**Inbound ePrescribing**

Version 1.0

Requirements Specification Document



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Revision History

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

| Date | Version | Description | Author |
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| 8/23/16  9/08/16 | 2.5 | Epic 22: GCNSEQ# is not going to be used in Release 1.0, removed references to this data element in the algorithm.. GCNSEQ may be used in a future version of the algorithm.  Epic 21: Cannot check License/State of Provider as State is not passed in the eRx; Cannot check that the Provider is authorized to treat a “specified patient”  Epic 22: Removed logic for GCNSEQ#, the algorithm being used is described in the elaboration document (a new index was created to make it easier to retrieve matching local drug file records (#50). | Amara Welling |
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ProPath Template v1.3, updated May 2014

Artifact Rationale

The Requirements Specification Document (RSD) records the results of the specification gathering processes carried out during the Requirements phase. The RSD is generally written by the functional analyst(s) and should provide the bulk of the information used to create the test plan and test scripts. It should be updated for each increment.

The level of detail contained in this RSD should be consistent with the size and scope of the project. It is not necessary to fill out any sections of this document that do not apply to the project. The resources necessary to create and maintain this document during the life cycle of a large project should be acknowledged and clearly reflected in project schedules. Do not duplicate data that is already defined in another document or a section in this document; note in the section where the information can be found.

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# Introduction

In order to improve on its ability to deliver Veterans their medications as quickly and efficiently as possible, the Veterans Health Administration (VHA), Patient Care Services (PCS), Pharmacy Benefits Management (PBM) is requesting a new capability as part of the Pharmacy Reengineering (PRE) program to receive inbound electronic prescriptions (e-prescriptions or eRxs) from an external provider (e.g., a doctor not associated with the Department of Veterans Affairs [VA], medical staff at a Department of Defense (DoD) military treatment facility, etc.). They are also requesting the capabilities to electronically transfer a prescription from one VA pharmacy to another, as well as electronically to receive a transferred prescription from an external pharmacy. Once received, these prescriptions will be fed into the existing Veterans Health Information Systems and Technology Architecture (VistA) Outpatient Pharmacy (OP) for processing and dispensing.

Adding this functionality supports VA’s requirement to meet legislation described in Medicare Part D, which calls for adoption of ePrescribing standards in order to “expedite the adoption of electronic medical records and build a national electronic health information infrastructure in the United States”.[[1]](#footnote-1) It is also a critical component for the VA to be able to provide capabilities on-par with retail pharmacies and therefore fulfill its goal of delivering world-class, excellent health care to its beneficiaries.

## Purpose

The purpose of the Requirements Specification Document (RSD) is to record and capture the initial set of user stories that will be used to begin development of the new Inbound ePrescribing functionality.

The audience for this document is the Inbound ePrescribing development team, stakeholders, business owners, and managerial authorities for the effort.

## Scope

As indicated, the high-level scope of this effort includes the adoption of functionality that will enable the VA to receive and subsequently process ePrescriptions from outside the VA, as well as transfer them between VA pharmacies as needed. More specific elements of what is included in the scope (as well as what’s excluded) are indicated below:

* Receiving and processing inbound eRxs, where “inbound” refers to the ordering of medication or medical related supplies for a VA patient by a non-VA provider to be filled at a VA pharmacy. Medical related supplies are defined as follows:

General and prosthetic medical supplies, determined to be expendable stock items required for outpatient care and treatment, must be dispensed on prescription (CPRS or VA Form 10-257F). Pharmacy Service is not responsible for filling prescriptions for non-expendable medical equipment. Pharmacy Service may dispense refills for expendable supplies upon receipt of requests from patients with continuing eligibility for a period not to exceed one year from the date of the last signed order. Expendable stock items may include: catheters, colostomy sets, ileostomy sets and/or supplies, plastic and rubber gloves, skin preparations and powders, urinal bags and drainage supplies, incontinence supplies, etc.[[2]](#footnote-2)

* Electronically receiving and processing outpatient prescriptions only (includes prescriptions created for a VA patient upon discharge from a non-VA hospital to be filled on an outpatient basis by a VA pharmacy).
* Receiving and processing inbound eRxs from non-VA providers for controlled substances.
* Receiving and processing inbound eRxs from non-VA providers that currently prescribe medications and medical related supplies for Civilian Health and Medical Program of the VA (CHAMPVA) beneficiaries and which are currently handled by the Medications by Mail (MbM)[[3]](#footnote-3) program.
* Electronically receiving and processing cancellations and changes for previously received eRxs from non-VA providers.
* Electronically sending refill requests to non-VA providers who previously sent eRxs to VA pharmacies, receiving responses from the non-VA providers, and processing those responses (i.e., eRx refill requests initiated from VA Pharmacy to a non-VA provider).
* Electronically receiving and processing refill requests from non-VA providers who previously sent eRxs to VA pharmacies.
* Electronically receiving and processing medication history[[4]](#footnote-4) requests initiated by any entity (e.g., non-VA provider or VA provider, Personal Health Record [PHR] system, or Electronic Medical Record [EMR] system, etc.) to a VA Pharmacy, as well as electronically sending medication history requests from a VA Pharmacy to any entity that supports receiving and processing medication history requests.
* Sending outbound electronic notifications from a VA pharmacy (that received an inbound eRx) to the non-VA provider that originally sent the eRx.
* Electronic transfers of prescriptions from one VA pharmacy location to a different VA pharmacy location.

The following areas are not included in the scope of this project effort:

* VA providers generating eRxs at one VAMC location to be electronically transmitted to and processed by (filled, dispensed, etc.) a different VAMC location’s pharmacy.
* Initiating outbound eRxs (generation of an eRx by a VA provider to be filled at a non-VA pharmacy).
* Electronic receipt and processing of any VA and non-VA inpatient medication orders.
* Electronic receipt and processing of any VA and non-VA orders for Durable Medical Equipment (DME), such as wheel chairs.
* Electronic receipt and processing of Rx refill requests from a VA patient’s non-VA PHR system.
* Electronic transfers of prescriptions from any non-VA pharmacy to a VA pharmacy.
* Electronic transfers of prescriptions from a VA pharmacy to a non-VA pharmacy.
* The ability for the VA to request an electronic prior authorization form and authorization from a Provider (ePA)

## References

Documentation used to develop this RSD included the relevant VistA OP documentation found on the [VA Software Document Library](http://www.index.DNS   /search/va/va_search.jsp?QT=VSS+V.+4.02+User+Manual&SQ=www.DNS   %2Fvdl%2F&DB=9) web site; information from the National Council for Prescription Drug Programs (NCPDP) Script Standard 10.6, available at [NCPDP.org](http://www.ncpdp.org/Resources/ePrescribing); and relevant user guides and other documentation from the Defense Health Agency’s (DHA) ePrescribing software solution.

# Overall Description

The functionality that will be added addresses a longstanding need for the VA to be able to receive and process prescriptions from external providers, as well as easily move prescriptions from one VA Pharmacy to another. Leveraging the extensive body of work done by the NCPDP (as well as other Federal Agencies with similar charters), this enhancement moves the VA towards increased efficiency and improved customer satisfaction.

## Accessibility Specifications

Graphical User Interface (GUI) development will be part of this effort; therefore, 508 compliance must be considered. Refer to the [VA’s 508 Background and Standards page](http://www.section508.DNS   /section508/Background_and_Standards.asp) for more details.

## Business Rules Specification

High-level acceptance criteria are documented in the relevant sections below. Additional details and more specific business rules and acceptance criteria will be further recorded in the System Design Document (SDD).

## Design Constraints Specification

All software development by Inbound ePrescribing Developers shall conform to technology standards as defined in the VA Technical Reference Model (TRM).

Inbound ePrescribing will be developed and maintained using industry standard technologies. This project will add functionality that complements the existing VistA OP package. All necessary security protocols and requirements necessary for interacting with this package as well as others are outlined later in this document.

## Disaster Recovery Specifications

The Inbound ePrescribing is a mission critical system; therefore disaster recovery is an important aspect of the system’s design. The back-up and data recovery process provides the business community with disaster recovery procedures when the Inbound ePrescribing system is brought off-line for planned maintenance or unplanned technical issues, while the contingency plan includes procedures for a VA Pharmacy staff member to disable or enable the receiving inbound electronic prescriptions process as needed.

As part of preparing for circumstances like those described, the Inbound ePrescribing system will follow VA Enterprise application backup, protection and restore procedures for:

* The Inbound ePrescribing application servers
* Inbound electronic prescription data
* Electronic notification receipt data

The Inbound ePrescribing system shall also inherit the Disaster Recovery (DR) procedures of the VA hosting environment supporting the application, with additional DR specifications defined at a later date. Also note that the recovery strategies for all Inbound ePrescribing interfaced software solutions include the sequence of activities as well as detailed procedures for the technical recovery of operations until all interfaced systems can be reconstituted.

Relevant nonfunctional requirements from the Business Requirements Document (BRD) are traced to and expanded upon below:

Table 1: EPIC 1: Inbound ePrescribing is a mission-critical system; a contingency plan and data back-up and restore procedures are written to ensure data integrity.

| **ID#** | **NEED/**  **OWNR #** | **BRD Trace** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **1** | **NONF**  **3314** | The system will provide a contingency plan that includes procedures to disable and enable receiving inbound electronic prescriptions. | 1.1: As an Information Technology (IT) staff or user, I want a contingency plan that provides detailed procedures to enable and disable the inbound receiving electronic prescriptions process so that I can follow the instructions when needs arise to disable or enable the system. | 1.1.1: Develop and store a baseline approved version of the contingency plan in the document repository. | The contingency plan includes procedures to disable and enable receiving inbound electronic prescriptions.  All support documentation for the VA Inbound ePrescribing system shall be stored in a document repository containing the most current officially approved document versions. |
| **2** | **NONF**  **1615** | The system shall provide a back-up and data recovery process during times when the system is brought off-line for maintenance or technical issues/problems. | 1.2: As an IT staff or user, I want a back-up and data recovery process so that I can ensure data recovery and back-up procedures are properly executed during maintenance or when the system experience unexpected technical issues or “down-time.” | 1.2.1: Implement the back-up and data recovery procedures when warranted by technical or maintenance issues. | The back-up and data recovery process is documented in the required maintenance and operations manual or the VA standard back-up and recovery manual.  All support documentation for the VA Inbound ePrescribing system shall be stored in a document repository containing the most current officially approved document versions. |
| **3** | **NONF**  **3213** | The system shall provide data protection measures, such as back-up intervals and redundancy shall be consistent with systems categorized as mission critical (12 hour restoration, 2 hour recover point objective). | 1.3: As an IT staff or user, I want to ensure measures are taken to protect the data/information so that I can request timely data restores in the future. |  | The data protection measures are scheduled and implemented for a mission critical system. |

## Documentation Specifications

The documentation includes technical training curricula, user guides, training tools, and manuals that are required to comply with the VA and Product Development (PD) documentation standards and/or Pro Path requirements.

Relevant nonfunctional requirements from the BRD are traced to and expanded upon below:

Table : EPIC 2: The technical training curricula, user manuals, and other required documentation are written for all levels of VA users.

| **ID#** | **NEED/**  **OWNR #** | **BRD Trace** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **4** | **NONF**  **1612** | A technical training curriculum shall be developed and delivered to all levels of VA users. | 2.1: As a training instructor, IT staff, or user, I want a technical training curriculum so that I can assess and develop detailed training plans that support the learning needs of all levels of VA users. |  | The technical training curriculum should be written at a level that shall support all levels of VA users, both primary and secondary users  All support documentation for the VA Inbound ePrescribing system shall be stored in a document repository containing the most current officially approved document versions. |
| **5** | **NONF**  **3193** | The training curriculum developed by Veterans Health Administration (VHA)’s Employee Education System (EES) group shall state the expected task completion time for primary and secondary users. | 2.2: As a training instructor, IT staff or user, I want to know the expected task completion time so that I can inform the primary and secondary users the duration of the technical training period(s). |  | The technical training curriculum includes the task completion time. |
| **6** | **NONF**  **3301** | The required documentation shall support the system and maintain operations and continuity, and it shall be defined by VA standards in ProPath and as required by the VA Enterprise System Engineering Lifecycle and Release Management. | 2.3: As a training instructor, IT staff, user, or curricula developer, I need to develop a full suite of training documentation that complies with VA Enterprise System Engineering and Release Management and ProPath templates. |  | The required documentation to support the operations and maintenance of the system shall comply with ProPath standard templates and processes, as well as VA Enterprise System Engineering Lifecycle and Release Management processes.  All support documentation for the VA Inbound ePrescribing system shall be stored in a document repository containing the most current officially approved document versions. |
| 2.4: As a training curricula developer, I need to support the inbound ePrescribing system with documentation to support user, administrative, and operations support functions. |
| **7** | **NONF**  **3311** | The training curriculum shall state the expected training time for primary users and secondary users to become proficient at using the Inbound ePrescribing application. | 2.5: As a training instructor, IT staff or user, I want the training curriculum to project the expected training time for the primary users and secondary users so that I schedule all training classes based on the users' availability dates. |  | A technical training curriculum is provided with expected training time for primary and secondary users.  The training plans should project expectations about the time required for both primary and secondary users to learn the new Inbound ePrescribing system functionality. |
| **8** | **NONF**  **3312** | The curricula shall include all aspects of the enhanced or new application(s) that support the receiving and processing inbound electronic prescriptions process. | 2.6: As a training instructor, IT staff or user, I want to ensure the curricula include all aspects of the enhanced or new application(s) that support the receiving and processing inbound electronic prescriptions process so that I can impart the knowledge needed to teach users to proficiently learn and use the system. |  | The curricula developed shall incorporate all aspects of the receiving and processing inbound electronic prescriptions process.  The curricula shall support the ability for new or experienced users to gain the knowledge and expertise to become proficient users of the new application. |
| **9** | **NONF**  **3313** | User manuals and training tools shall be written. If the user manuals and training tools already exist, updates shall be made, as necessary, and they shall be delivered to all levels of VA users. | 2.7: As a training instructor, IT staff or user, I want to identify areas or topics in the current user manuals that need to be revised, and areas that need to be added to completely update the user manuals to the current state of the newly implemented inbound ePrescribing system. |  | The user manuals and training tools are written, and developed to support the user needs for all levels of VA users.  User manuals shall contain user information and training addressing the most up-to-date current enhancements and functionality implemented in the new inbound ePrescribing system.  All support documentation for the VA Inbound ePrescribing system shall be stored in a document repository containing the most current officially approved document versions. |

# Functional Business Requirements

## Functional Specifications

The functional business requirements identified here correspond to the original business requirements as documented in *Pharmacy Reengineering Inbound ePrescribing, Work Effort Unique Identifying #20140401*.

For purposes of design and architecture, this set of requirements expands and elaborates upon the original requirements, and provides sequential detail:

* From the initiation of an ePrescription transmitted inbound to a VA Pharmacy
* To the receipt of the ePrescription within the VA Pharmacy
* To the validation and processing of the ePrescription within the VA Pharmacy
* To the dispensing of the eRx to the Veteran patient.

In support of this, additional requirements have been identified to fill gaps where new functionality is needed for inbound ePrescribing.

As seen earlier in this document each requirement can be broken down into a hierarchy, starting at the top with:

* An **EPIC** overarching major requirement
  + To a **User Story** who, what, and why requirement
    - To the **Tasks** that describe the actions needed to support that user story requirement.
      * To the **Business Acceptance Criteria** needed to support that requirement

Note that for the purposes of these requirements:

* References to “Veteran patients” also include Civilian Health and Medical Program of the VA (CHAMPVA) beneficiaries.
* An **External Provider** represents:
  + Non-VA medical provider (i.e. civilian, private practice, any non-VA medical provider in private sector)
  + Medical Staff at DoD Military Treatment Facility (MTF) with the ability to generate eRxs into VistA Outpatient Pharmacy (OP) system for processing and dispensing.
* The **Transaction Hub** represents an intermediary for the inbound eRxs and related messages between external provider and VA Pharmacy (vendor yet to be identified).

### Adhere to Enterprise-Level Requirements

Adherence to enterprise-level requirements is a requirement of the new VA Pharmacy Inbound ePrescribing system. This section traces to BRD NEED 1555.

Table : EPIC 3: Ensure compliance to enterprise-level requirements with the VA Pharmacy inbound ePrescribing system.

| **ID#** | **NEED/ OWNR #** | **BRD Trace** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **10** | NEED 1555 | Adhere to Enterprise Level requirements as specifically addressed in Appendix E of *Pharmacy Reengineering Inbound ePrescribing, Work Effort Unique Identifying #20140401*. | 3.1: As the VA Pharmacy ePrescribing system, adhere to enterprise-level requirements, so that the VA pharmacy systems engineering complies with security, privacy, 508 Compliance, Executive Order, Identity Management and Terminology Services Requirements. | 3.1.1: In design of the VA Pharmacy inbound ePrescribing system, engineer must meet VA requirements for:   * Security * Privacy * 508 Compliance * Executive Orders * Identity Management * Terminology Services Requirements | All system functionality in the new inbound ePrescribing system must be engineered to adhere to enterprise-level requirements. |

### Comply with Nationally Recognized Terminology for Inbound ePrescriptions

Compliance to nationally recognized terminology standards and NCPDP SCRIPT 10.6 standard (at a minimum) is a pre-requisite condition for receiving inbound ePrescriptions from external providers. The following trace to the original BRD NEED 3351 and OWNR 170 and OWNR 170 (a) and (b) NEW requirements.

Table : EPIC 4: Inbound ePrescriptions received from external providers must be expressed using nationally recognized reference and authoritative terminology standards.

| **ID#** | **NEED/ OWNR #** | **BRD Trace** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **11** | NEED  3351 | Utilize nationally standardized terminology for all medications. | 4.1: As VA Pharmacy, establish minimum reference and terminology standards for acceptance of inbound ePrescriptions.  Note: Assumption is that external providers will input orders for medication or medical supplies using ePrescribing software that complies with nationally recognized reference and authoritative terminology standards. | 4.1.1: Identify and build in data elements in the VA’s ePrescribing system that complies with nationally recognized standards for writing ePrescriptions. | To accurately identify and dispense inbound ePrescriptions, VA Pharmacies may only process ePrescriptions that comply with nationally recognized reference and authoritative terminology standards (i.e. NCPDP).  **Assumption: The content of the inbound electronic ePrescription information must comply with nationally recognized terminology standards.** |
| **12** | OWNR  170 | Provide the ability to express all content using nationally recognized reference and authoritative terminology standards (e.g., Logical Observation Identifiers, Names, and Codes [LOINC], Systematized Nomenclature of Medicine Clinical Terms [SNOMED CT], RxNORM, etc.). | 4.2: As VA’s inbound ePrescribing System, ensure data elements in the receiving system comply with nationally recognized terminology for medications so that the receiving VA Pharmacy can correctly identify and dispense the medication to the VA patient. | 4.2.1: Build compliance checking criteria (related to nationally recognized reference and terminology standards) into the auto-checking function for patient, provider, and drug. |
| **13** | OWNR 170 (a) NEW | Provide the ability to reject inbound eRxs that fail to comply with nationally recognized reference and terminology standards. | 4.3: As VA’s inbound ePrescribing pharmacy system, reject inbound eRxs that do not comply with nationally recognized terminology standards, so that VA pharmacy can process and dispense only those eRxs that are in compliance. | 4.3.1: Build compliance checking criteria (related to nationally recognized reference and terminology standards) into the auto-checking function for patient, provider, and drug that will fail any eRxs that do not match checking criteria.  Note: See auto-checking in later sections, where compliance requirements are identified. | Inbound eRxs that fail to comply with nationally recognized terminology standards will be rejected by VA’s inbound ePrescribing system. |
| **14** | OWNR 170 (b) NEW | Provide the ability to transmit meaningful rejection messages back to external providers whose eRxs fail to comply with nationally recognized terminology standards | 4.4: As VA’s inbound ePrescribing pharmacy system, and to assist external providers who fail auto-checking due to non-compliance with nationally recognized terminology standards, transmit applicable rejection reasons, along with examples of inbound electronic prescriptions, so that those external providers can re-transmit eRxs that successfully comply with requirements. | 4.4.1: Build standard templates containing meaningful rejection reasons, along with examples, to be sent to external providers whose eRxs fail to comply with nationally recognized terminology standards. | VA’s inbound ePrescribing system must assist in helping external providers understand and correct rejected eRxs by transmitting back to the external providers’ meaningful rejection reasons, along with acceptable examples, in standard VA template formats. |

### Pre-Transmission of Inbound ePrescriptions

The following pre-requisite conditions are required before external providers (i.e., Non-VA physicians, civilian medical providers, DoD providers, etc.) can transmit ePrescriptions to VA Pharmacies. The following trace to the original NEED 33452 and OWNR 13409 BRD requirements.

Table : EPIC 5: Search for and identify the VA Pharmacy to send a Veteran patient’s ePrescription to (would be performed by an external provider/non-VA physician). Traces to BRD NEED 3352 and OWNR 13409.

| **ID#** | **NEED/ OWNR #** | **BRD Trace** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **15** | NEED 3352 | Provide the ability for external providers to determine which VA pharmacies support inbound electronic prescriptions | 5.1: As the VA Pharmacy, provide the complete list of VA Pharmacies to the Transaction Hub vendor, so that external providers will be able to determine the VA Pharmacies accepting inbound ePrescriptions.  Note: The assumption is that Transaction Hub will transmit the most current list of VA Pharmacies receiving inbound ePrescriptions to external providers. The second assumption is that the external providers will “upload” this list into their ePrescribing software so that they can search for VA Pharmacies accepting inbound ePrescriptions. | 5.1.1: Compile complete list of VA Pharmacies accepting inbound ePrescriptions. | VA Pharmacy naming and location information must provide external providers the ability to select the VA Pharmacy in closest proximity to the Veteran patient.  Note: Assumption is that the Veteran patient will instruct the provider to select the VA pharmacy location where the patient is registered. If not, the inbound eRx will fail to auto-check patient against patients registered at the receiving VA pharmacy. |
| 5.1.2: Transmit the complete list (or file) containing both naming and location identifying information to the Transaction Hub, so that external providers can identify the VA Pharmacy they wish to transmit an eRx to. | VA Pharmacies can only accept inbound ePrescriptions through a transaction hub that interfaces to external providers capable of transmitting ePrescriptions. |
| **16** | OWNR  13409 | Provide the ability for external providers to specify the VA pharmacy to which they can send an electronic prescription. | 5.2: As the VA Pharmacy, establish a standard naming convention for all VA Pharmacies, so external providers can easily identify and select the most convenient VA Pharmacy for the Veteran patient. | 5.2.1: Establish a standard naming convention so that external providers can easily identify the VA Pharmacy they wish to send the ePrescription to. | Naming for VA Pharmacies must comply to a standard naming convention. |
| 5.2.2: Transmit the list of VA Pharmacies in their standard naming convention format to the Transaction Hub. |
| 5.3: As the VA Pharmacy, include all location information in the file sent to the Transaction Hub, so that external providers can search and select VA Pharmacies at the location where the Veteran patient is registered. | 5.3.1: Make sure all pertinent VA Pharmacy location information is contained in the file sent to the Transaction Hub.  5.3.2 Coordinate with Transaction Hub vendor to ensure all VA Pharmacy naming and location data has been transmitted to the external providers. | VA Pharmacy naming and profile information must contain pertinent location information to allow external providers to search and select a VA Pharmacy in closest proximity to the Veteran patient.  VA Pharmacy profile information must contain:   * Pharmacy name (applying a consistent, standard VA naming convention) * City, State, & Zip Code * Outpatient Pharmacy Phone and Fax #s * Unique National Provider Identifier (NPI) * NCPDP # unique to the VA Pharmacy |

### Receive and Hold Inbound ePrescriptions in a Storage area

This is a new requirement for receiving inbound eRxs into a holding queue before they are auto-checked. Note that this is not the holding queue for pending or error status eRxs.

Table : EPIC 6: The system needs to be able to receive and hold (store) inbound eRxs before they are auto-checked.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID#** | **NEED/ OWNR #** | **BRD Trace** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| **17** | OWNR  Receive & Hold inbound eRxs | Provide the ability for a VA ePrescribing system to receive and hold inbound ePrescriptions in a storage queue before auto-checking.  (Note: This is not the holding queue for processing pending or error status eRxs.) | 6.1 As the inbound ePrescribing system, I need to be able to receive and hold inbound eRxs, so they can be stored before advancing to the auto-checking processes. | 6.1.1 Build a queue area to receive new inbound ePrescriptions. | When initially received, inbound eRxs must be staged in a holding queue before advancing to auto-checking. |

### Enable/Disable Inbound ePrescriptions

This requirement supports the ability to turn on or turn off inbound eRxs in a given VA Pharmacy. Traces to OWNR 13410 and OWNR 13410 (a) and (b) NEW.

