Review and Response (278)
* ProPath Version 23, PRP-2.3, Create SDD
* PMAS Readiness Checklist
* VA Section 508 policies and procedures 6221 Accessible Electronic and IT, Directive/Handbook, published by the VA’s Section 508 PD Product Assessment Competency Division (reference at <http://DNS/vapubs/viewPublication.asp?Pub_ID=435&FType=2>)
* 508 compliance testing certifications for each enhancement that requires any change to the GUI (<http://DNS/Standards_Checklist.asp>)

# Background

## Overview of the System

A number of systems will be modified as part of this project in order to allow Non-VA Care personnel to respond to requests for authorization.

* VistA Fee Basis is 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.
* The AET is a system 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 Automated Authorization Tool (AAT) GUI for responding to those requests.
* The Automated Authorization Tool (AAT) GUI is a new system that will allow review nurses or clerks at the various VAMCs to respond to requests for new authorizations.

## Overview of the Business Process

Authorization Request Business Diagram


Figure 1 – Authorization Request Business Process Diagram

Table 6 – 278 Authorization Request Business Process Identifiers

| Step | Process Step | Automated/Manual | Current or Future Process | Owner of Process |
| --- | --- | --- | --- | --- |
| 1A | Authorization completed by Non-VA Coordinated Care (NVCC) staff OR | Manual | Current | NVCC Staff |
| 1B | Completed Authorization data pulled from Corporate Data Warehouse (CDW) | Automated | New | NVCC Staff |
| 1C | AET stores a copy of Authorization data in the 278 Repository | Automated | Current | CBOPC |
| 2A | Provider submits 278 EDI Request to HCCH | Automated | Current | Provider |
| 2B | HCCH validates request | Automated | Current | HCCH |
| 3B | HCCH forwards validated 278 request to CBOPC OR | Automated | Current | HCCH |
| 4B | HCCH returns 278 request that fail validation to provider (AAA Error) | Automated | Current | HCCH |
| 5B | HCCH forwards validated 278 request to CBOPC AET | Automated | Current | HCCH |
| 6B | AET retrieves 278 Authorization from 278 repository | Automated | Current | CBOPC |
| 7B | Request Found? | Automated | Current | CBOPC |
| 8A | YES - AET generates 278 Authorization Response to HCCH | Automated | Current | CBOPC |
| 9B | AET sends response to HCCH | Automated | Current | CBOPC |
| 10B | HCCH validates response | Automated | Current | CBOPC |
| 11B | Provider receives response from HCCH | Automated | Current | HCCH |
| 7C | NO - AET validates provider data | Automated | New | CBOPC |
| 7D | Allowed Provider? |  |  |  |
| 7E | YES - AET routes 278 Request to appropriate queue | Automated | New | CBOPC |
| 8D | YES - AET generates 278 PENDING Response to HCCH | Automated | Current | CBOPC |
| 9B | YES – AET sends 278 Response | Automated | Current | CBOPC |
| 8B | NO – AET routes request to DENY queue | Automated | New | CBOPC |
| 8C | NO – AET generates 278 DENY response | Automated | New | CBOPC |
| 9B | NO – AET sends 278 Response | Automated | Current | CBOPC |
| 7C | NO - AET routes 278 Request to AAT | Automated | New | CBOPC |
| 7D | NO - AET validates provider data | Automated | New | CBOPC |
| 7E | NO - AET routes 278 Request to appropriate queue | Automated | New | CBOPC |
| 8B | NO - AET generates 278 Error Response to HCCH | Automated | Current | CBOPC |
| 8C | YES - AET generates 278 Authorization Response to HCCH | Automated | Current | CBOPC |

## Business Benefits

This development will allow the VA to fully participate in electronic exchanges for authorization of Non-VA Care, potentially saving costs of printing and mailing large amounts of authorization information. In addition, this development will bring the NVCC program into compliance with applicable CAQH CORE Operating Rules pertaining to authorizations.

## Assumptions and Constraints

### Design Assumptions

There are no significant assumptions associated with this project.

### Design Constraints

EDI PC has the following constraints:

* The solution will need to meet VA Enterprise Standards for development language, security, 508 compliance, web framework, application framework, and integration with other VA systems.
* Development of the applications is constrained by the availability of programming resources and VHA resources for advice and testing.
* Timely acquisition of all new or allocated hardware resources approved by the Government for project development.
* The VA Policy Management Department (PMD) is responsible for designing the queues routing criteria for 278 authorization requests received by the AAT.  Delay of these rules will delay the coding necessary to implement the rules.

### Design Trade-offs

No significant trade-offs have been identified for this project.

## Overview of the Significant Requirements

### Overview of Significant Functional Requirements

* The AET will accept and store authorization requests, allowing Non-VA providers to request authorizations electronically rather than the current phone-calls-and-paper process.
* A new AAT GUI will be put into place that will allow for the management of queues of incoming authorization requests.
* VistA Fee Basis will also allow discrete authorized services to be selected for an authorization, allowing for more accurate reporting of services to Non-VA providers.

### Overview of Functional Workload / Performance Requirements

In accordance with the CORE Operating Rules, the AET will have a maximum of 20 seconds to respond to real-time requests from providers for an authorization. When a provider requests an authorization, the AET will have a maximum of 20 seconds to respond that the review of that request is in progress. The provider will make one or more subsequent requests within the following three days to retrieve the requested authorization.

### Overview of Operational Requirements

There are no changes to existing operational requirements.

### Overview of the Technical Requirements

### Technical requirements in this context refers to the non-functional requirements. With the exception of maintaining existing technical capabilities as noted in other subsections of 2.5, there are no such requirements.Overview of the Security or Privacy Requirements

Table 7 – Security Requirements

| Theme/Epic/Narrative | Requirement Number | Description |
| --- | --- | --- |
| Epic 010 | FS-EP010-013 | An authorized user shall be able to assign a 278 Request to a different queue. |
| Epic 010 | FS-EP010-026-002 FS-EP010-027-002 | If the requestor or vendor is identified that is not allowed to conduct business with VA, AET shall write an entry to the AET event log identifying the 278 Request, requestor/vendor and message indicating requestor/vendor is unauthorized. |
| Epic 007 | FS-EP007-097 | The system shall be able to identify a provider who has restricted access to Protected Health Information (PHI). |
| Epic 007 | FS-EP007-154 | A provider identified as PHI-restricted shall not have access to patient medical information where the PHI-sensitive flag is set to “Y”. |
| Epic 005 | FS-EP005-001  FS-EP005-001-001  FS-EP005-001-002  FS-EP005-001-003  FS-EP005-001-004 | An authorized requestor shall be able to export the following data points for COMPLETE authorizations:   * User Id of user who completed the authorization * Total number of authorizations in a COMPLETE state by user-id * Start-date entered by requestor * End-date entered by requestor |
| User Narrative 024 | PS-EP015-001 | All transactions between AET and HCCH will be over a secure communications channel. |
| Epic 007 | SS-EP007-001  SS-EP007-001-001  SS-EP007-001-002  SS-EP007-001-003  SS-EP007-001-004  SS-EP007-001-005  SS-EP007-001-006  SS-EP007-001-007  SS-EP007-001-008 | Users holding the VistA Fee Authorization key shall be able to:   * Add Services records to a master authorization record * View the 278 Request queues * Select a 278 Request from the 278 unsolicited request queues * View the 278 Request * View 275 Repository records * Create 278 Response segments for a 278 Request * Assign a 278 Response HSD response * Release a completed 278 to the AET process |
| Epic 007 | SS-EP007-002 SS-EP007-002-001 | Users holding the VistA Fee Supervisor key shall:   * Have all the capacities listed above |
| Epic 007 | SS-EP007-003 SS-EP007-003-001  SS-EP007-003-002  SS-EP007-003-003 | AET Administrator shall:   * Be able to monitor the connection between AET and the HCCH * Be able to monitor the connection between AET and AAT * Be able to update supporting 278 lookup tables |
| Epic 007 | SS-EP007-004 SS-EP007-004-001  SS-EP007-004-002 | EDI Management Team shall:   * Have all the capabilities of the AET Administrator * Access the master authorization interface as needed to monitor performance |

### Overview of System Criticality and High Availability Requirements

The existing availability and disaster recovery plans will be sufficient for the affected systems. As stated in the BRD, the systems involved are to be available no less than 86% of the calendar week, and should recover from any outage with a mean time of 30 minutes. Additional details should be available from the HAC and AITC CIOs, and the technical leadership at the various VistA instances.

### Single Sign-on Requirement

There are no changes to the existing single sign-on requirements.

### Requirement for Use of Enterprise Portals

There are no changes to the requirements for use of enterprise portals.

### Special Device Requirements

No special devices are required.

## Legacy System Retirement

There are no legacy system retirements planned for this set of changes.

# Conceptual Design

## Conceptual Application Design

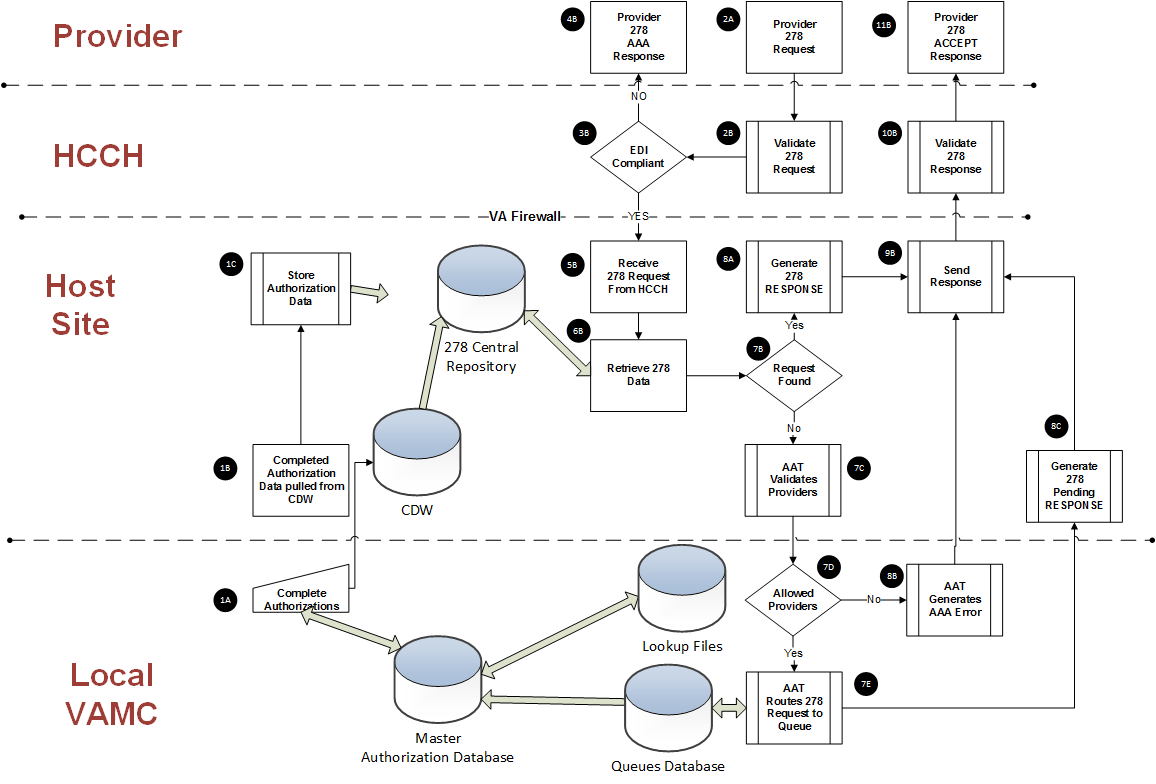


Figure 2 – Authorization Request Conceptual Application Design

### Application Context

This development will supplement existing systems with a new workflow built on top of an existing system. A new AAT GUI will be added to the AET that will allow for user processing of authorization requests. Changes will be made in VistA (and possibly FBCS, depending on the availability of development resources from the contractor charged with updating that system) to allow for more fine-grained entry of authorized services. These more discrete services are necessary for delivering authorizations via EDI transactions.

