

Exhibit 300: Capital Asset Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2010-03-19
Date of Last Change to Activities: 2012-08-14
Investment Auto Submission Date: 2012-02-27
Date of Last Investment Detail Update: 2011-09-16
Date of Last Exhibit 300A Update: 2012-02-27
Date of Last Revision: 2012-08-14

Agency: 029 - Department of Veterans Affairs **Bureau:** 00 - Agency-Wide Activity

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: Medical Legacy

2. Unique Investment Identifier (UII): 029-555555113

Section B: Investment Detail

- 1. Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

Medical Legacy (ML) provides technology solutions critical to the success of the Veterans Health Care IT System mission to deliver reliable, accessible, and timely health care services to our nation's veterans. ML supports, but is not limited to, VA's legacy Health Administrative and Provider systems and aligns with 4 of 16 cross-cutting Major initiatives (MIs) being developed collaboratively within VA to meet emerging 21st Century challenges: MI#5-Improve Veteran Mental Health (IVMH); MI#7-New Models of Care (NMOC) and MI#8-Enhancing the Veteran Experience and Access to Healthcare (EVEAH). ML also supports VA/DoD integrated Electronic Health Record (iEHR) requirements. Functionality provided by ML includes: 1) implementation of International Classification of Diseases (ICD-10) Conversion. Mandated by congress for completion by 2013, ICD-10 is one of VA's Patient Care Priority Programs; 2) sustainment of VA Health Provider Systems - VA technology critical to patient safety and quality of service; 3) development of an improved mental health infrastructure to monitor clinical programs and address mental health needs that emerge in all medical care settings; 4) development of technology supporting VA's vision of an electronic patient health record through conventional and Tele-health based healthcare delivery; 5) development to support VA's goal to provide improved health care efficiencies - care in the right place, at the right time, by the right clinicians, in the right way; 6) VA/DoD integrated Electronic Health Record (iEHR) requirements to create a common interface, optimizing VA's ability to treat

patients in the system to build a common electronic health platform and common data centers to store data. iEHR will be accomplished by implementing an open source model to pioneer improvements in VistA by opening participation to the private and public IT professional and academic communities, harnessing their ideas and strategies. The primary benefit provided by ML is to make service members' transition to civilian life and VA benefits seamless. ML is dependent on the successful completion of the following VA investments: Interagency 21st Century - Enrollment Systems Redesign (ESR), Interagency 21st Century Veterans Interoperability, Interagency 21st Century - One Vet, Medical 21st Century Scheduling, Benefits 21st Century - Paperless Delivery of Veterans Benefits, Medical 21st Century Laboratory, Enterprise IT Support, and Medical 21st Century – Registries.

2. How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.

ML will close in part or in whole identified performance gaps in support of the mission delivery and management support. VA will remediate and test ICD-dependent code so encounters/treatments dated 10-1-2013 or later are processed using ICD-10 code sets. If unfunded, VA will not comply with the Congressional mandate to use the ICD-10 code sets effective 10/1/13. VA will sustain technology critical to patient safety and quality of service by repairing application defects. If unfunded, defects will not be fixed and solutions will not be provided to users. The VA/DoD iEHR will be supported by ML development efforts including Behavioral Health Lab (BHL) software-will integrate the current VA electronic health record (CPRS), develop a Complimentary and Alternative Medicine (CAM) Registry, and Health Clinical Reminders for dispensing of Methadone and Clozapine usage. Collectively these efforts enable full implementation of the Principal Mental Health Provider (PMHP) role and move VA forward toward the iEHR with DoD. Also critical to the VA/DoD iEHR is technology to support VistA Open Source development. If unfunded VA will be unable to leverage ideas/strategies by the private/public IT professional and academic communities to improve VistA. VistA Imaging will deliver patient images to clinicians, improving patient care. If unfunded, VA will not deliver telemedicine capabilities to increase veteran access to healthcare. Bed Management Solution will provide clinicians visual bed availability to ensure patients are placed in beds that meet their medical needs right away. If unfunded, VA will not optimize flow of patients, improving patient safety and quality of care. National Utilization Management Integration (NUMI) integrates patient data from VistA via a COTS application. If unfunded, VA will be unresponsive to OIG recommendations to automate UM activities. ICU/ARK Analytics System enables clinicians to create, capture/access critical care data in a single representation. If unfunded, efficiencies in the way automated data is collected and displayed will not be realized. VPS Kiosks allow veterans to perform tasks independently. Standard requirements are needed to govern selection/implementation of kiosk platforms and applications to be accessed on them. If unfunded, VA will allow unregulated purchase and use of Point of Service technology and will be at risk for privacy/security issues, copyright infringement, and unsecured interfaces with facility databases.

3. Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.

Blood Bank Maintenance achieved 100% implementation of VistA Blood Establishment

Computer Software (VBECS) and interface development; defect repair/table update releases; release of interface to Bar Code Expansion-Positive Patient Identification. VistA Imaging released patches to provide GUI based interface to configure the TeleReader. This gives the user extra direction, help and data validation before making changes to records within the VistA database. The VistA Imaging Advanced Web Image Viewer (AWIV) for VistAWeb was released as part of the Joint Incentive Funds (JIF) 3 Wounded Warrior Initiative, and the first step towards supporting the congressionally mandated exchange of non-radiology images between the VA and the DoD. VistA Imaging Patch for Teledermatology was released to provide enhancements to VistA Imaging Clinical Capture to convert images into DICOM format and then associate the images for viewing on the TeleReader worklist.

4. Provide a list of planned accomplishments for current year (CY) and budget year (BY).

In CY VA will complete ICD-10-conversion of Class 1 Clinical remaining products. In CY/BY VA will update FDA Med Guides and develop patient safety-related enhancements. In CY/BY Blood Bank will deploy security, table and defect repair releases. In CY Behavioral Health Lab Software will develop a VistA interface to enhance value of a COTS software product now in use at VA Medical Centers. In BY the interface data collected by the COTS will be brought into the VistA database to be seen/manipulated as part of the patient health record. In BY Distribution of Mental Health Clinical Reminders will nationally deliver templates developed by The Office of Mental Health Services has developed templates for Evidence Based Therapy protocols for treatment of depression and PTSD. In CY these are being piloted at several facilities. In CY Methadone Dispensing Tracking will begin planning efforts to allow secure delivery of Methadone dosing to patients via secure ordering of Methadone fills from the COTS product or CPRS to be filled by the COTS product. CY will also begin National Clozapine Coordination for automation of ordering clozapine and reporting data for inpatients inherent patient safety features. In BY enhancements will be made to prevent lockouts that prevent dispensing of clozapine and adding mechanisms to allow NCCC to diagnose/repair problems remotely, increase the reliability/accuracy of data reported to NCCC via automatic data rollup, and create mechanisms to safely dispense a limited supply of clozapine under emergency conditions when FDA and supporting agencies are unavailable during non-business hours. In CY/BY VistA Imaging will complete planning and development of a Vista Imaging Storage Infrastructure. In CY Bed Management Solution will complete Class III national rollout. In BY Class I Planning and Increment development will provide national bed availability tracking of bed status from patient discharge to readiness for new occupant, track special bed types, feed bed status into VistA and automate bed cleaning/availability reporting processes. In CY Women's Health will begin planning for development of an ER assessment tool, mechanism to track and report abnormal test results, establish a Women Veteran's Call Center, and correct privacy and environment of care deficiencies. Development efforts will begin in BY.

5. Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.