Table : EPIC 7: The VA Pharmacy system must be able to “enable” or “disable” receipt of inbound ePrescriptions from external providers. Maps to OWNR 13410.

| **ID#** | **NEED/ OWNR #** | **BRD Trace** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **18** | OWNR 13410 | Provide the ability for a VA Pharmacy to initiate receiving inbound electronic prescriptions (i.e., turn “on”) and the ability to stop receiving inbound electronic prescriptions (i.e. turn “off”). | 7.1: As the VA inbound ePrescribing pharmacy system, I need to be able to enable receipt of inbound ePrescriptions so that external providers can transmit eRxs for Veteran patients. | 7.1.1: Switch receipt for inbound ePrescriptions to “on.” | VA Pharmacies “enabled” to receive (i.e. the inbound capability is “on”) and can accept inbound ePrescriptions.  This will be an Administrator Function available via a UI that interfaces with the VA inbound ePrescribing Pharmacy system. |
| 7.2: As the VA inbound ePrescribing pharmacy system, I need to be able to disable receipt of ePrescriptions in the event of a natural or facility disaster, or for any other reason where a VA pharmacy is unable to receive inbound ePrescriptions from external providers. | 7.2.1: Switch receipt for inbound ePrescriptions to “off.” | VA Pharmacies “disabled” from receiving (i.e. the inbound capability is “off”) and cannot accept inbound ePrescriptions.  This will be an Administrator Function available via a UI that interfaces with the VA inbound ePrescribing Pharmacy system. |
| **19** | OWNR 13410 (a) NEW | Provide the ability to send a “failed transmission” notification to an external provider that attempts to transmit to a VA pharmacy system that is turned “off” or disabled. | 7.3 As the VA inbound ePrescribing pharmacy system, I need to send a message back through the transaction hub to an external provider for any transmission failure due to my VA pharmacy being “disabled” or “turned off.” | 7.3.1 Send a message response back to the external provider (through transaction hub) with notification that the VA inbound ePrescribing system they attempted to send eRx to is disabled or cannot accept inbound eRxs. | Notification must be sent to external providers whose inbound eRxs are cannot be transmitted due to the VA Pharmacy system being turned off.  Rejection messages must contain explanatory reason for failed transmission such as:  “This VA Pharmacy is no longer receiving ePrescriptions due to <reason>; removed “this location is an alternative” as there is no way to figure out the alternative location systematically at this time. |
| **20** | OWNR 13410 (b) NEW | Provide the ability to process eRxs already received and waiting in a holding queue after the ePrescribing system is turned “off.” | 7.4 As the VA inbound ePrescribing pharmacy system, process any eRxs sitting in a holding queue if they have already been received after my VA pharmacy system is disabled. | 7.4.1 Process any eRxs received and waiting in a holding queue after the ePrescribing system has been turned “off.” | eRxs that have been received and are waiting in a holding queue after the ePrescribing system has been turned off or “disabled” must still be processed through to completion (dispensed, resolved, rejected). |

Comply with NCPDP SCRIPT 10.6 Standards for Inbound ePrescriptions for Medications and Expendable Medical Supplies

Compliance to NCPDP SCRIPT 10.6 standard (at a minimum) is a pre-requisite condition for receiving inbound ePrescriptions from external providers. The following trace to the original NEED 3353 and BRD OWNR 13411 and 13412 requirements.

Table : EPIC 8: All inbound ePrescription orders to VA Pharmacies for medication or expendable medical supplies must comply with NCPDP SCRIPT 10.6 standards.

| **ID#** | **NEED/ OWNR #** | **BRD Trace** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **21** | NEED 3353 | Provide the ability for VA pharmacies to receive and respond to inbound eRxs that comply with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) and were sent by external providers, so that they may be filled and dispensed by VA pharmacies. | 8.1: As VA’s inbound ePrescribing pharmacy system, verify all inbound ePrescription requests comply with NCPDP SCRIPT 10.6 standards. | 8.1.1: Check to verify inbound eRxs comply with NCPDP SCRIPT 10.6 standards per the VA’s business acceptance criteria requirements. | VA pharmacies may only accept inbound ePrescriptions that are NCPDP SCRIPT 10.6 standard compliant for format and completeness.  VA pharmacies may only accept inbound ePrescriptions that include all required data elements in the ePrescription order request.  VA pharmacies may accept inbound ePrescriptions that include optional data elements in the request, but these optional data fields must be NCPDP SCRIPT 10.6 standard compliant.  **Note:** Assumption is external providers input prescriptions transmitted to VA pharmacies with NCPDP SCRIPT 10.6 standard-compliant ePrescribing software. |
| 8.1.2: Auto-fail inbound eRxs that do not comply in format or completeness with NCPCP SCRIPT 10.6 standards. | VA’s Inbound ePrescribing system can auto-fail eRxs that do not comply with NCPCP SCRIPT 10.6 standards.  Assumption: Out-of-compliance eRxs should be rejected at the Transaction Hub, but any that are not should be rejected during the auto-checking processes for patient, provider, or drug. See those requirements in later sections.  The eRxs will not go through to the next set of validations (auto-checking processes) if it fails the NCPCP SCRIPT 10.6 standards validation in the Clearing House (Change Healthcare) |
| **22** | OWNR 13411 | Provide the ability for a VA Pharmacy to receive and respond to an electronically transmitted new prescription for medication (including controlled substances) in accordance with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) from an external provider. | 8.2: As VA’s inbound ePrescribing pharmacy system, verify all inbound ePrescriptions for **medication** comply with NCPDP SCRIPT 10.6 standards. | 8.2.1: Check to verify eRxs for **medication** comply with NCPDP SCRIPT 10.6 standards per the VA’s business acceptance criteria requirements. | VA pharmacies may only accept inbound ePrescriptions from external providers for medication (including controlled substances) with all required fields for medication completed for a compliant NCPDP SCRIPT ePrescription order.  The main field differences for **Medications** (from expendable medical supplies) are the following:   * Name of Medication * Strength of Medication * Dosage Form of Medication * Quantity of Medications * Directions for Use of Medication * Refills Authorized * Date of Issuance * Indication/Diagnosis |
| **23** | OWNR 13412 | Provide the ability for a VA Pharmacy to receive and respond to an electronically transmitted new prescription for expendable medical supplies (other than durable medical equipment) in accordance with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) from an external provider. | 8.3: As VA’s inbound ePrescribing pharmacy system, verify all inbound ePrescriptions for **expendable medical supplies** comply with NCPDP SCRIPT 10.6 standards. | 8.3.1: Check to verify all inbound eRxs for **expendable medical supplies** comply with NCPDP SCRIPT 10.6 standards per the VA’s business acceptance criteria requirements. | VA pharmacies may only accept inbound ePrescriptions from external providers for **expendable medical supplies** with the all required fields for expendable medical supplies completed for a compliant NCPDP SCRIPT ePrescription order.  The main field differences for Expendable Medical Supplies (from medications) are the following:   * Name of Medical Supply * Number of Medical Supplies * Directions for Use of Medical Supply * Date of Issuance * Refills Authorized for the Expendable Medical Supply |

### Out-of-scope: Comply with NCPDP SCRIPT 10.6 Standards for Electronic Prior Authorization (ePA)

**This Requirement is out of scope. Epic 9 will be rephrased to include limited functionality for Prior Authorization information being displayed to the Pharmacist in Section 3.1.7.**

This requirement allows VA pharmacists to receive prior authorization for eRxs prescribed for non-formulary or restricted drugs. The requirement assumes compliance with the NCPDP SCRIPT standard for electronic prior authorization (ePA) transactions as a pre-requisite, thus requiring the prior authorization to take place between prescriber and payer before the eRx is transmitted. In doing so, the pharmacist (whether VA or otherwise) is not involved in a claim adjudication to obtain the prior authorization; it is assumed this has already been handled between prescriber and payer.

Table 9: EPIC 9: The system needs to be able to receive and notify VA pharmacists that prior authorization has been approved or not approved by the payer for eRxs prescribed for non-formulary or restricted drugs. This requirement assumes compliance with NCPDP SCRIPT Standard for ePA transactions by external providers, payers, and VA pharmacies.

| **ID#** | **NEED/ OWNR #** | **BRD Trace** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | This requirement was removed as it is duplicated in the requirements below. |
| **25** | New  Prior Authorization 1 | In compliance with the NCPDP SCRIPT 10.6 standardized transaction framework for electronic prior authorization (ePA), provide the ability for the VA inbound ePrescribing system to indicate if an eRx requires prior authorization, and if the required prior authorization has been approved or not approved by the payer (i.e. insurance company) on the inbound eRx. | 9.1: As a VA pharmacist, I need to know if:   * An inbound eRX requires prior authorization * An inbound eRx for a non-formulary or restricted drug requiring prior authorization has been approved or not approved by the payer,   so that I can reject the eRx, or process and dispense the eRx with confirmation that the payer has granted the required prior authorization from the external provider (i.e. prescriber) prior to our pharmacy receiving the eRx. | 9.1.1: Indicate:   * If prior authorization is required on an inbound eRx. * If prior authorization has been approved or not approved on a non-formulary or restricted drug requiring prior authorization.   9.1.2: If prior authorization is not approved, reject the eRx, and send message back to external provider with rejection message:  “Prior Authorization Required.” | VA pharmacies cannot process and dispense non-formulary or restricted drugs requiring prior authorization without verifying that prior authorization from the payer (i.e. the insurance company paying for the eRx.)  Note: This is a new NEED/OWNR which needs to be added to the BRD for complete traceability.  Note: A “Payer” can be the VA or a contracted Insurance Company. |
| **26** | New  Prior Authorization 2 | In compliance with the NCPDP SCRIPT 10.6 standardized transaction framework for electronic prior authorization (ePA), provide the ability for the VA inbound ePrescribing system to notify the VA pharmacist when prior authorization is approved or not approved for an eRx that has already been received and is sitting in a VistA holding queue waiting for confirmation that eRx is approved or not approved. | 9.2: As a VA Pharmacist, if I am waiting for prior authorization on a non-formulary or restricted drug that has already been received into the VA pharmacy, and the eRx is sitting in the VistA error holding queue, I need to be notified when that eRx is approved or not approved so that I can:   * Reject the eRx, with confirmation that the payer has denied the authorization * Process and dispense the eRx with confirmation that the payer has granted the required prior authorization. | 9.2.1: Per the NCPDP SCRIPT standard for ePA, build in ability to notify the VA pharmacist when prior authorization is approved or not approved for an eRx waiting in a VistA holding error queue.  9.2.2: Move eRx from the VistA Error Holding queue to the VistA Queue – Pending for Processing when prior authorization approval is received by VA.  9.2.3 When notice is received that prior authorization is not approved, reject that eRx. | VA pharmacists need to be timely notified when prior authorization is approved or not approved for an eRx sitting in an error holding queue waiting for a decision on prior authorization.  VA Pharmacists should be notified in real-time when an approval or rejection is applied to the eRx. |
| **27** | New  Prior Authorization 3 | In compliance with the NCPDP SCRIPT 10.6 standardized transaction framework for electronic prior authorization (ePA), provide the ability for VA Pharmacy’s inbound ePrescribing system to send a “Prior Authorization Required” message back to a prescriber (i.e. external provider) who transmits an eRxs for a non-formulary or restricted drug if prior authorization is required, yet has not yet been received by the VA pharmacy. | 9.3: As the VA’s inbound ePrescribing system, I need to send a “Prior Authorization Required” message back to an external provider that transmits an eRx for a non-formulary or restricted drug that has not yet received prior authorization. | 9.3.1 Send “Prior Authorization Required” message back to prescriber if prior authorization is required, yet has not been received by VA, for an eRx request for a non-formulary or restricted drug. | VA pharmacies must notify prescribers when prior authorization is required, yet has not been received, on an eRx request for a non-formulary or restricted drug. |

### 

### Epic 9 new: Limited Prior Authorization (PA) Display functionality (NEW)

This requirement allows VA pharmacists to receive prior authorization status information for eRxs prescribed for non-formulary or restricted drugs. Inbound eRx will pass the PA information through to the Pharmacist. In the case where the VA is the payer, the Pharmacist will have the ability to verify if a PA is needed or not, for the prescription. If a PA is required and not provided, a separate process will be followed to acquire the PA, outside the scope of this system.

Table : EPIC 9: The system needs to be able to receive and notify VA pharmacists that prior authorization has been approved or not approved by the payer for eRxs prescribed for non-formulary or restricted drugs.

| **ID#** | **NEED/ OWNR #** | **BRD Trace** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **25** | None | None | 9.1: As a VA pharmacist, I need to know if:   * An inbound eRX requires VA prior authorization * An inbound eRx for a non-formulary or restricted drug requiring prior authorization by the VA has been approved or not approved   so that I can reject the eRx, or process and dispense the eRx with confirmation that the payer has granted the required prior authorization from the external provider (i.e. prescriber) prior to our pharmacy receiving the eRx. | 9.1.1: Indicate:   * If prior authorization is required on an inbound eRx, if it is provided in the eRx. * If prior authorization has been approved or not approved on a non-formulary or restricted drug requiring prior authorization.   9.1.2: If prior authorization is not approved, reject the eRx, and send message back to external provider with rejection message:  “Prior Authorization Required.” | VA Pharmacists will be able to view the status of prior authorization for the eRx, if it is provided  Note: This is a new NEED/OWNR which needs to be added to the BRD for complete traceability.  Note: A “Payer” can be the VA or a contracted Insurance Company**. If the Payer is the VA, the Pharmacist will have the ability to check if the PA is needed or not. If the Payer is a 3rd party insurance company, the Pharmacist will not have this ability at this time.** |
| **27** | None | None | 9.3: As a VA Pharmacist, I need to notify the external provider that a VA Prior Authorization is required for an eRx that has a non-formulary or restricted drug. | 9.3.1 Send “Prior Authorization Required” message back to prescriber if prior authorization is required, yet has not been received by VA, for an eRx request for a non-formulary or restricted drug. | VA pharmacies must notify prescribers when VA prior authorization is required, yet has not been received, on an eRx request for a non-formulary or restricted drug.  The notification will be sent to the Provider using a STATUS, ERROR or ChangeRequest message (TBD) |

### Comply with NCPDP SCRIPT 10.6 Standard for Messages to and from External Provider

Messages sent out by VA Pharmacies to external providers or received into VA Pharmacies from external providers must comply with NCPDP SCRIPT 10.6 standard (at a minimum). The following trace to OWNR 13419, 13419 (a) NEW and 13420 requirements.

Table : EPIC 10: All messages sent out from VA Pharmacies to external providers or received into VA Pharmacies from external providers must comply with NCPDP SCRIPT 10.6 standards.

| **ID#** | **NEED/ OWNR #** | **BRD Trace** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **28** | OWNR 13419 | Provide the ability for a VA Pharmacy to send electronic notifications in accordance with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) to an external provider that inbound eRx requests and responses received from it by VA were successfully received or resulted in error. | 10.1: As VA’s ePrescribing pharmacy system, messages sent to the external provider must comply with NCPDP standards, so the external provider is notified we received their eRx request. | 10.1.1: Build outbound message templates and standard content that comply with NCPCP SCRIPT 10.6 standards. | Must be in NCPDP SCRIPT 10.6 Standard format (E.g. XML, EDIFACT, etc.). |
| **29** | OWNR 13419  (a) NEW | Provide the ability for VA Pharmacy to send electronic messages using standard templates and message content that comply with NCPDP SCRIPT standards 10.6 at a minimum. | 10.2: As VA’s ePrescribing pharmacy system, package electronic messages outbound to External Providers in standard templates using consistent message content, so that external providers can easily recognize the source and authenticity of incoming messages from VA pharmacies. | 10. 2.1: Build standard templates and message content that comply with NCPCP SCRIPT standards 10.6 for outbound electronic messages to external providers. | VA’s ePrescribing solution  will provide VA templates and standard message content to populate for outgoing notification responses and the outgoing notification responses will comply with requirements for nationally recognized language terminology and NCPCP SCRIPT 10.6 standards. |
| **30** | OWNR 13420 | Provide the ability for a VA Pharmacy to receive electronic notifications in accordance with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) from an external provider indicating that inbound eRx requests and responses sent to it from VA were successfully received or resulted in error. | 10.3: VA’s ePrescribing pharmacy system, we need to be able to receive requests from external provider and respond back to them, so that they are notified we received their requests or their message resulted in error. | 10.3.1: Build receiving filters to verify received messages comply with NCPCP SCRIPT 10.6 standards. | Received messages from external providers must be in NCPDP SCRIPT 10.6 Standard format (E.g. XML, EDIFACT, etc.). |

### Comply with NCPDP SCRIPT 10.6 Standards for Alternative eRx Requirements

The following include detailed requirements for alternative flow requirements, which include: Change Requests, Cancellation Requests, Refill (i.e. Renewal) Requests, Medication History Requests, and Transfer Requests. These vary slightly from new inbound eRx requests, and therefore are addressed here as separate requirements.

Send or Receive Change Requests to and from External Provider Based on Previous eRx

The following requirements supports the need for VA pharmacies to electronically send and/or receive a change request to or from an external provider based on a previously received eRx from that external provider. In BRD, traces to OWNR requirement 13413 and 13413 (a) NEW.

Table : EPIC 11: The system needs to electronically receive and send change requests to external providers based on a previously received eRx from that external provider.

| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **31** | OWNR 13413 | Provide the ability for a VA Pharmacy to send an electronically transmitted prescription change request in accordance with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) to an external provider and receive an associated response in relation to a previously received eRx from this provider. | 11.1: As a VA Pharmacist, I need to be able to send a change request to the external provider that originally transmitted the eRx, so that I can notify the external provider of the request to approve a change to the previously transmitted eRx. | 11.1.1: Enable the ability to send a change request regarding the original eRx to the external provider. | VA Pharmacy cannot change an inbound eRx without a proper approval (or denial) response from the external provider that originally sent the eRx to the VA Pharmacy ePrescription system. |
| 11.2: As a VA Pharmacist, I need to be able to receive a response to my change request to the external provider, so that I know I have the proper approvals (or denial) to change the eRx dispensed to the Veteran patient. | 11.2.1: Enable receipt of a response (approval or denial) to my change request. | VA Pharmacy must receive a response (approval or denial) from an external provider on a request to change a previously received eRx. |
| **32** | OWNR 13413(a) NEW | Provide the ability for a VA Pharmacy to receive an electronically transmitted prescription change request in accordance with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) from an external provider and send an associated response in relation to a previously received eRx from this provider. | 11.3: As a VA Pharmacist, I need to be able to receive a change request from the external provider that originally transmitted the eRx, so I can comply with the request to change the previously received eRx. | 11.3.1: Enable receipt of a change request from the external provider based on a previously received eRx. | VA Pharmacy must be able to receive a request to change a previously received eRx from an external provider. |
| 11.4: As a VA Pharmacist, I need to be able to respond back to the external provider, so that the external provider is notified in a timely manner that the request to change a previously received eRx was received. | 11.4.1: Enable response by VA Pharmacy to notify external provider that we received their request to change a previously received eRx. | VA Pharmacy must be able to notify the external provider that it received the request to change a previously received eRx. |

Receive a Cancellation Request from an External Provider for an eRx

The following requirement supports the need for VA Pharmacists to receive cancellation requests from an external provider based on a previously received eRx from that external provider. Traces to OWNR requirement 13414.

Table : EPIC 12: The system needs to be capable of electronically receiving and responding to cancellation requests for previously received eRxs from external providers.

| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **33** | OWNR 13414 | Provide the ability for a VA Pharmacy to receive and respond to an electronically transmitted prescription cancellation request in accordance with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) from an external provider in relation to a previously received eRx from this provider. | 12.1: As a VA Pharmacist, I need to be able to receive a cancellation request from the external provider that originally transmitted the eRx, so that the external provider can be notified that the VA received and complied with the request to cancel the previously transmitted eRx. | 12.1.1: Transmit the cancellation confirmation to the external provider with relation to the original eRx. | VA Pharmacy must notify external providers that it received and complied with a request to cancel the previously received eRx.  Note: Cancellation requests are always initiated by the external provider. |

Send or Receive a Prescription Renewal (Refill) Request to or From an External Provider Based on a Previous eRx

To clarify, this requirement implies a renewal, where the patient is asking for a renewal of a previously filled eRx, and where there are no more refills specified. VA defines this type of request as a renewal of a previous eRx, while NCPDP defines this as a refill.

The following requirements support the need for VA Pharmacies to electronically send or receive renewal (refill) requests to and from external providers as follows:

* **Send** a renewal (refill) request to an external provider based on a previously received eRx from that external provider, and then receive a response from the external provider regarding that renewal request. Traces to OWNR requirement 13415.
* **Receive** a renewal (refill) request from an external provider based on a previously received eRx from that external provider, and then send a response to that external provider regarding the renewal request. Traces to OWNR requirement 13416

Table : EPIC 13: The system needs to be able to electronically send and receive refill requests to and from external providers, and to receive responses based on the refill request.

| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **34** | OWNR 13415 | Provide the ability for a VA Pharmacy to send an electronically transmitted prescription renewal (refill) request in accordance with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) to an external provider and receive an associated response for a previously received eRx from this provider. | 13.1: As a VA Pharmacist, I need to be able to electronically transmit a request to the external provider for a renewal of a previous eRx, and to receive a response back from the external provider regarding the renewal request, so the Veteran patient can receive a renewal of their previous medication at a VA pharmacy. | 13.1.1: Transmit the renewal request regarding the original eRx from the external provider.  13.1.2: Receive a response from the external provider based on the renewal request. | The VA Pharmacy must **receive** an approval or denial response regarding any request to renew a previously filled eRxs from that external provider. |
| **35** | OWNR 13416 | ~~Provide the ability for a VA Pharmacy to receive and respond to an electronically transmitted prescription renewal (refill) request in accordance with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) from an external provider in relation to a previously received eRx from this provider.~~ | ~~13.2: As a VA Pharmacist, I need to be able to electronically receive a renewal request from the external provider of a previously filled eRx, and to respond back to that external provider.~~  Out of Scope: A Refill/Renewal request from the Prescriber to the Pharmacy is not supported by NCPDP. | ~~13.2.1: Enable receipt of a renewal request from the external provider.~~  ~~13.2.2: Relate or match that renewal request to the previously received eRx.~~  ~~13.2.3: Respond back to external provider with request receipt of the renewal request.~~ | ~~VA Pharmacy must respond back to external providers with request receipt that VA received renewal request of a previously filled eRx for the Veteran patients.~~  ~~Note: The VA Pharmacy must be enabled (“on” for receipt of eRxs) in order to receive renewal requests from external providers.~~ |

Send or Receive a Medication History Request to or from an External Provider

The following requirement supports the need for VA Pharmacists to send or receive a medication history request to or from an external provider. Traces to OWNR requirement 13417 and 13418.

Table : EPIC 14: The system needs to send or receive medication history requests to and from external providers.

| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **36** | OWNR 13417 | Provide the ability for a VA Pharmacy to receive and respond to an electronically transmitted medication history request from an external provider, in accordance with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) from an external entity. | 14.1: As a VA Pharmacist, I need to be able to receive a request for a medication history request, and timely respond by providing the requested medication history to the external provider. | 14.1.1: Receive medication history request from external provider.  14.1.2: Transmit the medication history to the requesting external provider. | VA Pharmacy must respond in a timely manner to medication history requests from external providers.  Note: A patient may opt out of allowing their medication history to be shared (future requirement) |
| **37** | OWNR 13418 | Provide the ability for a VA Pharmacy to send an electronically transmitted medication history request in accordance with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) to an external entity and receive an associated response. | 14.2: As a VA Pharmacist, I need to be able to send a request for a medication history request to an external provider, so that I can further inspect the prescribed drug for allergies, interactions, duplicate therapy, etc. | 14.2.1: Transmit the medication history request to the external provider.  14.2.2: Receive medication history response from the external provider. | VA Pharmacy must request medication history if further analysis is needed to inspect for allergies, interactions, duplicate therapy, etc.  Note: A patient may opt out of allowing their medication history to be shared (future requirement) |

Send or Receive eRx Transfer Requests to or from other VA Pharmacies

The following requirements support the need for internal VA pharmacy transfers. This requires the ability to transfer an eRx into a VA pharmacy from another VA pharmacy, or to transfer an eRx out from a VA pharmacy to another VA pharmacy.

Table : EPIC 15: The system needs to send and receive internal transfer requests out from or into VA pharmacies.

| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **38** | NEED 3358 | Provide VA pharmacies with an eRx transfer capability. |  |  |  |
| **39** | OWNR 13432 –  Send transfers internal to VA | Provide the ability to electronically transfer (send) an existing Rx for medication (including controlled substances) or medical supplies in accordance with the most current, appropriate NCPDP Standard(s) to another VA pharmacy so that the receiving VA pharmacy may dispense the prescription. | 15.1: As a VA Pharmacist, I need to be able to transfer an existing eRx from my pharmacy to another VA pharmacy, so that the other VA pharmacy may dispense the prescription. | 15.1.1: Enable transfer of an eRx from one VA pharmacy to another VA pharmacy. | Requests to transfer eRxs from one VA pharmacy to another VA pharmacy must comply with federal laws and regulations. |
| **40** | OWNR 13433 – Receive transfers internal to VA | Provide the ability to electronically receive a transferred Rx for medication (including controlled substances) or medical supplies from another VA pharmacy in accordance with the most current, appropriate NCPDP Standard(s), so that the receiving VA pharmacy may dispense the prescription. | 15.2: As a VA Pharmacist, I need to be able to receive a transferred eRx from another VA Pharmacy, so that I may dispense the prescription in my VA pharmacy. | 15.2.1: Enable receipt of a transferred eRx into one VA Pharmacy from another VA pharmacy. | Requests to receive eRxs transferred from one VA pharmacy into another VA pharmacy must comply with federal laws and regulations. |
| **41** | OWNR  Auto-Check Transfers for Compliance to Fed & State Regulations | Provide the ability to auto-check send or receive transfer requests for compliance to federal and state regulations and laws. | 15.3: As the VA ePrescribing system, I need to build in auto-checking criteria to prevent illegal or prohibited drugs (at both the federal and state level) from being transferred into or sent out from one VA pharmacy to another VA pharmacy. | 15.3.1: Build in compliance checking criteria for federal and state drug laws for eRxs transfer requests internal to VA pharmacies. | VA pharmacy transfers sent to or received from other VA pharmacies must comply with federal laws and regulations. |

Send or Receive eRx Transfer Requests to or from External Providers – Note: This is out of scope per Stakeholder meeting on 1/21/2016. Only VA to VA transfers are in scope.