### High-Level Application Design

Currently, review nurses and Non-VA Care clerks use VistA Fee Basis and FBCS in order to create authorizations for Non-VA Care. Requests for authorizations are done via phone calls from Non-VA providers. After this development, Non-VA providers will be able to send electronic requests for authorizations. Using the new AAT GUI, users will be able to see queues of different kinds of requests (such as emergency care or dental care requests) and decide whether or not to authorize that care. While filling out the authorization the way they would previously in VistA Fee Basis or FBCS, users will be able to select an authorized service using codes from a standardized authorized service lookup table. These more discrete codes are necessary for transmitting a workable authorization over EDI.

### Application Locations

The VistA Fee Basis application is located locally at various VAMCs or regionally at integrated Veterans Integrated Service Networks (VISNs) supporting more than one VAMC. The AET is hosted at the Austin Information Technology Center (AITC). The HAC hosts the AET Monitor.

## Conceptual Data Design

### Project Conceptual Data Model

Section 5.1 details new additions to the data model for this project.

### Database Information

Table 8 – Databases

| Database Name | Description | Type | Steward |
| --- | --- | --- | --- |
| VistA | Veterans Health Information Systems and Technology Architecture | Create/Modify | VHA |
| PD\_EDI | Automated Authorization Tool | Create/Modify | HAC |

### User Interface Data Mapping

#### Application Screen Interface

Section 6.2.2.2 describes the new and additional user interface screens.

#### Application Report Interface

No new reports will be developed for this project.

#### Unmapped Data Element

No unmapped data elements will be added.

## Conceptual Infrastructure Design

There will be no architectural changes to VistA Fee Basis. AAT will be a new web-based GUI that will be used to manage authorization requests that come into the AET.

### System Criticality and High Availability

All modifications are to existing systems. There is no effect on system criticality. The existing availability and disaster recovery plans will be sufficient for the affected systems. As stated in the BRD, the systems involved are to be available no less than 86% of the calendar week, and should recover from any outage with a mean time of 30 minutes. Additional details should be available from the HAC and AITC CIOs, and the technical leadership at the various VistA instances.

### Special Technology

No special technology is required for this project.

### Technology Locations

There is no environment change for existing systems. The new AAT will be located at the Denver HAC. The AET will continue to be hosted at AITC, and the VistA Fee Basis application continues to be located at VistA sites throughout the country.

### Conceptual Infrastructure Diagram

#### Location of Environments and External Interfaces

The VistA instances are located locally at various VAMCs or regionally at integrated VISNs. The new AAT system will be located at the HAC. The existing AET system will continue to be hosted at AITC.

#### Conceptual Production String Diagram

The diagram displayed in Section 3.1 shows the interactions of the different systems involved in this set of changes.

# System Architecture

VistA Fee Basis is hosted at the VAMCs and regional VISNs on VA standard hardware and operating system software and utilizes the current InterSystems version of Caché, 2014 (at the time of this writing). The AAT will be hosted at the HAC.

## Hardware Architecture

No hardware changes are required for the changes to VistA Fee Basis or AET. The new AAT GUI will require a web server at the HAC that can manage web services. The existing AET will see an increase in activity as Non-VA providers start to request authorizations electronically instead of over the phone, so care must be taken to insure the AET has enough storage space to deal with the increased transaction volume.

## Software Architecture

VistA Fee Basis provides a central location for the collection of financial and medical data related to Fee Basis Non-VA claims and authorizations.

The AET, an EDI engine that currently processes 270/271 eligibility and 278 authorization transactions, will queue incoming authorization requests. The AAT will provide a new web-based GUI that allows users to manage those queues of incoming requests.

## Network Architecture

This project requires no changes to the network architecture.

## Service Oriented Architecture / ESS

There is no change to any existing Service Oriented Architecture (SOA). Additional details about the existing SOA (if any) should be available from the HAC and AITC CIOs, and the technical leadership at the various VistA instances.

## Enterprise Architecture

There is no change to existing enterprise architecture. No additional tools or technologies will be added to the existing architecture, and all existing such items are believed to be compliant with the Technical Reference Manual (TRM.) Additional details about the existing tools and technologies being used should be available from the HAC and AITC CIOs, and the technical leadership at the various VistA instances.

# Data Design

## DBMS Files

The AET database will keep records of incoming authorization requests in the existing table for 278 requests. A new field to track the status of authorizations will be added to the 7078\_AUTHORIZATION table to track the status of authorizations, as well.

Table 9 – 278\_REQUEST

| Column | CDW Column | Type | Notes |
| --- | --- | --- | --- |
| AAT\_REQUEST\_ID | N/A | Numeric | Automatically assigned to each request |
| HCCH\_REQUEST\_ID | N/A | Numeric | From the incoming transaction |
| REQUEST\_RECEIVED | N/A | Date/Time | When incoming transaction was received |
| REQUEST\_TEXT | N/A | Text | The entirety of the incoming message |
| PATIENT\_SID | SPatient.SPatient.PatientSID | Numeric | ID of Veteran (or blank if no matching Veteran found) |
| VENDOR\_SID | Dim.FeeVendor.FeeVendorSID | Numeric | ID of inquiring vendor (or blank if no matching vendor found) |
| DOS\_START\_DATE | N/A | Date/Time | Beginning of date range for requested authorization |
| DOS\_END\_DATE | N/A | Date/Time | End of date range for requested authorization |
| SERVICE\_TYPE\_CODE | N/A | Alphanumeric | Type of service requested |
| QUEUE | N/A | Alphanumeric | Code representing which queue this request has been placed in (or blank for a request that isn’t in a queue) E=Emergency, I=Inpatient, O=Outpatient, D=Dental, M=Multiple Problem, V=Patient Problem, P=Provider Problem, R=Incoming Request |

Table 10 – 7078\_AUTHORIZATION

| Column | CDW Column | Type | Notes |
| --- | --- | --- | --- |
| 7078\_AUTHORIZATION\_SID | Fee.FeeAuthorizationRequest.FeeAuthorizationRequestSID | Numeric | Unique ID for authorization |
| SOURCE\_STATION | Fee.FeeAuthorizationRequest.Sta3n | Numeric | Station number of authorization source (used for Unique Authorization KEY [UAK]) |
| 7078\_AUTHORIZATION\_IEN | Fee.FeeAuthorizationRequest.FeeAuthorizationRequestIEN | Numeric | Local IEN for source authorization (used for UAK) |
| PATIENT\_SID | SPatient.SPatient.PatientSID | Numeric | Authorized Veteran |
| PATIENT\_IEN | SPatient.SPatient.PatientIEN | Numeric | Local IEN for source patient (used for UAK) |
| VENDOR\_SID | Fee.FeeAuthorizationRequest.FeeVendorSID | Numeric | Authorized vendor |
| ISSUED\_DATE | Fee.FeeAuthorizationRequest.IssueDate | Date/Time | Date the 7078 was issued |
| DOS\_START\_DATE | Fee.FeeAuthorizationRequest.AuthorizationFromDate | Date/Time | Beginning of authorized dates of service |
| DOS\_END\_DATE | Fee.FeeAuthorizationRequest.AuthorizationToDate | Date/Time | End of authorized date of service. |
| SERVICES | Fee.FeeAuthorizationRemarks.FeeAuthorizationRemarks | Text | First 264 characters (the limit for the 278 transaction) of the authorized services |
| STATUS | Fee.FeeAuthorizationRequest.Status | Alphanumeric | Code representing the status of the authorization.  I=Incomplete, A=Active, C=Complete, X=Closed, DC=Canceled |

## Non-DBMS Files

There are no new Non-DBMS files or changes to any existing Non-DBMS files.

## Data View

Changes to the data view are described in Section 6.2.2.2.

# Detailed Design

Section 6.2.2.2 details the changes that will be made to the Non-VA Care authorization process. These changes are reflected in the diagram below.

Authorization Request Design


Figure 3 – Authorization Request Design

## Hardware Detailed Design

See Section 4.1 for information on the hardware requirements.

## Software Detailed Design

### Conceptual Design

#### Product Perspective

Currently, review nurses and Non-VA Care clerks use VistA Fee Basis and FBCS in order to create authorizations for Non-VA Care. Requests for authorizations are done via phone calls from Non-VA providers. After this development, Non-VA providers will be able to send electronic requests for authorizations. Using the new AAT GUI, users will be able to see queues of different kinds of requests (such as emergency care or dental care requests) and decide whether or not to authorize that care. While filling out the authorization the way they would previously in VistA Fee Basis or FBCS, users then will be able to select an authorized service using standard codes. (This will only apply to FBCS if the contractor charged with maintaining that system allocates development resources to the related changes.) These more discrete codes are necessary for transmitting a workable authorization over EDI.

##### User Interfaces

Existing user interfaces will not be changed. A new, web-based user interface will be developed for AAT, and that interface is described in detail in Sections 6.2.2.2.12, 6.2.2.2.11, and 6.2.2.2.12.

##### Hardware Interfaces

There are no planned changes to the existing hardware interfaces.

##### Software Interfaces

AAT will be a new web-based GUI that will be used to manage authorization requests that come into the AAT.

##### Communications Interfaces

All involved systems will use the existing VA Transmission Control Protocol / Internet Protocol   
(TCP / IP) network.

