Community Care Reimbursement System (CCRS)

Build 2 - Plan
CCRS February 2018 Release

Start: January 30, 2018
End: March 2, 2018

Department of Veterans Affairs (VA)

Office of Information and Technology (OIT)

CCRS Scrum Teams 1, 2, 3, 4

February 2018

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1. Background

The VHA Office of Community Care (VHA CC) requires an Information Technology solution to handle automated processing of invoices, from intake to payment. This includes the verification of payment accuracy of invoices submitted by the Community Care Network (CCN) contractors. To achieve the goal of being a trusted and timely business partner with the Community Care Network contractors and their providers, VHA CC must implement a proven administration and workflow tool that provides automated denials or payment, while also providing for rigorous post-payment business analytics. The Community Care Reimbursement System (CCRS) will be built to support both the VHA CC and the CCN contractors.

The use of industry standard automation and analytics in CCRS greatly reduces improper payments by eliminating human error, standardizing business rules and practices across the enterprise, and provides robust analytics for the identification of third-party billing requirements as well as fraud, waste, and abuse. CCRS will employ automation to validate Community Care invoices (including pharmacy) submitted by the CCNs contracted. CCRS will enable accurate reimbursement payments to the CCNs for the submitted 837 Coordination of Benefits (COB) invoices as well as facilitate audit and revenue recovery activities (e.g., third-party billing).

Development of CCRS as an invoice validation and reimbursement system will address the requirement to validate invoices for reimbursement rather than adjudicate claims for payment. CCRS will support case management capability through a workflow system for post-payment processes.

This CCRS build 2 build plan will have a Start date: January 30, 2018 and also have End date : March 2, 20018. There will be TWO sprints in this build, each sprint has a two week duration.

- Sprint 1 – January 30, 2018 – February 12, 2018
- Sprint 2 – February 13, 2018 – March 2, 2018

During build 1 of CCRS the team developed routines to parse, extract and load 837 data into the CCRS repository. During build 2 the development team will focus on coding new functionality to ETL routine, logic and code transformations, specifically a) to parse additional supplemental to ingest the 837 data; b) new rules for validating, integrating and evaluating the invoice data to make a conforming decision for payment; c) develop and code interfaces to parse CCRA additional JSON data, d) report generation, and e) the capability to communicate with VA financial systems and the business user stories and features to support reimbursement first priorities in CCRS.

2. Architecture Roadmap

The CCRS development for Build 2 will start in January 2018 in preparation for a March, 2018 release. The high level architecture roadmap depicts the end state of CCRS. Multiple builds will be required to achieve the architecture presented in the figure 1 from below.

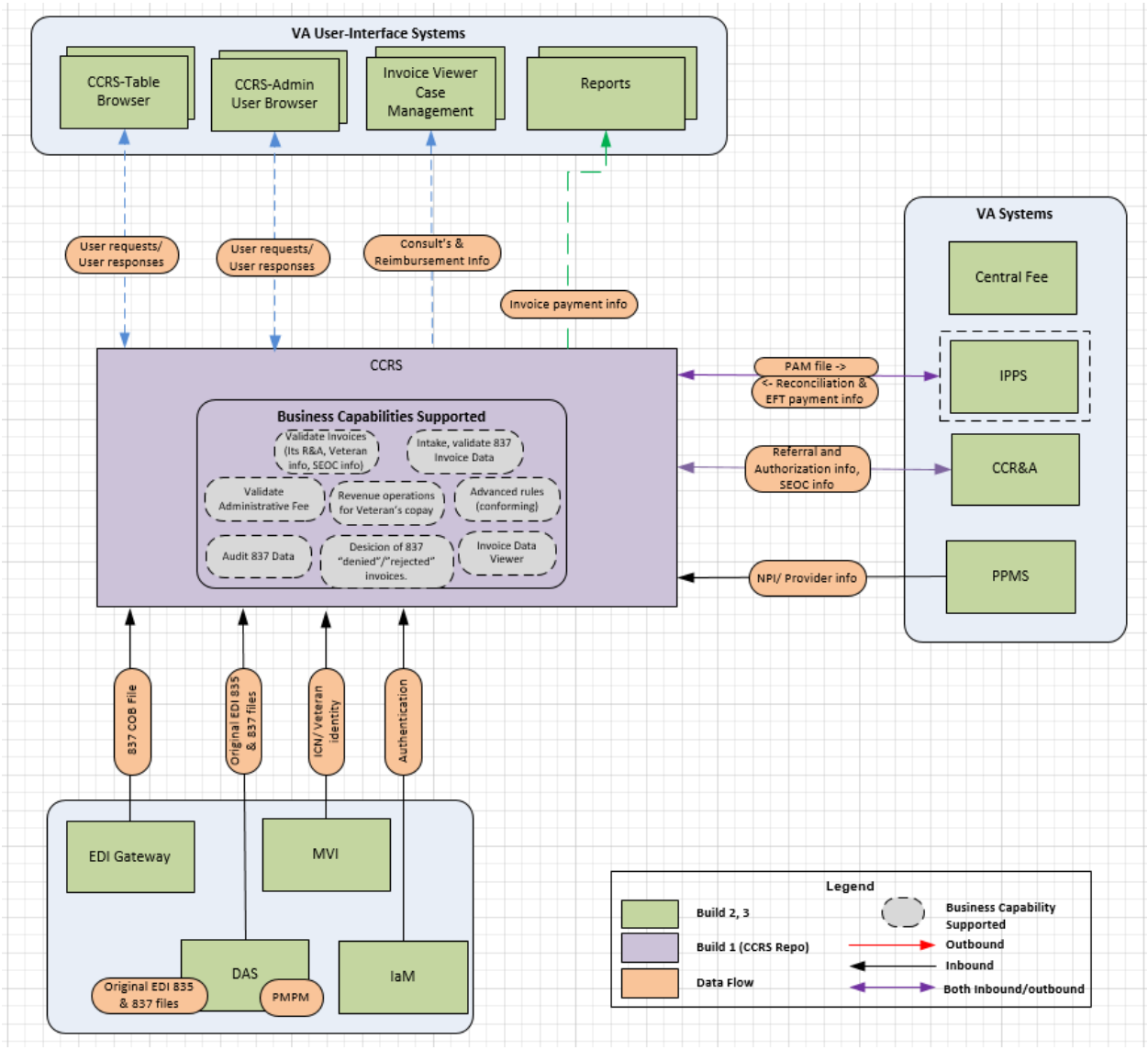


Figure 1 — CCRS Architecture

3. Build Summary, Goals and Objectives

CCRS Build 2 will focus on automating reimbursement functionality to include expanding the CCRS 837P/I/D ETL/EDI to extract and load medical devices, pharmacy and drug line information from received invoice lines to the CCRS database. New reimbursement business rules will be developed to intake, evaluate, validate and analyze and assess payment or denial and issue conforming decisions for invoices. CCRS Build 2 will deliver the second iterations and phases of integrations to VA systems for aggregating reference data from MVI/IAM, CCR&A, IPPS, and PPMS interfaces that provide data required by the reimbursement business rules. The following high level goals have been identified.