The following requirement supports the need for VA pharmacies to send or receive eRx transfer requests. Traces to NEED 3358 and OWNR requirements 13432 and 13433.

Table : EPIC 16: The system needs to send and receive transfer requests from external pharmacies or to and from DoD medical facilities.

| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **42** | NEED 3358 | Provide VA pharmacies with an eRx transfer capability. |  |  |  |
| **43** | OWNR 13432 | Provide the ability to electronically transfer (send) an existing Rx for medication (including controlled substances) or medical supplies in accordance with the most current, appropriate NCPDP Standard(s) to an external pharmacy so that the external pharmacy may dispense the prescription. | 16.1: As a VA Pharmacist, I need to be able to transfer an existing eRx to an external pharmacy or to a DoD pharmacy, so that the external pharmacy or DoD pharmacy may dispense the prescription. | 16.1.1: Enable eRx transfer requests to external pharmacies or to DoD pharmacies from VA Pharmacies. | Outbound requests to transfer eRxs from VA Pharmacies to external pharmacies or to DoD pharmacies must comply with federal and state laws and regulations, especially when such transfer requests cross state boundaries.  In order for a transfer to be made, a request needs to be made and approved by the receiving Pharmacy.  The Pharmacy making the transfer must “own” the prescription that is being transferred.  The Prescription must have been processed before it can be transferred (not necessarily dispensed) |
| **44** | OWNR 13433 | Provide the ability to electronically receive a transferred Rx for medication (including controlled substances) or medical supplies in accordance with the most current, appropriate NCPDP Standard(s) from an external pharmacy so that the VA pharmacy may dispense the prescription. | 16.2: As a VA Pharmacist, I need to be able to receive a transferred eRx from any of the following:   * External Pharmacy * DoD Pharmacy   so that as a VA pharmacist, I may dispense the prescription in accordance with the most current, appropriate NCPDP standards. | 16.2.1: Enable receipt of transferred eRxs into the VA Pharmacy from external pharmacies or DoD pharmacies for dispensing at the VA pharmacy. | Inbound requests to transfer eRxs into VA Pharmacies from external pharmacies or from DoD pharmacies must comply with federal and state laws and regulations, especially when such transfer requests cross state boundaries.  An eRx cannot be transferred outside the State. |
| **45** | OWNR  Auto-Check Transfers for Compliance to Fed & State Laws & Regulations | Provide the ability to auto-check inbound or outbound eRx transfers for compliance to federal and state regulations and laws. | 16.3: As the VA ePrescribing system, I need to build in auto-checking criteria to prevent illegal or prohibited drugs (at both the federal and state level) from being transferred into or out of a VA Pharmacy. | 16.3.1: Build in compliance checking criteria for federal and state drug laws. | Inbound or outbound eRx VA pharmacy transfers must comply with federal and state laws. |

### Process Inbound eRxs from External Providers Separately from eRxs from within VA

The following requirement supports the need for VA Pharmacists to determine that an Rx in VistA OP was received from an external provider. Traces to OWNR requirement 13428.

Table : EPIC 17: The system needs to process inbound eRxs received from external providers separately from eRxs received from within VA pharmacy systems.

| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **46** | OWNR 13428 | Provide the ability for VA pharmacy staff to process inbound eRxs from external providers separately from eRxs from within VA. | 17.1: As VA’s inbound ePrescribing system, support the need to process inbound eRxs separately from internal eRxs from within VA so that additional screening and validation can be performed on eRxs from external providers. | 17.1.1: Support ability to process inbound eRxs from external providers separately from eRxs internal to VA. | VA pharmacy staff must be able to process inbound eRxs from external providers separately from internal eRxs from within VA.  On inbound eRxs from external providers, VA pharmacy staff must perform additional verification on patient, provider, and drug that are not required on internally transmitted VA eRxs. |

### Update eRx Status at Pre-Defined Intervals for External Providers

The following requirement supports the need for VA Pharmacy staff to confirm that external providers have received notice of the status of an inbound eRx at various intervals, from receipt to dispense. Traces to OWNR requirement 13429.

Table : EPIC 18: VA pharmacy staff must determine that external providers were notified of status on their inbound eRxs at various intervals, from receipt to dispense.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| **47** | OWNR 13429 | Provide the ability for VA pharmacy staff to determine that an external provider was automatically notified of the inbound eRxs status (from receipt to dispense) at pre-defined intervals. | 18.1: As VA’s inbound ePrescribing system, provide status indicator updates on the inbound eRx at the following points:   * eRx received * eRx successfully validated * eRx unsuccessfully validated – suspended in Holding Queue – Error * eRx rejected for validation error * eRx processing * eRx ready to dispense | 18.1.1: Provide system status indicators to update eRx from receipt to dispense.  18.1.2: The status updates should be viewable by the VA Pharmacist. | VA pharmacy system must be able to provide status updates on inbound eRx at the following pre-defined intervals:   * eRx received * eRx successfully validated * eRx unsuccessfully validated – suspended in Holding Queue – Error * eRx rejected for validation error * eRx processing * eRx ready to dispense |
| 18.2: As VA’s inbound ePrescribing system, transmit status updates at pre-defined intervals to the external providers, so that they can check on the progress of their ePrescription to the VA Pharmacy. | 18.2.1: Provide a mechanism to transmit the status update to the external provider each time the inbound eRx changes status. | VA Pharmacy system must notify the external provider of updates when the eRx changes status at the following pre-defined intervals: These status updates will be sent when the eRx changes status in VistA OP rather than at the eRx Processing Hub. Need confirmation.   * eRx received * eRx successfully validated * eRx unsuccessfully validated – suspended in Holding Queue – Error * eRx rejected for validation error * eRx processing * eRx ready to dispense |

### Auto-Notify External Provider of eRx Errors

The following requirement supports the need for VA Pharmacists to know when the system has automatically notified an external provider that an eRx cannot be filled due to a patient, provider, or drug validation error. Traces to OWNR requirement 13423 and 13423 (a) NEW.

Table : EPIC19: The system needs to notify the VA Pharmacist when an auto-transmission was sent to the external provider that their eRx could not be filled due to a patient, provider, or drug validation error.

| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **48** | OWNR 13424 | Provide the ability for VA pharmacy staff to know when the system has automatically notified the external provider than an inbound eRx will not be processed by VA due to specific VA patient, provider, and medication or medical supply validation errors on the inbound eRx. | 19.1:As VA’s inbound ePrescribing system, I need to specify the date and time that an auto-transmission was sent to external provider:   * So that the VA Pharmacy Staff can confirm that a timely notification has been sent to the external provider that their inbound eRx cannot be processed (i.e. was rejected) due to a patient, provider, or drug checking error,   And also   * So that VA pharmacy staff can track date and time external provider was notified that their eRx was rejected due to a patient, provider, or drug error on their eRx. | 19.1.1: Place a date and time “transmission to external provider” indicator on eRxs that move to Rejected Holding Queue.  19.1.2: If rejected, move rejected eRxs to a Rejected Holding Queue, out of the Error Holding Queue, awaiting further response from the external provider that originally sent that eRx. | VA pharmacy staff must confirm timely notification to external providers if inbound eRxs cannot be dispensed due to a patient, provider, or drug checking error.  VA pharmacy staff must be able to track date and time external provider was notified of their rejected eRx due to a patient, provider, or drug checking error.  Rejected eRxs are staged in a “Rejected” Holding Queue to allow time for an external provider to reconcile an error or revise the eRx so that it can be processed. (Note: Time allowed in the “Rejected” Holding Queue still to be determined.) |
| **49** | 13424 (a) NEW | Provide the ability for VA Pharmacy to send electronic rejection messages to external providers using standard templates and message content (that comply with NCPDP SCRIPT standards 10.6 at a minimum) for eRxs that were rejected due to patient, provider, or medication or medical supply errors. | 19.2: As VA’s ePrescribing pharmacy system, send standard template and meaningful content rejection responses back to external providers whose eRxs will not be processed, so that those external providers may understand how to correct the eRx and retransmit another inbound eRx to the VA Pharmacy system. | 19.2.1: Build standard templates and meaningful rejection message content that is compliant with NCPDP SCRIPT 10.6 standards for outbound electronic messages to external providers. | VA’s ePrescribing pharmacy system solution  will provide VA templates and meaningful rejection message content for population in outgoing rejection responses and the outgoing responses will comply with NCPDP SCRIPT 10.6 message formats and content. |

### Auto-Matching – System Checks for Patient, Provider, and Drug

The following requirements specify auto-matching requirements for patient, drug, and provider. All requirements criteria must successfully match to advance the eRx to a Holding Queue – Pending to ready the eRx for processing to be dispensed by the pharmacist. If any ***one*** of the required criteria for patient, drug, or provider fails to auto-match, the eRx suspends in a holding queue for error handling and resolution by the pharmacist. All Patient, Provider, and Drug checks will be performed to set applicable error codes as needed.

Auto-Matching - Patient

If all patient criteria successfully auto-pass required matching criteria (i.e., matches are found for the patient in patient registration file, along with the provider and drug), then promote the eRx to the Holding Queue – Pending for processing and dispense. If any required criteria for patient fails to pass auto-pass, move eRx to Holding Queue – Error for error handling by the pharmacist. Traces to New Auto-Check/Patient requirements 1, 2 & 3, 4, 5, & 6 listed below.

Table : EPIC 20: Upon receipt of the ePrescription, the VA’s inbound ePrescription system must auto-match patient specified on the eRx to a known/identifiable individual in VA who is confirmed to be eligible for VA pharmacy benefits.

| **ID#** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **50** | New Auto-Match/ Patient 1 | Provide the ability for the system to automatically match inbound eRx patient data against required patient data to confirm all required patient data is included on inbound ePrescription. | 20.1: As VA’s inbound ePrescribing system, auto-check patient data to verify all required fields are included and complete on eRx to confirm patient identify. | 20.1.1: Auto-match to confirm all required identity criteria reside on inbound eRx. | At a minimum, patient data on eRx must include **all criteria** below:   * First name * Last name * Date of Birth (DOB) * Gender   Note: MVI does not require all the above fields, it will use a combination of Last name (which is required) and any other fields provided in the eRx (address, DOB, Gender, etc.) |
| **51** | New Auto-Match  Patient 2  (Is patient on eRx registered?) | Provide the ability for the system to automatically match the patient on the inbound eRx against a patient in the patient registration file at the dispensing VA pharmacy to confirm patient is eligible for VA pharmacy benefits. | 20.2: As VA’s inbound ePrescribing system, auto- match patient on eRx against patient registrations in receiving VA Pharmacy to confirm patient exists in the patient registration file and is eligible for VA pharmacy benefits at the dispensing pharmacy. | 20.2.1: Auto- match patient on eRx against patient registration file at receiving VA pharmacy.  20.2.2: Auto-pass patient if patient on eRx matches patient in patient registration file.  20.2.3: If patient on eRx is not registered at the receiving VA pharmacy, auto-fail the eRx. | To successfully auto-pass, patients must:   * Match identity of patient on eRx, and * Be registered at the VA pharmacy location dispensing the eRx   Patients who fail auto-match must be verified during a manual check, and then registered at the VA pharmacy location where their eRx was transmitted.  Note: One VistA installation may support multiple divisions (that support multiple VA pharmacy locations) that all share the same patient registration file. |
| **52** | New Auto-Match  Patient 3 | Provide the ability to auto-match “like” names or alias’s when matching name on eRx against name in patient registration file. | 20.3: As VA’s inbound ePrescribing system, build in the ability to auto-match alias’s or “like” names if there is not an exact name match between the eRx and the patient registration name. This is to allow for flexibility, especially in first name matching (i.e. Don vs. Donald). System should not reject, and should accept these variations in first name. | 20.3.1: Match “remembered” or “like” names, especially on first name, between eRx and patient registration name. Also allow for hyphenated last names (allow for acceptance of either of the hyphenated last names). | Auto-checking on name should allow for some flexibility for name variations, especially when there is a match on date of birth, gender, and last name.  Note: The auto-name checking capability will be an MVI responsibility/algorithm. |
| **53** | New Auto- Match / Patient 4 | Provide the ability for the system to advance the eRx to auto-passed status for patient if patient data matches identity of patient on eRx, and patient is eligible (because they are registered) to receive VA pharmacy benefits. | 20.4: As VA’s inbound ePrescribing system, **advance** eRx to auto-passed status for patient if all patient data meets criteria. | 20.4.1: Advance patient to auto-passed status if patient matches auto-matching criteria (patient identity is a match to eRx and patient is registered and eligible). | VA’s inbound ePrescribing system can hold patient in auto-passed status, ***but cannot auto-pass the eRx if only patient data meets acceptance criteria***.  Patient must match identity of patient on inbound eRx and must be eligible for VA pharmacy benefits for eRx to successfully auto-pass. |
| **54** | New Auto- Match / Patient 5 | Provide the ability for the system to advance the eRx to a **Holding Queue - Pending** if patient, along with provider and drug, successfully match against all required criteria. | 20.5: As VA’s inbound ePrescribing system, advance eRx to **Holding Queue - Pending** if all patient, drug, and provider successfully match required criteria. | 20.5.1: Hold eRx with patient in auto-passed status until both provider and drug also successfully auto-pass.  20.5.2: Advance entire eRx to **Holding Queue – Pending** once both provider and drug also auto-pass. | **Holding Queue – Pending** VA’s inbound ePrescribing system advances eRx to **Holding Queue – Pending** only ***if all*** patient, provider, and drug required criteria auto-pass. |
| 55 | New Auto- Match / Patient 6 | Provide the ability for the system to suspend the eRx in a **Holding Queue – Error** if patient fails to match any one required criteria, even if both provider and drug pass auto-checking. | 20.6: As VA’s inbound ePrescribing system, move eRx to a **Holding Queue – Error** if any one criterion for patient, provider, or drug fails to match required criteria. | 20.6.1: If patient fails to match any one required criteria, move eRx to Holding Queue – Error for manual intervention and error handling. | **Holding Queue – Error**  VA’s inbound ePrescribing system moves eRx to a **Holding Queue** for **Error** handling if any one required patient criteria fails to auto-pass,  even if provider and drug auto-pass. |

Auto-Matching – External Provider

If external provider successfully auto-passes required matching criteria, along with patient and drug, then promote the eRx to the Holding Queue – Pending for processing and dispense. If any required criteria for provider fails to pass auto-match, move eRx to Holding Queue – Error for error handling by the pharmacist. Traces to New Auto-Check /Provider 1, 2, 3, & 4.

Table : EPIC 21: Upon receipt of the inbound ePrescription, the VA’s Pharmacy system auto-checks to verify external provider that sent the eRx is a valid provider authorized to write prescriptions and/or provide services ~~to the specified VA patient~~.

| **ID** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **56** | New Auto- Match /  Provider 1 | Provide the ability for the system to automatically match external provider data indicated on the inbound eRx against the external provider data in the VistA New Person file to confirm the external provider is authorized to write prescriptions and/or provide services to the Veteran patient. | 21.1: As VA’s inbound ePrescribing system, automatically match external provider on eRx to external provider in New Person File to verify it matches:   * NPI# or License# (and State) of external provider in the VistA New Person file.   -- AND --  If an eRx order is for a controlled substance, also auto-match DEA# for that external provider to verify a match to the DEA# of the same external provider in the New Person File. | 21.1.1: Auto-match the NPI# ~~or License# (and State)~~ of the external provider transmitting the eRx against:   * NPI#   ~~-- OR --~~   * ~~License# (and State)~~   of an external provider in the VistA New Person file.  21.1.2: Check if eRx order is for a controlled substance, and if yes, auto-match the DEA# of the external provider transmitting the eRx against the DEA# of that same external provider in the VistA New Person file. | In order for VA pharmacies to dispense eRxs from external providers, those external providers must be authenticated as authorized to write prescriptions and/or provide services to Veteran patients.  External providers residing in the VistA New Person file must meet required VA criteria as external providers who can transmit inbound eRxs to VA Pharmacies.  External Providers must meet ***only*** one of the following criteria:  • The NPI# of the external provider is unique and matches the NPI# of a provider in VA’s New Person File.  -- OR --  • The License# (and State) of the external provider is unique and matches License# (and State) of a provider in VA’s New Person File.    **If eRx is for a controlled substance:**   * The external provider must have a unique DEA# that matches to that same external provider’s unique DEA# in the New Person file. |
| **57** | New Auto- Match / Provider 2 | Provide the ability for the system to advance the eRx to auto-passed status for ***provider only*** if provider data successfully matches against all required provider criteria. | 21.2: As VA’s inbound ePrescribing system, **advance** eRx to auto-passed status for provider if all provider data meets required criteria. | 21.2.1: Auto-pass external provider on the eRx if an external provider in the VistA New Person File matches:   * NPI#   ~~-- OR --~~   * ~~License# (and State)~~   -- AND-- DEA# ***only*** if eRx order is for a controlled substance | VA’s inbound ePrescribing system can hold external provider in auto-passed status, but cannot auto-pass the eRx *if* ***only provider*** data meets required auto-matching criteria. |
| **58** | New Auto- Match / Provider 3 | Provide the ability for the system to advance the eRx to a **Holding Queue – Pending** if provider, along with patient and drug data, successfully matches against all required criteria. | 21.3: As VA’s inbound ePrescribing system, advance eRx to **Holding Queue-Pending** if all provider, patient, and drug successfully match required criteria. | 21.3.1: Upon successful match against all required criteria for provider, patient, and drug, advance eRx to **Holding Queue – Pending** for processing and dispense. | **Holding Queue – Pending** VA’s inbound ePrescribing system advances eRx to **Holding Queue – Pending** only ***if all*** patient, provider, and drug required criteria auto-pass. |
| **59** | New Auto-Match/ Provider 4 | Provide the ability for the system to move the eRx to a **Holding Queue – Error** if provider fails to match any one required criteria, even if both patient & drug auto-pass. | 21.4: As VA’s inbound ePrescribing system, move eRx to a **Holding Queue** for **Error** handling if any one criteria for provider, patient, or drug fail to match required criteria. | 21.4.1: Auto-fail external provider on eRx if required data does not match to an external provider’s data in New Person file, and move eRx to **Error Holding Queue – Provider Error**. | **Holding Queue – Error** VA’s inbound ePrescribing system suspends eRx in **Holding Queue** for **Error** handling if ***any one*** required external provider criteria fails to auto-pass, even if both patient and drug auto-pass. |

Auto-Matching - Drug

If drug successfully auto-passes required matching criteria, along with patient and external provider, then advance eRx to the Holding Queue – Pending for processing and dispense. If any required criteria for drug fails to pass auto-match, move eRx to Holding Queue – Error for error handling by the pharmacist. Traces to New Auto-Check/ Drug 1, 2, 3, 4, & 5 requirements below.

Table : EPIC 22: Upon receipt of the inbound ePrescription, the VA’s Pharmacy system auto-checks to verify medication or medical supply specified on the eRx is recognized by VA and allowed to be prescribed to a VA patient.

| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **60** | New Auto-Match/ Drug 1 | Provide the ability for the system to automatically match drug (i.e. medication or medical supply) data indicated on the inbound eRx against required criteria for drug. | 22.1: As VA’s inbound ePrescribing system, automatically match drug to all required criteria for VA Pharmacy. | 22.1.1: Auto-match the drug data in the eRx against the VA Pharmacy system’s set of required criteria for drug. | The medication or medical supply ePrescribed on the inbound eRx order must **meet the following required criteria**:   * The incoming medication must have a National Drug Code (NDC) number, unless the eRx is for a non-drug product identified by the NCPDP SCRIPT standard:   + Product/Service ID - 4Ø7-D7, or   + Product/Service ID Qualifier - 436-E   Note: If eRx is for a non-drug product without an NDC, VA wants to receive whatever product code is associated, so that the eRx can be manually matched if needed. For example some non-drug products use an NDC, but others use a UPC.  *NOTE: GCNSEQNO validation will not take place in Release 1, there is a different algorithm in place to validate the drug as described in the elaboration document. GCNSEQ validation may occur in a later release.*   * The NDC must be valid and be associated with a First Databank GCNSEQNO. * The GCNSEQNO from the drug’s NDC number in the eRx must match a GCNSEQNO for an associated NDC in the VistA drug file and must meet the following business rules:   + Must not be designated as inpatient use only within the outpatient site’s formulary group   + Must not be designated as a compound medication (manufactured in pharmacy)   + Must not be designated as an investigational drug   + If designated as a controlled drug (DEA schedule 1-5), external provider must have a unique DEA number.   + Prescription number range must be defined for the medication class. |
| **61** | New Auto- Match / Drug 2 | Provide the ability for the system to automatically match drug (i.e. medication or medical supply) data indicated on the inbound eRx against NCPDP SCRIPT standard required fields for drug. | 22.2: As the VA’s inbound ePrescription system, confirm all required data fields are included on the inbound eRx, so that VA pharmacist has all data required to process and dispense the prescription for the Veteran patient, and to confirm drug meets all required NCPDP SCRIPT standards for drug information on the eRx. | 22.2.1: Auto-match drug to all required data fields on the inbound eR22. | Per NCPDP SCRIPT standards for ePrescriptions, the medication or medical supply on the inbound eRx order **must include** the following data (at a minimum):   * Drug Name * Available Dosage(s) * Schedule (e.g. Take 3 times per day) * Directions for Use * Quantity (tab) of Drug * # of Refills -- or -- PRN (must be a numeric value) * Issue Date – date it was written * Name of ordering provider (i.e. non-VA physician) * Name of clinic, medical office, or outpatient facility from which order is prescribed * Address of clinic, office, or outpatient facility from which order is prescribed   Note: Per NCPDP SCRIPT standard, auto-matching only checks for ***required*** fields. |
| **62** | New Auto- Match / Drug 3  **\***Flag eRxs indicated for Allergies  \*: Reference to “flag,” in this instance, means to mark or set apart the eRx to transmit the allergy conflict warning. | Provide the ability for the system to auto-match allergy indicated on the inbound eRx against allergy indicated in the VistA patient allergies file, and to “flag” those eRxs when allergy indicated on the eRx conflicts with allergy indicated in the patient allergies file. | 22.3~~: As VA’s inbound ePrescribing system, I need to flag an inbound eRx when there is a conflict between the allergy indicated on the eRx and the allergy indicated in the patient allergies file, to warn pharmacists that additional allergy review is required for the patient~~.  **Out of Scope:** Allergy information is not being passed in a NewRx. The Allergy check will be done on VistA. | 22.3.1: During auto-match for drug, “flag” eRx to transmit the following warning when there is a conflict between allergy indicated on inbound eRx and allergy indicated in patient allergies file.  ***“Warning: Allergy Conflict. Check for conflict between allergy indicated on eRx and patient allergies file.”*** | When allergy indicated on eRx conflicts with allergy indicated in patient allergies file, VA pharmacist must be alerted to further cross-check allergy conflict indicated on eRx against allergy conflict indicated in the patient allergies file. |
| **63** | New Auto-Match/ Drug 4 | Provide the ability for the system to advance the eRx to auto-passed status for ***drug only*** if drug data successfully matches against all required drug criteria. | 22.4: As VA’s inbound ePrescribing system, auto-pass drug if all required criteria are met. | 22.4.1: Advance drug to auto-passed status if drug meets all required criteria. | VA’s inbound ePrescribing system can hold drug in auto-passed status, but cannot auto-pass the eRx *if* ***only drug*** data meets acceptance criteria. |
| **64** | New Auto-Match/ Drug 5 | Provide the ability for the system to advance the eRx to a **Holding Queue – Pending** if drug, along with patient and provider data, successfully match all required criteria. | 22.5: As VA’s inbound ePrescribing system, advance eRx to **Holding Queue-Pending** if all drug, patient, and provider successfully match required criteria. | 22.5.1: Upon successful match against all required criteria for drug, provider, and patient, advance eRx to **Holding Queue – Pending** for processing and dispense. | **Holding Queue – Pending** VA’s inbound ePrescribing system advances eRx to **Holding Queue – Pending** only ***if all*** drug, patient, and provider required criteria auto-pass. |
| **65** | New Auto-Match/ Drug 6 | Provide the ability for the system to move the eRx to a **Holding Queue – Error** if drug fails to match any one required criteria, even if both patient and provider auto-pass. | 22.6: As VA’s inbound ePrescribing system, move the eRx to a **Holding Queue** for **Error** handling if any one criteria for drug, patient, or provider fail to match required criteria. | 22.6.1: If drug fails to match any one required criteria, move eRx to **Error Holding Queue – Drug Error**. | **Holding Queue – Error** VA’s inbound ePrescribing system moves the eRx to a **Holding Queue** for **Error** handling if ***any one*** required drug criteria fails to auto-pass.  VA’s inbound ePrescribing system moves the eRx to a **Holding Queue** for **Error** handling if drug fails auto-pass, even if both patient and external provider auto-pass. |

### Manually Confirming - Moving eRxs to VistA OP Holding Queue – Pending for Processing

After an auto-matched (i.e. validated) eRx advances to the VistA Holding Queue – Pending for processing, the VA pharmacist may still need to manually confirm patient, provider, or drug data on the eRx before dispensing the prescription. eRxs in the VistA OP Holding Queue are ready to process and dispense. The following address those requirements.