##### Memory Constraints

The changes described in this document do not impact any existing memory constraints.

##### Special Operations

There will be no changes related to special operations.

#### Product Features

* The AET will accept and store authorization requests, allowing Non-VA providers to request authorizations electronically rather than the current phone-calls-and-paper process.
* A new AAT GUI will be put into place that will allow for the management of queues of incoming authorization requests.
* VistA Fee Basis will allow discrete authorized services to be selected for an authorization, allowing for more accurate reporting of services to Non-VA providers.

#### User Characteristics

This development will mostly affect review nurses and Non-VA Care clerks responsible for managing authorizations for Non-VA Care.

#### Dependencies and Constraints

The PC Authorizations Compliance will be undertaken in parallel with the PC X12 Attachments Compliance project. Both projects involve changes to the AAT. Care will need to be taken by both projects to not undo the work of the other, or to deliver a nonworking product because one project is complete and the other is not.

### Specific Requirements

#### Database Repository

All enhancements affect the existing AAT, AET, and VistA databases. No new databases are needed.

#### System Features

##### Consult ID on Inpatient Authorizations

Table 11 – Design Elements for Consult IDs

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN001-001 | SD-UN001-001 | When an inpatient authorization is being generated as a result of a consult order placed in CPRS, the system shall store the Consult ID with the authorization record in VistA. |
| FS-UN002-001 | SD-UN002-001 | When an inpatient authorization is being generated as a result of a consult order placed in CPRS, the Consult ID approval date and time shall be available as part of a requested data export. |
| FS-UN005-001 | SD-UN005-001 | When a Consult ID is present in the authorization record, the Consult ID shall be displayed on the authorization screen in VistA. |
| FS-UN005-002 | SD-UN005-002 | When a Consult ID is present in the authorization record, the Consult ID shall be printed on a 10-7078 paper authorization. |
| FS-UN007-001 | SD-UN007-001 | When a Consult ID is present in the authorization record, the Consult ID shall be displayed on the authorization letter screen in VistA. |
| FS-UN007-002 | SD-UN007-002 | When a Consult ID is present in the authorization record, the Consult ID shall be included as part of the Patient Episode loop within the EDI 278 responses. |

##### Consult ID on Outpatient Authorizations

Table 12 – Design Elements for Consult IDs

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN003-001 | SD-UN003-001 | When an outpatient authorization is being generated as a result of a consult order placed in CPRS, Consult ID , system date and time shall be available as part of a requested data export. |
| FS-UN003-002 | SD-UN003-002 | When an outpatient authorization is being generated as a result of a consult order placed in CPRS, the Consult ID approval date and time shall be available as part of a requested data export. |
| FS-UN006-001 | SD-UN006-001 | When a Consult ID is present in the authorization record, the Consult ID shall be displayed on the 10-7079 authorization screens in VistA. |
| FS-UN006-002 | SD-UN006-002 | When a Consult ID is present in the authorization record, the Consult ID shall be printed on a 10-7079 paper authorization. |
| FS-UN007-004 | SD-UN007-004 | When a Consult ID is present in the authorization record, the Consult ID shall be displayed on the authorization letter screen in VistA. |
| FS-UN007-005 | SD-UN007-005 | When a Consult ID is present in the authorization record, the Consult ID shall be printed on a 10-7079 paper authorization letter. |

##### Admission Date on Inpatient Authorizations

Table 13 – Design Elements for Admission Date

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP003-001 | SD-EP003-001 | A VistA Fee user shall be allowed to create a 10-7078 authorization with a Date of Service (FROM date) greater than the current system date. |
| FS-EP003-002 | SD-EP003-002 | A VistA Fee user shall be allowed to create a 10-7078 authorization with a Date of Service (TO date) greater than the current system date. |
| FS-UN008-001 | SD-UN008-001 | During 10-7078 authorization creation, a VistA Fee user shall be allowed to enter a Date-of-Admission, including a future date of admission. |
| FS-UN008-002 | SD-UN008-002 | During 10-7078 authorization update, a VistA Fee user shall be allowed to edit a Date-of-Admission, including a future date of admission. |
| FS-UN010-001 | SD-UN010-001 | During VistA Fee 10-7078 authorization creation, if Date-of-Admission exists in the Hospital Notification File (#162.2), the system shall automatically populate the 10-7078 authorization Date-of-Admission with the Date-of-Admission from the Hospital Notification file. |
| FS-UN010-002 | SD-UN010-002 | If during VistA Fee entry/edit of the Hospital Notification file, the Date-of-Admission does not match the Date-of-Admission of the 10-7078 authorization record the system shall display a warning to the user. |
| FS-UN012-001 | SD-UN012-001 | During VistA Fee 10-7078 authorization creation, if Date-of-Admission exists in the PTF, the system shall automatically populate the -10-7078 authorization Date-of-Admission with the Date-of-Admission from the Hospital Notification file. |
| FS-UN012-002 | SD-UN012-002 | If during VistA Fee entry/edit of the PTF, the Date-of-Admission does not match the Date-of-Admission of the 10-7078 authorization record the system shall display a warning to the user. |

##### Multiple Authorizations

Table 14 – Design Elements for Multiple Authorizations

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN014-001 | SD-UN014-001 | When a 10-7078 is ready to be issued, a user shall be prompted to change the authorization status to “ACTIVE”. |
| FS-UN014-002 | SD-UN014-002 | When a 10-7079 is ready to be issued, a user shall be prompted to change the authorization status to “ACTIVE”. |

##### Master Authorization Data

A number of new data fields will be stored in VistA (and, therefore CDW and AAT) relating to authorization data. Due to the number of fields included and the maximum cell size Word places on tables, several table rows have been devoted to the design element containing the list of fields. However, they should be considered as a single design element.

Table 15 – Design Elements for Master Authorizations

| **Requirement  Number** | **Design Element** | **Description** |
| --- | --- | --- |
| FS-EP008-001  FS-EP008-001-001  FS-EP008-001-002  FS-EP008-001-003  FS-EP008-001-005  FS-EP008-001-006  FS-EP008-001-007  FS-EP008-001-008  FS-EP008-001-009  FS-EP008-001-010 | SD-EP008-001 | The following data shall be stored as part of the master authorization record:   * Up to two occurrences of Patient Event Tracking Number * Authorization-type (10-7078/10-7079) * Category Code (UM01) * Certification Type Code (UM02) * Service Location (UM04) * Health Services Delivery Quantity Qualifier (HSD01) * Related Cause information (UM05) * Level of Service Code (UM06) * Current Condition Code (UM07) |
| FS-EP008-001-011  FS-EP008-001-012  FS-EP008-001-013  FS-EP008-001-014  FS-EP008-001-015  FS-EP008-001-016  FS-EP008-001-017  FS-EP008-001-018  FS-EP008-001-019  FS-EP008-001-020  FS-EP008-001-021  FS-EP008-001-022  FS-EP008-001-023  FS-EP008-001-024  FS-EP008-001-025  FS-EP008-001-031  FS-EP008-001-032  FS-EP008-001-033  FS-EP008-001-034 |  | * Prognosis Code (UM08) * Release of Information Code (UM09) * Delay Reason Code (UM10) * Up to eight occurrences of Patient Diagnosis Info (HI segment) * HSD Request Quantity (HSD02) * HSD Request Units Code (HSD03) * HSD Request Quantity Qualifier (HSD01) * HSD Request Selection (HSD04) * HSD Request Time Period (HSD05) * HSD Request Periods (HSD06) * HSD Request Pattern Code (HSD07) * HSD Request Pattern Period (HSD08) * HSD Response Quantity (HSD02) * HSD Response Units Code (HSD03) * HSD Response Quantity Qualifier (HSD01) * HCR Response Action Code (HCR01) * HCR Response Reference Identification (HCR02) * HCR Response Industry Code (HCR03) * HCR Response Code (HCR04) |
| FS-EP008-001-035  FS-EP008-001-036  FS-EP008-001-037  FS-EP008-001-038  FS-EP008-001-039  FS-EP008-001-040  FS-EP008-001-041  FS-EP008-001-042  FS-EP008-001-043  FS-EP008-001-044  FS-EP008-001-045  FS-EP008-001-046  FS-EP008-001-047  FS-EP008-001-048  FS-EP008-001-049  FS-EP008-001-050  FS-EP008-001-051  FS-EP008-001-052  FS-EP008-001-053 |  | * Accident Date * Last Menstrual Period Date * Estimated Date of Birth * Onset Date * Event Dates * Admission Date * Discharge Date * CRC Request Ambulance Certification Information * CRC Request Chiropractic Certification * CRC Request Durable Medical Equipment Information * CRC Request Oxygen Therapy Certification Information * CRC Request Functional Limitation Information * CRC Request Activities Permitted Information * CRC Request Mental Status Information * CL1 Request Institution Claim Code * CR1 Request Ambulance Transport Information * CR2 Request Spinal Manipulation Information * CR5 Request Home Oxygen Therapy Information * CR6 Request Home Health Care Information |
| FS-EP008-001-066  FS-EP008-001-068  FS-EP008-001-069  FS-EP008-001-070  FS-EP008-001-072  FS-EP008-001-073 |  | * Up to 10 Paperwork Request segments * Message Text Request * Message Text Response * Up to 14 occurrences of Patient Provider Request Information (2010EA) * Up to 5 occurrences of Patient Event Transport Information (2010EB) * Up to 3 occurrences of Patient Event Other Utilization Management Organization (UMO) Name Information (2010EC) |

##### Authorization Status

New values for the status of an authorization will be added allowing the system to track where in the authorization workflow a given authorization falls, and whether it is ready to be used in response to an authorization query.