- Goal 1: Build 1 (baselined) - Promote code to pre-production environment. Target Date: January 29, 2018 (end of Build 001 - Sprint 007). This is highly dependent on the availability of infrastructure which is currently provisioned in AITC. Once the VM imaging is completed, the CCRS development team will need to install software and configure the environment and migrate the code.
- Goal 2: March 30th Release. 'March Build - Release 1'. Target Date: March 30, 2018 and CD2 to be conducted in support of March 30, 2018 Release
- Goal 3: In Every build, Develop, Code, Test, conduct SQA, Regression Test, Load Balance, and Promote code to Pre-Production Environment
- Goal 4: Every build (monthly) aim to release to production in accordance to VIP

The alignment of business priorities is documented below, items in ***bold*** denote new work:

In scope for, March 30, 2018 (Release 1):

1. In scope, initial ETL (inbound, + ETL batches)
2. In scope, 837 COB, be able to ETL-in
3. In scope, Create PDF for IPPS
4. In scope, Update the records in CCRS, invoice was paid (CSV)
5. In scope, Generate 835 like (reconciliation) report (using DAS)
6. In scope, CCRS repository database supporting all interfaces
7. In scope, receive all referrals, CCRA (inbound), payment authority, referral data
8. In scope, limited data set PPMS (inbound) – retrieve NPI, dates for provider
9. In scope, MVI/IAM, retrieve ICN (inbound)
10. In scope, Send information to PIT (map from FSC to PIT) – outbound
11. In scope, DAS release 1, 835 EOB, 837, PMPM
12. In scope, Route Records to Workflow Tool
13. In scope, Invoice Viewer, ability to view invoice data, search data from CCRS
14. In scope, EDI push to CCRS, claims attachment URL (Patient Control # (PCN)

Not in scope for Release 1 (not March 30, 2018):

- Out of scope, CCRS sends CCRA – invoice was paid (outbound)
- Out of scope, Activity Admin Fee PMPM reconciliation report (outbound)
- Out of scope, Central Fee
- Out of scope, FMS
- Out of scope, CDW
- Out of scope, DAS output should be April or May or June
- Out of scope, 835/837 EOB ETL processing (under elaboration)

Acceptance Criteria for goals

ID	Objective	Acceptance
1	initial ETL (inbound, + ETL batches)	ETL - Will we be able to confirm data from EDI gateway from change health into CCRS drop zone.
2	837 COB, be able to ETL-in	ETL – CCRS will have developed extract, transformation and load code and routines to open source 837 COB, ability to check and compare inbound data to what is loaded in the CCRS repository. Ability to inspect 837 records, and

ID	Objective	Acceptance
		validate if what was sent was transformed correctly and stored correctly in the CCRS repository.
3	Create PDF for IPPS	The validator will take the PDF "IPPS Invoice Report" file; validate that the records contained in the PDF file match the records in CCRS Repository (Database) which should be flagged as to be paid. In preparing the IPPS report, provider agreement comes in invoice and also in CCRA, translate to proper obligation using a reference data, segregated by obligation (Mill-Bill) – 14 current payment authority, they might be consolidated (might be 4, 5)
4	Update the records in CCRS, invoice was paid (CSV)	Update records in CCRS, after invoice is paid. The CCRS repository, will be updated and the data in the CSV will be loaded. The .CSV file will be uploaded to update the records from the PDF file. Validate that all the records from the original PDF file were updated in the CCRS Repository with EFT Information and flagged as PAID.
5	Generate 835 like (reconciliation) report (using DAS)	CCRS will generate the "835 reconciliation " Report (e.g. *CCN Invoice Reconciliation Report*) The report will be a ledger sheet showing the outcome of every invoice received on a daily basis. The report will list invoices as received, paid, rejected, denied, or on hold (threshold high dollar invoice review).
6	CCRS repository database supporting all interfaces	CCRS repository database will be supporting all interfaces will be validated with communication and a call confirmed through every interface to be able to send and receive information (as applicable). The validation will depend on the availability of the partner to align services to CCRS environments.
7	Receive all referrals, CCRA (inbound), payment authority, and referral data CCRA planned production date is 4.27.2018	CCRS system will be capable of receiving all referrals, CCRA (inbound), payment authority, and referral data. The CCRS should receive referral data (all required data fields) from CCRA and validate content of the record. Please note the CCRA planned production deployment date is 4.27.2018.
8	Limited data set PPMS (inbound) PPMS planned production date is 4.27.2018	CCRS will validate the limited data set PPMS (inbound) provided by this partner to retrieve NPI and match, dates for Provider. The CCRS system will be able to validate the JSON format file for required data. (please note, this has a direct dependency on when network contract is awarded and what data we will get). PPMS planned production date is 4.27.2018
9	MVI/IAM Retrieve ICN (bidirectional)	CCRS system is able to securely communicate with MVI and establish and outbound process end query for a specific Veteran by providing the SSN and obtaining and updating the ICN. This is a bidirectional interface.
10	PIT (outbound)	CCRS will send invoice information in a file to the Program Integrity Tools (PIT) Repository dropzone. The format and content of these records will match the existing template extract the PIT receives from the FSC for Choice claims processed in FSC system called Plexis Claims Manager.
11	DAS release 1, 835 EOB, 837, PMPM DAS planned production date is 6.29.2018	CCRS system will receive and store CCN Contractor generated 835 Remittance Advice records, and CCN Provider 837 Claim records. The CCRS system will receive and validate records sent from DAS into CCRS including the Per Member Per Month (PMPM) Activity Fee file. CCRS will parse the PMPM data into the CCRS repository and normalize the records. CCRS will create a report of all records that CCRS has received an invoice for that have a Contractor payment for a given month. This report will be sorted by each type based on individual CLINS. For records that match the acceptance criteria, the record in the CCRS Repository will be updated with the Month, Category, and CLIN notating acceptance for the Admin fee. The CCRS system will generate a PMPM Reconciliation Report which will be transmitted to the CCN Contractor through DAS. This report will also be sent via a mail group to the business partners for paying the CCN PMPM Admin Fee Invoice (CAR, Rev Ops, Informatics, Program Integrity, etc.). The data and report are processed and generated monthly.
12	Route Records to Workflow	CCRS will process Incoming 837 COB Invoices that contain either Other Health

ID	Objective	Acceptance
	Tool	Information and/or have a veteran's copay status -as required- and will be flagged to be sent to the Case Management/Workflow tool repository. Any invoice with a total dollar amount over a specific threshold will be flagged to the Case Management/Workflow tool for review. These flagged invoices will automatically be updated for payment after 24 hours. The records in the Case Management/Workflow tool will be updated to reflect the change in payment status.
13	CCRS Invoice viewer	CCRS will develop the capability to view invoice date. The invoice viewer code will be deployed in the VA environments and will allow users to view invoice data
14	EDI push to CCRS, claims attachment URL (Patient Control # (PCN)	The EDI Gateway server routes all Claims/Invoice attachments to the Attachment Retrieval System (ARS) for storing in VistA Imaging. ARS creates a URL which will be added to records in the CCRS Repository with a background job. This URL in the CCRS record will be able to open the document in ARS for viewing. The CCRS system will have region # and Patient Control # concatenated.