Additional detail for VistA Holding Queue functionality for both Pending and Error Queues are detailed in paragraphs: 3.1.15, VistA OP Holding Queue Functionality, and 3.1.16, Processing eRxs from VistA OP Pending or Error Holding Queue and Advancing to Ready to Dispense Status.

High-Level Manual Confirmation

The following high-level requirements address manually confirming patient, provider, and drug before the eRx is moved to the VistA OP Holding Queue – Pending for processing. These trace to NEED 3354 and OWNR 13425.

Table : EPIC 23: After eRx automatically validates, pharmacist needs to be able to perform additional verification of eRx in VistA OP Holding Queue – Pending to confirm patient, provider, and drug. Once reviewed, start processing the eRx to dispense to Veteran

| **ID #** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| 66 | NEED 3354 | Provide the ability for a VA Pharmacy to interact with received inbound eRxs after they have gone through an automatic validation process by the system. | 23.1: As a VA pharmacist, I need to be able to confirm patient, provider, and drug information on the eRx in the VistA OP Holding Queue, so I am assured the eRx has been confirmed for accuracy and compliance to required criteria before it can be processed and dispensed to the Veteran patient. | 23.1.1: View and verify patient, provider, and drug information on inbound eRx.  23.1.2: Once patient, provider, and drug eRx data is confirmed, start processing to dispense the eRx**.** | VA Pharmacists should be able to view, confirm, and verify that patient, provider, and drug information on the inbound eRx is a match to the information in VA’s databases, and meets all required VA criteria for an eRx dispensed to a Veteran patient.  Once all eRx data has been verified (i.e. has been either matched to existing info, or missing information has been added), move this prescription along the process to be further worked on and interact with other elements of VistA (such as the Medication Order Check Healthcare Application (MOCHA)) and eventually dispensed to the Veteran. |
| 67 | OWNR  13425 | Provide the ability for VA pharmacy staff to view an eRx’ s information after it has been received by VA so that it can be manually validated before further processing to be dispensed. | 23.2: As a VA pharmacist, I need to be able to open and view the ePrescription to manually confirm the patient, provider, and drug on the eRx order. | 23.2.1: Open and view an eRx from the VistA OP Holding Queue. | The ability to view all data on an inbound eRx must be enabled for the VA Pharmacist from the VistA OP Holding Queue for both Pending and Error status eRxs. |

Manually Confirming - Patient

This requirement addresses the need to manually confirm the patient information before the eRx can move to the VistA OP Holding Queue – Pending for eRxs waiting to process.

Table : EPIC 24: The pharmacist needs to manually confirm the patient information before the eRx is moved to the VistA OP Holding Queue – Pending for processing.

| **ID #** | **NEED/OWNR#** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| 68 | OWNR 13421 | Provide the ability for VA pharmacy staff to interact with received inbound eRxs after the system has **automatically validated the patient** specified on the eRx is a known/identifiable individual to VA and the individual is able to receive pharmacy benefits rendered by VA. | 24.1: As a VA pharmacist, I need to be able to open and view an eRx in the VistA Holding Queue to manually verify patient identity on the eRx is a known individual to the VA, and is eligible for VA pharmacy benefits. | 24.1.1: Verify patient identity on the inbound eRx. | Patients receiving VA Pharmacy benefits must be confirmed as known, identifiable individuals matching required patient criteria.  Patient identified on eRx must match allbelow:   * First name (could match alias or “like” name – i.e. Donald vs Don, Liz vs. Elizabeth) * Last name * Date of Birth (DOB) * Gender |
| 24.1.2: Verify patient on inbound eRx exists in the patient registration file for the dispensing pharmacy. | Patients receiving VA pharmacy benefits must be registered in the patient registration file at the VA pharmacy dispensing the eRx. |

Manually Confirming – External Provider

This requirement addresses the need to manually confirm the external provider information before the eRx can move to the VistA OP Holding Queue – Pending for eRxs waiting to process.

Table : EPIC 25: The pharmacist needs to manually confirm the external provider information before the eRx is moved to the VistA OP Holding Queue – Pending for processing.

| **ID #** | **NEED/**  **OWNR#** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **69** | OWNR 13422 | Provide the ability for VA pharmacy staff to interact with received inbound eRxs after the system has **automatically validated the external provider** that sent the eRx is a valid provider authorized to write prescriptions and/or provide services to the specified VA patient. | 25.1: As a VA pharmacist, I need to be able to open and view an eRx in the VistA Holding Queue to manually confirm provider is a valid provider authorized to write prescriptions and/or provide services to the specified VA patient. | 25.1.1: Confirm provider data on the inbound eRx. | The inbound eRx must include the following external provider data:   * Name * Address * Phone Number * Signature * Unique NPI Number **-- OR --**   Unique License Number and State  If the eRx is for a controlled substance, the external provider must have a unique DEA number that matches to that same external provider’s DEA# in the VistA New Person file. |
| 25.1.2: Confirm external provider is in the VistA New Person File. | External Providers in the VistA New Person File are valid providers authorized to write prescriptions and/or provide services to the specified VA patient. |

Manually Confirming – Drug

This requirement addresses the need to manually confirm the medication or medical supply information before the eRx can move to the VistA OP Holding Queue – Pending for eRxs waiting to process.

Table : EPIC 26: The pharmacist needs to manually confirm the drug information before the eRx is moved to the VistA OP Holding Queue – Pending for processing.

| **ID #** | **NEED/**  **OWNR #** | **BRD Theme** | | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- | --- |
| 70 | OWNR 13423 | Provide the ability for VA pharmacy staff to interact with received inbound eRxs after the system has automatically **validated the medication or medical supply** specified on the eRx is recognized by VA and allowed to be prescribed to a VA patient. | 26.1 As a VA pharmacist, I need to be able to open and view the eRx in the VistA Holding Queue to manually check and verify the drug prescribed for the patient matches required criteria, and is allowed to be prescribed to a VA patient. | | 26.1.1: Confirm drug information is complete, includes required criteria, and is allowed to be prescribed to a VA patient. | The medication or medical supply ePrescribed on inbound eRx order must include the following fields:   * Drug Name * Available Dosage(s) * Schedule (e.g. Take 3 times per day) * Directions for Use * Day’s Supply – *optional field* * Quantity (tab) of Drug * # of Refills -- or – PRN (must be numeric value) * Issue Date – date it was written * Dispense As Written (DAW) – *optional field* * Name of ordering provider (i.e. non-VA physician) * Name of clinic, medical office, or outpatient facility from which order is prescribed * Address of clinic, office, or outpatient facility from which order is prescribed.   Note: Some of the fields above are optional, as noted. |
| 26.1.2: Manually check the eRx to determine if drug allergy or allergic reaction is indicated on the eRx order or in the patient allergies file.  26.1.3: If an allergy or allergic reaction to the eRx is indicated, update the patient allergies file to indicate that allergy or allergic reaction to the specific drug. | When checking the eRx order, do not dispense an eRx if an allergy or allergic reaction is indicated either on the eRx or in the patient allergies file.  When an allergy or allergic reaction is indicated on eRx order, and this information is not in the patient allergies file, update that patient’s allergies file to indicate the allergy or allergic reaction to that specific drug. |

### Manual Validation -- Resolving eRxs in VistA OP Error Holding Queue

The following requirements support the need to manually interact with and resolve eRx patient, provider, or drug errors if for any reason there was not a match to required criteria during auto-validation. These eRxs sit in the VistA OP Error queue for manual intervention and either resolution or rejection by the VA pharmacist. When manual error validation and resolution is performed, note that VA business acceptance criteria (i.e., business rules) are applied to resolve the eRx error.

Additional detail for VistA Holding Queue functionality for both Pending and Error Queues are detailed in both paragraphs: 3.1.15, VistA OP Holding Queue Functionality, and 3.1.16, Processing eRxs from VistA OP Pending or Error Holding Queue and Advancing to Ready to Dispense Status**.**

High-Level Need and OWNR Requirements for Handling VistA OP Error Holding Queue

The following provide high-level requirements for resolving and/or rejecting eRxs with errors in the VistA Error Queue. These requirements trace to NEED 3354 and OWNR 13425.

Table : EPIC 27: VA pharmacist manually handles patient, provider, and drug errors in the Error Queue, and if resolved, moves the eRx to the Holding Queue – Pending for eRxs ready to process. If eRx cannot be resolved, the eRx is rejected.

| **ID #** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| 71 | NEED 3354 | Provide the ability for a VA Pharmacy to interact with received inbound eRxs after they have gone through an automatic validation process by the system. | 27.1: As a VA pharmacist, I need to interact with eRxs that failed to auto-match during the auto-validation process, and to investigate the patient, provider, and drug error on the eRx in the VistA OP Error Queue, so I can:   * Resolve errors by checking the error against VA required criteria for inbound eRxs. * Correct the eRx error so the eRx can move to the Holding Queue – Pending for processing, or * Reject the eRx if it the error cannot be resolved. | 27.1.1: View eRx in the Error Holding Queue to analyze patient, provider, or drug error on the inbound eRx.  27.1.2: Analyze error against VA required criteria for inbound eRxs.  27. 1.3: Correct error if it can be resolved, and then move this eRx to the VistA OP Holding Queue for Pending eRxs.  27.1.4: Reject eRx if the error cannot be resolved. | Once an error on an eRx has been resolved (i.e. has been either matched to existing info, or missing information has been added), move this ePrescription along the process to be further worked on and interact with other elements of VistA (such as the Medication Order Check Healthcare Application (MOCHA)) and eventually dispensed to the Veteran  .  Reject eRxs when error cannot be resolved, and notify external provider that the eRx cannot be processed due to the specific error. |
| 72 | OWNR  13425 | Provide the ability for VA pharmacy staff to view an eRx’ s information after it has been received by VA so that it can be manually validated before further processing to be dispensed. | 27.2: As a VA pharmacist, I need to be able to open and view the eRx in the Error Queue to manually investigate and attempt to resolve the patient, provider, or drug error. | 27.2.1: Open and view an eRx from the VistA OP Error Queue to analyze the error. | The ability to view all data on an inbound eRx must be enabled for the VA Pharmacist from the VistA OP Error Queue so that pharmacists can attempt to resolve problems on error-status eRxs. |

Resolve Patient Errors in VistA OP Error Holding Queue

The following requirements address resolving patient errors for eRxs in the VistA OP Error Holding Queue and moving these eRxs to the VistA OP Holding Queue – Pending for eRxs ready to process if resolved, or rejecting these eRxs if unresolved. Traces to OWNR 13426 and NEW requirements to: resolve patient errors if found, and update patient registration file.

Table : EPIC 28: VA pharmacy staff must manually interact with patient errors in the VistA Error Queue to resolve or reject if error cannot be resolved. If patient error is resolved, eRx is moved to VistA OP Holding Queue – Pending for eRxs ready to process. Traces to OWNR 13426 -- Provide the ability for VA pharmacy staff to manually validate an inbound eRx (to include identifying valid patient, provider, and medication or medical supply) before the eRx can be further processed for dispensing.

| **ID #** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| 73 | OWNR  NEW  Manually resolve patient error & move to Holding Queue – Pending if resolved | Provide the ability for VA pharmacy staff to manually resolve a patient error on the inbound eRx, and to move the eRx to the Holding Queue – Pending if the patient error is resolved, or reject the eRx if the error is not resolved. | 28.1: As a VA pharmacist, I need to be able resolve a patient error on the inbound eRx if I can verify the patient matches a known, identifiable individual eligible for VA pharmacy benefits. | 28.1.1 Review patient error and determine if:   * Required patient identity data is not present, * Patient does not match to a patient in the patient registration file, or, * Patient is ineligible for VA pharmacy benefits.   28.1.2 The system should show the user the best possible matches and flag fields that are incorrect in the case where an exact match was not found during auto-match of the patient. | Inbound eRx must contain all identity information listed below::   * First name (could match alias or “like” name – i.e. Donald vs Don, Liz vs. Elizabeth) * Last name * Date of Birth (DOB) * Gender   Patient identified on the inbound eRx must be matched to a registered in the VA Pharmacy patient registration file. |
| 28.2: As a VA pharmacist, once the patient error is resolved and the eRx revised appropriately, I need to promote the eRx to the Holding Queue – Pending for eRxs ready to process. | 28.2.1: If patient error is resolved, move eRx to Holding Queue – Pending for eRxs ready to process. |
| 28.3: As a VA pharmacist, I need to reject an eRx if I cannot resolve the patient error ((i.e. patient identity cannot be verified or matched, or patient is ineligible). | 28.3.1: If patient error is not resolved, reject eRx for patient error. |
| 74 | OWNR  NEW  Update Patient Registration File | Provide the ability for VA pharmacy staff to manually update the patient registration file if the patient meets required VA criteria for eligibility. | 28.4: As a VA pharmacist, if patient is deemed eligible by matching required criteria for VA pharmacy benefits, I need to add this patient to the patient registration file. | 28.4.1: Verify patient information to determine if patient meets required criteria for eligibility.  28.4.2: If patient matches required criteria for eligibility, update the patient registration file with the patient information. | Patient is eligible for VA pharmacy benefits by meeting **any one** of the following required criteria:   * Patient matches to a Veteran in Master Veteran Index (MVI) * Patient matches number on EDIPDI Veteran Common Access Card * Patient matches a CHAMPVA beneficiary enrolled in VHA  (i.e. VHA is the source of CHAMPVA beneficiaries) * Patient matches a TRICARE beneficiary enrolled in VHA system * Patient SSN matches a known Veteran * Patient SSN matches a beneficiary in CHAMPVA database   If patient on the inbound eRx is verified to be eligible, update the Patient Registration File at VA dispensing pharmacy with new patient data. |

Resolve External Provider Errors in VistA OP Error Holding Queue

The following requirements address resolving external provider errors for eRxs in the VistA OP Error Holding Queue and moving these eRxs to the VistA OP Holding Queue – Pending for eRxs ready to process if resolved, or rejecting these eRxs if unresolved. Traces to OWNR 13426 and NEW requirements to: resolve external provider errors if found, and update New Person file.

Table : EPIC 29: VA pharmacy staff must manually interact with external provider errors in the VistA Error Queue to resolve or reject if error cannot be resolved. If external provider error is resolved, eRx is moved to VistA OP Holding Queue – Pending for eRxs. Traces to OWNR 13426 -- Provide the ability for VA pharmacy staff to manually validate an inbound eRx (to include identifying valid patient, provider, and medication or medical supply) before the eRx can be further processed for dispensing

| **ID #** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| 75 | OWNR  NEW  Resolve external provider error and if resolved, move eRx to Holding Queue – Pending. | Provide the ability for VA pharmacy staff to manually resolve an external provider error on the inbound eRx, and to move the eRx to the Holding Queue – Pending if the external provider error is resolved, or reject the eRx if error is not resolved. | 29.1: As a VA pharmacist, I need to resolve an external provider error on the inbound eRx if I can verify the external provider is authorized to write prescriptions and/or provide services to the VA patient. | 29.1.1: Review external provider error, and determine if:   * Required provider data is not included, or * External provider does not match an external provider in New Person file.   29.1.2 The system should show the user the best possible matches and flag fields that are incorrect in the case where an exact match was not found during auto-match of the external provider. | The inbound eRx must include the following external provider data:   * Name * Address * Phone Number * Signature * Unique NPI Number **-- OR --**   Unique License Number and State  **DEA #:**  External providers transmitting an eRx for a controlled substance must also include their unique DEA# on the inbound eRx. This external provider’s DEA# must match the DEA# for that same external provider in the VistA New Person file. |
| 29.2: As a VA pharmacist, if the external provider error is resolved and the eRx revised appropriately, I need to promote the eRx to the Holding Queue – Pending for eRxs ready to process. | 29.2.1: If external provider error is resolved, move eRx to Holding Queue – Pending for eRxs ready to process. |
| 29.3: As a VA pharmacist, I need to reject an eRx if I cannot resolve the external provider error (i.e. external provider’s unique NPI# or License# cannot be verified or external provider does not reside in VistA New Person File). | 29.3.1: If the external provider error is not resolved, reject eRx for external provider error. |
| 76 | OWNR Update Vista New Person File with External Provider Data | Provide the ability for VA pharmacy staff to manually update the VistA New Person file if the external provider meets required VA criteria for external providers. | 29.4: As a VA pharmacist (or assigned pharmacy staff), if the external provider error is successfully resolved, I need to update the VistA New Person File with revised or new external provider data so that future eRxs from this external provider can be successfully matched to the New Person File. | 29.4.1: If external provider error is successfully resolved by matching required criteria, update VistA New Person File with revised or new external provider data. | VistA New Person File contains external providers authorized to write prescriptions and/or provide services to the specified VA patient.  Update the VistA New Person File with new or revised external provider data if external provider is verified to meet required VA criteria for external providers. |

Resolve Drug Errors in VistA OP Error Holding Queue

The following requirements address resolving drug errors for eRxs in the VistA OP Error Holding Queue and moving these eRxs to the VistA OP Holding Queue – Pending for eRxs ready to process if resolved, or rejecting these eRxs if unresolved. Traces to OWNR 13426 and NEW requirements to: review drug for required criteria, review allergies, and update patient allergies file if needed.

Table : EPIC 30: VA pharmacy staff must manually interact with drug errors in the VistA Error Queue to resolve or reject if error cannot be resolved. If drug error is resolved, eRx is moved to VistA OP Holding Queue – Pending for eRxs ready to process. Traces to OWNR 13426 -- Provide the ability for VA pharmacy staff to manually validate an inbound eRx (to include identifying valid patient, provider, and medication or medical supply) before the eRx can be further processed for dispensing.

| **ID #** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| 77 | OWNR  Review & resolve incomplete drug error & if resolved, move to Holding Queue – Pending; if not resolved, reject eRx. | Provide the ability for VA Pharmacy staff to manually resolve incomplete drug information on the inbound eRx, and if resolved, move the eRx to the Holding Queue – Pending for eRxs ready to process, or reject the eRx if error cannot be resolved. | 30.1: As a VA pharmacist, I need to manually review drug error to verify what drug information is incomplete or missing on the inbound eRx. | 30.1.1: Review drug error, and determine if:   * Drug information is incomplete   30.1.2 The system should show the user the best possible matches and flag fields that are incorrect in the case where an exact match was not found during auto-match.  30.1.3 The original prescription data should be easily retrievable and displayable. | To be complete by NCPDP SCRIPT 10.6 standards, the medication or medical supply ePrescribed on inbound eRx order must include the following data:   * Drug Name * Available Dosage(s) * Schedule (e.g. Take 3 times per day) * Directions for Use * Day’s Supply – ***optional field*** * Quantity (tab) of Drug * # of Refills -- or – PRN (must be numeric value) * Issue Date – date it was written * Dispense As Written (DAW) – ***optional field*** * Name of ordering provider (i.e. non-VA physician) * Name of clinic, medical office, or outpatient facility from which order is prescribed * Address of clinic, office, or outpatient facility from which order is prescribed.   **Note: Confirm required and optional fields in the Change Healthcare documentation. This will be done during elaboration.** |
| 30.2: As a VA pharmacist, if I can resolve and complete the required drug information, I can move the eRx to the Holding Queue – Pending for eRxs ready to process. | 30.2.1: If drug error is resolved and eRx can be completed with required data, move eRx to Holding Queue – Pending for eRxs ready to process. |
| 30.3: As a VA pharmacist, if I cannot resolve the incomplete drug information on the inbound eRx, I need to reject the eRx for a drug error. | 30.3.1: If drug error is not resolved, reject eRx for drug error. |
| 78 | OWNR Review & resolve drug error for required criteria, and if resolved, move to Holding Queue – Pending; if not resolved, reject eRx. | Provide the ability for VA pharmacy staff to determine if the drug error is due to the medication or medical supply not meeting required criteria for drugs dispensed to VA patients. | 30.4: As a VA Pharmacist, I need to manually review drug error to determine if eRx prescribed for the patient matches required criteria for drugs dispensed to VA patients. | 30.4.1 Review drug error to determine if:   * Drug or medical supply on eRx order does not match required criteria for VA Pharmacy drug to be dispensed. | The medication or medication supply ePrescribed on inbound eRx must meet required criteria for drugs dispensed to VA patients.   * The incoming medication must have a National Drug Code (NDC) number, unless the eRx is for a non-drug product identified by the NCPDP SCRIPT standard   + Product/Service ID - 4Ø7-D7, or   + Product/Service ID Qualifier - 436-E   Note: If eRx is for a non-drug product without an NDC, VA wants to receive whatever product code is associated, so that the eRx can be manually matched if needed. For example some non-drug products use an NDC, but others use a UPC.   * The NDC must be valid and be associated with an First Databank GCNSEQNO * The GCNSEQNO from the drug’s NDC number in the eRx must match a GCNSEQNO for an associated NDC in the CHCS drug file and must meet the following business rules:   + Must not be designated as inpatient use only within the outpatient site’s formulary group   + Must not be designated as a compound medication (manufactured in pharmacy)   + Must not be designated as an investigational drug   + If designated as a controlled drug (DEA schedule 1-5), external provider must have a unique DEA number.   Prescription number range must be defined for the medication class. |
| 30.5: As a VA Pharmacist, if I can determine drug meets required criteria, I move the eRx to the Holding Queue – Pending for eRxs ready to process. | 30.5.1 If drug is found to be valid, or can be verified to meet required criteria, move the eRx to the Holding Queue – Pending for eRxs ready to process. |
| 30.6: As a VA pharmacist, if drug fails to meet required criteria, reject the eRx for drug error. | 30.6.1: If drug is found to be invalid, or fails to meet criteria, reject the eRx for a drug error. |
| 79 | OWNR  NEW  Review drug error for Allergies, Allergic Reactions, duplicate therapy, or dosage error | Provide the ability for VA pharmacists to review drug error on the eRx against patient allergies file for potential allergies, allergic reactions, duplicate therapies, or dosage errors of the drug if administered to the patient. | 30.7: As a VA pharmacist, I need to review the drug error to determine if drug is allowed to be prescribed to the patient, and to be warned of potential drug allergies, allergic reactions, duplicate therapies, or dosage errors caused by the drug if dispensed to the patient. | 30.7.1 Review drug error to determine if drug Is not allowed to be prescribed to the VA patient due to:   * An allergy conflict that was flagged during auto-check that transmitted warning message:  ***“Warning: Allergy Conflict. Check for conflict between allergy indicated on eRx and patient allergies file.”*** * Dosage error * Duplicate therapy or duplicate drug error | VA Pharmacist is accountable for ensuring the eRx prescribed for the Veteran patient will not cause adverse reaction, allergy, is not duplicate therapy, and is proper dosage. Do not dispense eRx if:   * An allergy or allergic reaction to the drug is indicated either on the eRx or in the patient allergies file. * The eRx drug dosage is incorrect * The eRx is duplicate therapy or duplicate drug   Note:  Pharmacist may also check:   * Medication Order Check Healthcare Application (MOCHA) database to for drug interaction, duplicate therapy, and dosage checks. |
|  |  | 30.8: As a VA Pharmacist, if I:   * Determine and verify there is no potential allergy or allergic reaction, * Correct the dosage error on the eRx, and * Confirm there is no duplicate therapy,   I can move the eRx to Holding Queue – Pending for eRxs ready to process. | 30.8.1: If checked, verified, and confirmed that drug:   * Poses no allergy or allergic reaction * Dosage error has been corrected * Poses no duplicate therapy   then move the eRx to Holding Queue – Pending for eRxs ready to process. |
| 30.9: As a VA pharmacist, I need to reject the eRx if the drug verifies to cause allergy, is duplicate therapy, or I cannot resolve dosage error. | 30.9.1 If drug error is verified due to drug allergy, unresolvable dosage error, or duplicate therapy, reject eRx for drug error. |
| 80 | OWNR  NEW  Update Patient Allergies File | Provide the ability for VA pharmacist or pharmacy staff to update patient allergies file with revised or corrected allergy information. | 30.10: As a VA pharmacist, I need update the patient’s allergies file if a drug allergy or allergic reaction is indicated for patient but is not documented in the patient’s allergies file. | 30.10.1: If an allergy or allergic reaction to the eRx is indicated, update the patient allergies file to indicate that patient has potential allergy or allergic reaction to the specific drug. | When allergy or allergic reaction is indicated on eRx order, and this information is not in the patient allergies file, update that patient’s allergies file to indicate the allergy or allergic reaction to that specific drug.  Patient allergies file must contain the most up-to-date current information.  The ability for the pharmacist to jump to the patient allergies file from eRx Inbound should be seamless. |

### VistA OP Holding Queue Functionality

This supports new functionality in the VistA OP holding queue to validate, inquire, search, sort, remove or reject, archive, toggle between eRxs pending and eRxs in error, and to exit to the main VistA OP menu functionality. Traces to BRD NEED 3356 and OWNR 13427. New requirements 13427 “a” through “g” were also added.