Table 16 – Authorization Status/Workflow

| Status | Current/New | Workflow level | Meaning |
| --- | --- | --- | --- |
| Incomplete (I) | Current | 1 | When a master authorization is first created, the Authorization Status is set to INCOMPLETE. |
| Active (A) | New | 2 | When a master authorization is ready to be issued, the authorization clerk sets the status to ACTIVE. |
| Reject (R) | New | 2 | A master authorization received via a 278 request that has been returned for correction by the provider, Once corrected, the authorization may be set to ACTIVE. |
| Complete (C) | Current | 3 | When all services have been provided and a claim filed against the master authorization, the Authorization Status may be set to COMPLETE. |
| Denied (D) | New | 4 | A master authorization received via a 278 request that has been denied by the VA and no further action is allowed. |
| Closed (X) | New | 4 | When all claims have been filed against a master authorization and no further processing is allowed, the master authorization may be CLOSED. |
| Cancelled (DC) | Current | 4 | A master authorization can be cancelled at either workflow level 1 or 2. |

Table 17 – Design Elements for Authorization Status

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN014-003 | SD-UN014-003 | On master authorization creation, the authorization status in VistA shall be set to “I”, INCOMPLETE. |
| FS-UN014-004 | SD-UN014-004 | When a master authorization is ready for release to the provider, the authorization status shall be set to “A”, ACTIVE by an authorization clerk in VistA. |
| FS-UN014-005 | SD-UN014-005 | An authorization clerk shall be allowed to change the Authorization status to a different equal or higher workflow level supported value as long as the workflow level is less than 4. |

##### Authorization Export

Table 18 – Design Elements for Authorization Export

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP011-001 | SD-EP011-001 | Station-of-Jurisdiction shall be available as part of the data export from CDW when requested as part of the export parameters. |

##### Healthcare Services Delivery (HSD) Lookup Table

Table 19 – Design Elements for HSD

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP008-028 | SD-EP008-028 | A lookup table shall be required in VistA Fee Basis so an authorization clerk can select a Quantity Qualifier as defined in the ASC X12 X217 standards, (element HSD01). |
| FS-EP008-029 | SD-EP008-029 | A lookup table shall be required so an authorization clerk can select a Unit (Basis for Measurement) code as defined in the ASC X12 X217 standards, (element HSD03). |

##### Outpatient Authorization Services

Table 20 – Design Elements for Outpatient Services

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-006  FS-EP007-006-001  FS-EP007-006-002  FS-EP007-006-003  FS-EP007-006-004 | SD-EP007-006 | The 10-7079 Authorization form generated in VistA Fee shall be modified to:   * display the services description (UM03) * display the services quantity (HSD02) * display the services units (HSD01) * display the measurement code (HSD03) |
| FS-EP007-007 | SD-EP007-007 | If the Response MSG – Message Text is present, it shall be printed in the services area of the authorization. |
| FS-EP007-008 | SD-EP007-008 | The revised 10-7079 authorization form shall be printable. |
| FS-EP007-009  FS-EP007-009-001  FS-EP007-009-002  FS-EP007-009-003  FS-EP007-009-004 | SD-EP007-009 | The 10-7079 Authorization letter generated in VistA Fee shall be modified to:   * display the services description (UM03) * display the services quantity (HSD02) * display the services units (HSD01) * display Measurement Code (HSD03) |
| FS-EP007-010 | SD-EP007-010 | If the Response MSG – Message Text is present in the 278 response, it shall be printed in the services area of the authorization |
| FS-EP007-011 | SD-EP007-011 | The revised 10-7079 authorization letter shall be printable. |

##### Inpatient Authorization Services

Table 21 – Design Elements for Inpatient Services

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-016  FS-EP007-016-001  FS-EP007-016-002  FS-EP007-016-003  FS-EP007-016-004 | SD-EP007-016 | The 10-7078 Authorization form generated in VistA Fee shall be modified to:   * display the services description (UM03) * display the services quantity (HSD02) * display the services units (HSD01) * display Measurement Code (HSD03) |
| FS-EP007-017 | SD-EP007-017 | If the Response MSG – Message Text segment is present in the 278 response, it shall be printed in the services area of the authorization. |
| FS-EP007-018 | SD-EP007-018 | The revised 10-7078 authorization form shall be printable. |
| FS-EP007-019  FS-EP007-019-001  FS-EP007-019-002  FS-EP007-019-003  FS-EP007-019-004 | SD-EP007-019 | The 10-7078 Authorization letter generated in VistA Fee shall be modified to:   * display the services description (UM03) * display the services quantity (HSD02) * display the services units (HSD01) * display Measurement Code (HSD03) |
| FS-EP007-020 | SD-EP007-020 | If the Response MSG – Message Text segment is present in the 278 response, it shall be printed in the services area of the authorization. |
| FS-EP007-021 | SD-EP007-021 | The revised 10-7078 authorization letter shall be printable. |

##### Authorization Services Entry

VistA Fee Basis will have additional fields added to the workflow to create a new authorization in order to capture new data elements necessary for creating a useful authorization transaction.

Table 22 – Design Elements for Authorization Services Entry

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-026  FS-EP007-026-01  FS-EP007-026-02  FS-EP007-026-03 | SD-EP007-026 | The entry functionality shall allow the user to enter the one set of HSD information for each master authorization:   * HSD quantity qualifier (HSD01) * HSD quantity (HSD02) * HSD Units (HSD03) |
| FS-EP007-026-027 | SD-EP007-026-027 | If the HSD Quantity Qualifier is present, the HSD Quantity will be required. |

##### Authorization Request Queues GUI

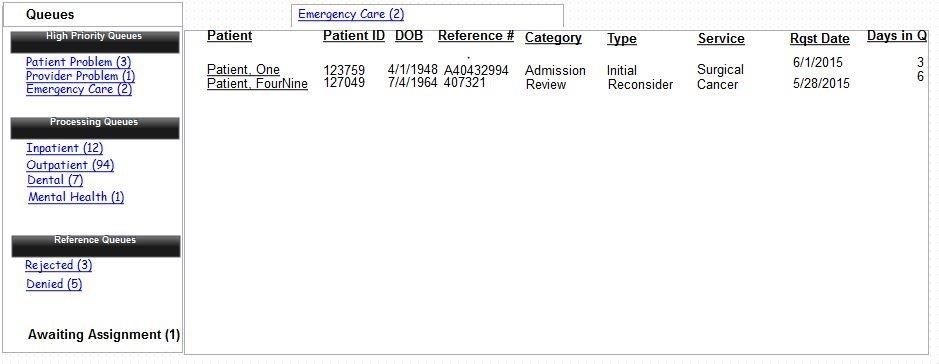


Figure 4 – Queues GUI

Table 23 – Design Elements for Request Queues GUI

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN022A-001 | SD-UN022A-001 | The Queues GUI shall display a list of all queues. |
| FS-UN022A-002 | SD-UN022A-002 | The Queues GUI shall display High Priority queues separately from normal processing queues. |
| FS-UN022A-003 | SD-UN022A-003 | The Queues GUI shall display for each queue, the number of request in the queue. |
| FS-UN022A-004  FS-UN022A-004-001  FS-UN022A-004-002  FS-UN022A-004-003  FS-UN022A-004-004  FS-UN022A-004-005  FS-UN022A-004-006  FS-UN022A-004-007  FS-UN022A-004-008  FS-UN022A-004-009 | SD-UN022A-004 | The Queues GUI shall allow a user to select a queue and see a summary of all requests in the selected queue:   * Patient Name * Patient Id * Patient Date of Birth * Date added to queue * Days in queue (calculated) * Value in UM01 * Value in UM02 * Value in UM03 * Date range |
| FS-UN022A-008 | SD-UN022A-008 | The Queues GUI shall allow a user to select a request from the queue. |
| FS-UN022A-009 | SD-UN022A-009 | When a patient has been selected, the Queues GUI shall open the 278 Request/Response GUI in a separate view. |
| FS-UN022A-010 | SD-UN022A-010 | Once an unsolicited master authorization has the status changed from INCOMPLETE (I), it shall no longer be assigned to a queue. |
| FS-UN022A-011 | SD-UN022A-011 | A user shall only be allowed to view the number of incoming 278 Requests. |

##### Authorization Request Processing GUI – Summary

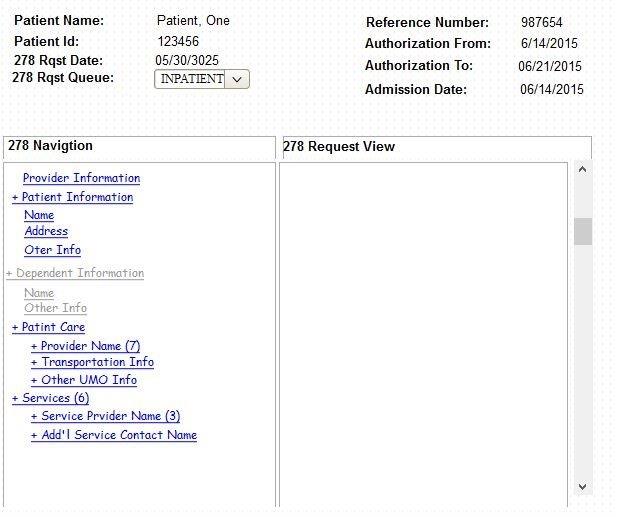


Figure 5 – Unsolicited 278 Requests GUI – Summary View

Table 24 – Design Elements for Request Processing GUI

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN015-001  FS-UN015-001-001  FS-UN015-001-002  FS-UN015-001-003  FS-UN015-001-004  FS-UN015-001-005  FS-UN015-001-006  FS-UN015-001-007  FS-UN015-001-008 | SD-UN015-001 | The 278 Request/Response GUI will be populated with the patient authorization information from the 278 Request. The following information shall be populated:  • Patient Name  • Patient ID  • Authorization Date  • Reference Number  • Authorization FROM date  • Authorization TO date  • 278 Request date  • 278 assigned queue |
| FS-UN015-002  FS-UN015-002-001  FS-UN015-002-002  FS-UN015-002-003  FS-UN015-002-004  FS-UN015-002-005  FS-UN015-002-006 | SD-UN015-002 | The 278 Navigation View shall:  • Display request sections,Requestor Info, Patient Info, optional Dependent Info, Episode of Care Info and Service Info.  • Allow a user to select any available of the displayed sections and populate the 278 Request View with the detail information and populate the 278 Request View  • Allow the user to expand/collapse a section view  • If a section is not present in the 278 Request, the user shall not be able to select it  • If a section is not present in the 278 Request, the segment shall indicate that it is unavailable  • If a section has multiple occurrences of data elements, there shall be a numeric indicator on the number of occurrences |

##### Authorization Request Processing GUI – Details

![Unsolicited 278 Request GUI - Detail View
](data:image/jpeg;base64,/9j/4AAQSkZJRgABAQEAYABgAAD/4RDuRXhpZgAATU0AKgAAAAgABAE7AAIAAAAMAAAISodpAAQAAAABAAAIVpydAAEAAAAYAAAQzuocAAcAAAgMAAAAPgAAAAAc6gAAAAgAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAFJveSBTZWFib2x0AAAFkAMAAgAAABQAABCkkAQAAgAAABQAABC4kpEAAgAAAAM5MwAAkpIAAgAAAAM5MwAA6hwABwAACAwAAAiYAAAAABzqAAAACAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA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Figure 6 – Unsolicited 278 Request GUI – Detail View