4. Build Execution

During the build, scrum teams will create, elaborate, develop, and test CM Work Items in support of the RM Business User Stories. The teams work in a cadence of two weeks per sprint and there are two (2) sprints in Build 2. During sprint execution, the teams also conduct agile ceremonies (e.g., sprint planning, daily scrums, SQA-reviews, retrospectives and sprint review). The teams and the Product Owner plan for sprints by moving Work Item Stories from the product backlog into the sprint plans for each team.

Teams work at two-week cadence to build value toward the committed goals for the build. They complete Work Item Stories in ranked order, based on the priority/impact established in the CM backlog by the Product Owner. The completed Work Item Stories in a Sprint will be marked as Done only they have passed all associated QM tests, which incorporate the acceptance criteria, definition of done and are accepted using provisioned acceptance criteria forms during the sprint review. The team completes SQA reviews during the sprint by presenting test plans, test cases and test scripts for review and acceptance during the sprint execution.

Defects found during sprints will be evaluated by the CCRS team and the Product Owner, who will prioritize this new Work Item within the CM backlog. At the end of the sprint, the CCRS team demonstrate work products during the sprint review. The figure 2 below depicts this flow.

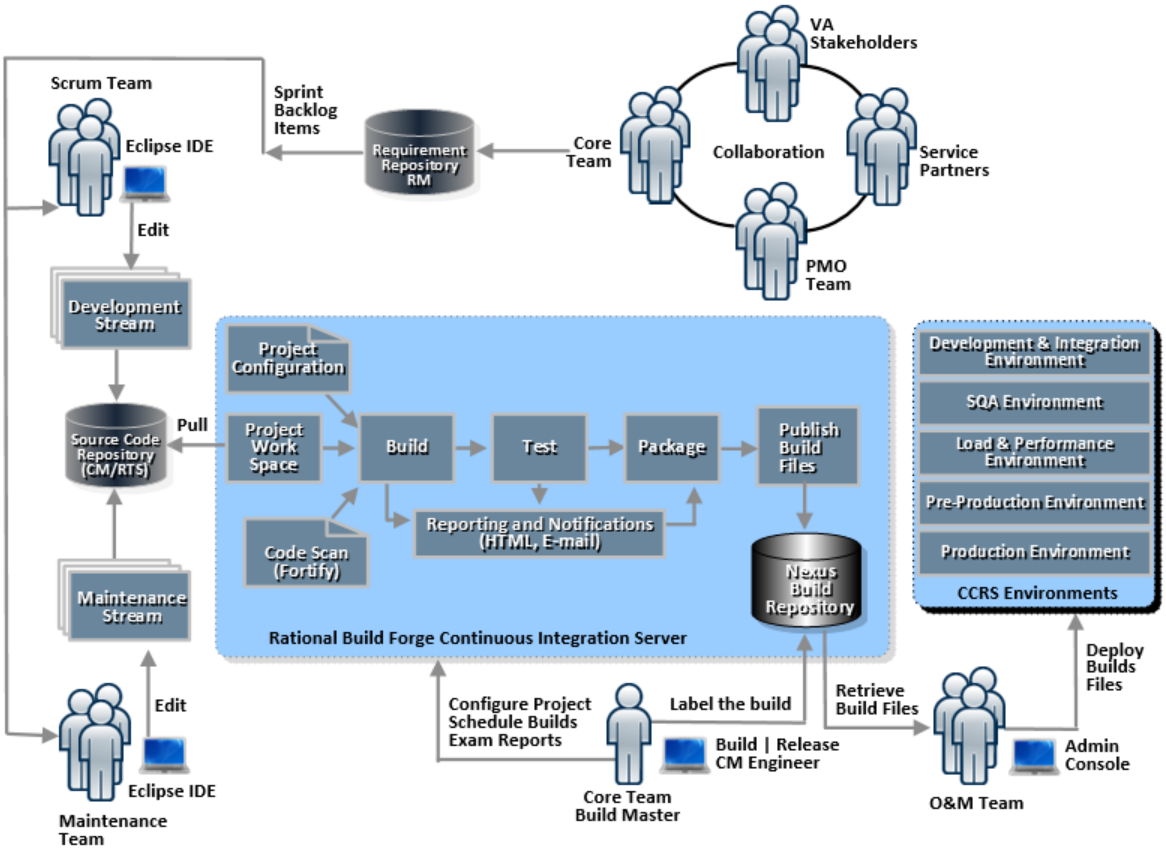


Figure 2 — CCRS VIP Agile Development Framework

5. Scrum Teams

Development capacity will be based on the developers, business analysts, and testers assigned to each scrum team. A team's capacity is determined by its resource composition. Each resource in the scrum team is allotted six (6) effective daily work hours, with the remaining two (2) hours dedicated to administrative tasks (e.g., emails, meetings). Each scrum team has 5 members with 3 developers, one business analyst and one tester. The true development capacity is only dedicated to the resources that can develop code in each team; consequently, each team only has 180 hours of dedicated to development and coding in a two week period.

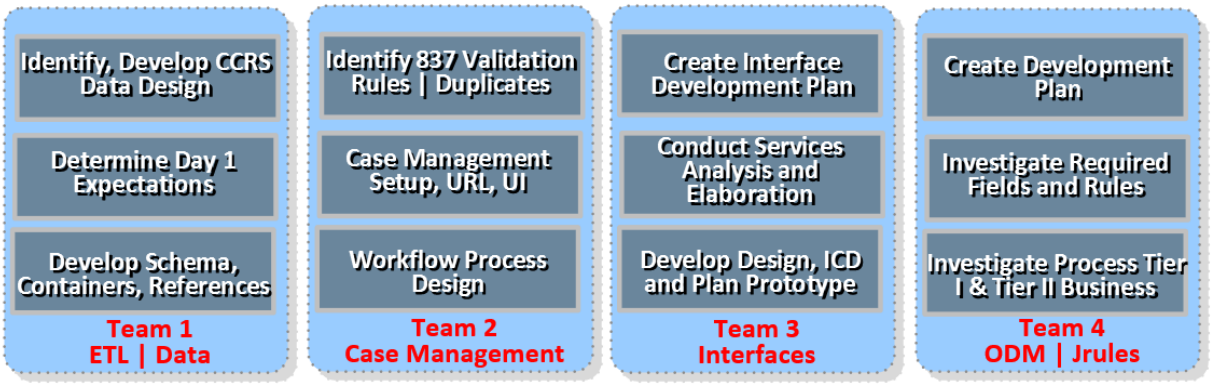


Figure 3 — CCRS Teams 1, 2, 3, 4 Development Scrum Teams

5.1. CCRS Development Capacity

Each development resource has the capacity to work six (6) hours per day during each ten (10) business day sprint, totaling 60 hours every two weeks. Work Item Tasks performed by the teams are aligned to Work Item Stories and Work Item Epics in CM. The Work Item Stories are linked to RM Business User Stories. The sprint development capacity is depicted below.