Table : EPIC 31: The VistA OP holding queue needs support the ability to validate, edit, inquire, search, sort, remove or reject, toggle between eRxs pending and eRxs with errors, and exit from the holding queue functionality.

| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **81** | NEED  3356 | Provide the ability for VA pharmacies to process (manually validate, manage, dispense) inbound eRxs that comply with the most current version supported of the NCPDP SCRIPT Standard (10.6 at minimum) and that were received from external providers so that they may be dispensed to VA beneficiaries. | 31.1: As VA’s ePrescribing system, enhance VistA OP capabilities to support new functionality for inbound eRxs to offer Veteran patients the opportunity to have their eRxs from external providers dispensed at VA pharmacies. | 31.1.1: Enhance VistA OP to incorporate new functionality for inbound eRxs from external providers. | With the implementation of inbound ePrescribing at VA pharmacies, Veteran patients are eligible to receive eRxs prescribed by their external providers or non-VA physicians at VA pharmacies. |
| **82** | OWNR 13427 | Provide the ability for VA pharmacy staff to perform existing VistA OP functions on an eRx once it is automatically received into the VistA OP “holding” queue. | 31.2: As VA’s ePrescribing VistA OP holding queue (for pending and error status eRxs), support the ability to manually **validate** patient, provider, or drug, and then **revise, edit, or update** the eRx if needed to successfully process or reject if eRx cannot be resolved. | 31.2.1: Build the capability into the holding queue functionality where the pharmacist can interface with other databases or sources to further validate and:   * Edit patient, provider, or drug information with updated information, or * Reject eRx if patient, provider, or drug cannot be resolved. | VA’s ePrescribing VistA OP pending or error queue must support the ability for a pharmacist to further **validate, check, and/or edit** any information related to patient, provider, or drug on an eR31.  VA pharmacist must be able to **reject** an eRx if patient, provider, or drug information cannot be resolved. |
| **83** | OWNR  13427 (a) New | Provide the ability for VA pharmacy staff to inquire about any eRx in a VistA OP holding queue. | 31.3: As VA’s ePrescribing VistA OP holding queue, support the ability to **inquire** about any eRx in any holding queue, so VA pharmacist can learn more about:   * The origin or the order * Details about the patient, provider, or drug on the requested eRx * Type of eRx * How the eRx was transmitted | 31.3.1: Build the capability into the holding queue functionality where the pharmacist can open any eRx to further inquire on any information about that eRx. | VA’s ePrescribing VistA OP holding queue must support the ability for a pharmacist to further **inquire** about any information related to patient, provider, or drug on an eRx in a pending or error holding queue. |
| **84** | OWNR  13427 (b) New | Provide the ability for VA pharmacy staff to search for any eRx on the basis of search criteria in a VistA OP holding queue. | 31.4: As VA’s ePrescribing VistA OP holding queue, support the ability to **search** any eRx on the basis of:   * Patient Name * Date of Birth * Received Date * Received Date Range * Provider Name * VA Pharmacy name or location * Drug Name * Controlled drugs * Non-Controlled drug   So that pharmacist can easily retrieve and inspect a list of eRxs that match that search criteria. | 31.4.1: Build the capability into the holding queue functionality where the pharmacist can search on a key data field, such as patient name, date of birth, received date, or provider name, to list those (or that one) eRxs that match that search criteria. | VA’s ePrescribing VistA OP holding queue must support the ability for a pharmacist to search by patient name, date of birth, received date, provider name, or VA pharmacy location criteria on any eRx in a pending or error holding queue. |
| **85** | OWNR  13427 (c) New | Provide the ability for VA pharmacy staff to sort on any eRx on the basis of sort criteria in a VistA OP holding queue. | 31.5: As VA’s ePrescribing VistA OP holding queue, support the ability to **sort** in any Holding or Error queue by:   * Patient * Received Date * Received Date Range * Provider Name * VA Pharmacy name or location * Drug Name * Controlled drugs * Non-Controlled drug   so that the pharmacist can examine the eRxs that match that sort criteria. | 31.5.1: Build the capability into the holding queue functionality where the pharmacist can sort on patient, received date, or provider name, to list only those eRxs that match that sort criteria. | VA’s ePrescribing VistA OP holding queue must support the ability for a pharmacist to sort in any pending or error holding queue by patient, received date, provider name, or VA pharmacy location. |
| **86** | OWNR  13427 (d) New | Provide the ability for VA pharmacy staff to remove an eRx from a VistA OP holding queue due to a cancellation or other validation error, and transmit a cancellation confirmation or rejection reason to the external provider that originally transmitted that eRx. | 31.6: As VA’s ePrescribing VistA OP holding queue, support the ability to **remove** or **reject** an eRx from any Holding Queue due to a cancellation or other validation error that cannot be manually resolved. | 31.6.1: Build the capability into the holding queue functionality so that pharmacist can remove an eRx from the holding queue, and move it to an archive for a specified amount of time. | A VA pharmacist must be able to remove, cancel, or reject any eRx in a pending or error holding queue due to a cancellation, or a failed eRx that must be rejected.  External pharmacies whose eRxs are rejected must receive a “timely” rejection reason, describing the reason for the rejection and/or removal of the eRx from the VA VistA OP holding queue.  (See *Appendix C, Electronic ePrescribing User Guide, September 2014, page 30,* for a list of eRx Removal or Rejection Codes that may be considered for VA’s ePrescribing solution.) |
| 31.7: As VA’s ePrescribing VistA OP holding queue, support the ability to transmit a cancellation confirmation or “removal or reject reason” from a list of rejection reasons, or as “free text” back to the external provider due to a cancellation or other validation error. | 31.7.2: Establish a:   * Cancellation confirmation message, and * A list of standard rejection or removal reasons to select from, **including** the option for a “free text” reason that can be entered by the pharmacist and transmitted to external pharmacy that originated the eR31. |
| **87** | OWNR  13427 (e) New | Provide the ability for VA pharmacy staff to archive any eRx that was removed due to a cancellation or other validation error, and to later sort or search for that eRx on the basis of specified criteria in order to retrieve that eRx at a later time. | 31.8: As VA’s ePrescribing VistA OP holding queue, support the ability to archive rejected or removed eRxs in an archival file that may deleted after a specified holding time, so that they may be retrieved or sorted for retrieval (on the basis of pre-specified sort criteria) at a later time if needed for any reason. | 31.8.1:Build the capability into the holding queue functionality where the pharmacist can:   * Search an archive of removed or rejected eRxs for any reason. * Sort the archive just as the pharmacist can search or sort on the holding queue. | VA’s VistA OP holding queue must archive rejected or removed eRxs. Search and sort functionality in the archive must match sort functionality in the holding queue, so that the pharmacist may easily identify and retrieve a rejected eRx based on a variety of search or sort criteria. |
| **88** | OWNR  13427 (f) New | Provide the ability to easily switch between eRxs ready for processing and eRxs waiting in the error queue to be resolved or rejected. | 31.9: As VA’s ePrescribing VistA OP holding queue, support the ability to **toggle between** the **Pending Holding Queue** or eRxs successfully validated and waiting to process and the **Error Holding Queue** of eRxs in Error status due to invalid values or missing field information or reject any eR31. | 31.9.1: Build the capability into the holding queue functionality where the pharmacist can toggle between the Pending Holding Queue and the Error Holding Queue. | Pharmacists must be able to easily switch between eRxs in Error that need further resolution and eRxs in Pending ready to be processed and dispensed. |
| **89** | OWNR  13427 (g) New | Provide the ability to exit the VistA OP holding queue area to return to the main VistA OP functional menu. | 31.10: As VA’s ePrescribing VistA OP holding queue, support the ability to **exit** the holding queue, so the user can return to the VistA OP main menu functionality. | 31.10.1: Build the capability into the holding queue functionality where the pharmacist can exit the VistA OP holding queue to return the main VistA OP menu functionality. | Pharmacists must be able to easily exit out of the VistA OP holding queue area to the main VistA Outpatient Pharmacy functional area. |

### Processing eRxs from VistA OP Pending or Error Holding Queue and Advancing to Ready to Dispense Status

This supports additional functionality in the VistA OP holding queue for pending or error-status eRxs, and the requirement to advance successfully processed eRxs to a “Ready to Dispense” status.

Table : EPIC 32: The pharmacist needs to be able to sort on one or a set of eRxs for priority processing, and also to advance resolved error-status eRxs to the pending queue so they can be successfully processed.

| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **90** | OWNR Identify Auto-Generated vs. Pharmacist Generated eRxs | Provide the ability to indicate on the eRx whether the eRx was auto-generated, with no errors, or pharmacist generated, with user intervention and error handling by the pharmacist. | 32.1: As a VA Pharmacist, when doing an inquiry on an eRx, I want to know if the eRx was auto-generated (eRx SYS – Entered), or pharmacist generated (eRx PHR – Entered), so I can identify those eRxs that required additional error handling. | 32.1.1: Distinguish with an indicator on the eRx auto-generated versus pharmacist-generated eRxs. | VA pharmacists should be able to differentiate auto-generated eRxs from pharmacist-generated eRxs. |
| **91** | OWNR Prioritize eRx for Processing | Provide the ability to prioritize any one or set of selected eRxs in the Pending Queue, by sorting on the basis of a sort or search criteria. | 32.2: As the VistA OP pending queue, I want to be able to sort on any of the available sort criteria, and initiate a process to start processing those eRxs, so I can prioritize selected eRxs for processing. | 32.2.1: Sort eRxs on any one of the sort criteria  32.2.2: Select any eRx or set of eRxs from the sorted list and start to process those eRxs. | From the VistA OP pending queue, allow pharmacists to trigger processing on one or a selected set of eRxs.  From the VistA OP pending queue, pharmacists should be able to promote an eRx or set of eRxs to the front of the pending queue for immediate or “next” processing.  Note: Priority mechanism is to be determined: to be added after confirmation. |
| **92** | OWNR Error codes on eRxs in Error Holding Queue | Provide the ability for the system to attach descriptive Error Codes to eRxs in the Error Queue, to enable easy identification of the error type related to that eR32. | 32.3: As the VA Pharmacist reviewing eRxs in Error status in the Error Holding Queue, I want to be able to identify the type of error related to the eRx, so that I can search for or work on eRxs with similar types of errors. | 32.3.1: Establish Error Codes for eRxs in the Error Holding Queue. (**See** *Appendix C, Electronic ePrescribing User Guide, September 2014, page 39* for list of eRx Error Codes that may be considered for VA’s ePrescribing solution.) | VA Pharmacists and pharmacy staff should be able to identify and select eRxs with similar types of errors, to ease error handling of eRxs in the error holding queue. |
| **93** | OWNR  Advance Fixed eRxs from Error Queue to Pending Queue | Provide the ability “flag” eRxs that have been resolved and/or revised in the Error Queue, and move them to the Pending Queue, so they can wait to be successfully processed. | 32.4: As the VistA OP pending queue, I want to be able to move eRxs to the Pending Queue that have been revised and/or resolved in the Error Queue, so those resolved eRxs can be successfully processed. | 32.4.1: Flag eRxs in the Error Queue that have been resolved and are ready to process.  32.4.2: Move “flagged” eRxs from Error Queue to Pending Queue to wait for processing. | The VistA OP queue functionality should be able to promote resolved eRxs from the Error Queue to the Pending Queue so those eRxs can be successfully processed. |
| **94** | OWNR  Advance eRxs from any Queue when Ready to Dispense | Provide the ability to “flag” and then advance any eRx from any pending or error holding queue when that eRx has been processed and is “Ready to Dispense.” This could be a “DRX” status, meaning “Dispense eRx.” (i.e. DRX is the status attached to ready to dispense eRxs in *Appendix C, Electronic ePrescribing User Guide, September 2014*.) | 32.5: As the VA ePrescribing system, I want to be able to indicate eRxs that have been processed and are ready to dispense. | 32.5.1: Advance eRxs that have been processed to a “Ready to Dispense” status.  32.5.2: Flag processed eRxs with a DRX or similar code, indicating these eRxs are “Ready to Dispense.” | eRxs that have been successfully processed should advance to a “Ready to Dispense” status. |
| **95** | OWNR Label Printing when eRx is Ready to Dispense | Provide the ability to print labels from VistA OP main menu functionality for inbound eRxs when those eRxs are “Ready to Dispense.”  Provide the ability to also include External Provider information on the labels. | 32.6: When eRxs are “Ready to Dispense,” support the ability to print labels with all required eRx dispensing and external provider information, so that label information is NCPDP SCRIPT 10.6 compliant, and also provides external provider name and contact information so they may be contacted by patient if necessary. | 32.6.1: Print dispensing labels for eRxs that are “Ready to Dispense.”  32.6.2: Add external provider information to the label fields. | When eRxs are “Ready to Dispense,” VA’s inbound ePrescribing system shall print labels using VistA OP functionality to include all required dispensing information, as well as external provider name and contact information.  Note: The format for inbound eRx labels is to be determined. |

### Provide the ability to Track and Audit inbound eRxs from External Providers

The following requirements support the need for the VA ePrescription system to track and audit inbound eRxs from external providers. Traces to NEED 3357 and OWNR 13430 and 13431 requirements.

Table : EPIC 33: The system needs to track and audit inbound eRxs from external providers.

| **ID#** | **NEED/ OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **96** | NEED 3357 | Provide tracking and auditing functions for the inbound eRx capability. | 33.1: As VA’s inbound ePrescribing system, I need to be able to account for all inbound eRxs:   * Received * Successfully Dispensed * Auto-Failed and Resolved * Auto-Failed and Rejected * Canceled * Pharmacist manual intervention? | 33.1.1: Capture statistics to count inbound eRxs received, dispensed, auto-failed and resolved, as well as auto-failed, Canceled and rejected eRxs. | VA’s inbound ePrescription service must support the ability to provide audit and tracking data on all ePrescriptions:   * Received * Dispensed * Failed and Resolved * Failed and Rejected * Canceled |
| **97** | OWNR 13430 | Provide the ability for VA pharmacies to track and account for the number of inbound eRxs received and processed in order to accommodate any future needs for reporting, auditing, or fulfilling contractual obligations, (e.g., for paying intermediaries). | 33.2: As VA’s inbound ePrescribing system, track the number or inbound eRxs received and processed, so that the system can be scaled to support current and future requirements. | 33.2.1: Track the number of inbound eRxs from external providers and store them with a date and time stamp. | VA’s inbound ePrescription service must support the ability to track, store, and report on the number of inbound eRxs received and processed from external providers.  VA’s inbound ePrescription service must be able to scale up for current and projected needs, in order to accommodate Veteran’s access to pharmacy services. |
| **98** | OWNR 13431 | Provide the ability for VA pharmacy staff to view the number of successfully or unsuccessfully received and processed inbound eRxs. | 33.3: As VA’s inbound ePrescribing system, provide reporting and display capabilities so that VA Pharmacists can easily:   * Track the success rate of processed inbound eRxs, * Track unsuccessful or failed inbound eRxs, with the intent of troubleshooting reasons for failure. | 33.3.1: Track, report, and display the number of successful and unsuccessful inbound eRxs from external providers.  33.3.2: Display reports in a variety of formats to allow for managerial decisions.  33.3.3: Determine where and how to display the reporting (GUI or the Dashboard) to optimize value for decision making and/or enhancing, the VistA instance of inbound ePrescribing. | VA’s inbound ePrescription system must provide a visual GUI or Dashboard display to report statistics on inbound eRxs.  VA’s inbound ePrescription service must support the ability to track the number of successfully or unsuccessfully received and processed eRxs, in order to enhance or fix system problems or improve performance. |

## Graphical User Interface (GUI) Specifications

The GUI specifications include the following:

* User acceptance training and testing tools include user prompts to guide the use of the application so that minimal technical support is needed by the user.
* User interfaces are built with the Department of Veterans Affairs (VA) logo and color scheme to the fullest extent possible. The VA 6102 Handbook or the [VA Media Management Office](http://vaww1.DNS   /WEBCOM/index.asp) is used as a reference.

The GUI allows the user to view data from multiple sources and include:

* Integrated display of structured and unstructured data
* Rich data visualization and graphical display of data
* Ability to switch between tabular and graphical data views
* Ability to interact with displayed data to obtain additional details related to the data and source of the data
* User customizable components and settings

The Inbound ePrescribing solution includes advanced and up-to-date searching, to include:

* Fast, Google-like, Lucene search functionality with auto-complete and real-time display of matched results during typing
* Search history

The inbound ePrescribing solution includes advanced filtering capabilities, to include:

* Filtering of data tables, lists, and grids
* Filtering of search results

Relevant nonfunctional requirements from the Business Requirements Document (BRD) are traced to and expanded upon below. Note that usability requirements are listed in Section 3.10 Usability Specifications of this document:

Table : EPIC 34: The Inbound ePrescribing GUI shall adhere to the usability requirements.

| **ID#** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **99** | **NONF**  **3141** | The Inbound ePrescribing GUI shall adhere to the User Interface/User Centered Design (UI/UD) principles. | 34.1: As an Information Technology (IT) staff or user, I want to ensure the Inbound ePrescribing GUI adheres to the usability requirements so that I can evaluate the design and implementation of the GUI. | 34.1.1: Evaluate the design of the Inbound ePrescribing GUI. | Inbound ePrescribing GUI is designed and implemented according to the User Interface/User Centered Design (UI/UCD) principles. |
| **100** |  |  | 34.2: As an IT staff or user, I want the Inbound ePrescribing GUI to achieve the highest levels for performance and user design so that I can easily manage the defined features on the GUI, and so that users can easily interpret system functionality supported by the GUI design |  | Inbound ePrescribing GUI design shall support user functionality by providing ease-of-use in the user design. |

## Multi-divisional Specifications

Within one VistA instance, this requirement supports the need to route the eRx by NCPDP and NPI number, so it is transmitted to the correct receiving VA Pharmacy. It also addresses the need to scale the inbound ePrescribing capacity to handle multiple VA pharmacy locations.

Table : EPIC 35: The ePrescribing solution must be scaled to handle multiple error and pending queues across multiple VA pharmacy locations via one VistA instance.

| **ID#** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria (Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **101** | New  Ensure eRx is routed to the correct VA receiving pharmacy | Provide the ability to route the eRx to the intended VA receiving pharmacy within that VistA instance. | 35.1: As a receiving VA pharmacy location, among many pharmacy locations within one VistA installation (also called “instance”), I want to ensure I receive all inbound eRxs intended for transmission to my VA pharmacy location. | 35.1.1: Relate NCPDP and NPI numbers of the receiving VA pharmacy to the inbound eRx, so that the inbound eRx can be properly routed to the intended receiving pharmacy. | The inbound ePrescribing system must design for accurate routing to the intended VA pharmacy location by relating the receiving pharmacy’s NCPDP and NPI numbers to the inbound eRx. |
| **102** | New Capacity for Multi-Divisional VistA OP via one instance | The new VistA OP functionality for inbound ePrescribing must support the capacity needs for multiple VA NCPDP pharmacy locations to share the same VistA instance. | 35.2: As the VistA OP inbound ePrescribing system, I (it) need to be able to share one VistA instance across multiple VA NCPDP pharmacy locations (i.e. multiple divisions), so that I can view data across multiple location domains (e.g., view data for multiple sites, wards, pharmacies, clinics, etc.). | 35.2.1: Scale the enhanced VistA OP capacity to support inbound ePrescribing functionality across multiple VA NCPDP pharmacy locations. | The inbound ePrescribing system must support capacity demands and data sharing across multiple NCPDP pharmacy locations in one VistA instance. |

## Performance Specifications

The Inbound ePrescribing solution will execute performance, capacity, and independent testing of its product, and as part of Software Quality Assurance (SQA) analysis and testing. Recurring discussions with the Systems Engineering and Design Review (SEDR) workgroup are in progress to articulate requirements for performance and capacity transactions. The Inbound ePrescribing system will use Hewlett Packard (HP) Performance Lab testing tools (including LoadRunner) and services provided by the Enterprise Testing Services (ETS) group.

Relevant nonfunctional requirements from the Business Requirements Document (BRD) are traced to and expanded upon below:

Table : EPIC 36: Inbound ePrescribing solution shall satisfy the Enterprise-level capacity and performance.

| **ID#** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **103** | **NONF**  **2820** | Critical business performance parameters shall be captured and identified to support metric reporting, the performance meters are displayed to the Office of Information and Technology (OI&T) Performance Dashboard, and the system solution shall comply with all Service level Agreements (SLAs). | 36.1: As an Information Technology (IT) staff or user, I want to capture, define, and report system performance parameters so that I can evaluate the defined system performance metrics. |  | The critical business performance meters are defined and displayed to the OI&T Performance Dashboard.  System should be monitored for performance levels to ensure compliance with Service Level Agreements. |
| 36.2: As an IT staff or user, I want the Inbound ePrescribing solution to comply with all application Service Level Agreements stated for performance and software so that I can evaluate the overall system performance metrics. |
| **104** | **NONF**  **2811** | The system shall provide the capability to measure the reporting requirements for Responsiveness, Capacity, and Availability. | 36.3: As an IT staff or user, I want to measure system performance data so that I can display the system performance information in different report formats. |  | The system performance reports include performance information to measure how Inbound ePrescribing is behaving based on responsiveness, capacity, and availability. |
| **105** | **NONF**  **2812** | The “actual” system performance data shall be displayed to the Information Technology (IT) Performance Dashboard for customers and IT staff to view. | 36.4: As an IT staff or customer, I want to display the "actual" system metrics to the IT Performance Dashboard so that I can view the system performance data. | 36.4.1: System metrics shall be viewable on the IT Performance Dashboard. | The "actual" system metrics are displayed to the IT Performance Dashboard. |
| **106** | **NONF**  **1609** | The critical mission system shall provide a real-time monitoring solution. | 36.5: As an IT staff or user, I want the system to attain performance levels as close to real-time as possible so that I can interpret the system performance data in real-time. | 36.5.1: Real-time system performance information is captured and reported to the IT Performance Dashboard. | The IT Performance Dashboard displays the system performance data in real-time. |
| **107** | **NONF**  **3297** | The system response times and page load times shall be consistent with Veterans Health Information Systems and Technology Architecture (VistA) Outpatient Pharmacy (OP) standards. | 36.6: As an IT staff or user, I want to ensure that system response times and page load times are consistent with the VistA OP standards so that I can evaluate system response and page load times for new features defined in the VistA OP application. | 36 .6.1: Evaluate the existing system response and load times in the VistA OP application and apply the system response and load times for the new features. | System response and page load times shall be consistent with VistA OP application standards. |
| **108** | **NEED** | The Inbound ePrescribing system shall support the existing number of users. | 36.7: As an IT staff or user, I want the system to support approximately 12,300 users (approximately 8,000 pharmacists and 4,300 pharmacy technicians) so that I can evaluate the system performance data |  | The Inbound ePrescribing system can support 12,300 users.  The Inbound ePrescribing system shall be scaled to support increased capacity demands, as new providers start utilizing the inbound ePrescribing software service.  From SDD:  Raw single eRx message data size is estimated to be 100 KB  Total raw message data storage is estimated to be 100 KB \*4M\*106 = 400GB per year |
| **108a** | **NEW** |  | 36.7.1 As an IT staff or user, I want the system to support 1,000 concurrent users. |  |  |
| **108b** | **NEW** |  | 36.7.2 As an IT staff member or user, I want response times to meet the following requirements:   * Running queries: five seconds or less * Running reports: five seconds or less * Synchronous web service response: 27 seconds or less * Transmit eRx to VistA OP: 5 minutes or less |  |  |
| **108c** |  |  | 36.7.3 As an IT staff member or user, I want the system to allow for usage peak times of Monday through Friday, between 8 am EST and 9 pm EST. |  |  |
| **109** | **NEED** | The Inbound ePrescribing system shall support the different National Council for Prescription Drug Programs (NCPDP) SCRIPT transaction types. | 36.8: As an IT staff or user, I want the system to provide the capability to support the different NCPDP SCRIPT transaction types as well as standard and variable size file transfers to support eRx transfers so that I can manage different types of incoming electronic prescriptions. |  | The system accepts different NCPDP SCRIPT transaction types. |
| **110** | **NEED** | The system shall support new, refilled, and partially-filled prescriptions. | 36.9: As an IT staff or user, I want the system to provide the capability to process an estimated of 4 million new, refilled, and partially-filled prescriptions (including CHAMPVA and VA MbM program) per year from external providers so that I can manage the number of incoming electronic prescriptions*.* |  | The system shall be scaled to process an estimated of 4 million new, refilled, and partially-filled prescriptions. |
| **111** | **NEED** | The system shall provide the capability to process current and future inbound electronic prescription transactions. | 36.10: As an IT staff or user, I want to analyze performance trends, so I can design the system to support future processing demands for transactions. |  | The system shall be designed and built to accommodate demands to process both current and future inbound electronic prescription transactions. |
| **112** | **NONF**  **1608** | The system shall disseminate unscheduled system outages or other events that impact the response time to the user community within 30 minutes of the occurrence. | 36.11: As a business user community, I want to be notified of unscheduled system outages and other events within 30 minutes of the event or outage, so that I can change plans accordingly by delaying, re-routing, or transmitting my ePrescription to another VA or non-VA pharmacy. | 36.11.1: The VA Service Desk representative updates the Automated Notification Report (ANR) for the Inbound ePrescribing system outages. | The ANR is updated to notify the business user community of unplanned system outages or other events within 30 minutes of the event or outage to provide the business community notification if they wish to make alternative plans for their ePrescription, if necessary, or if adversely impacted by the outage or event |
| **113** | **NEED** | The system shall provide the capability to capture the inbound electronic prescription transaction speed. | 36.12: As an IT staff or user, I want the system to capture the inbound electronic prescription transaction speed so that I can evaluate the inbound electronic prescription transaction speed as a performance metric. |  | The transaction speeds of inbound electronic prescriptions are displayed to the IT Performance Dashboard. |
| **114** | **NEED** | The system shall provide the capability to capture the dates and times of the inbound electronic prescription. | 36.13: As an IT staff or user, I want the system to capture the date and time of an inbound electronic prescription so that I can evaluate its duration from the auto-check process to dispensing the medications or medical supplies. |  | The duration of an inbound electronic prescription is documented. |
| **115** | **NEED** | The system shall provide the capability to capture data retrieval times from the holding queues. | 36.14: As an IT staff or user, I want the system to capture data retrieval times from the holding queues so that I can evaluate data retrieval times as a performance metric. |  | Data retrieval times for inbound electronic prescriptions are displayed to the IT Performance Dashboard. |
| **116** | **NEED** | The system shall provide the capability to capture page refresh times. | 36.15: As an IT staff or user, I want the system to capture page refresh times so that I can evaluate page refresh times as a performance metric. |  | Page refresh times for inbound electronic prescriptions are captured and displayed to the IT Performance Dashboard. |
| **117** | **NEED** | The system shall provide the capability to capture page load times. | 36.16: As an IT staff or user, I want the system to capture page load times so that I can evaluate page load times as a performance metric. |  | Page load times for inbound electronic prescriptions are captured and displayed to the IT Performance Dashboard. |
| **118** | **NEED** | The system shall provide the capability to display performance data using different report formats. | 36.17: As an IT staff or user, I want the system to display the performance data using different report formats so that I have different views of the performance data. |  | Performance data are displayed to the IT Performance Dashboard using different report formats. |
| **119** | **NEED** | The system shall provide the VA user with the ability to view performance summary data. | 36.18: As an IT staff or user, I want the system to summarize performance data so that I can evaluate the performance data at different levels (state, local, etc.). |  | The performance data is summarized and displayed to the IT Performance Dashboard.  The details of the performance data are captured and displayed to the IT Performance Dashboard. |
| **120** | **NEED** | The system shall provide the VA user with the ability to view performance data in details by category. | 36.19: As an IT staff or user, I want the system to display performance data in details so that I can conduct a detailed analysis of the performance data. |  | Details of the performance data are captured and displayed to the IT Performance Dashboard. |
| **121** | **NEED** | The system shall provide the VA user with the ability to select tabular and graphical views of the performance data. | 36.20: As an IT staff or user, I want the system to display performance data using different views so that I can select tabular and graphical views when displaying the performance data to the IT Performance Dashboard. |  | The VA user selects tabular and graphical views when displaying the performance data to the IT Performance Dashboard. |
| **122** | **NEED** | The system shall provide the capability to capture message response times. | 36.21: As an IT staff or user, I want the system to capture message response times so that I can evaluate message response times as a performance metric. |  | Message response times for inbound electronic prescriptions are captured and displayed to the IT Performance Dashboard |
| **123** | **NONF**  **2229** | A monitoring process shall be provided to ensure that data is accurate and up-to-date and provides accurate alerts for malfunctions while minimizing false alarms. | 36.22: As an Information Technology (IT) staff or user, I want a monitoring process that provides alerts for malfunctions which minimizing false alarms so that I can evaluate accurate and up-to-date information. |  | The alerts inform the users of system malfunctions. |