Table 25 – Design Elements for Request Processing GUI

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN015-003 | SD-UN015-003 | The HL element data shall not be viewable. |
| FS-UN015-004  FS-UN015-004-001  FS-UN015-004-002  FS-UN015-004-003  FS-UN015-004-004  FS-UN015-004-005  FS-UN015-004-006  FS-UN015-004-007  FS-UN015-004-008  FS-UN015-004-009 | SD-UN015-004 | An NVCC user shall be able to view the data in a 278 Request:   * View the information in the required 2010B REQUESTOR request loop. * View the information in the required 2010C SUBSCRIBER request loop. * If present, view the information in the 2010D DEPENDENT request loop. * View the information in the required 2000E PATIENT request loop. * View the information in the situational 2010EA PATIENT EVENT PROVIDER NAME request loop. * View the information in the situational 2010EB PATIENT EVENT TRANSPORT request loop. * View the information in the situational 2010EC PATIENT EVENT OTHER UMO NAME request loop. * If present, view the information in the 2000F SERVICE request loop. * If present, view the information in the 2010F SERVICE PROVIDER request loop. * View the information in the situational 2010EA PATIENT EVENT PROVIDER NAME request loop. * View the information in the situational 2010EB PATIENT EVENT TRANSPORT request loop. * View the information in the situational 2010EC PATIENT EVENT OTHER UMO NAME request loop. * If present, view the information in the 2000F SERVICE request loop. * If present, view the information in the 2010F SERVICE PROVIDER request loop. |
| FS-UN015-005  FS-UN015-005-001  FS-UN015-005-002 | SD-UN015-005 | There shall be a summary screen of all 278 Request loops:   * For each loop, the loop data shall be displayed. * If data is present in a loop there shall be an indicator set so a user can determine what information needs to be reviewed. |
| FS-UN015-006  FS-UN015-006-001  FS-UN015-006-002  FS-UN015-006-003  FS-UN015-006-004  FS-UN015-006-005  FS-UN015-006-006  FS-UN015-006-007  FS-UN015-006-008 | SD-UN015-006 | The user shall be able to view a summary of repeating segments:   * The user shall be able to see the number of occurrences in the segment. * The user shall be able to see summary detail of each segment. * The user shall be able to view an in individual summary record from the repeating segment summary screen. * Display all populated elements in the 278 Request for the selected 278 loop. * If a segment/element has multiple occurrences, all currents shall be displayed. * The user shall not be allowed to change any of the data in the 278 Request View (Read Only). * If electronic attachments were submitted to the 275 Attachments Repository as part of the 278 Request, the user shall be able to view the list of attachment(s). * The user shall be able to view the attachment(s) stored in the 275 Repository. |
| FS-UN015-008 | SD-UN015-008 | A user shall be able to view each segment of data stored as part of the 278 request. |
| FS-UN015-009 | SD-UN015-009 | A user shall not be able to change stored request data. |
| FS-UN015-010 | SD-UN015-010 | A user shall not be allowed to delete stored request information. |
| FS-UN015-011  FS-UN015-011-001  FS-UN015-011-002  FS-UN015-011-003 | SD-UN015-011 | If the authorization clerk clicks on the ACCEPT button, the following shall occur:   * The user shall be required to select the authorization as either an INPATIENT or OUTPATIENT authorization * The HCR01 field in the master authorization shall be populated with “A1” |
| FS-UN016-001 | SD-UN016-001 | If the authorization clerk clicks on the DENY button, the user shall be required to select reason for the denial from the GUI (HCR03) |
| FS-UN017-010 | SD-UN017-010 | Upon denial, the 278 record shall be assigned to the 278 Denied queue. |
| FS-UN018-001 | SD-UN018-001 | UM01 shall be viewable in the GUI. |
| FS-UN019-001 | SD-UN019-001 | UM02 shall be viewable in the GUI. |
| FS-UN020-003 | SD-UN020-003 | UM03 shall be viewable in the GUI. |
| FS-UN021-002 | SD-UN021-002 | UM04 shall be viewable in the GUI. |

##### Request Processing Code Lookup Tables

Table 26 – Design Elements for Code Lookup Tables

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-033 FS-EP007-034  FS-EP007-035  FS-EP007-036  FS-EP007-037  FS-EP007-038  FS-EP007-039  FS-EP007-040  FS-EP007-041  FS-EP007-042  FS-EP007-043  FS-EP007-044  FS-EP007-048  FS-EP007-049  FS-EP007-050  FS-EP007-051  FS-EP007-053  FS-EP007-054  FS-EP007-055  FS-EP007-056  FS-EP007-057  FS-EP007-058  FS-EP007-059  FS-EP007-060  FS-EP007-061  FS-EP007-062  FS-EP007-063  FS-EP007-064  FS-EP007-065  FS-EP007-066  FS-EP007-067  FS-EP007-068  FS-EP007-069  FS-EP007-070  FS-EP007-071  FS-EP007-072  FS-EP007-073  FS-EP007-074  FS-EP007-075  FS-EP007-076  FS-EP007-077 | SD-EP007-033 | The following elements require lookup tables:   * NM101 * NM102 * NM108 * PER03 * PER07 * REF01 * PRV01 * N403 * N407 * DMG01 * DMG03 * TRN01 * UM01 * UM02 * UM03 * UM04 * UM06 * HCR01 * HCR03 * DTP01 * DTP02 * HI0**X**-1 * HI0**X**-2 * HI0**X**-3 * CL101 * CL102 * CL103 * CR103 * CR105 * CR203 * CR503 * CR504 * CR517 * CR518 * CR601 * CR603 * CR607 * CR608 * PWK01 * PWK02   **Note**: Element UM03 shall indicate if the service is supported for each record in the UM03 lookup table.  **Note**: The HI0**X** has entries labeled 1 through 12 and within the 12 occurrences there are 3 lookup tables shared by the same elements. |

##### Request Processing Event Logging

Table 27 – Design Elements for Event Logging

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-090  FS-EP007-090-001  FS-EP007-090-002  FS-EP007-090-003  FS-EP007-090-004  FS-EP007-090-005 | SD-EP007-090 | For each action that AAT performs, the following information shall be written to the AAT event log:   * Actor initiating the event * Date/time of the event * Action being executed * Result of executed action * 278 Request-ID |
| FS-EP007-091  FS-EP007-091-001  FS-EP007-091-002  FS-EP007-091-003  FS-EP007-091-004  FS-EP007-091-005 | SD-EP007-091 | An authorized user shall be able to search the AAT log by:•   * 278 Provider Request identifier * Patient ID * Patient Name * 278 Request date * Actor initiating the event |
| FS-EP007-092 | SD-EP007-092 | An authorized user shall be able to view only the records event logging records based on the search performed. |

##### Request Processing Queues

All incoming 278 authorization requests shall be routed to queues based on criteria in the UM data segment. The queues shall have the following “Category of Request” values.

Table 28 – Design Elements for Request Queues

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP010-001 | SD-EP010-001 | There shall be an “Incoming Request” queue. |
| FS-EP010-002 | SD-EP010-002 | There shall be a “Patient Problem” queue. |
| FS-EP010-003 | SD-EP010-003 | There shall be a “Provider Problem” queue. |
| FS-EP010-004 | SD-EP010-004 | There shall be an “Emergency Request” queue. |
| FS-EP010-005 | SD-EP010-005 | There shall be a “Mental Health” queue. |
| FS-EP010-006 | SD-EP010-006 | There shall be an “Inpatient Request” queue. |
| FS-EP010-007 | SD-EP010-007 | There shall be an “Outpatient Request” queue. |
| FS-EP010-008 | SD-EP010-008 | There shall be a “Dental Request” queue. |
| FS-EP010-011 | SD-EP010-011 | There shall be a “Denied Request” queue. |
| FS-EP010-012 | SD-EP010-012 | An authorization shall only be assigned to a single queue. |
| FS-EP010-013 | SD-EP010-018 | An authorized user shall be able to assign a 278 Request to a different queue. |
| FS-EP010-019 | SD-EP010-019 | A user shall be able to see a summary of each queue and the total number of records in each queue. |
| FS-UN022A-005 | SD-UN022A-005 | A user shall be able to sort on any field in the detailed queued list. |
| FS-UN022A-006 | SD-UN022A-006 | A user shall be able to filter by any field in the lists. |
| FS-UN022A-007 | SD-UN022A-007 | A user shall be able to select any record in the queue to load into the 278 Navigation GUI. |

##### Authorization Request Queuing Rules

Table 29 – Design Elements for Authorization Request Queuing

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN021-001 | SD-UN021-001 | The AET shall route 278 Request based on routing rules to be developed by the VA Policy Management Department (PMD). Once the PMD has devised the rules, this document will be updated. |
| FS-EP009-009 | SD-EP009-009 | By default, all other 278 Request shall be routed to the “Outpatient Request” queue. |

##### Authorization Request Reception and Queuing

Table 30 – Design Elements for Request Reception

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP010-029 | SD-EP010-029 | AET shall route the 278 Request to the local VAMC “Incoming Request” queue for processing. |
| FS-EP010-025  FS-EP010-025-001  FS-EP010-025-002  FS-EP010-025-003 | SD-EP010-025 | After performing the provider validation explained in SD-EP010-026, AET shall perform the following checks on a request from the “Incoming Request” queue:   * Verify that the patient identified in the 278 is a patient on the VAMC VistA Fee Patient file. * If the patient is not found in the patient file, AET shall write an event to the AET event file. * If the patient is not found in the patient file, AET shall route the 278 Request to the “Patient Not Found” queue after validating providers. |
| FS-EP010-026  FS-EP010-026-001  FS-EP010-026-002  FS-EP010-026-003 | SD-EP010-026 | AET shall validate the providers:   * Verify that the provider submitting the 278 Request is allowed to conduct business with the VA. * If the requestor is identified that is not allowed to conduct business with VA, AET shall write an entry to the AET event log identifying the 278 Request, vendor and message indicating vendor is unauthorized. * Send a 278 AAA Denied Error Response |
| FS-EP010-027  FS-EP010-027-001  FS-EP010-027-002  FS-EP010-027-003 | SD-EP010-027 | If loop 2010EA is present, AET shall:   * Verify that each provider in the 2010EA loop is allowed to conduct business with VA. * If a provider is identified that is not allowed to conduct business with VA, AET shall write an entry to the AET event log identifying the 278 Request, vendor and message indicating vendor is unauthorized. * Send a 278 AAA Denied error response |
| FS-EP010-028  FS-EP010-028-001  FS-EP010-028-002  FS-EP010-028-003 | SD-EP010-028 | If loop 2010FA is present, AET shall:   * Verify that each provider in the 2010FA loop is allowed to conduct business with VA. * If a provider is identified that is not allowed to conduct business with VA, AET shall write an entry to the AET event log identifying the 278 Request, vendor and message indicating vendor is unauthorized. * Send a 278 AAA Denied error response |