TEAM 1- ETL – Data Integration	TEAM 2- Case Management Team	TEAM 3 - Interfaces Team	TEAM 4 – Rules ODM Jrules Team
Shadi Soliman – Team Lead - Dev	Tammy Mleziva– Team Lead - BA	Margaret Won – Business Analyst	Jennifer Lucas – Team Lead - BA
Vivien Purifoy-Do – Business Analyst	Bala Gopalan – Senior Developer	Ron Celis – Senior Developer	Sasha Anaviev – Lead Developer
Anil Kowatra – Senior Developer	Nick Norris – Senior Developer	William Williams – Senior Developer	Ken Phaupp– Senior Developer
Roman Shylyapak - Developer	Angela Ru – Business Analyst	Trevor Laja - Senior Developer	David Wei – Senior Developer
Denis Lukonin – ETL Developer	Aamir Syed – RO Lead | Senior SME	Neetika Singh – System Engineer/CM	David Mullaney – ODM Developer
Iqra Younis – Sr. Tester	Mossammad Akter – Sr. Tester	Sam Khanlarbig – Sr. Tester	Latifa Johnson - Sr. Tester

Please note that the capacity for each team, within a sprint, will vary depending upon project priorities and availability of resources (e.g. some resources might take PTO). The full capacity by team is depicted below; this reflects capacity in every two-week cycle or capacity by sprint. The teams have an average velocity of 20-24 points per/sprint. Velocity is captured dynamically in rational and reported at the end of each sprint in burndown reports.

Team 1	Team 2	Team 3	Team 4
360 hours	360 hours	360 hours	360 hours

6. RM Business Epics, Sub-Epics and User Stories

The following table describes the Rational (RM) Business-Epics, Sub-Epics and User Stories that the CM Work Item Stories will be advancing during Build 2. Full completion of CM Work Item epics within the sprint allows the sprint to be reviewed and accepted. The team will work to obtain acceptance of the work products and functionality that is developed to advance these

Business User Stories. The business user stories within RM were not scoped to be completed within one build. For example, many business user stories combine both reimbursement and revenue operations requirements and the business owner has instructed us to prioritize the delivery of reimbursement first functionality.

Team	RM Epic / Sub-Epic	Story#	Rational	Business User Story Description
1,3, 4	002.001	ClaimsStory001	RM: 912201, QM: 152797	As a CCRS User, I need the System to receive all invoices submitted 837I COB (Institutional) reimbursement claims directly from the clearinghouse so that the System receives all claims that pass front end edits.
1,3, 4	002.001	ClaimsStory002	RM: 912202, QM: 152812	As a CCRS User, I need the System to receive all invoices submitted 837P COB (Professional) reimbursement claims directly from the clearinghouse so that the System receives all claims that pass front end edits.
1,3, 4	002.001	ClaimsStory003	RM: 912192, QM: 152814	As a CCRS User, I need the System to receive all invoices 837D COB (Dental) reimbursement claims directly from the clearinghouse so that the System receives all claims that pass front end edits.
1,3, 4	002.001	ClaimsStory004	RM: 912200, QM: 152826	As a CCRS User, I need the System to transform the 837 COBs into a consumable claim invoice into CCRS, so that the invoices can be evaluated.
1,3, 4	002.001	ClaimsStory005	RM: 912196, QM: 152833	As a CCRS User, I need the System to evaluate the claim invoice to ensure data completeness, so that only complete claim invoices are accepted into CCRS.
1,3, 4	002.001	ClaimsStory006	RM: 912191, QM: 152835	As a CCRS User, I need the System to reject claim invoices that failed data completeness edits, so that we may store and communicate rejections.
1,3, 4	002.001	ClaimsStory009	RM: 912194 QM:152902	As a CCRS User, I want an automated system that is able to process invoices for reimbursement for multiple types of service so that appropriate editing rules will be applied when validating the claim. (Note: Types of services include Outpatient, Inpatient, Urgent/Emergency, Pharmacy, Durable Medical Equipment, others to be determined)
1,3, 4	002.001	ClaimsStory010	RM:912211 QM:164407	As a CCRS User, I need the System to automatically process Outpatient invoices to validate invoices by applying corresponding editing rules so that the system processes with the proper approval/denial completion and assignment to corresponding workflow as needed.
2, 3	002.001	ClaimsStory015	RM: 912189, QM: 152971	As a CCRS User, I need the System to automatically identify the patient on the reimbursement invoice claims using the Unique Identifier so that I can validate the patient's active membership for payment approval.
1,3, 4	002.001	ClaimsStory023	RM: 912209, QM: 153093	As a CCRS User, I need the System to automatically match invoices to existing referrals within CCRS, so only matched invoices are processed.
1,3, 4	002.001	ClaimsStory024	RM: 912183 QM:	As a CCRS User, I need the System to deny invoices that have no matching referral, so that we may store and communicate denials.
1,3, 4	002.001	Claimsstory032	RM: 918500 QM:153290	As a CCRS User, I need the System to automatically process the invoices using the required data elements within the matching referral so that I can validate the invoice is within the Scope of the Referral.