## Quality Attributes Specifications

The Inbound ePrescribing solution will rely upon infrastructure components, data models, and services that support an open, modular, extensible Electronic Health Record (HER) platform allowing VA to provide high-quality solutions at increased speed and decreased cost. In addition, the Inbound ePrescribing solution will be flexible and agile, accommodating new technology advances and achieving optimal results more efficiently.

The Inbound ePrescribing solution complies with the quality specifications set forth by the VA Project Management Accountability System (PMAS) Quality specifications. The following types of testing will be performed to assess the quality of the solution:

* Unit testing
* Integration / functional testing
* User Acceptance Testing (UAT)
* Section 508 testing
* Performance testing

The Inbound ePrescribing solution also consists of the following quality specifications:

* The system is composed of tools, applications, and software that conform to VA’s standard server and database operating systems. The VA [Technical Reference Model](http://DNS    .DNS   /) (TRM) provides more information.
* The system is designed to operate in VA’s standard virtualized operating system environment according to the VA [TRM.](http://DNS    .DNS   /)

Relevant nonfunctional requirements from the BRD are traced to and expanded upon below:

Table : EPIC 37: The Inbound ePrescribing solution must provide quality results.

| **ID#** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **124** | **NONF**  **2229** | A data monitoring process must be provided to ensure that data is accurate and up-to-date and provides accurate alerts for malfunctions while minimizing false alarms. | 37.1 As an IT staff or user, I want a monitoring process that provides alerts for malfunctions which minimizing false alarms so that I can evaluate accurate and up-to-date information. |  | The alerts inform the users of system malfunctions. |

## Reliability Specifications

The error handling and contingency plan identifies the activities that are necessary to execute temporary information system processing capabilities, repair damage to the original system, and restore operational capabilities. The Inbound ePrescribing error handling and recovery strategies include the sequence of activities as well as detailed procedures for the technical recovery of operations until the system can be reconstituted.

Relevant nonfunctional requirements from the BRD are traced to and expanded upon below:

Table : EPIC 38: The Inbound ePrescribing reliability specifications shall meet the requirements below.

| **ID#** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| 125 | **NEED** | The system shall be designed to ensure the highest degree of reliability and accuracy of data identification. | 38.1 As an Information Technology (IT) staff or user, I want the system to be designed and constructed to ensure the highest degree of reliability and accuracy data identification based on existing VA defined business rules for processing all inbound ePrescribing data so that I can ensure the veteran’s personal information is protected. |  | Inbound ePrescribing solution adheres to the new and existing VA defined business rules. |
| 126 | **NEED** | The system shall enhance the VistA Outpatient Pharmacy (OP) features. | 38.1 As an IT staff or user, I want the system to be designed and constructed to enhance the existing VistA OP services so that I can utilize VistA OP existing features. |  | Inbound ePrescribing features are consistent with the VistA OP existing features. |
| 127 | **NEED** | The system shall maintain data integrity during planned and unplanned maintenances. | 38.1 As an IT staff or user, I want the system to be designed and constructed to ensure the highest degree of reliability and accuracy during planned and unplanned maintenances so that I can guarantee the accuracy of the system performance data. | 38.1.1 Verify the data for accuracy after planned and unplanned maintenances. | There are no data integrity issues. |
| 128 | **NONF**  **1610** | Notification of scheduled maintenance periods that require the service to be offline or that may degrade system performance shall be disseminated to the business user community a minimum of 48 hours prior to the scheduled event. | 38.1 As the business user community, I want to be notified of the scheduled planned maintenance periods so that I can plan managerial and administrative tasks during the planned schedule maintenance periods. |  | The business user community is notified 48 hours in advance of a planned or unplanned maintenance schedule via email or other forms of communications. |
| 129 | **NONF**  **1780** | Maintenance, including maintenance of externally developed software incorporated into the VistA OP application, shall be scheduled during off peak hours or in conjunction with relevant maintenance schedules. The business owner should provide specific requirements for establishing system maintenance windows when planned service disruptions can occur in support of periodic maintenance. | 38.1 As the business owner, I want to be notified of the maintenance schedules to eliminate service disruptions so that I can monitor the off-peak or planned maintenance schedules. |  | The business owners receive the maintenance schedules in advance. |
| 130 | **NEED** |  | 38.1 As the System Administrator(s), I want the system to provide the capability for detecting system failures so that I can monitor and restore servers. |  | System failures are detected and the System Administrators are notified. |
| 131 | **NEED** |  | 38.1 As an IT staff or user, I want the system to be available 100% of the time, 24 hours/day, 365 days/year for supporting receipt, processing inbound eRxs and prescription transfers so that I can provide timely customer service to the Veterans. |  | Inbound ePrescribing system is available 100% of the time. |
| 132 | **NEED** |  | 38.1 As an IT staff or user, I want the system to remain operational with full capacity at all-time 24 hours a day, 7 days a week so that I can process electronic prescriptions after work hours. |  | Inbound ePrescribing system is available 24 hours and 7 days a week. |
| 133 | **NEED** |  | 38.1 As an IT staff or user, I want the system to be locked down during repair (i.e., out of service) so that I can complete the incoming electronic prescriptions process. |  | Inbound ePrescribing system will be unavailable during repair. |

## Scope Integration

As indicated earlier, the Inbound ePrescribing solution will provide the following services:

* From the initiation of an ePrescription transmitted inbound to a VA Pharmacy
* To the receipt of the ePrescription within the VA Pharmacy
* To the validation and processing of the ePrescription within the VA Pharmacy
* To the dispensing of the eRx to the Veteran patient.

Relevant nonfunctional requirements from the BRD are traced to and expanded upon below:

Table : EPIC 39: The Inbound ePrescribing system will provide a full range of services.

| **ID#** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **134** | **NONF**  **1614** | The IT solution must be designed to comply with the applicable approved Enterprise SLA. | 39.1 As an IT staff or user, I want to design the Inbound ePrescribing (IT) solution to comply with the approved Enterprise SLA so that I can verify all approved Enterprise SLA. | 39.1.1 The enterprise SLA standards shall be used. | The Inbound ePrescribing solution adheres to the approved Enterprise SLA. |

## Security Specifications

The Federal Information Processing Standard 199 (FIPS 199), *Standards for Security Categorization of Federal Information and Information Systems*, defines the security categories, security objectives, and impact levels to which National Institute of Standards and Technology (NIST) Special Publication (SP) 800-60 Volume 1 Revision 1, maps information types. A FIPS 199 analysis was completed for the proposed Inbound ePrescribing system and it has been determined that the security categorization is a ***MODERATE*** in accordance with FIPS 199. The tables below (for management controls, operational controls, technical controls and privacy controls, respectively) include the relevant references, publications, and directives based on this categorization**:**

Table : Security Specifications - Management Controls

| **CONTROL NUMBER** | **MANAGEMENT CONTROL NAME** | **RELATED NIST PUBLICATIONS** | **RELATED FISMA/HIPAA/VA GUIDANCE** |
| --- | --- | --- | --- |
| RA-1 | RA Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-30,  800-37, 800-66, 800-100 | *VA Handbook 6500 Appendix D page 7* |
| RA-2 | Security Categorization | FIPS 199; NIST SPs 800-30, 800-37, 800-40,  800-59, 800-60, 800-66 | *VA Handbook 6500, OMB Circular A-130* |
| RA-3 | RA | NIST SPs 800-12, 800-13, 800-14, 800-19,  800-23, 800-24, 800-25, 800-28, 800-30, 800-32, 800-34, 800-37, 800-40, 800-42, 800-44, 800-45, 800-46, 800-48, 800-53A,  800-54, 800-60, 800-63, 800-65, 800-66, 800-82, 800-94, 800-98 | *VA Handbook 6500 6 a 1 (b) 3. page 26* |
| RA-4 | RA Update | NIST SPs 800-12, 800-13, 800-14, 800-19,  800-23, 800-24, 800-25, 800-28, 800-30, 800-32, 800-34, 800-37, 800-40, 800-42, 800-44, 800-45, 800-46, 800-48, 800-53A,  800-54, 800-60, 800-63, 800-65, 800-66, 800-82, 800-94, 800-98 | *VA Handbook 6500*  *HIPAA 164.308a1i*  *FISMA 1.0*  *FISMA 3.1.7*  *FISMA 12.2.4* |
| RA-5 | Vulnerability Scanning | NIST SPs 800-24, 800-36, 800-37, 800-40,  800-42, 800-44, 800-45, 800-46, 800-51, 800-83, 800-94 | *VA Handbook 6500, Memorandum Enterprise Patch Management December 21, 2007*  *HIPAA 164.308a1i* |
| PL-1 | Security Planning Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-18,  800-42, 800-65, 800-66, 800-100 | *VA Handbook 6500 Appendix D page 17 VA Handbook 6500 2.b(2)(a)1*  *VA Directive 6500*  *HIPAA 164.312c*  *HIPAA 164.308a5iiD FISMA 5.0*  *FISMA 3.2.8*  *FISMA 3.2.10*  *FISMA 12.2.1* |
| PL-2 | SSP | FIPS 199, 200; NIST SPs 800-12, 800-14,  800-18, 800-19, 800-21, 800-25, 800-27, 800-30, 800-32, 800-33, 800-34, 800-37, 800-40, 800-41, 800-44, 800-45, 800-57, 800-58, 800-64, 800-81 | *VA Handbook Appendix D Section 2.b.(3)(c)1 pg D-18 HIPAA 164.312c*  *HIPAA 164.308a5iiD FISMA 5.0*  *FISMA 3.2.8*  *FISMA 3.2.10*  *FISMA 12.2.1* |
| PL-3 | SSP Update | NIST SPs 800-18, 800-37 | *VA Handbook 6500 Appendix D Section 2 b (4)(a) page D-19*  *HIPAA 164.312c*  *HIPAA 164.308a5iiD FISMA 5.0*  *FISMA 3.2.8* |
| PL-4 | Rules of Behavior | NIST SPs 800-45, 800-46, 800-48, 800-89 | *VA Handbook 6500 Appendix D page 19-21 and Appendix G, pgs 1-8.*  *OMB Circular A-130 Appendix III,*  *HIPAA 164.308a3i*  *FISMA 4.1.3*  *FISMA 13.1.1*  WebCIMS [359994](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71798_0_0_18/Annual%20ROB%20training%20(VBA).pdf);  *Annual Signing of the Rules of Behavior* |
| PL-5 | PIA | FIPS 201-1; NIST SPs 800-12, 800-19, 800-44, 800-98 | *VA Handbook 6500*  *VA Handbook 6502.2 (1)*  [Memo](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71808_0_0_18/National%20Deployment%20of%20PIV-I.pdf), Aug 2, 2006,  *National Deployment of the PIV Process* |
| PL-6 | Security-Related Activity Planning | No references available. |  |
| SA-1 | System and Services Acquisition Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-35,  800-36, 800-64, 800-65, 800-66, 800-100 | *VA Handbook 6500 Appendix D, pages 24-25*  *HIPAA 164.306*  *FISMA 12.0* |
| SA-2 | Allocation of Resources | NIST SPs 800-35, 800-64, 800-65 | *VA Handbook 6500*  *FISMA 3.1.2* |
| SA-3 | Life Cycle Support | NIST SPs 800-12, 800-14, 800-21, 800-27,  800-30, 800-34, 800-35, 800-64, 800-97, 800-98 |  |
| SA-4 | Acquisitions | NIST SPs 800-23, 800-36, 800-64, 800-94 |  |
| SA-5 | Information System Documentation | No references available. | *VA Handbook 6500 Appendix D, pages 31-33* |
| SA-6 | Software Usage Restrictions | No references available. | *VA Handbook 6500*  *HIPAA 164.308a5i*  *HIPAA 164.310c* |
| SA-7 | User Installed Software | NIST SP 800-83 |  |
| SA-8 | Security Engineering Principles | NIST SPs 800-27, 800-33 |  |
| SA-9 | External Information System Services | NIST SPs 800-35, 800-66 |  |
| SA-10 | Developer Configuration Management | No references available. |  |
| SA-11 | Developer Security Testing | NIST SPs 800-76, 800-85A, 800-85B |  |
| CA-1 | Certification, Accreditation, and Security Assessment Policies and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-23, 800-37, 800-53A, 800-66, 800-79, 800-100 | *VA Handbook 6500 Appendix D page 40*  *OMB Circular A-130*  *VA Directive 6500*  *HIPAA 164.306 FISMA 12.0*  [Memo](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71932_0_0_18/CA%20of%20VA%20Systems%20and%20Major%20Applications.pdf), May 16, 2005,  *C&A of VA Systems and Major Applications* |
| CA-2 | Security Assessments | NIST SPs 800-17, 800-20, 800-22, 800-23,  800-35, 800-36, 800-37, 800-53A, 800-55, 800-66, 800-76,  800-79 | *VA Handbook 6500 Appendix D Section 2.d.(2)(a) page D-45* |
| CA-3 | Information System Connections | NIST SPs 800-18, 800-47, 800-66 | *OMB Circular A-130 Appendix III*  *VA Directive 6500*  *VA Handbook 6500 Appendix D, page 49*  *HIPAA 162.308a8, HIPAA 64.308a8b1, FISMA 3.2*  *FISMA 3.2.9*  *FISMA 4. 0*  *FISMA 12.2.3*  *FISMA 12.2.5* |
| CA-4 | Security Certification | NIST SPs 800-37, 800-53A, 800-66, 800-76,  800-79, 800-85A, 800-85B |  |
| CA-5 | POAMs | NIST SPs 800-18, 800-30, 800-37, 800-65 | *VA Handbook 6500 Appendix D, page 57*  *VA Handbook 6500 appendix E, VBA HB 4, OFO Letter 20F-04-04*  *HIPAA 162.308a8*  *FISMA 3.2*  *FISMA 4. 0*  *FISMA 12.2.5* |
| CA-6 | Security Accreditation | NIST SPs 800-37, 800-66, 800-79 |  |
| CA-7 | Continuous Monitoring | NIST SPs 800-37, 800-42, 800-53A, 800-79  800-85A, 800-85B | *VA Handbook 6500 Appendix D page D-61*  *HIPAA 162.308a8, FISMA 3.2*  *FISMA 4. 0*  *FISMA 12.2.5* |