##### Sensitive PHI Handling

Table 31 – Design Elements for Sensitive PHI Handling

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-096 | SD-EP007-096 | The system shall be able to identify which 278 segments contain PHI based on table driven criteria developed by the VA PMD. |
| FS-EP007-097 | SD-EP007-097 | The AET shall be able to identify a provider who has restricted access to PHI information. |
| FS-EP007-098 | SD-EP007-098 | The AET shall be able to identify a 278 Request as PHI-sensitive. |
| FS-EP007-099 | SD-EP007-099 | The default setting for PHI-Sensitive shall be “NO” for the 278 Request. |

##### Request and Response Tracking

Table 32 – Design Elements for Request and Response Tracking

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-109 | SD-EP007-109 | A provider may submit or resubmit a 278 Request for a single authorization. |
| FS-EP007-110 | SD-EP007-110 | Each request and corresponding response shall be uniquely identified by a single identifier. |
| FS-EP007-111 | SD-EP007-111 | Each request and corresponding response shall be stored in persistent storage in AET. |
| FS-EP007-112 | SD-EP007-112 | Date/time of each request shall be stored. |
| FS-EP007-113 | SD-EP007-113 | A user shall be able to view authorization request/response history in AAT GUI |

##### Request Validation – 2000E Patient Event Level Loop

Table 33 – Design Elements for Request Validation

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-114  FS-EP007-114-001  FS-EP007-114-002  FS-EP007-114-003  FS-EP007-114-004  FS-EP007-114-005  FS-EP007-114-006  FS-EP007-114-007  FS-EP007-114-008  FS-EP007-114-009  FS-EP007-114-010  FS-EP007-114-011  FS-EP007-114-012  FS-EP007-114-013  FS-EP007-114-014  FS-EP007-114-015  FS-EP007-114-016 | SD-EP007-114 | A UM segment shall be required in a 278 Patient Event Loop Request.   * UM01 = AR shall be supported * UM01 = HS shall be supported * UM01 = IN shall not be supported * UM01 = SC shall not be supported * UM02 = 1 shall be supported * UM02 = 2 shall be supported * UM02 = 3 shall be supported * UM02 = 4 shall be supported * UM02 = I shall be supported * UM02 = N shall be supported * UM02 = R shall be supported * UM02 = S shall be supported * UM03 shall be validated against the UM03 lookup table * If Present, UM04 shall be supported * If present, UM06 shall be supported * REF segments, if present, shall be supported |
| FS-EP007-115  FS-EP007-115-001  FS-EP007-115-002  FS-EP007-115-003  FS-EP007-115-004  FS-EP007-115-005  FS-EP007-115-006  FS-EP007-115-007  FS-EP007-115-008  FS-EP007-115-009  FS-EP007-115-010 | SD-EP007-115 | 278 Request Date segments, if Present shall be stored as part of the master authorization record. This includes date type and date.   * DTP01 = 439, Accident date * DTP01 = 484, Last Menstrual Period * DTP01 = ABC, Estimated Date of Birth * DTP01 = 431, Onset of Current Symptoms or Illness * DTP01 = AAH, Event Date * DTP01 = 435, Admission Date * Admission date shall be required if UM01 = AR * DTP01 = 096, Discharge date * Any DTP elements submitted as part of the 278 Request shall be returned in the 278 Response unless the response is an authorization |
| FS-EP007-116 | SD-EP007-116 | Patient Diagnosis (HI) if submitted as part of the 278 Request shall be stored in the master authorization record. |
| FS-EP007-117 | SD-EP007-117 | The system shall be able to store up 12 occurrences of the HI composite data. |
| FS-EP007-118 | SD-EP007-118 | If present, Health Services Delivery (HSD) shall be stored in the master authorization record. |
| FS-EP007-119  FS-EP007-119-001  FS-EP007-119-002  FS-EP007-119-003  FS-EP007-119-004 | SD-EP007-119 | If present, CRC segment(s) shall be supported:   * CR03 elements shall be validated based on the value in CR01 * CR04 elements shall be validated against CR03 lookup table values based on the value in CR01 * CR05 elements shall be validated against CR03 lookup table values based on the value in CR01 * CR06 elements shall be validated against CR03 lookup table values based on the value in CR01 |
| FS-EP007-120 | SD-EP007-120 | If CL1 present, CL1 shall be validated against CL1 lookup tables. |
| FS-EP007-121 | SD-EP007-121 | If CR1 present, CR1 shall be validated against CR1 lookup tables. |
| FS-EP007-122 | SD-EP007-122 | If CR2 present, CR2 shall be validated against CR2 lookup tables. |
| FS-EP007-123 | SD-EP007-123 | If CR5 present, CR5 shall be validated against CR5 lookup tables. |
| FS-EP007-124 | SD-EP007-124 | The system shall support up to 10 occurrences of the PWK segment. |
| FS-EP007-125 | SD-EP007-125 | If PWK segment is present and PWK02 = “EL”, the 275 attachment repository shall be checked for receipt of attachment based on the value in PWK06, |
| FS-EP007-126 | SD-EP007-126 | If the attachment is not available, AAT GUI shall report a 278 Response error. |
| FS-EP007-127 | SD-EP007-127 | If MSG text segment is present, the message text shall be stored in the master authorization record. |
| FS-EP007-140 | SD-EP007-140 | The system shall support up to two occurrences of the TRN segment, if present in the 2000E Request loop. |
| FS-EP007-141 | SD-EP007-141 | If present, the REF segment shall be supported in the 2000E Request loop. |
| FS-EP007-142 | SD-EP007-142 | If present, DTP segments shall be supported in the 2000E Request loop. |

##### Request Validation – 2010EA Patient Event Provider Name Loop

Table 34 – Design Elements for Request Validation

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-128 | SD-EP007-128 | The system shall support up to 14 occurrences of the 2010EA loop. |
| FS-EP007-129 | SD-EP007-129 | Each provider shall be validated against the VistA Fee Provider file. |
| FS-EP007-130 | SD-EP007-130 | Each provider record shall be stored as part of the master authorization record. |
| FS-EP007-131 | SD-EP007-131 | If REF segment is present, system shall try to verify the provided identification information. |
| FS-EP007-132 | SD-EP007-132 | If PER segment present, PER information shall be stored as part of the master authorization record. |
| FS-EP007-133 | SD-EP007-133 | If PRV segment present, PRV information shall be stored as part of the master authorization record. |
| FS-EP007-134 | SD-EP007-134 | If present, PRV data shall be validated against code lookup tables. |

##### Request Validation – 2010EB Patient Event Transport Information Loop

Table 35 – Design Elements for Request Validation

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-135 | SD-EP007-135 | If present, the system shall support up to 5 occurrences of the 2010EB loop. |
| FS-EP007-136  FS-EP007-137  FS-EP007-138 | SD-EP007-136 | If present, there shall be at least two occurrences of the loop.   * 1st occurrence shall represent the pick-up location * 2nd occurrence shall represent the drop-off location |

##### Request Validation – 2010EC Patient Event Other UMO Name Loop

Table 36 – Design Elements for Request Validation

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-139 | SD-EP007-139 | If present, the system shall support up to three occurrences of the 2010EC loop. |

##### Request Validation – 2000F Service Level Loop

Table 37 – Design Elements for Request Validation

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-143 | SD-EP007-143 | If present, SV1 segment shall be supported in the 2000F Request loop. |
| FS-EP007-144 | SD-EP007-144 | If present, SV2 segment shall be supported in the 2000F Request loop. |
| FS-EP007-145 | SD-EP007-145 | If present, SV3 segment shall be supported in the 2000F Request loop. |
| FS-EP007-146 | SD-EP007-146 | If present, TOO segment shall be supported in the 2000F Request loop. |
| FS-EP007-147 | SD-EP007-147 | If present, HSD segment shall be supported in the 2000F Request loop. |
| FS-EP007-148 | SD-EP007-148 | The system shall support up to 10 occurrences of the PWK segment. |
| FS-EP007-149 | SD-EP007-149 | If PWK segment is present and PWK02 = “EL”, the 275 attachment repository shall be checked for receipt of attachment based on the value in PWK06, |
| FS-EP007-150 | SD-EP007-150 | If the attachment is not available, AAT shall report a 278 Response error. |
| FS-EP007-151 | SD-EP007-151 | If MSG text segment is present, the message text shall be stored in the master authorization record. |

##### Response Generation

Table 38 – Design Elements for Response Generation

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN017-001 | SD-UN017-001 | All 278 Response shall be delivered in a Patient Event Loop. |
| FS-UN017-002 | SD-UN017-002 | Service Level 278 Response shall not be supported. |
| FS-UN017-008  FS-UN017-008-001  FS-UN017-008-002  FS-UN017-008-003  FS-UN017-008-004 | SD-UN017-008 | The AET shall write a 278 response record to the 278 Repository:   * Existing 278 Patient episode request segment data shall be used to populate corresponding 278 response segments in the master authorization. * HCR01 shall be set based on the action code entered via the AAT GUI. * HCR02 shall not be set. * HCR03 shall be set based on the reason code entered via the AAT GUI. |
| FS-UN017-009 | SD-UN017-009 | If a 278 request is received and a DENIED 278 response record exists in the 278 Repository, AET shall return a DENIED 278 response based on the data in the 278 Response record. |

##### Response Generation – 2010A UMO Organization Name Loop

Table 39 – Design Elements for Response Generation

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN017-003 | SD-UN017-003 | Loop 2010A shall be required in a 278 Response. |
| FS-UN017-004  FS-UN017-004-001  FS-UN017-004-002  FS-UN017-004-003  FS-UN017-004-004  FS-UN017-004-005 | SD-UN017-004 | Loop 2010A segment NM1 shall be populated as follows:   * Loop 2010A NM101 shall be populated with “PR”. * Loop 2010A NM102 shall be populated with “2”. * Loop 2010A NM103 shall be populated with the Station of Jurisdiction VAMC Name * Loop 2010A NM108 shall be populated with the “PI”. * Loop 2010A NM109 shall be populated with “12115”. |
| FS-UN017-005  FS-UN017-005-001  FS-UN017-005-002  FS-UN017-005-003  FS-UN017-005-004  FS-UN017-005-005  FS-UN017-005-006  FS-UN017-005-007  FS-UN017-005-008 | SD-UN017-005 | Loop 2010A PER segment shall be populated as follows:   * Loop 2010A element PER01 “IC” * Loop 2010A element PER02, Name of VAMC contact will be populated with a generic VAMC provided staff name as defined by the local VAMC. * Loop 2010A element PER03, “EM” * Loop 2010A element PER04, Email address of VAMC staff approving the authorization will be populated with the local VAMC defined general email address. * Loop 2010A element PER03, “TE” * Loop 2010A element PER06, Phone Number of VAMC staff will be populated with the local VAMC defined general phone number of the VAMC approving the authorization * Loop 2010A element PER05, “FX” * Loop 2010A element PER08 will be populated with the local VAMC defined general, Fax Number of VAMC approving the authorization |