Team	RM Epic / Sub-Epic	Story#	Rational	Business User Story Description
1,3, 4	002.001	ClaimsStory033	RM:918501 QM:153292	As a CCRS User, I need the System to automatically evaluate invoice line items so that I can validate the line items are within the episode of care.
1,3, 4	002.001	ClaimsStory038	RM: 918506 QM:172998	As a CCRS User, I need the System to automatically identify the payment authority associated to the reimbursement invoice so that I can validate it doesn't match the invoice and validate payment denial.
2, 3	002.001	ClaimsStory087	RM: 918529 QM: 153524	As a Revenue Staff Supervisor or Revenue Staff, I need to be able to manually route paid claim data to other Revenue departments (Facility Revenue (FR), Insurance Verifiers (IV), Revenue Utilization Review (RUR), and Billing) so that we can facilitate and expedite VA First and Third Party Billing.
2, 3	002.001	ClaimsStory048	RM:918516 QM: 153438	As a Facility Revenue Technician, I need to view all OHI Explanation of Benefits (EOB) or 837 COB EDI transaction information (including data for zero-pay claims) so that I can document the VA First Party Copayment responsibility decision.
2, 3	002.001	ClaimsStory177	RM:918555 QM:153596	As a CCRS User, I need the System to be able to provide informational reports that provide views of all reimbursement invoice information within the system so that I can communicate reimbursement payment status.
2, 3	002.001	ClaimsStory178	QM:153597	As a CCRS User, I need the System to allow for queries of all types of invoice information within CCRS Repository.
2, 3	002.001	ClaimsStory157	RM: 918544, QM: 153582	As a Revenue Operations staff, I need to view all line level claim data within the CCRS Repository, so that I can determine VA cost recovery opportunities for Third Party billable health insurance
1,3, 4	002.001	ClaimsStory176	RM: 918554 QM: 153595	As a CCRS User, I need the System to automatically identify the patient on the reimbursement invoice claims using the patients Unique Identifier so that I can validate the reimbursement claim using the authoritative VA eligibility and enrollment system for payment approval.
2,3	002.001	ClaimsStory182	RM: 918560 QM: 153605	As Revenue Operations, I need to be able to view all Community Care Program claims in a standard Invoice-Viewer so that VHA Community Care staff view claims within the system in a similar format.
1,3, 4	002.001	ClaimsStory191	RM: 912190, QM: 152816	As a CCRS User, I need the System to receive all invoices Pharmacy form NCPDP D.0 reimbursement claims directly from the clearinghouse so that the System receives all claims that pass front end edits.

RM Business User Stories may extend over multiple sprints and/or builds. However, CM Work Item Stories and Tasks are expected to be completed in a single sprint. Figure 4 illustrates the business user story alignment

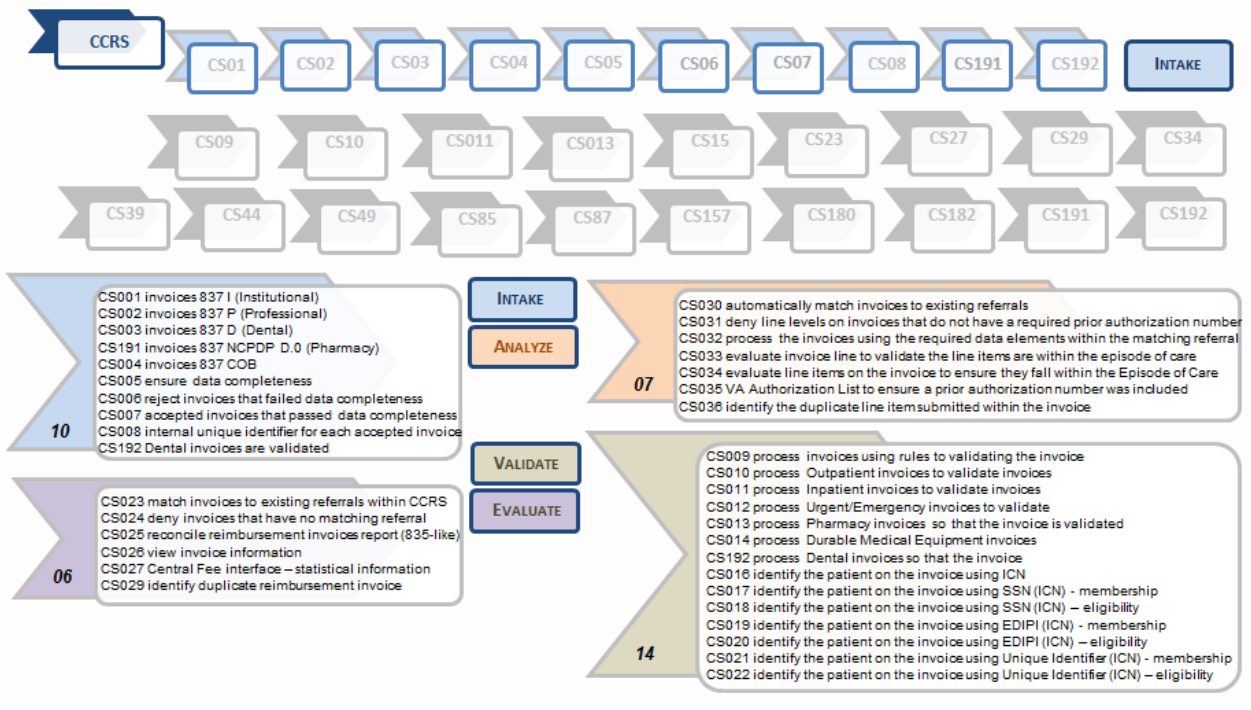


Figure 4 — CCRS Teams 1, 2, 3, 4 Story Alignment

RM Business User Stories may extend over multiple sprints and/or builds. The stories provided by business are aligned to epics in terms of their complexity and will have a 1:N relationship to CM stories. We have grouped stories into several categories: intake, validate, evaluate, analyze. Figure 5, shows the alignment of priorities for reimbursement first for CCRS Release 1.