Table : Security Specifications - Operational Controls

| **CONTROL NUMBER** | **OPERATIONAL CONTROL NAME** | **RELATED NIST PUBLICATIONS** | **RELATED FISMA/HIPAA/VA GUIDANCE** |
| --- | --- | --- | --- |
| PS-1 | Personnel Security Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-66, 800-100 | *VA Handbook 6500 Appendix D page 61*  *HIPAA 164.308a3*  *FISMA 6.0* |
| PS-2 | Position Categorization | NIST SP 800-12 | *VA Handbook 6500 Appendix E, page 11*  *VA Directive 0710, VA Handbook 0710 Appendix A*  *5 CFR sections 732.102*  *HIPAA 164.308a3*  *FISMA 6.0* |
| PS-3 | Personnel Screening | NIST SP 800-12 | *VHA Handbook 0710.1*  *VA Handbook 6500*  *VA PIV-I Implementation Guide*  *VA 6500 states that all personnel be subject to an appropriate background screening prior to permitting permanent access to VA information and information systems, in accordance with requirements contained in VA Directive and Handbook 0710, Personnel Suitability and Security Program, and VA Directive 0735, Personal identity Verification (PIV) of Federal Employees and Contractors. Reference VA Handbook 6500 Appendix D PS-3*  *HIPAA 164.308a3*  *HIPAA 164.308a3iiB*  *HIPAA 164.314a1*  *FISMA 6.0* |
| PS-4 | Personnel Termination | NIST SPs 800-12, 800-14, 800-66 |  |
| PS-5 | Personnel Transfer | NIST SP 800-12 | *VA Handbook 6500, HIPAA 164.308a3*  *HIPAA 64.308a3ii*  *FISMA 6.0* |
| PS-6 | Access Agreements | No references available. |  |
| PS-7 | Third-Party Personnel Security | No references available. | *VA Handbook 6500*  *HIPAA 164.308a3*  *HIPAA 164.314a1*  *FISMA 6.0* |
| PS-8 | Personnel Sanctions | NIST SP 800-66 |  |
| PE-1 | Physical and Environmental Protection Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-66,  800-100 | *VA Handbook 6500 Appendix D page 72*  *VA Handbook 6500, paragraph 4(b)18(a)(e)*  *VA Directive 0730/1*  *HIPAA 164.306*  *FISMA 12.0* |
| PE-2 | Physical Access Authorizations | No references available. | *VA Directive 6500*  *VA Handbook 6500 6.b(4)(b)11 page 42 and Para PE-2*  *VA Handbook 6500 Appendix D Section 3.b.(2)(a) page D-73 and Appendix E, page 10*  *VA Directive 0730/1 MCM-00/132-1 MCM-00/132-5 00/ISO-1(Date 6/29/06, Exp. 6/2008)*  *HIPAA 164.301a2ii*  *HIPAA 164.310a2iii HIPAA 64.308a7iiB HIPAA 164.310a1*  *HIPAA 164.310a2ii*  *FISMA 7.1*  *FISMA 7.2.1*  *FISMA 8.2*  *FISMA 10.1* |
| PE-3 | Physical AC | NIST SPs 800-12, 800-24, 800-66, 800-73,  800-76, 800-78, 800-82, 800-96, 800-98 | *VA Directive 0730/1 Appendix B*  *VA Handbook 1605.1*  *VA Handbook 6500, Appendix D and page 42, Para 8*  *Exterior door hinges (multiple doors/entry points) – VA Handbook 0730, Appendix B, C. Doors and Door Locks:  Removable hinge pins on door exteriors must be retained with set pins or spot welded, preventing their removal. All doors must be fitted with two lock sets.*  *NFPA 75 Standard for the Protection of Information Technology Equipment; Chapter 5; 5.5 Penetrations of Fire-Resistant-Rated Enclosures.*  *HIPAA 164.301a2ii*  *HIPAA 164.310a2iii HIPAA 164.308a7iiB HIPAA 164.310a1*  *HIPAA 164.310a2ii*  *FISMA 7.1*  *FISMA 7.2.1*  *FISMA 8.2*  *FISMA 10.1* |
| PE-4 | AC for Transmission Medium | NIST SPs 800-12, 800-58 | *VA 6500 Handbook Appendix D – page 75-76*  *VA requires Operating Units to control physical access to information system distribution and transmission lines to prevent accidental damage, eavesdropping, in-transit modification, disruption, or physical tampering.*  *VA Handbook 0730/1, Appendix B*  *HIPAA 164.308a5i164.310c* |
| PE-5 | AC for Display Medium | No references available. | *VA Directive 6500: The password protected screen savers will be configured to activate after fifteen minutes or less of inactivity.*  *HIPAA 164.308a5i164.310c* |
| PE-6 | Monitoring Physical Access | No references available. | *VA Handbook 6500 Information Security Program page 41*  *VA Handbook 6500 Appendix D*  *VA Handbook 0730/1, Appendix B*  *HIPAA 164.310a2ii*  *FISMA 7.1*  *FISMA 7.2.1*  *FISMA 8.2*  *FISMA 10.1* |
| PE-7 | Visitor Control | No references available. | *00/ISO-1*  *VA Handbook 6500, Appendix D PE-7 and Appendix G 3.b(7)(a) page D-77*  *HIPAA 164.310a2ii, FISMA 7.1,*  *FISMA 7.2.1,*  *FISMA 8.2,*  *FISMA 10.1* |
| PE-8 | Access Records | No references available. | *VA Handbook 6500 Appendix D, pages 78-79*  *VA Handbook 6500, Appendix E, pg 11: Low = monthly; Moderate/High = Daily*  *HIPAA 164.310a2ii*  *FISMA 7.1*  *FISMA 7.2.1*  *FISMA 8.2*  *FISMA 10.1* |
| PE-9 | Power Equipment and Power Cabling | No references available. | *VA Handbook 0730/1*  *VA Handbook 6500, Appendix D, PE-9*  *HIPAA 164.308a7iiC, HIPAA 164.310a2i,*  *FISMA 7.1.12 – 7.1.19* |
| PE-10 | Emergency Shutoff | No references available. | *VA Directive 6500*  *VA Handbook 6500, Appendix D PE-10*  *VA Handbook 6500, paragraph 4(b)18(c)*  *HIPAA 164.308a7iiC, HIPAA 164.310a2i*  *FISMA 7.1.12 – 7.1.19* |
| PE-11 | Emergency Power | NIST SP 800-58 | *VA Handbook 6500 Appendix D pages, 80-81*  *VA Directive 6500:  VA requires that Operating Units provide a short-term UPS to facilitate an orderly shutdown of MODERATE- and HIGH-impact information systems in the event of a primary power source loss.* |
| PE-12 | Emergency Lighting | No references available. | *VA Handbook 6500, Appendix D PE-12* |
| PE-13 | Fire Protection | NIST SP 800-12 | *VA Handbook 6500 Appendix D Section 3.b.(13)(a) page D-82 and VA Handbook 6500 Section 6.b(4)(b)18.a page 46*  *HIPAA 164.308a7iiC HIPAA 164.310a2i*  *FISMA 7.1.12 – 7.1.19* |
| PE-14 | Temperature and Humidity Controls | No references available. | *VA Handbook 6500 Appendix D PE-14*  *VA Directive 6500:  The facility where the information systems reside show that the temperature and humidity controlling systems are in place and functioning as intended.*  *HIPAA 164.308a7iiC, HIPAA 164.310a2i,*  *FISMA 7.1.12 – 7.1.19* |
| PE-15 | Water Damage Protection | No references available. | *VA Handbook 6500 page 46 and Appendix D PE-15*  *HIPAA 164.308a7iiC HIPAA 164.310a2i*  *FISMA 7.1.12 – 7.1.19* |
| PE-16 | Delivery and Removal | No references available. | *VA Handbook 6500*  *VA Handbook 7127* |
| PE-17 | Alternate Work Site | No references available. | *VA Handbook 6500, page 20 and VA Handbook 6500 Appendix D, page 84* |
| PE-18 | Location of Information System Components | NIST SP 800-66 | *VA 6500 Handbook Appendix D- page 85*  *VA requires that Operating Units position information system components within the facility to minimize potential damage from physical and environmental hazards and to minimize the opportunity for unauthorized access. VA Handbook 0730, Security and Law Enforcement, Appendix B provides the physical requirements for the location of the information system components within the computer room.*  *Mandatory control enhancement for HIGH-impact systems:*  *The Operating Unit plans the location or site of the facility where the information system resides with regard to physical and environmental hazards and for existing facilities, considers the physical and environmental hazards in its risk mitigation strategy.*  *VA Handbook 0730/1, Appendix B*  *HIPAA 164.308a5i*  *HIPAA 164.310c* |
| PE-19 | Information Leakage | NIST SP 800-98 |  |
| CP-1 | Contingency Planning Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-34, 800-66, 800-84, 800-100 | *VA Handbook 6500 Appendix D page 88*  *HIPAA 164.308a7i*  *HIPAA 164.308a7iiC FISMA 9.0*  *FISMA 12.1.8* |
| CP-2 | Contingency Plan | NIST SPs 800-12, 800-14, 800-34, 800-66 | *VA Handbook 6500 Appendix D page 89*  *HIPAA 164.308a7i*  *HIPAA 164.308a7iiC FISMA 9.0*  *FISMA 12.1.8* |
| CP-3 | Contingency Training | NIST SPs 800-34, 800-50, 800-84 | *VA Handbook 6500 Appendix D, page 90*  *HIPAA 164.308a7i*  *FISMA 9.0*  *FISMA 12.1.8* |
| CP-4 | Contingency Plan Testing | NIST SPs 800-12, 800-34, 800-56, 800-66, 800-84 | *VA Handbook 6500 page 49*  *HIPAA 164.308a7i*  *HIPAA 164.308a7iiD, FISMA 9.0,*  *FISMA 12.1.8* |
| CP-5 | Contingency Plan Update | NIST SPs 800-14, 800-34 | *VA Handbook 6500 Appendix D page 88 and Section 3.c.(7)(a) page D-92*  *HIPAA 164.308a7i*  *HIPAA 164.308a7iiC, FISMA 9.0*  *FISMA 12.1.8* |
| CP-6 | Alternate Storage Site | NIST SP 800-34 | *VA Handbook 6500 Appendix D page 93*  *HIPAA 164.308a7i*  *FISMA 9.0*  *FISMA 12.1.8* |
| CP-7 | Alternate Processing Site | NIST SP 800-34 | *VA Handbook 6500 Appendix D, page 95 and 5(a) and 4(b)*  *HIPAA 164.308a7i*  *FISMA 9.0*  *FISMA 12.1.8* |
| CP-8 | Telecommunications Services | NIST SPs 800-13, 800-34 | *VA Handbook 6500 Appendix D page 96*  *HIPAA 164.308a7i*  *FISMA 9.0*  *FISMA 12.1.8* |
| CP-9 | Information System Backup | NIST SPs 800-21, 800-25, 800-34, 800-41, 800-43, 800-44, 800-45, 800-57, 800-69 | *VA Handbook 6500 Appendix D page 97*  *HIPAA 164.308a7i*  *FISMA 9.0*  *FISMA 12.1.8* |
| CP-10 | Information System Recovery and Reconstitution | NIST SPs 800-21, 800-24, 800-34, 800-43, 800-44, 800-57, 800-81, 800-83, 800-98 | *VA Handbook 6500 Appendix D page 98*  *HIPAA 164.308a7i*  *FISMA 9.0*  *FISMA 12.1.8* |
| CM-1 | Configuration Management Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-37, 800-100 | *VA Handbook 6500 Appendix D, page 101 and 103*  *HIPAA 164.306*  *FISMA 12.0* |
| CM-2 | Baseline Configuration | NIST SPs 800-35, 800-40, 800-82 | *VA Handbook 6500 Appendix D page D-103*  *FISMA 3.1.4*  *FISMA 10.0* |
| CM-3 | Configuration Change Control | No references available. | *VA Handbook 6500* *Appendix D, pages 103-105; pages 50-51*  *FISMA 3.1.4*  *FISMA 10.0*  [Memo](https://DNS  ocis.DNS   /portal/server.pt?open=18&objID=92885&parentname=CommunityPage&parentid=1&mode=2&in_hi_userid=2&cached=true), May, 28 2007,  *Prohibition of installation of Office 2007, Exchange 2007, SharePoint 2007 and Windows Vista in the VA Production Environment*  [Memo](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71832_0_0_18/IM%20Limitations.pdf), May 5, 2005,  *Limitations on the Use of Instant Messaging (IM) Technology* |
| CM-4 | Monitoring Configuration Changes | NIST SP 800-83 | *VA Handbook 6500, FISMA 3.1.4*  *FISMA 10.0* |
| CM-5 | Access Restrictions for Change | No references available. | *VA Handbook 6500 Appendix D, pages106-107*  *HIPAA 164.312c1*  *HIPAA 164.312c2*  *FISMA 3.1.4*  *FISMA 10.0* |
| CM-6 | Configuration Settings | NIST SPs 800-40, 800-43, 800-44, 800-45, 800-46, 800-48, 800-54, 800-68, 800-70, 800-81, 800-82, 800-83 | *VA Handbook 6500 Appendix D, pages 107-109*  *FISMA 3.1.4*  *FISMA 10.0* |
| CM-7 | Least Functionality | NIST SPs 800-81, 800-83 | *VA Handbook 6500 Appendix D page D-109-110*  *FISMA 3.1.4*  *FISMA 10.0* |
| CM-8 | Information System Component Inventory | NIST SPs 800-35, 800-40 | *VA Handbook 6500 Appendix D 4.d.(9)(a) page D-110*  *FISMA 3.1.4*  *FISMA 10.0* |
| MA-1 | System Maintenance Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-34, 800-88, 800-100 | *VA Handbook 6500 Appendix D page 113*  *FISMA 3.1.4*  *FISMA 10.0*  WebCIMS, [357849](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_92828_0_0_18/Media%20Sanitization%20and%20Destruction%20Program.pdf),  *The VA Media Sanitization and Destruction Program* |
| MA-2 | Controlled Maintenance | NIST SP 800-24 | *VA Handbook 6500 Appendix D pages D113, D114, and D-115*  *FISMA 3.1.4*  *FISMA 10.0* |
| MA-3 | Maintenance Tools | No references available. | *VA Handbook 6500*  *FISMA 3.1.4*  *FISMA 10.0* |
| MA-4 | Remote Maintenance | NIST SP 800-77 | *VA Handbook 6500*  *FISMA 3.1.4*  *FISMA 10.0* |
| MA-5 | Maintenance Personnel | No references available. | *VA Handbook 6500, FISMA 3.1.4*  *FISMA 10.0* |
| MA-6 | Timely Maintenance | No references available. | *VA Handbook 6500, FISMA 3.1.4*  *FISMA 10.0* |
| SI-1 | System and Information Integrity Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-66, 800-94, 800-100 | *VA Handbook 6500 Appendix D pages 24 and 120*  *HIPAA 164.306*  *FISMA 12.0* |
| SI-2 | Flaw Remediation | NIST SPs 800-28, 800-40, 800-43, 800-51, 800-83 | *VA Handbook 6500 HIPAA 164.312c1*  *HIPAA 164.312c2*  *FISMA 11.0*  [Memo](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71834_0_0_18/Patch%20Management.pdf), January 7, 2005,  *Enterprise Patch Management* |
| SI-3 | Malicious Code Protection | NIST SPs 800-19, 800-36, 800-42, 800-45, 800-69, 800-83, 800-94 | *VA Handbook 6500, Appendix D*  *HIPAA 164.312c1*  *HIPAA 164.312c2*  *FISMA 11.0* |
| SI-4 | Information System Monitoring Tools and Techniques | NIST SPs 800-36, 800-40, 800-42, 800-44, 800-48, 800-83, 800-92, 800-94 | *VA Handbook 6500 Appendix D Section 3.f.(5)(a) page D-123*  *HIPAA 164.312c1*  *HIPAA 164.312c2*  *FISMA 11.0* |
| SI-5 | Security Alerts and Advisories | NIST SPs 800-40, 800-51, 800-61 | *VA Handbook 6500 Appendix D 3.f.(5)(d)9.(6)(a)*  *HIPAA 164.312c1*  *HIPAA 164.312c2*  *FISMA 11.0* |
| SI-6 | Security Functionality Verification | NIST SP 800-85A, 800-85B | *VA Handbook 6500* |
| SI-7 | Software and Information Integrity | NIST SPs 800-19, 800-44, 800-57, 800-66, 800-94 | *VA Handbook 6500* |
| SI-8 | Spam Protection | NIST SP 800-45 | *VA Handbook 6500* |
| SI-9 | Information Input Restrictions | No references available. | *VA Handbook 6500*  *HIPAA 164.312c1*  *HIPAA 164.312c2*  *FISMA 11.0* |
| SI-10 | Information Accuracy, Completeness, Validity, and Authenticity | NIST SPs 800-44, 800-57 | *VA Handbook 6500* |
| SI-11 | Error Handling | No references available. | *VA Handbook 6500* |
| SI-12 | Information Output Handling and Retention | No references available. | *VA Handbook 6500 HIPAA 164.310a2ii*  *FISMA 7.1*  *FISMA 7.2.1*  *FISMA 8.2*  *FISMA 10.1* |
| MP-1 | MP Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-66,  800-72, 800-88, 800-100 | *VA Handbook 6500 Appendix D pages132 and 134*  *HIPAA 164.306*  *FISMA 12.0*  WebCIMS, [357849](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_92828_0_0_18/Media%20Sanitization%20and%20Destruction%20Program.pdf);  *The VA Media Sanitization and Destruction Program* |
| MP-2 | Media Access | NIST SP 800-72 | *VA Handbook 6500, HIPAA 164.308a5i164.310c HIPAA 164.310a2ii*  *FISMA 7.1*  *FISMA 7.2.1*  *FISMA 8.2*  *FISMA 10.1* |
| MP-3 | Media Labeling | No references available. | *VA Handbook 6500 Appendix E*  *HIPAA 164.308a5i164.310c* |
| MP-4 | Media Storage | NIST SPs 800-66, 800-88, 800-92 | *VA Directive 6502, VA Handbook 6502.2, VHA Handbook 1605.1*  *VA Handbook 6300.8 Paragraph 5 and 6*  *NFPA-75 Standard for the Protection of Information Technology Equipment, Chapter 6, 6.3 General Storage…materials in the information technology equipment room shall be kept in totally enclosed metal file cases or cabinets….. HIPAA 164.308a7i*  WebCIMS, [357849](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_92828_0_0_18/Media%20Sanitization%20and%20Destruction%20Program.pdf);  *The VA Media Sanitization and Destruction Program* |
| MP-5 | Media Transport | NIST SPs 800-57, 800-72, 800-92 | *HIPAA, Privacy Act, VA Directive 6502, VHA Handbook 1605.1*  *HIPAA 164.308a5i164.310c* |
| MP-6 | Media Sanitization and Disposal | NIST SPs 800-24, 800-36, 800-66, 800-88,  800-98 | *VA Media Sanitization and Destruction Program memorandum dated June 30, 2006 signed by the VA CIO Robert T. Howard.*  *National Archives and Records Administration (NARA) 36 CPR 1228.58, VA Handbook 6300.1*  *VA Handbook 6500*  *HIPAA 164.310d1*  *HIPAA 164.310d2i*  *FISMA 8.2.0, 3.2.11 – 3.2.13*  WebCIMS, [357849](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_92828_0_0_18/Media%20Sanitization%20and%20Destruction%20Program.pdf);  *The VA Media Sanitization and Destruction Program* |
| IR-1 | Incident Response Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-61,  800-66, 800-86, 800-83, 800-84, 800-100 | *VA Handbook 6500 Appendix D page 140*  *HIPAA 164.308a6ii*  *FISMA 14.0* |
| IR-2 | Incident Response Training | NIST SPs 800-50, 800-61, 800-84 | *VA Handbook 6500 Appendix D, page 142*  *VA Directive 6502*  *HPM 589A4-349*  *HIPAA 164.308a6ii*  *FISMA 14.0* |
| IR-3 | Incident Response Testing | NIST SP 800-61, 800-84 | *VA Handbook 6500 Appendix D, page 142*  *HIPAA 164.308a6ii*  *FISMA 14.0* |
| IR-4 | Incident Handling | NIST SPs 800-36, 800-61, 800-83, 800-86,  800-92, 800-94, 800-101 | *VA Handbook 6500 Appendix D page 143*  WebCIMS, [379210](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_97023_0_0_18/Mandatory%20Use%20of%20the%20FERET%20Memo.pdf),  Mandatory Use of the Formal Event Review and Evaluation Tool |
| IR-5 | Incident Monitoring | NIST SP 800-61 | *VA Handbook 6500*  *HIPAA 164.308a6ii*  *FISMA 14.0* |
| IR-6 | Incident Reporting | NIST SP 800-61 | *VA Handbook 6500*  *HIPAA 164.308a6ii*  *FISMA 14.0* |
| IR-7 | Incident Response Assistance | NIST SP 800-61 |  |
| AT-1 | Security Awareness and Training Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-50,  800-66, 800-100 | *VA Directive 6502*  *VA Handbook 6500 Appendix D page 149*  *HIPAA 164.306*  *FISMA 12.0* |
| AT-2 | Security Awareness | NIST SPs 800-50, 800-66 | *VA Handbook 6500*  *VHA Handbook 1605.1*  *VHA Handbook 1605.2*  *Computer Security Act of 1987 HIPAA 164.308a5 FISMA 13.0* |
| AT-3 | Security Training | NIST SPs 800-16, 800-40, 800-50, 800-66 | *VA Directive 6500*  *Reference VA Memo 363222*  *Computer Security Act of 1987*  *HIPAA 164.308a5*  *FISMA 13.0*  WebCIMS [363222](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71822_0_0_18/Role%20Based%20Training.pdf),  *Role Based Training Requirement* |
| AT-4 | Security Training Records | NIST SPs 800-50 | *VA Handbook 6500 Computer Security Act of 1987*  *HIPAA 164.308a5*  *FISMA 13.0* |
| AT-5 | Contacts with Security Groups and Associations | NIST SPs 800-40 |  |

Table : Security Specifications - Technical Controls

| **CONTROL NUMBER** | **TECHNICAL CONTROL NAME** | **RELATED NIST PUBLICATIONS** | **RELATED FISMA/HIPAA/VA GUIDANCE** |
| --- | --- | --- | --- |
| IA-1 | IA Policy and Procedures | FIPS 190, FIPS 200, FIPS 201-1; NIST SPs  800-12, 800-14, 800-25, 800-36, 800-44, 800-45, 800-46, 800-63, 800-73, 800-76, 800-87, 800-100 | *VA Handbook 6500 Appendix D page 158*  *VA Directive 6500*  *VA Handbook 6210*  *HIPAA 164.306*  *FISMA 12.0*  [*Memo*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71808_0_0_18/National%20Deployment%20of%20PIV-I.pdf)*, August 2, 2006,*  *National Deployment of the PIV Process* |
| IA-2 | User IA | FIPS 201-1; NIST SPs 800-12, 800-24, 800-44, 800-46, 800-68, 800-69, 800-73, 800-76, 800-78, 800-87, 800-96, 800-97 | *VA Directive 6500:  VA requires that Operating Units ensure that information systems uniquely identify and authenticate users*  *VA Handbook 6500 page 60*  *HIPAA 164.312a2i*  *HIPAA 164.312a5iiD* [*Memo*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71808_0_0_18/National%20Deployment%20of%20PIV-I.pdf)*, August 2, 2006,*  *National Deployment of the PIV Process* |
| IA-3 | Device IA | NIST SPs 800-48, 800-52, 800-72, 800-73, 800-77, 800-81, 800-96, 800-97 | *VA Handbook 6500 Appendix D page, 160* |
| IA-4 | Identifier Management | FIPS 201-1; NIST SPs 800-66, 800-72, 800-73, 800-78, 800-87, 800-96 | *VA Handbook 6500*  [*Memo*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71808_0_0_18/National%20Deployment%20of%20PIV-I.pdf)*, August 2, 2006,*  *National Deployment of the PIV Process* |
| IA-5 | Authenticator Management | FIPS 190, 201-1; NIST SPs 800-25, 800-32, 800-63, 800-66, 800-68, 800-73, 800-76, 800-77, 800-78, 800-87,  800-96 | *VA Handbook 6500, Appendix D Section 4.a.(1)(a) and (b) page D-156*  *CIO* [*Memo*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71613_0_0_18/Standard%20Blackberry%20Password.pdf)*, August 28, 2006,*  *Blackberry Standardized Password Implementation*  [*Memo*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_82331_0_0_18/Access%20Controls%20for%20IS.pdf)*, January 21, 2000*  *Implementation of Strengthened Access Controls for Information Security*  [*Memo*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71808_0_0_18/National%20Deployment%20of%20PIV-I.pdf)*, August 2, 2006,*  *National Deployment of the PIV Process* |
| IA-6 | Authenticator Feedback | NIST SP 800-72 | *VA Handbook 6500*  *HIPAA 164.312a1*  *HIPAA 164.312a2*  *HIPAA 164.312d*  *FISMA 15.1.1*  *FISMA 15.2.2* |
| IA-7 | Cryptographic Module Authentication | FIPS 140-2; NIST SPs 800-73, 800-78, 800-87 |  |
| AC-1 | AC Policy and Procedures | FIPS 200, 201-1; NIST SPs 800-12, 800-14, 800-19, 800-36, 800-41, 800-44, 800-45, 800-46, 800-66,  800-100 | *VHA/VA Handbook 6210*  *VA Directive 6500*  *VA Directive 6212*  *VA Handbook 6500 Appendix D page 167*  *HIPAA 164.306*  *FISMA 12.0*  [*Memo*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71808_0_0_18/National%20Deployment%20of%20PIV-I.pdf)*, August 2, 2006,*  *National Deployment of the PIV Process* |
| AC-2 | Account Management | NIST SPs 800-12, 800-43, 800-66 | *VA Handbook 6500Appendix D, pages 168-169 and Appendix E page E-1*  *HIPAA 164.308a4iiB, HIPAA 164.308a4iiC HIPAA 164.312b*  *HIPAA 164.312e*  *FISMA 6.2.4*  *FISMA 8.2*  *FISMA 15.1*  *FISMA 16.1*  *FISMA 17.1.1* |
| AC-3 | Access Enforcement | FIPS 201-1; NIST SPs 800-12, 800-19, 800-66, 800-68, 800-73, 800-76, 800-78, 800-87, 800-95, 800-96, 800-98 | *VA Handbook 6500 Appendix D, page 171*  *HIPAA 164.308a4iiB HIPAA 164.308a4iiC HIPAA 164.312e*  *FISMA 6.2.4*  *FISMA 8.2*  *FISMA 15.1*  *FISMA 16.1*  *WebCIMS* [*363077*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_93175_0_0_18/Implementation%20of%20VA%20Device%20Encryption.pdf)*;*  *Implementation of VA Device Encryption*  [*Memo*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71808_0_0_18/National%20Deployment%20of%20PIV-I.pdf)*, Aug 2, 2006,*  *National Deployment of the PIV Process* |
| AC-4 | Information Flow Enforcement | NIST SPs 800-41, 800-77, 800-82 | *38 USC 7332, HIPAA, Privacy Act VA Directive 6502*  *VHA Handbook 1605.1-3*  *VA Handbook 6500 Appendix D, page 171*  *HIPAA 164.308a4iiB HIPAA 164.308a4iiC*  *HIPAA 164.312e FISMA 6.2.4*  *FISMA 8.2*  *FISMA 15.1*  *FISMA 16.1* |
| AC-5 | Separation of Duties | NIST SP 800-66, 800-98 | *VA Handbook 6500, page 40*  *VHA Handbook 6210*  *VA Directive 6500 MCM-00/ISO-1*  *HIPAA 164.308a3ii HIPAA 164.308a3iiA HIPAA 164.308a4ii HIPAA 164.308a4iiB HIPAA 164.308a4iiC HIPAA 164.312e,*  *FISMA 6.1.1*  *FISMA 6.2.4*  *FISMA 8.2*  *FISMA 15.1*  *FISMA 16.1* |
| AC-6 | Least Privilege | NIST SPs 800-12, 800-19, 800-28 800-66, 800-68, 800-69, 800-81, 800-83 | *VA Handbook 6500 pages 173-174* |
| AC-7 | Unsuccessful Login Attempts | NIST SP 800-68 | *A Handbook 6500 Appendix D, page 175*  *HIPAA 164.312a1*  *HIPAA 164.312a2*  *HIPAA 164.312d*  *FISMA 15.1.1*  *FISMA 15.2.2* |
| AC-8 | System Use Notification | No references available. | *VA Handbook 6500 Appendix D pages 176-178*  *Public Law 99-474*  *HIPAA 164.310b* |
| AC-9 | Previous Logon Notification | No references available. |  |
| AC-10 | Concurrent Session Control | No references available. | *VA Handbook 6500 Appendix D pages 178-179*  *HIPAA 164.312a1*  *HIPAA 164.312a2*  *HIPAA 164.312d*  *FISMA 15.1.1*  *FISMA 15.2.2* |
| AC-11 | Session Lock | No references available. | *VA Handbook 6500, HIPAA 164.312a1*  *HIPAA 164.312a2*  *HIPAA 164.312d*  *FISMA 15.1.1*  *FISMA 15.2.2* |
| AC-12 | Session Termination | No references available. | *VA Handbook 6500 Appendix D page D-180*  *HIPAA 164.312a1*  *HIPAA 164.312a2*  *HIPAA 164.312d*  *FISMA 15.1.1*  *FISMA 15.2.2* |
| AC-13 | Supervision and Review—AC | NIST SP 800-12 | *VA Handbook 6500 HIPAA 164.312b*  *FISMA 17.1.1*  *WebCIMS* [*373942*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_95374_0_0_18/Status%20and%20Plans%20for%20OI&T%20Administrative%20Rights.pdf)*,*  *Status and Plans for OIT Administrative Rights*  *WebCIMS* [*356745*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71609_0_0_18/OIG%20Access%20memo%203-29-2006.pdf)*, OIG Access* |
| AC-14 | Permitted Actions without Identification or Authentication | No references available. | *VA 6500 Handbook* |
| AC-15 | Automated Marking | No references available. | *VA 6500 Handbook* |
| AC-16 | Automated Labeling | FIPS 188; NIST SPs 800-12, 800-57 |  |
| AC-17 | Remote Access | FIPS 201-1; NIST SPs 800-24, 800-44, 800-45, 800-46, 800-58, 800-68, 800-73, 800-76. 800-77, 800-78, 800-87, 800-96 | *VA Wireless and Handheld Device Security Guideline, Version 3.2 – August 15, 2005*  *VA Handbook 6500 Appendix D, pages 183-186*  *HIPAA 164.308a4iiB HIPAA 164.308a4iiC HIPAA 164.312e FISMA 6.2.4*  *FISMA 8.2*  *FISMA 15.1*  *FISMA 16.1*  [*Memo*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71808_0_0_18/National%20Deployment%20of%20PIV-I.pdf)*, Aug 2, 2006,*  *National Deployment of the PIV Process* |
| AC-18 | Wireless Access Restrictions | NIST SPs 800-46, 800-48, 800-58, 800-97 | *VA Handbook 6500 Appendix D paged D-187*  *HIPAA 164.308a4iiB*  *HIPAA 164.308a4iiC HIPAA 164.312e FISMA 6.2.4*  *FISMA 8.2*  *FISMA 15.1*  *FISMA 16.1* |
| AC-19 | AC for Portable and Mobile Systems | No references available. | *VA Handbook 6500 Appendix D, pages 188 and 18; 16; pages 65-66*  *FISMA 7.3* |
| AC-20 | Use of External Information Systems | NIST SPs 800-46, 800-77 | *VA 6500 Handbook* |
| AU-1 | Audit and Accountability Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-44, 800-57, 800-66, 800-72, 800-92, 800-100 | *VA Directive 6500*  *VA Handbook 6500 Appendix D page 193*  *HIPAA 164.306, FISMA 12.0* |
| AU-2 | Auditable Events | NIST SPs 800-12, 800-44, 800-45, 800-66, 800-68, 800-72, 800-83, 800-92, 800-94 | *VA Directive 6500*  *VA Handbook 6500 Appendix D page 193*  *HIPAA 164.312b*  *FISMA 17.1.1* |
| AU-3 | Content of Audit Records | NIST SPs 800-12, 800-19, 800-92, 800-94 | *VA Handbook 6500*  *HIPAA 164.312b*  *FISMA 17.1.1* |
| AU-4 | Audit Storage Capacity | NIST SPs 800-68, 800-92 | *VA Handbook 6500, HIPAA 164.312b*  *FISMA 17.1.1* |
| AU-5 | Response to Audit Processing Failures | NIST SPs 800-83, 800-92 | *VA Handbook 6500 Appendix E, pages 5-6*  *VA Directive 6500*  *HIPAA 164.312b*  *FISMA 17.1.1* |
| AU-6 | Audit Monitoring, Analysis, and Reporting | NIST SPs 800-12, 800-42, 800-44, 800-45, 800-83, 800-92, 800-94 | *VA Directive 6500*  *VA Handbook 6500*  *HIPAA 164.312b*  *FISMA 17.1.1* |
| AU-7 | Audit Reduction and Report Generation | NIST SPs 800-12, 800-44, 800-92 | *VA Handbook 6500, HIPAA 164.312b*  *FISMA 17.1.1* |
| AU-8 | Time Stamps | NIST SPs 800-92, 800-94 | *VA Handbook 6500* |
| AU-9 | Protection of Audit Information | NIST SPs 800-12, 800-19, 800-45, 800-72, 800-92, 800-94 | *VA Handbook 6500, HIPAA 164.312b, FISMA 17.1.1* |
| AU-10 | Non-repudiation | FIPS 198; NIST SPs 800-49, 800-52, 800-89,  800-95 | *VA Handbook 6500*  *HIPAA 164.312b*  *FISMA 17.1.1* |
| AU-11 | Audit Record Retention | NIST SP 800-92 |  |
| SC-1 | System and Communications Protection Policy and Procedures | FIPS 200; NIST SPs 800-12, 800-14, 800-28,  800-100 | *VA Handbook 6500 Appendix D page 205*  *HIPAA 164.306*  *FISMA 12.0* |
| SC-2 | Application Partitioning | NIST SP 800-19 | *VA Handbook 6500* |
| SC-3 | Security Function Isolation | NIST SP 800-81 | *VA Handbook 6500* |
| SC-4 | Information Remanence | No references available. | *VA Handbook 6500* |
| SC-5 | DoS Protection | NIST SPs 800-44, 800-54, 800-68, 800-81, 800-94, 800-95 |  |
| SC-6 | Resource Priority | No references available. |  |
| SC-7 | Boundary Protection | NIST SPs 800-28, 800-36, 800-41, 800-44, 800-46, 800-54, 800-58, 800-70, 800-77, 800-82, 800-83 | *VA Handbook 6500*  *VA Memorandum: “Limitations on Installation of Modems in Desktop Computers” dated Nov 14, 2004, Local Policies and Procedures (LAN Security Plan)* |
| SC-8 | Transmission Integrity | FIPS 198; NIST SPs 800-44, 800-45, 800-49, 800-52, 800-57, 800-54, 800-58, 800-66, 800-77, 800-81, 800-95, 800-97 | *VA Handbook 6500* |
| SC-9 | Transmission Confidentiality | NIST SPs 800-44, 800-45, 800-49, 800-52, 800-54, 800-57, 800-58, 800-66, 800-77, 800-95, 800-97 | *VA Handbook 6500* |
| SC-10 | Network Disconnect | NIST SP 800-46 | *VA Handbook 6500 Appendix D pages D- 213, and D-214* |
| SC-11 | Trusted Path | No references available. | *VA Handbook 6500* |
| SC-12 | Cryptographic Key Establishment and Management | FIPS 140-2; NIST SPs 800-12, 800-21, 800-52, 800-56, 800-57, 800-58, 800-73, 800-77, 800-97 |  |
| SC-13 | Use of Cryptography | FIPS 140-2, 180-2, 186-2, 190, 197 198, 201-1; NIST Special  Publications 800-12, 800-17, 800-20, 800-21, 800-22, 800-29,  800-38A, 800-38B, 800-38C, 800-38D, 800-67, 800-78, 800-90 | *VA Handbook 6500*  *WebCIMS* [*363077*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_93175_0_0_18/Implementation%20of%20VA%20Device%20Encryption.pdf)*;*  *Implementation of VA Device Encryption*  [*Memo*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71808_0_0_18/National%20Deployment%20of%20PIV-I.pdf)*, Aug 2, 2006,*  *National Deployment of the PIV Process* |
| SC-14 | Public Access Protections | NIST SP 800-12 | *VA Handbook 6500* |
| SC-15 | Collaborative Computing | No references available. | *VA Handbook 6500* |
| SC-16 | Transmission of Security Parameters | No references available. |  |
| SC-17 | Public Key Infrastructure Certificates | FIPS 201; NIST SPs 800-15, 800-25, 800-32, 800-36, 800-56, 800-57, 800-89 | [*Memo*](https://DNS  ocis.DNS   /portal/server.pt/gateway/PTARGS_0_2_71808_0_0_18/National%20Deployment%20of%20PIV-I.pdf)*, August 2, 2006,*  *National Deployment of the PIV Process* |
| SC-18 | Mobile Code | NIST SP 800-28 |  |
| SC-19 | VoIP | NIST SP 800-58 | *VA Handbook 6500*  *HIPAA 164.308a4iiB HIPAA 164.308a4iiC*  *HIPAA 164.312e, FISMA 6.2.4*  *FISMA 8.2*  *FISMA 15.1*  *FISMA 16.1* |
| SC-20 | Secure Name/Address Resolution Service (Authoritative Source) | NIST SPs 800-32, 800-81 | *VA Handbook 6500* |
| SC-21 | Secure Name/Address Resolution Service (Recursive or Caching Resolver) | NIST SP 800-81 |  |
| SC-22 | Architecture and Provisioning for Name/Address Resolution Service | NIST SP 800-81 | *VA Handbook 6500* |
| SC-23 | Session Authenticity | NIST SPs 800-52, 800-54, 800-77, 800-95 |  |