##### Response Generation – 2010B Requester Name Loop

Table 40 – Design Elements for Response Generation

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN017-006 | SD-UN017-006 | Loop 2010B shall be required in a 278 Response. |
| FS-UN017-007 | SD-UN017-007 | Loop 2010B segment shall be populated as with the information from the 2010B Request loop. |

##### Response Generation – 2010C Subscriber Name and 2010D Dependent Name Loops

Table 41 – Design Elements for Response Generation

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN017-011 | SD-UN017-011 | Loop 2010C shall be required in a 278 Response. |
| FS-UN017-012 | SD-UN017-012 | If the 2010D loop exists in the 278 Request, the 2010C Response loop shall be populated with the values from the 278 2010D Request loop and information from the veteran patient record. |
| FS-UN017-013 | SD-UN017-013 | Every master authorization shall have one Service (UM03) record in the response. |
| FS-UN017-014 | SD-UN017-014 | If the 2010D loop does NOT exist in the 278 Request, the 2010C Response loop shall be populated according to the requirements in the PATIENT RESPONSE INFORMATION. |
| FS-UN017-016  FS-UN017-016-001  FS-UN017-016-002  FS-UN017-016-003  FS-UN017-016-004  FS-UN017-016-005  FS-UN017-016-006  FS-UN017-016-007  FS-UN017-016-008  FS-UN017-016-009 | SD-UN017-016 | NM1 shall be required:   * NM101 = “IL” * NM102 = “1” * NM103 = Last Name of the Patient from the Patient file * NM104 = First Name of the Patient from the Patient file * NM105 = Middle Name of the Patient from the Patient file * If exist, NM106 shall be populated with the value from the 278 2010B Request loop, element NM106 * If exist, NM107 shall be populated with the value from the 278 2010B Request loop, element NM107 * NM108 = “MI” * NM109 = VA assigned Patient |
| FS-UN017-017  FS-UN017-017-001  FS-UN017-017-002  FS-UN017-017-003 | SD-UN017-017 | The REF element shall be returned in the Patient Loop Response:   * The REF element shall not exceed 9 occurrences * If REF elements are present in the 278 Request, they shall be returned in the 2010B Response. * The authorization clerk shall not be allowed to change existing REF elements |
| FS-UN017-018  FS-UN017-018-001  FS-UN017-018-002 | SD-UN017-018 | NM3 shall be required:   * N301 shall be populated with the patient street address * If patient has an additional address line, N302 shall be populated. |
| FS-UN017-019  FS-UN017-019-001  FS-UN017-019-002  FS-UN017-019-003  FS-UN017-019-004 | SD-UN017-019 | NM4 shall be required:   * N401 shall be populated with City from patient file * N402 shall be populated with State patient file * N403 shall be populated with Zip from the patient file * N404 shall be populated with Country code |
| FS-UN017-020  FS-UN017-020-001  FS-UN017-020-002  FS-UN017-020-003 | SD-UN017-020 | DMG shall be populated as follows:   * DMG01 = “D8” * DMG02 = Patients Date of Birth * DMG03 = Patient gender (F, U, M) |
| FS-UN017-021 | SD-UN017-021 | The INS segment shall not be required in the response. |

##### Response Generation – 2000E Patient Event Level Loop

Table 42 – Design Elements for Response Generation

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN017-022 | SD-UN017-022 | Loop 2000E, element TRN shall be populated with the value from the 278 2010B Request loop, if present in the 278 2000E Request loop. |
| FS-UN017-025 | SD-UN017-025 | REF shall be populated in the 278 2000E Response. |
| FS-UN017-026  FS-UN017-026-001  FS-UN017-026-002 | SD-UN017-026 | 2000E – DTP segments shall be optional.   * 2000E – DTP segments if present, shall not exceed 9 occurrences. * 2000E – DTP segments if present in the 278 2000E Request loop shall have the same values populated in the 278 Response loop. |
| FS-UN017-027 | SD-UN017-027 | HI shall be populated in the 278 2000E Response based on the values in the master authorization record. |
| FS-UN017-036 | SD-UN017-036 | If present in the 278 request, the Loop 2010EA shall not be populated in the 278 2000E Response. |
| FS-UN017-037 | SD-UN017-037 | If present in the 278 request, the Loop 2010EB shall not be populated in the 278 2000E Response. |
| FS-UN017-048  FS-UN017-048-001 | SD-UN017-048 | The PWK segment shall be supported in 2000E loop with 1 exception:  PWK02 “EL” shall not be supported in FY15. |
| FS-UN017-049 | SD-UN017-049 | A user shall be allowed to enter up to 264 characters of free text per 2000E MSG segment. |
| FS-UN022B-001 | SD-UN022B-001 | The HCR segment shall be required in the 2000E Response loop. |
| FS-UN022B-002 | SD-UN022B-002 | HCR01 shall be populated with the value from the master authorization record. |
| FS-UN022B-003 | SD-UN022B-003 | HCR02 shall be populated with the master authorization UAK, unless the request has been denied.. |
| FS-UN022B-004 | SD-UN022B-004 | MSG response segment if populated as part of the master authorization, shall be populated in the 278 response. |
| FS-UN022B-005 | SD-UN022B-005 | UM03 278 response shall be populated with the UM03 response value from the master authorization record. |
| FS-UN022B-006 | SD-UN022B-006 | The HSD segment shall be populated from the data in the master authorization HSD response data elements. |

##### Response Generation – 2000F Service Level Loop

Table 43 – Design Elements for Response Generation

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN017-038 | SD-UN017-038 | If 2000F loop data is present as part of the 278 Request, it shall not be returned as part of the 278 Response. |
| FS-UN022B-007 | SD-UN022B-007 | The 278 Request record shall be moved to the 278 ACCEPTED reference queue. |

##### Response Generation – 2010FA Service Provider Name Loop

Table 44 – Design Elements for Response Generation

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-UN017-050 | SD-UN017-050 | The 2010EA response loop shall not be supported in FY15. |

##### Vendor Information

Table 45 – Design Elements for Vendor Information

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP007-152 | SD-EP007-152 | The local VAMC provider (vendor) file shall be able to identify a record as an organization or an individual. |
| FS-EP007-153 | SD-EP007-153 | The local VAMC provider (vendor) file shall be able to identify a provider as PHI-restricted. |
| FS-EP007-154 | SD-EP007-154 | A provider identified as PHI-restricted shall not have access to patient medical information where the PHI-sensitive flag is set to “Y”. |

##### Reporting

Table 46 – Design Elements for Reporting

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP005-001  FS-EP005-001-001  FS-EP005-001-002  FS-EP005-001-003  FS-EP005-001-004 | SD-EP005-001 | An authorized requestor shall be able to export the following data points from CDW for COMPLETE authorizations:   * User Id of user who completed the authorization * Total number of authorizations in a COMPLETE state by user-id * Start-date entered by requestor * End-date entered by requestor |
| FS-EP005-002 | SD-EP005-002 | The requestor shall be required to enter a request start-date. |
| FS-EP005-003 | SD-EP005-003 | The system shall default the request end-date to the current system date. |
| FS-EP005-004 | SD-EP005-004 | The requestor shall be allowed to enter a different request end-date. |
| FS-EP005-005 | SD-EP005-005 | By default, the system shall export all users and total number of authorizations completed. |
| FS-EP005-006 | SD-EP005-006 | The system shall sort the data by user-id, ascending. |
| FS-EP006-002 | SD-EP006-002 | The requestor shall be required to select either 10-7078 or 10-7079 authorizations for the export. |
| FS-EP012-001 | SD-EP012-001 | The requestor shall be able to select the file format for the exported report. |
| FS-EP012-002 | SD-EP012-002 | The requestor shall be able to select the storage location for the exported file. |

##### EDI Compliance

Table 47 – Design Elements for EDI Compliance

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| FS-EP013-001  FS-EP013-001-001  FS-EP014-001 | SD-EP013-001 | EDI compliance introduced in FY14 shall be continued:   * A 278 Request shall be validated for EDI compliance * A 278 Response shall be EDI compliant |
| FS-EP014-002 | SD-EP014-002 | AAA (the standard segment used in X12 messages to report errors) Error reporting as introduced in the FY14 HAC EDI Claims Systems Enhancement project shall be continued. |
| QAS-EP016-001 | SD-EP016-001 | AET will be available at least 86% of the time during a normal work week. |

##### Performance

Table 48 – Design Elements for Performance

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| PS-EP017-001 | SD-EP017-001 | AET shall complete the entire 278 transaction (request / response) within the Centers for Medicare & Medicaid Services (CMS) specified maximum 20 second response time during system uptime. |
| PS-EP017-002 | SD-EP017-002 | AET shall not need to provide a response during scheduled system down time. |
| PS- EP017-003 | SD- EP017-003 | AAT GUI shall be able to support multiple users without degradation in response time. |
| PS- EP017-004 | SD- EP017-004 | AAT GUI Services GUI shall be able to support multiple users without degradation in response time. |
| PS- EP017-005 | SD- EP017-005 | AAT GUI Queues GUI shall be able to support multiple users without degradation in response time. |
| PS- EP017-006 | SD- EP017-006 | AAT GUI 278 Review / Request GUI shall be able to support multiple users without degradation in response time. |
| PS-UN024-001 | SD-UN024-001 | 278 Request/Response transactions shall only be supported in Real-time mode. |
| PS-EP015-001 | SD-EP015-001 | All transactions between AET and HCCH will be over a secure communications channel. |

##### Security

Table 49 - Design Elements for Security

| Requirement  Number | Design Element | Description |
| --- | --- | --- |
| SS-EP007-001  SS-EP007-001-001  SS-EP007-001-002  SS-EP007-001-003  SS-EP007-001-004  SS-EP007-001-005  SS-EP007-001-006  SS-EP007-001-007  SS-EP007-001-008 | SD-EP007-001S | Users holding the VistA Fee Authorization key shall be able to:   * Add Services records to a master authorization record * View the 278 Request queues * Select a 278 Request from the 278 unsolicited request queues * View the 278 Request * View 275 Repository records * Create 278 Response segments for a 278 Request * Assign a 278 Response HSD response * Release a completed 278 to the AET process |
| SS-EP007-002  SS-EP007-002-001 | SD-EP007-002S | Users holding the VistA Fee Supervisor key shall:   * Have all the capacities listed above |
| SS-EP007-003  SS-EP007-003-001  SS-EP007-003-003 | SD-EP007-003S | AAT Administrator shall:   * Be able to monitor the connection between AET and the HCCH * Be able to update supporting 278 lookup tables |
| SS-EP007-004  SS-EP007-004-001  SS-EP007-004-002 | SD-EP007-004S | EDI Management Team shall:   * Have all the capabilities of the AET Administrator * Access the master authorization interface as needed to monitor performance |

#### Design Element Tables

##### Routines (Entry Points)

There are no new or modified routines.