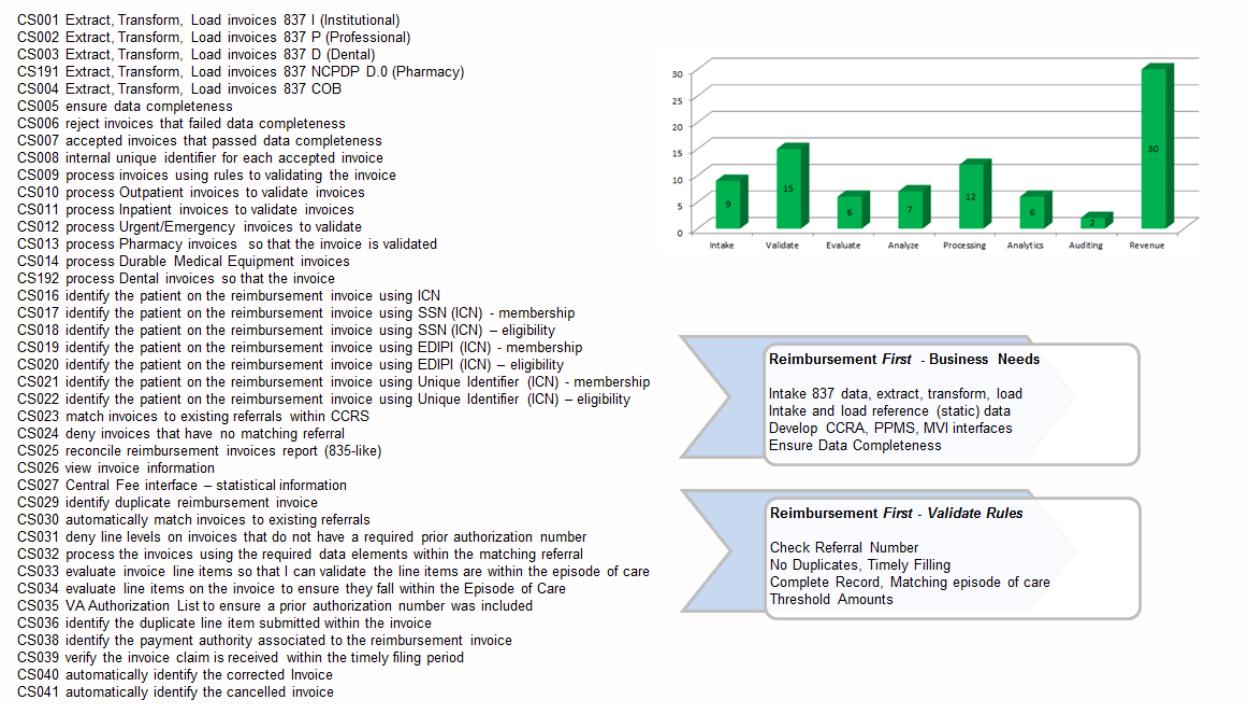


Figure 5 — CCRS categorization, alignment and priorities of business user stories in support of reimbursement first tasks

7. Build Production Path

Build 2 aggregates value and builds up to the Minimum Viable Product (MVP) features listed under section 2 build goals. Every story will be completed to partially add value towards the March 30th planned release. Some stories will cross builds. During build 2 the team will promote the code to the highest available, and configured environment for CCRS. At the time of this plan the pre-production environment servers were not available. The table below has the alignment of features and the path to promoting these stories to the higher level environments in CCRS AITC hosted infrastructure. The CCRS development team has been promoting code to SQA since sprint 004 of build 1 and conducting sprint SQA ceremonies in the VA SQA environments.

Business User Story Description	SQA Date	UAT Date
As a CCRS User, I need the System to receive all invoices submitted 837I COB (Institutional) reimbursement claims directly from the clearinghouse so that the System receives all claims that pass front end edits.	2.19.2018	2.26.2018
As a CCRS User, I need the System to receive all invoices submitted 837P COB (Professional) reimbursement claims directly from the clearinghouse so that the System receives all claims that pass front end edits.	2.19.2018	2.26.2018
As a CCRS User, I need the System to receive all invoices 837D COB (Dental) reimbursement claims directly from the clearinghouse so that the System receives all claims that pass front end edits.	2.19.2018	2.26.2018
As a CCRS User, I need the System to transform the 837 COBs into a consumable claim invoice into CCRS, so that the invoices can be evaluated.	2.19.2018	2.26.2018
As a CCRS User, I need the System to evaluate the claim invoice to ensure data completeness, so that only complete claim invoices are accepted into CCRS.	2.19.2018	2.26.2018

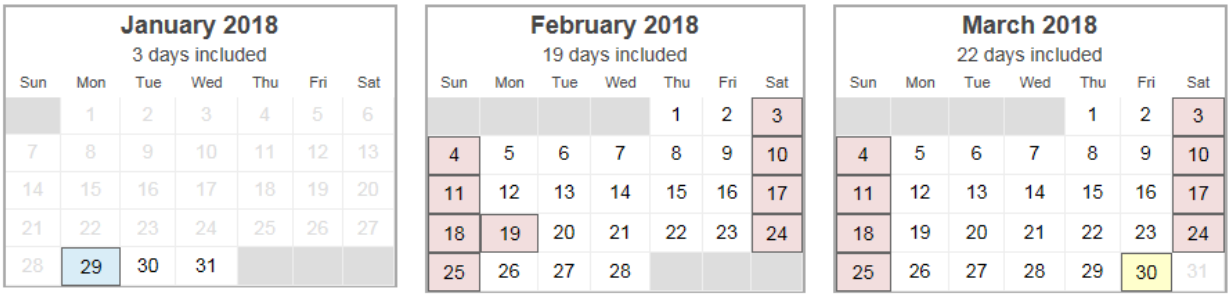
Business User Story Description	SQA Date	UAT Date
As a CCRS User, I need the System to reject claim invoices that failed data completeness edits, so that we may store and communicate rejections.	2.19.2018	2.26.2018
As a CCRS User, I want an automated system that is able to process invoices for reimbursement for multiple types of service so that appropriate editing rules will be applied when validating the claim. (Note: Types of services include Outpatient, Inpatient, Urgent/Emergency, Pharmacy, Durable Medical Equipment, others to be determined)	2.19.2018	2.26.2018
As a CCRS User, I need the System to automatically process Outpatient invoices to validate invoices by applying corresponding editing rules so that the system processes with the proper approval/denial completion and assignment to corresponding workflow as needed.	2.19.2018	2.26.2018
As a CCRS User, I need the System to automatically identify the patient on the reimbursement invoice claims using the Unique Identifier so that I can validate the patient's active membership for payment approval.	2.19.2018	2.26.2018
As a CCRS User, I need the System to automatically match invoices to existing referrals within CCRS, so only matched invoices are processed.	2.19.2018	2.26.2018
As a CCRS User, I need the System to deny invoices that have no matching referral, so that we may store and communicate denials.	2.19.2018	2.26.2018
As a CCRS User, I need the System to automatically process the invoices using the required data elements within the matching referral so that I can validate the invoice is within the Scope of the Referral.	2.19.2018	2.26.2018
As a CCRS User, I need the System to automatically evaluate invoice line items so that I can validate the line items are within the episode of care.	2.19.2018	2.26.2018
As a CCRS User, I need the System to automatically identify the payment authority associated to the reimbursement invoice so that I can validate it doesn't match the invoice and validate payment denial.	2.19.2018	2.26.2018
As a Revenue Staff Supervisor or Revenue Staff, I need to be able to manually route paid claim data to other Revenue departments (Facility Revenue (FR), Insurance Verifiers (IV), Revenue Utilization Review (RUR), and Billing) so that we can facilitate and expedite VA First and Third Party Billing.	2.19.2018	2.26.2018
As a Facility Revenue Technician, I need to view all OHI Explanation of Benefits (EOB) or 837 COB EDI transaction information (including data for zero-pay claims) so that I can document the VA First Party Copayment responsibility decision.	2.19.2018	2.26.2018
As a CCRS User, I need the System to be able to provide informational reports that provide views of all reimbursement invoice information within the system so that I can communicate reimbursement payment status.	2.19.2018	2.26.2018
As a CCRS User, I need the System to allow for queries of all types of invoice information within CCRS Repository.	2.19.2018	2.26.2018
As a Revenue Operations staff, I need to view all line level claim data within the CCRS Repository, so that I can determine VA cost recovery opportunities for Third Party billable health insurance	2.19.2018	2.26.2018
As a CCRS User, I need the System to automatically identify the patient on the reimbursement invoice claims using the patients Unique Identifier so that I can validate the reimbursement claim using the authoritative VA eligibility and enrollment system for payment approval.	2.19.2018	2.26.2018
As Revenue Operations, I need to be able to view all Community Care Program claims in a standard Invoice-Viewer so that VHA Community Care staff view claims within the system in a similar format.	2.19.2018	2.26.2018
As a CCRS User, I need the System to receive all invoices Pharmacy form NCPDP D.0 reimbursement claims directly from the clearinghouse so that the System receives all claims that pass front end edits.	2.19.2018	2.26.2018