Table : Security Specifications - Privacy Controls

| **CONTROL NUMBER** | **PRIVACY CONTROL NAME** | **RELATED NIST PUBLICATIONS** | **RELATED FISMA/HIPAA/VA GUIDANCE** |
| --- | --- | --- | --- |
| Privacy-1 | Policies and Procedures |  | *VA Handbook 6500*  *VHA Directive 1605*  *VHA Handbook 1605.1* |
| Privacy-2 | Assigned Roles, Responsibilities, and Accountability |  | *VA Directive 6502*  *VHA Handbook 1605.1, 35a2*  *WebCIMS 377540*  *Establishing Full-Time Privacy Officers* |
| Privacy-3 | Monitoring and Measuring |  | *VHA Handbook 1605.1* |
| Privacy-4 | Education: Awareness and Role-based Training Programs |  | *VA Directive 6502*  *VHA Handbook 1605.1*  *WebCIMS 393281*  *Official FY08 Privacy Awareness Training Announcement*  *OMB A-130 App I, 3a6* |
| Privacy-5 | Notice |  | *VA Handbook 1605.1, Chapter 6* |
| Privacy-6 | Consent |  | *VA Handbook 1650.1* |
| Privacy-7 | Minimum Use |  | *VHA Handbook 1605.2* |
| Privacy-8 | Accuracy of Data |  | *VA Handbook 6300.1*  *VA Handbook 6300.3*  *VA Handbook 6300.4*  *VHA Handbook 1605.1*  *VHA Directive 1605* |
| Privacy-9 | Individual Rights |  | *VA Directive 6502*  *VA Handbook 6500*  *VHA Handbook 1605.1* |
| Privacy-10 | Authorization |  | *VA Handbook 1605.1* |
| Privacy-11 | Chain of Trust |  | *VHA Handbook 1600.1* |

Specific elements of the BRD which this section traces to are included below:

Table : EPIC 38: This system adheres to all VHA security, privacy, and identity management requirements.

| **ID#** | **NEED/**  **OWNR #** | **BRD Theme** | **User Stories (Narratives)** | **User Tasks** | **Business Acceptance Criteria**  **(Requirements)** |
| --- | --- | --- | --- | --- | --- |
| **135** | **NONF**  **1617** | ePrescribing solution must adhere to all VHA Security, Privacy, and Identity Management requirements | 38.1: As an IT staff or user, I want to ensure the proposed solution meets all VHA Security, Privacy, and Identity Management requirements including VA Handbook 6500 so that I can approve all Security, Privacy, and Identify Management requirements. | 38.1.1: Verify the VHA Security, Privacy, and Identity Management requirements. | The security, privacy, and identify management requirements are verified during user acceptance testing. |

## System Features

Exact system features will be documented further at a later date and incorporated into the Inbound ePrescribing SDD.

## Usability Specifications

Usability is a *non*-functional requirement, because in its essence, does *not* specify parts of the system functionality; but rather how that functionality is to be perceived by the user. For instance, how easily the system is learned and how efficiently it carries out user tasks.

The table below lists the usability requirements for the Inbound ePrescribing GUI:

Table : Usability Specifications

| **REQUIREMENT IDENTIFIER** | **DESCRIPTION** |
| --- | --- |
| **US3.10.1** | All content in table cell shall be aligned to the left. |
| **US3.10.2** | Use mixed cases throughout the application. |
| **US3.10.3** | Use common web button label names to emphasize the required action to be taken. |
| **US3.10.4** | Page/section titles shall be aligned to the left for anchoring titles in consistent locations. |
| **US3.10.5** | Field label names shall be aligned to the left. |
| **US3.10.6** | Group all field names. |
| **US3.10.7** | Avoid using acronyms or abbreviations throughout the application. |
| **US3.10.8** | Provide a “Help” option to explain acronyms, abbreviation, or unfamiliar words or phrases. |
| **US3.10.9** | Use colors such as red and green only for status driven content. |
| **US3.10.10** | Use standard web colors to emphasize the required actions. |
| **US3.10.11** | Provide visual separation between the navigation space and the main content area. |
| **US3.10.12** | Add field level validation and notification of missing information on the same page without launching a new window or navigating to another page. |
| **US3.10.13** | Make all text hyperlinks appear consistent in style. |
| **US3.10.14** | Make drop-down selection box widths appropriate for content and visual appeal. |
| **US3.10.15** | Use standard and always visible radio buttons for “Yes/No” options instead of requiring the user to click in a drop down box and then click to select the “Yes” or “No” option. |
| **US3.10.16** | Use standard date and time selection widgets. |
| **US3.10.17** | When the date and time are selected from a standard widget, provide direct data entry to support keyboard navigation. |
| **US3.10.18** | Validate the date and time entries immediately. |
| **US3.10.19** | Provide standard sort behavior and visual indications on columns in all tables. |
| **US3.10.20** | Define and adhere to a standard model for use and design of controls, buttons, hyperlinks, and navigation elements. |
| **US3.10.21** | Ensure the text is readable for all users. |
| **US3.10.22** | Place common navigation elements in consistent locations. |
| **US3.10.23** | Place critical information “above the fold” (i.e., in the top portion of the screen that is immediately viewable). |
| **US3.10.24** | Use consistent screen flow models, elements, and terms to support similar workflows. |
| **US3.10.25** | Use consistently named buttons when actions are the same (e.g., Add vs. Save vs. Submit). |
| **US3.10.26** | Search shall provide advanced and up-to-date features. |
| **US3.10.27** | Search features consist of auto-completion and real-time matched search results during typing Search history. |
| **US3.10.28** | System shall provide for advanced filtering capabilities, to include: Filtering of data tables, lists, and grids and filtering of search results. |
| **US3.10.29** | The system shall adhere to an industry recognized User Interface (UI) Best Practices Guidelines or Style Guide. |
| **US3.10.30** | The system shall adhere to the VA’s Best Practice Guidelines or Style Guide. |
| **US3.10.31** | The system shall be intuitive and easy to learn with minimal training. |
| **US3.10.32** | The system shall allow users to successfully complete tasks. |
| **US3.10.33** | The system shall allow users to complete their work in a manner consistent with clinical practice and workflow |

# Applicable Standards

The Inbound ePrescribing team will use Program Management Accountability System (PMAS) and ProPath guidelines and processes to monitor progress and use Technical Reference Model (TRM) approved tools and standards throughout the project. All servers follow National Institute of Standards and Technology (NIST) and Federal Desktop Core Configuration (FDCC) guidelines regarding build-outs and security settings. Servers use standard protocols and ports for communication and network settings.

VA Directive 6102 must be applicable for the Enterprise Knowledge Management Solution and serve the purpose of guaranteeing all VA Internet and Intranet standards for systems operations are considered. The Inbound ePrescribing solution must comply with all standards set forth in Section 508 of the Rehabilitation Act (29 U.S.C. § 794d). The NIST SP 800-44 Checklist is further referenced to ensure specifications are listed in compliance for securing public Web servers.

Additional applicable documents include the following:

* [Program Management Accountability System (PMAS)](http://DNS  DNS       .DNS   /pmas_bus_ofc/default.aspx) and [ProPath](http://DNS  oed.oit.DNS   /process/propath/) guidelines and processes—To monitor project progress.
* VA Standards & Conventions Committee (SACC) Codes Standards and Conventions: [http://DNS DNS .DNS /communities/app\_dev/sac/default.aspx](http://DNS  DNS       .DNS   /communities/app_dev/sac/default.aspx)
* VA Directive 6102—For the Enterprise Knowledge Management Solution and to serve the purpose of guaranteeing all VA Internet and Intranet standards for systems operations are considered.
* Enterprise Shared Services/Service Oriented Architecture (ESS/SOA): [ESS SOA Architecture - ESS Design Guidelines](http://DNS  ea.oit.DNS   /EAOIT/OneVA/ESS/ESS_Design_Guidelines.asp)
* National Institute of Standards and Technology (NIST) and Federal Desktop Core Configuration (FDCC) Guidelines—For servers regarding build-outs and security settings. Servers use standard protocols and ports for communication and network settings:
* NIST SP 800-44 Checklist to ensure specifications are listed in compliance for securing public Web servers; *Guidelines on Securing Public Web Servers* document: <http://csrc.nist.gov/publications/nistpubs/800-44-ver2/SP800-44v2.pdf>.
* *NIST Electronic Authentication Guideline* document: <http://csrc.nist.gov/publications/nistpubs/800-63-1/SP-800-63-1.pdf>.
* [Federal Identity, Credential, and Access Management (FICAM) Roadmap and Implementation Guidance Roadmap and Implementation Guidance](https://DNS  portal2.DNS   /sites/infosecurity/ca/Federal%20and%20IAM%20Guidelines/FICAM_Roadmap_Implementation_Guidance.pdf) document.
* Electronic and Information Technology Accessibility Standards (36 CFR 1194).
* Federal Information Security Management Act (FISMA) of 2002.
* VAAR 852.273-75 Security Requirements for Unclassified Information Technology Resources (interim Oct 2008).
* FIPS Pub 201, Personal Identity Verification for Federal Employees and Contractors, February 25, 2005.
* 2013 DoD/VA Target Health Standards Profile  
  <http://www.gao.gov/assets/320/315525.html>
* American Recovery and Reinvestment Act of 2009  
  <http://www.gpo.gov/fdsys/pkg/BILLS-111hr1enr/pdf/BILLS-111hr1enr.pdf>
* [Centers for Medicare and Medicaid Services  
  http://www.cms.gov/Medicare/E-Health/Eprescribing/index.html](http://www.cms.gov/Medicare/E-Health/Eprescribing/index.html)
* Department of Veterans Affairs FY2014-2020 Strategic Plan  
  [http://www.DNS /op3/docs/StrategicPlanning/VA2014-2020strategicPlan.PDF](http://www.DNS   /op3/docs/StrategicPlanning/VA2014-2020strategicPlan.PDF)
* National Center for Health Statistics (NCHS) Data Brief No. 143, January 2014  
  <http://www.cdc.gov/nchs/data/databriefs/db143.htm>
* NCPDP Prescription Transfer Standard 3.2  
  <http://www.ncpdp.org/Standards/Standards-Info>
* NCPDP SCRIPT Standard 10.6  
  [http://DNS infoshare.DNS /sites/vapharmacyinformatics/DEA\_EPCS/Shared%20Documents/SCRIPT%2010.6/Script\_imp\_guide\_v10.6.pdf](http://DNS  infoshare.DNS   /sites/vapharmacyinformatics/DEA_EPCS/Shared%20Documents/SCRIPT%2010.6/Script_imp_guide_v10.6.pdf)
* NSR #20130905 VistA Evolution  
  [http://vista.med.DNS /nsrd/ViewITRequestNSR.asp?RequestID=20130905](http://vista.med.DNS   /nsrd/ViewITRequestNSR.asp?RequestID=20130905)
* One-VA Enterprise Architecture Enterprise Technical Architecture  
  [http://DNS ea.oit.DNS /wp-content/uploads/2014/04/OneVA\_EA-\_ETA\_Compliance\_v3\_03312014.pdf](http://DNS  ea.oit.DNS   /wp-content/uploads/2014/04/OneVA_EA-_ETA_Compliance_v3_03312014.pdf)
* One-VA Technical Reference Model  
  http://DNS .DNS /
* VA Handbook 6500 – Information Security Program  
  [http://vaww1.DNS /vapubs/viewPublication.asp?Pub\_ID=638&FType=2](http://vaww1.DNS   /vapubs/viewPublication.asp?Pub_ID=638&FType=2)
* VA Medications by Mail Brochure  
  [http://www.DNS /hac/forbeneficiaries/meds/brochure/MbMBrochure.pdf](http://www.DNS   /hac/forbeneficiaries/meds/brochure/MbMBrochure.pdf)
* VHA’s Defining Excellence in the 21st Century  
  [https://DNS portal.DNS /sites/VHACOMMUNICATION/VHA%20Reorganization/Pages/default.aspx](https://DNS  portal.DNS   /sites/VHACOMMUNICATION/VHA%20Reorganization/Pages/default.aspx)
* VHA Handbook 1108.05 Outpatient Pharmacy Services  
  [http://DNS infoshare.DNS /sites/vapharmacyinformatics/Prro/PBMpolicy/VHA%20Handbooks/VHA%20Handbook%201108.05,%20Outpatient%20Pharmacy%20Services.pdf](http://DNS  infoshare.DNS   /sites/vapharmacyinformatics/Prro/PBMpolicy/VHA%20Handbooks/VHA%20Handbook%201108.05,%20Outpatient%20Pharmacy%20Services.pdf)

# Interfaces

Exact Interfaces (i.e. the protocols, ports, etc.) that will be relevant to the Inbound ePrescribing system will be identified through further discussions with VA subject matter experts. These discussions will cover the relevant communications, hardware, software and user interfaces to the system.

# Legal, Copyright, and Other Notices

The Inbound ePrescribing system will require compliance with 508 regulations, with additional requirements TBD.

# Purchased Components

As indicated throughout this document one of the primary inputs for this system will be the existing standards for ePrescribing outlined in the NCPDP Script Standard 10.6. Beyond this anything else is likely unnecessary, but further discussions may reveal that there are other components which require purchasing.

# User Class Characteristics

The intended ePrescribing user community consists of the following classes:

* Primary Users
* Secondary Users

The user communities will obtain sufficient training to be proficient for processing inbound electronic prescriptions.

The table below lists the different types of users to support the inbound electronic prescriptions process.

Table : User Class Characteristics

| Type of User | Description | Responsibilities |
| --- | --- | --- |
| Primary Users | * VA Pharmacists, * VA Pharmacy Technicians/Assistants | * Can view inbound eRxs received from an external provider * Can manually validate an inbound eRx * Can transfer existing Rx to another external pharmacy (VA or non-VA) and receive electronically transferred Rxs from external pharmacies * Can manage, fill, print labels, dispense, etc. an inbound eRx |
| Secondary Users | * VA Pharmacy Managers, * PBM personnel | Viewing reports on inbound eRxs |
| Secondary Users | Non-VA Providers | * Send/transmit inbound eRx and associated requests to VA * View inbound eRx notifications from VA * Respond to eRx requests (e.g., refill request) regarding inbound eRxs from VA |
| Secondary Users | External (non-VA) Pharmacy personnel | Can electronically transfer existing Rxs to VA pharmacies and receive electronically transferred Rxs from VA pharmacies |
| Secondary Users | * VA Administrators * Support Staff | * Full Control * Turn on/off receiving inbound eRxs |

# Estimation

The Estimation methodology for this effort is still TBD, pending further conversations with VA personnel.

Project Software Functional Size and Size-Based Effort and Duration Estimate

Application

| Item | A | B | C | D | E | Total |
| --- | --- | --- | --- | --- | --- | --- |
| **Counted Function Points** |  |  |  |  |  |  |
| **Estimated Scope Growth** |  |  |  |  |  |  |
| **Estimated Size at Release** |  |  |  |  |  |  |

| Size-Based Effort Estimates | Labor Hours | Probability |
| --- | --- | --- |
| **Low-Effort Estimate – With indicated probability, project will consume no more than:** |  |  |
| **High-Effort Estimate – With indicated probability, project will consume no more than:** |  |  |

| Size-Based Duration Estimates | Work Days | Probability |
| --- | --- | --- |
| **Low-Duration Estimate – With indicated probability, project will consume no more than:** |  |  |
| **High-Duration Estimate -- With indicated probability, project will consume no more than:** |  |  |

# Approval Signatures

REVIEW DATE: 08/26/16

SCRIBE: Amara Welling

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**Sophia Myles**, OIT - Sr. IT Project Manager

1. Acronym List and Glossary

The following acronyms are used in this document.

| Term | Definition |
| --- | --- |
| ANR | Automated Notification Reporting |
| API | Application Program Interface |
| ARRA | American Recovery and Reinvestment Act |
| BN | Business Need |
| BRD | Business Requirements Document |
| CBO | Central Business Office |
| CCD | Continuity of Care Document |
| CHAMPVA | Civilian Health and Medical Program of the VA |
| COTS | Commercial-Off-the-Shelf |
| CPRS | Computerized Patient Record System |
| DME | Durable Medical Equipment |
| DoD | Department of Defense |
| EDES | Emergency Department Encounter Summary |
| EES | Employee Education System |
| EHR | Electronic Health Record |
| EMI | Enterprise Messaging Infrastructure |
| EMR | Electronic Medical Record |
| ENTR | Enterprise Requirement |
| ePrescribing | Electronic Prescribing |
| eRx | Electronic Prescribing or Electronic Prescription |
| FB | Fee Basis |
| FIPS | Federal Information Processing Standard |
| FTE | Full Time Equivalent |
| FY | Fiscal Year |
| GUI | Graphical User Interface |
| HARB | Health Architecture Review Board |
| HIPAA | Health Insurance Portability and Accountability Act |
| HITSP | Health Information Technology Standards Panel |
| HL7 | Health Level Seven |
| IEC | International Electrochemical Commission |
| IHE | Integrating the Healthcare Enterprise |
| ISO | International Organization for Standardization |
| IT | Information Technology |
| JEC | Joint Executive Council |
| JSP | Joint Strategic Plan |
| LOINC | Logical Observation Identifiers, Names, and Codes |
| MbM | Medications by Mail |
| MOCHA | Medication Order Check Healthcare Application |
| MTF | Military Treatment Facility |
| MU | Meaningful Use |
| MVI | Master Veteran Index |
| NCHS | National Center for Health Statistics |
| NCPDP | National Council for the Prescription Drug Programs |
| NDF | National Drug File |
| NIST | National Institute of Standards and Technology |
| NISTIR | National Institute of Standards and Technology Interagency Report |
| nonf | Non-Functional Requirement |
| NSR | New Service Request |
| NTRT | New Term Rapid Turnaround |
| OIA | Office of Informatics and Analytics |
| OI&T | Office of Information and Technology |
| ONCHIT | Office of the National Coordinator for Health Information Technology |
| OP | Outpatient Pharmacy |
| OWNR | Owner Requirement |
| PBM | Pharmacy Benefits Management |
| PCS | Patient Care Services |
| PD | Product Development |
| PHIS | Pharmacy Hospital Information System |
| PHR | Personal Health Record |
| PRE | Pharmacy Re-engineering |
| RDM | Requirements Development and Management |
| RED | Requirements Elaboration Document |
| ReqPro | Rational© RequisitePro© |
| RSD | Requirements Specification Document |
| Rx | Prescription |
| SDS | Standard Data Services |
| SIM | Strategic Investment Management |
| SLA | Service Level Agreement |
| SME | Subject Matter Expert |
| SNOMED CT | Systematized Nomenclature of Medicine Clinical Terms |
| UCD | User Centered Design |
| UI | User Interface |
| VA | Department of Veterans Affairs |
| VAMC | VA Medical Center |
| VE | VistA Evolution |
| VETS | VA Enterprise Terminology Services |
| VHA | Veterans Health Administration |
| VistA | Veterans Health Information Systems and Technology Architecture |

1. [Centers for Medicare and Medicaid Services  
   http://www.cms.gov/Medicare/E-Health/Eprescribing/index.html](http://www.cms.gov/Medicare/E-Health/Eprescribing/index.html) [↑](#footnote-ref-1)
2. from VHA Handbook 1108.05 Outpatient Pharmacy Services [↑](#footnote-ref-2)
3. [http://www.DNS /hac/forbeneficiaries/meds/brochure/MbMBrochure.pdf](http://www.DNS   /hac/forbeneficiaries/meds/brochure/MbMBrochure.pdf) [↑](#footnote-ref-3)
4. a thorough history of all regular medication use (prescribed and non-prescribed) by an individual [↑](#footnote-ref-4)