##### Templates

Table 50 – FBAA AUTHORIZATION Template

| Templates | Instructions |
| --- | --- |
| Template Name | FBAA AUTHORIZATION |
| Enhancement Category | Modify |
| RSD Traceability |  |
| Template Type | Input |
| Related Options |  |
| Related Routines |  |
| Data Dictionary References | 162.4 |
| Global References |  |

AUTHORIZATION

S FBAOLD=^FBAAA(DA(1),1,DA,0),FBAALT=$S($P(FBAOLD,"^",13)=2:"Y",$P(FBAOLD,"^",13)=3:"Y",1:""),FBPRG=$P(FBAOLD,"^",3)

I FBPRG,FBPRG'=2 W !!,\*7,"You are only allowed to edit an outpatient authorization using this option.",!! S Y=""

@1

FROM DATE

S FBTODT=X

S DOB=$P(^DPT(DFN,0),"^",3)

D NOW^%DTC

S NOW=X

S X=FBTODT

I $$FMDIFF^XLFDT(NOW,DOB,1)<365 S Y="@3"

I $P(FBAOLD,U,2)']"" S Y="@2"

I FBTODT'>$P(FBAOLD,U,2) S Y="@2"

FROM DATE////^S X=+FBAOLD

W !,\*7,"From Date cannot be later than the To Date!"

S Y="@1"

@2

S:'$D(FBAADDYS) FBAADDYS=0 S X1=FBTODT,X2=FBAADDYS D C^%DTC S FBAAX=X

S FBD1=DA

TO DATE//^S X=$E(FBAAX,4,5)\_"-"\_$E(FBAAX,6,7)\_"-"\_($E(FBAAX,1,3)+1700)

S FBFRDT=DE(19)

I $$FMDIFF^XLFDT(NOW,DOB,1)<365 S Y="@6"

@7

I $P(^FBAAA(DA(1),1,DA,0),"^",7)]"" K DIE("NO^")

FEE PROGRAM////^S X=$S(FBPRG:FBPRG,1:2)

S FBTYPE=$S(FBPRG:FBPRG,1:2)

101;T

REFERRING PROVIDER

I $G(X) W !,"REFERRING PROVIDER NPI: ",$$REFNPI^FBCH78(X)

S Y="@4"

@3

I FBTODT'<DOB&(FBTODT'>$$FMADD^XLFDT(DOB,7)) S Y="@2"

W !,\*7,"This is a Newborn, From Date must be between DOB and DOB+7"

S Y="@1"

@6

I FBFRDT'<DOB&(FBFRDT'>$$FMADD^XLFDT(DOB,7)) S Y="@7"

W !,\*7,"This is a Newborn, TO Date must be between DOB and DOB+7"

S Y="@2"

@4

PURPOSE OF VISIT CODE

S:$$EXTPV^FBAAUTL5(X)'=55 Y="@5"

S:$P($$GETSTAT^DGMSTAPI(DA(1)),U,2)="Y" Y="@5"

S DIE("NO^")=""

W !,$C(7),"MST POV can't be selected because veteran's MST status is not YES."

S Y="@4"

@5

PATIENT TYPE CODE

TREATMENT TYPE CODE

S FBAATT=X

S FBAALT=$S(X=2:"Y",X=3:"Y",1:"")

K DIE("NO^")

S ICDSYS=10,IMPDATE=$$IMPDATE^FBCSV1("10D")

S EDATE=+FBAOLD

S:EDATE<IMPDATE ICDSYS=9

I ICDSYS=10,FBAATT=3 S Y="@10"

S:ICDSYS=9 Y="@9"

S FBDFN=DFN

@8

S XX1=-1 S XX1=$$ASKICD10^FBASF(" ICD DIAGNOSIS","")

I XX1<0 W !," ICD Diagnosis is required" S Y="@8"

ICD DIAGNOSIS////^S X=XX1

S Y="@10"

@9

DX LINE 1

S:X="" Y=.021

DX LINE 2

S:X="" Y=.021

DX LINE 3

@10

; New fields for authorized service will be added.

AUTHORIZATION REMARKS

TYPE OF CARE

S:'$D(FBAAASKV) FBAAASKV="N"

S:FBAAASKV'="y" Y=100

VENDOR

CLERK////^S X=DUZ

W !!

ACCIDENT RELATED (Y/N)

POTENTIAL COST RECOVERY CASE//^S X="NO"

PRINT AUTHORIZATION (Y/N)//^S X="YES"

S FBAAP79=$S(X["Y":"Y",1:"")

I X["Y" S Y=""

PRINT AUTHORIZATION (Y/N)///^S X="@"

I '$D(FBAATT) S Y=""

I FBAATT'=3 S Y=""

S HID=$S($D(^FBAAA(DA,4)):$P(^(4),"^"),1:"")

FEE ID CARD NUMBER

S NID=X

FEE ID CARD ISSUE DATE//^S X="TODAY"

S Y=$S(HID="":"",HID=NID:"",NID="":.65,1:.7)

FEE ID CARD EXPIRATION DATE

REASON FOR CARD NUMBER CHANGE

S NIDR=X

| Templates | Description | | | |
| --- | --- | --- | --- | --- |
| Template Name | FBAA AUTHORIZATION | | | |
| Enhancement Category | New | Modify | Delete | No Change |
| RSD |  | | | |
| Template Type | Sort | Input | Print | Other |
| Related Options |  | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  |  |  |

##### Bulletins

There are no new or modified bulletins.

##### Data Entries Affected by the Design

There are no new or modified data entries.

##### Unique Record(s)

There are no new unique records or modifications to existing unique records.

##### File or Global Size Changes

There should be no significant change in global sizes, new data is being stored outside of VistA.

##### Mail Groups

There are no new or modified mail groups.

##### Security Keys

There are no new or modified security keys.

##### Options

There are no new or modified options.

##### Protocols

There are no new or modified protocols.

##### Remote Procedure Call (RPC)

There are no new or modified RPCs.

##### Constants Defined in Interface

There are no new or modified constants.

##### Variables Defined in Interface

There are no new or modified variables.

##### Types Defined in Interface

There are no new or modified types.

##### GUI

There are no new or modified CPRS-style GUIs. Designs for the web-based GUI elements of AAT are contained in Sections 6.2.2.2.12, 6.2.2.2.11, and 6.2.2.2.12.

##### GUI Classes

There are no new or modified CPRS-style GUI classes.

##### Current Form

There are no new or modified forms.

##### Modified Form

There are no new or modified forms.

##### Components on Form

There are no new or modified components.

##### Events

There are no new or modified events.

##### Methods

There are no new or modified methods.

##### Special References

There are no new or modified special references.

##### Class Events

There are no new or modified class events.

##### Class Methods

There are no new or modified class methods.

##### Class Properties

There are no new or modified class properties.

##### Uses Clause

There are no new or modified use clauses.

##### Forms

There are no new or modified forms.

##### Functions

There are no new or modified functions.

##### Dialog

There are no new or modified dialogs.

##### Help Frame

There are no new or modified help frames.

##### HL7 Application Parameter

There are no new or modified Health Level 7 (HL7) application parameters.

##### HL7 Logical Link

There are no new or modified HL7 logical links.

##### COTS Interface

There are no new or modified Commercial off-the-shelf (COTS) interfaces.

## Network Detailed Design

All systems involved in this development will use the existing VA network.

## Service Oriented Architecture / ESS Detailed Design

There are no new or modified shared services.

# External System Interface Design

## Interface Architecture

All involved systems will use the existing VA TCP/IP network.

## Interface Detailed Design

The AET will have a TCP/IP-based interface with a secure Virtual Private Network (VPN) connection to the HCCH that will use the ASC X12 278 standard to respond to queries sent by the HCCH. A very thorough description of the transaction format for the 278 is included in the PC Authorizations Compliance RSD.

For a full list of elements included in the 278 response, consult the PC Authorizations Compliance RSD.

# Human-Machine Interface

## Interface Design Rules

Interface design rules will remain unchanged for existing systems. Care will be taken to follow existing design rules in the new AAT GUI.

## Inputs

Refer to Sections 6.2.2.2.12, 6.2.2.2.11, and 6.2.2.2.12 for information on the new user interface for the AAT.

## Outputs

This development does not include any new outputs. Current authorization outputs will be enhanced with Consult IDs. Refer to Section 6.2.2.2 for more details.

## Navigation Hierarchy

Refer to Sections 6.2.2.2.12, 6.2.2.2.11, and 6.2.2.2.12 for information on the new user interface for the AAT.

# Security and Privacy

## Security

Existing systems will continue to use existing security controls. All affected systems (namely VistA) include files of authorized users, and which features they are allowed to use, and that will not be changed. The new AAT GUI will also keep a record of the access each user has and will only allow access to administrative functions to those with the proper security keys.

## Privacy

PHI and Personally Identifiable Information (PII) will be secured in the appropriate databases with controls to ensure that only those with a need to access the data will be able to do so. In addition, providers can be marked so that they won’t receive authorization transactions if those transactions contain sensitive PHI.

Attachment A – Approval Signatures

This section is used to document the approval of the SDD. The review should be conducted face to face where signatures can be obtained ‘live’ during the review. If unable to conduct a face-to-face meeting then it should be held via LiveMeeting and concurrence captured during the meeting. The Scribe should add /es/name by each position cited. Example provided below.

The Business Sponsor and Project Manager (PjM) are required to sign.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date:

Robert Huffman                                    
VA Business Sponsor and Integrated Project Team (IPT) Co-Chair  
Electronic Data Interchange

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date:

William Krimmel   
VA PjM  
Electronic Data Interchange

1. Additional Information
   1. RTM

The PC Authorizations Compliance RTM accompanies this SDD.

* 1. Packaging and Installation

There are no special considerations for software packaging and installation.

* 1. Design Metrics

No unusual metrics were captured during the design process.

* 1. Acronym List and Glossary

Sections 1.7.1 and 1.7.2 provide the definitions, acronyms, and abbreviations within this SDD.

* 1. Required Technical Documents

The Conformance Validation Statement (CVS) will be submitted for evidence of Section 508 compliance at the appropriate time.