8. Schedule

The following table records the week by week schedule for Build 2. Please notice some sprints will be short in capacity due to holidays. There are 23 days in Build 2 release for February 2018.

Week Start	Week End	Days in Week	Sprint
01/30/2018	02/12/2018	10	B2 - Sprint 1
02/13/2018	03/2/2018	10	B2 - Sprint 2

Please note that the teams working on the build 2 February monthly release will build value delivery towards the March 30th 2018 planned production release



9. Build 002 – Sprint 001 – Work Item Stories

9.1. CCRS Build 2 - Sprint 2 Work Products

Team	Work Products
Team 1	• LEIE ETL code to load sanctioned providers into the CCRS database • Share CCRS AITC SQAEDI inbound drop zone information with the VA EDI team and confirm successful receipt of 837 test files from the VA EDI team • FDA National Drug Code (NDC) product and package data loaded into the CCRS database • Develop, design, ETL code to load OHI, copay data into the CCRS database • Updated CCRS Data Dictionary
Team 2	• Develop first-party, third-party, and legal worklist • Invoice Viewer Code, Design and coded, one screen at a time, Invoice Viewer to be able to pull a record and to be able to pull a claim. Additional enhancements will be required to invoice viewer and also case management. Minimal functionality will be developed • Be able to see records in invoice viewer • Triggers and SQL for flowing information into case management tool
Team 3	• IAM/MVI code to connect to MVI in the VA environment and PPMS code to connect in the VA environment and IPPS code that can receive the file sent by IPPS • Design, development and code an interface to view table repository data • For ETL and MVI, not use SSN for creating records, use ICN for unique records. Missing ICN will be loaded but it will trigger a call to MVI to retrieve the ICN. If no ICN is returned, we will flag the record, but do not stop payment.

Team	Work Products
Team 4	• Develop business editing rule set (24 hour, Scope of Episode, Payment Authority). We will develop zero dollar amount reject rules, match the CCRA CPT codes found with associated SEOC with 837 invoice data. Reject line items if not match (pre-payment rule function) • Develop Rules Specifications document

9.2. CCRS Build 2 - Sprint 1 – Team 1

Task Name: Sprint 01		Duration: 10 Days		Start: **M** 01/30/18		Finish: M 0**2**/**1**2/18	
Team	**CM Work Item Story Description**	**CM Work Item Epic**	**CM Work Item Sub Epic**	**CM Work Item Story**	**CM Work Item Story Points**	**Total CM Work Item Task(s) Hours**	**RM Business User Story (traceability)**
Team 1	As a CCRS developer, I need to develop the LEIE ETL to load sanctioned providers into the CCRS database		587314	655448	3	47	912201: ClaimsStory001
	Acceptance Criteria	Verify that sanctioned providers data is loaded in the CCRS database					
	As a CCRS developer, I need to code 837 ETL logic to add receipt date and note type to DIM_VA_CLAIM for all claim types		587314	655866	1	27	912201: ClaimsStory001
	Acceptance Criteria	Verify that DIM_VA_CLAIM contains va_receipt_date and claim_note_type columns with data populated from 837 source files					
	As a CCRS Developer, I need to set up and share CCRS-EDI inbound drop zone information with the VA EDI team so that CCRS can receive 837 files to load in the CCRS DB		588310	659855	3	47	912201: ClaimsStory001
	Acceptance Criteria	Verify that the CCRS AITC SQA drop zone can receive 837 files from VA EDI team					
	As a CCRS database architect, I need to get National Drug Code (NDC) product and package data sets, create database load scripts, and load these data sets into CCRS database so that drug invoice lines have valid reference data		588325	655434	3	45	912202: ClaimsStory002
	Acceptance Criteria	Verify that DIM_NDC_PACKAGE and LKUP_NDC_PRODUCT tables are created and loaded with latest data from FDA					
	As a CCRS database architect, I need to code DDL scripts to add tables and columns to store information related to 837 OHI data		589091	655512	2	34	912200: ClaimsStory004
	Acceptance Criteria	Verify that the CCRS database contains tables with OHI information per the mapping specification					

Task Name: Sprint 01		Duration: 10 Days		Start: **M** 01/30/18		Finish: M 0**2**/**1**2/18	
	As a CCRS developer, I need to code 837I ETL logic for OHI data		589091	651418	3	45	912200: ClaimsStory004
	Acceptance Criteria	Verify that 837I OHI data are extracted, transformed and loaded into the CCRS database per mapping specification					
	As a CCRS developer, I need to code 837P ETL logic for OHI data into the CCRS database		588310	655862	3	45	912200: ClaimsStory004
	Acceptance Criteria	Verify that 837PI OHI data are extracted, transformed and loaded into the CCRS database per mapping specification					
	As a CCRS developer, I need to code 837D ETL logic for OHI data into the CCRS database		588322	655869	3	47	912200: ClaimsStory004
	Acceptance Criteria	Verify that 837D OHI data are extracted, transformed and loaded into the CCRS database per mapping specification					
Totals		Points/hours		24		337	NA
Sprint Milestone / Ceremony		Hours		Participants		Date	NA
Sprint Kickoff / Planning		4 hours		FTC + VA		Tues (1st)	NA
Sprint Daily Scrum, Rational Updates		1 hour		FTC + VA		Daily	NA
Scheduled Backlog Grooming		1 hour		FTC + VA		Mon	NA
Sprint Review and Demonstration		1 hour		FTC + VA		Mon (2rd)	NA

9.3. CCRS Build 2 - Sprint 1 – Team 2

Task Name: Sprint 01		Duration: 10 Days		Start: T 01/30/18		Finish: M 02/12/18	
Team	**CM Work Item Story Description**	**CM Work Item Epic**	**CM Work Item Sub Epic**	**CM Work Item Story**	**CM Work Item Story Points**	**Total CM Work Item Task(s) Hours**	**RM Business User Story (traceability)**
Team 2	S2-CS157-As a CFM User, I need the first party, third party, and legal worklists designed and coded according to specific requirements and rules.	587928	651300	593977	6	87	918544
	Acceptance Criteria	Legal Worklists are design according to specific RO rules					
	S2-CS182-As a Invoice Viewer Developer, I need to develop the initial screens to view invoice data and the interface design code and backend code to present data to the screen in the viewer	587989	651318	651276	8	89	918560
	Acceptance Criteria	The initial screens invoice viewer is coded and returns data					

Task Name: Sprint 01		Duration: 10 Days		Start: T 01/30/18		Finish: M 02/12/18	
	S2-CS044/48 - As a developer, I need to configure, design and develop routines to trigger the flow of information from CCRS repository to the workflow tool , to view all OHI Explanation of Benefits (EOB) or 837 COB EDI transaction information (including copays) so that I can document the VA Copayment responsibility decision.	587954	587954	663844	5	70	918512 918516
	Acceptance Criteria	Records are flagged in CCRS to be sent via trigger to workflow tool					
	S2-CS085-As a developer create an item related to first party copay and OHI determination for claim invoices reimbursed by VA, so determinations can be expedited	588028	651636	651635	5	76	918527
	Acceptance Criteria	User can view line level invoice data, with copay and OHI to facilitate and expedite recovery of VA Third Party Billing					
Totals		Points/hours		24		320	NA
Sprint Milestone / Ceremony		Hours		Participants		Date	NA
Sprint Kickoff / Planning		4 hours		FTC + VA		Tues (1st)	NA
Sprint Daily Scrum, Rational Updates		1 hour		FTC + VA		Daily	NA
Scheduled Backlog Grooming		1 hour		FTC + VA		Mon	NA
Sprint Review and Demonstration		1 hour		FTC + VA		Mon (2rd)	NA

9.4. CCRS Build 2 - Sprint 1 – Team 3

Task Name: Sprint 01		Duration: 10 Days		Start: T 01/30/18		Finish: M 02/12/18	
Team	**CM Work Item Story Description**	**CM Work Item Epic**	**CM Work Item Sub Epic**	**CM Work Item Story**	**CM Work Item Story Points**	**Total CM Work Item Task(s) Hours**	**RM Business User Story (traceability)**
	S3-CS015-IAM/MVI-As a CCRS developer I need the system to connect to the IAM/MVI interface in VA so that we can validate CCRS' ability to connect and pull ICNs for invoices with missing ICNs.	587892	592249	651828	3	52	912189: ClaimsStory015
	Acceptance Criteria	System is able to automatically return missing ICN and update patient table in the CCRS repository					

Task Name: Sprint 01		Duration: 10 Days		Start: T 01/30/18		Finish: M 02/12/18	
	S3-CS027-IPPS (Inbound)-As a CCRS developer I need the system to have code to allow for the processing of the IPPS inbound data so that the repository will include the confirmation of invoice payments.	587926	618123	651837	8	95	912213: ClaimsStory027
	Acceptance Criteria	System is able to receive CSV data from IPPS, provide a drop-zone, parse records and store records in CCRS with correlated confirmed payments					
	S3-CS001,002,003,191-PPMS Integration S3-CS191-As a CCRS developer, I need the system to connect to the PPMS interface so that the rendering and/or billing provider can be validated on invoices.	587828	592256	651888	6	85	912201: ClaimsStory001; 912202: ClaimsStory002; 912192: ClaimsStory003; 912190:ClaimsStory191
	Acceptance Criteria	Validate NPI against CCRA and 837 invoice data stored in CCRS repository					
	S3-CS027-As a CCRS developer I need to develop code and integrate code interfaces with both invoice 837 data and invoice evaluation rules, including monitoring, logging and managing unhandled exceptions	587926	618123	651881	6	82	912189
	Acceptance Criteria	Logging, transactional monitoring, and unhandled exceptions are integrated across all interfaces, including messaging					
Totals		Points/hours		23		314	NA
Sprint Milestone / Ceremony		Hours		Participants		Date	NA
Sprint Kickoff / Planning		4 hours		FTC + VA		Tues (1st)	NA
Sprint Daily Scrum, Rational Updates		1 hour		FTC + VA		Daily	NA
Scheduled Backlog Grooming		1 hour		FTC + VA		Mon	NA
Sprint Review and Demonstration		1 hour		FTC + VA		Mon (2rd)	NA

9.5. CCRS Build 2 - Sprint 1 – Team 4

Task Name Sprint 01		Duration: 10 Days		Start: T 01/30/18		Finish: M 02/12/18	
Team	**CM Work Item Story Description**	**CM Work Item Epic**	**CM Work Item Sub Epic**	**CM Work Item Story**	**CM Work Item Story Points**	**Total CM Work Item Task(s) Hours**	**RM Business User Story (traceability)**
Team 4	S4-CS176- As a CCRS developer I need to design, Develop and code business editing rule set to check invoices that do not include ICN	587963	587964	652062	4	61	918554

Task Name Sprint 01		Duration: 10 Days		Start: T 01/30/18		Finish: M 02/12/18	
	Acceptance Criteria	We validate the business rules check patient table for missing ICN and makes the call to MVI to retrieve the missing ICN					
	S4-CS176- As a CCRS developer I need to design, Develop and code business editing rule set to set 24-hour hold for any invoice that exceeds the approved amount	587963	587964	652216	4	61	918554
	Acceptance Criteria	We validate that invoices are set to hold status if threshold is exceeded					
	S4-CS032- As a CCRS developer I need to Develop business editing rule to validate Scope of Episode for all invoice types	587832	587833	652171	6	95	918500
	Acceptance Criteria	We validate by matching information sent from referrals and comparing that information to what we load from 837 invoice data					
	S4-CS038- As a CCRS developer I need to Develop Payment Authority rule set 2.0 for all invoice types	587895	587896	652185	4	60	918506
	Acceptance Criteria	We validate by ensuring we can correctly translate the payment authority received in 837 invoice data to the data found in our CCRS reference tables and prepare the data array, including obligation number for the IPPS reports					
	S4-CS009- As a CCRS User, I need the System to include security across Application Programming Interface (API) web services	587850	587851	652198	4	49	912194
	Acceptance Criteria	We test by ensuring security is applied in the business layer for all web services and APIs in the CCRS business and application layers.					
Totals		Points/hours		22		326	NA
Sprint Milestone / Ceremony		Hours		Participants		Date	NA
Sprint Kickoff / Planning		4 hours		FTC + VA		Tues (1st)	NA
Sprint Daily Scrum, Rational Updates		1 hour		FTC + VA		Daily	NA
Scheduled Backlog Grooming		1 hour		FTC + VA		Mon	NA
Sprint Review and Demonstration		1 hour		FTC + VA		Mon (2rd)	NA