2009-06-10

Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding

	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	\$4.5	\$15.7	\$15.0	\$11.0
DME (Excluding Planning) Costs:	\$46.1	\$79.8	\$70.7	\$71.4
DME (Including Planning) Govt. FTEs:	\$41.6	\$27.4	\$29.8	\$31.1
Sub-Total DME (Including Govt. FTE):	\$92.2	\$122.9	\$115.5	\$113.5
O & M Costs:	\$0.0	\$48.2	\$31.4	\$24.5
O & M Govt. FTEs:	\$0.0	\$4.3	\$8.8	\$10.2
Sub-Total O & M Costs (Including Govt. FTE):	0	\$52.5	\$40.2	\$34.7
Total Cost (Including Govt. FTE):	\$92.2	\$175.4	\$155.7	\$148.2
Total Govt. FTE costs:	\$41.6	\$31.7	\$38.6	\$41.3
# of FTE rep by costs:	325	244	342	349
Total change from prior year final President's Budget (\$)		\$-30.0	\$64.9	
Total change from prior year final President's Budget (%)		-14.59%	71.51%	

2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

The Medical Legacy investment PY and CY funding levels have changed from the FY 2012 President's Budget request due to the addition of projects to support the VA Secretary's Major Initiatives. Some projects are new and others have been realigned from other investments.

Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy

Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value (\$M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded	3600	V0002	V200P1754	3600							
Awarded	4735	GST0310DS6018	GS35F4461G	4730							
Awarded	4735	GST0310DS6074	GS35F0323J	4730							
Awarded	3600	VA11810P0081	GS06F0547Z	4730							
Awarded	4735	GST0310DS6021	GS35F0323J	4730							
Awarded	3600	VA11810F0409	GS35F4649G	4730							
Awarded	3600	VA11811FH002	VA11811BP0018	3600							
Awarded	3600	VA11811FH004	VA11811BP0018	3600							
Awarded	3600	VA11811FH001	VA11811BP0018	3600							
Awarded	3600	VA11811P0013									
Awarded	3600	VA11811F0228	NNG07DA17B	8000							
Awarded	3600	VA11811F0226	GS35F4649G	4730							
Awarded	3600	VA11811F0122	GS35F0042U	4730							
Awarded	3600	VA11811F0300	NNG07DA42B	8000							
Awarded	3600	VA11811F0301	NNG07DA08B	8000							

Table I.D.1 Contracts and Acquisition Strategy											
Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value (\$M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded	3600	VA11810F0259	NNG07DA21B	8000							

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

Since VA OI&T is now using an incremental iterative model to manage programs to facilitate EVM, all requirements will be packaged into manageable six month, short-term phases for release. Planned contracts marked as 'TBD FY11' and 'TBD FY12' items have not been written but should be Firm Fixed Price or Performance Based with the EV requirement in order to comply with the FAR SUBPART 7.1.

Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2012-08-14

Section B: Project Execution Data

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
1002180606	VA DoD Image and Scanned Document Sharing Phase I	The VA/DoD Image and Scanned Document Sharing project provides development and support for the VA/DoD sharing initiatives associated with the Wounded Warrior Initiative. The goal of the project is to support continuity of patient care between the Departments. VA and DoD Projects provide the electronic bidirectional sharing of health information in real-time for shared patients between the Departments. The development work includes a standards-based automated process to make images and studies from DoD, patient-provided CDs, fee-basis providers and other outside sources available to VA providers (Importer Prototype). It will also provide an enterprise gateway for exchanging VistA Imaging, DoD images and NCAT reports, including radiology studies, document artifacts and documents containing embedded			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		images Bi-directionally between the VA and the DoD. The goal of the VA/DoD Project is to support continuity of patient care between the Departments. VA and DoD will continue the electronic bidirectional sharing of health information in real-time for shared patients between the Departments.			
1003110605	Mental Health Enhancements - Outcomes Monitoring	The project seeks to improve the delivery of care for Veterans who are mental health patients. It includes enhancement of existing and development of new assessment instruments used for the overall assessment, data collection and development of appropriate treatment tools.			
1003120603	Bar Code Medication Administration (BCMA) - SFG IRA	The project is based upon the findings published by the Bar Code Medication Administration (BCMA) Special Focus Report. The product will enhance the accurate administration of medications, thereby enhancing patient safety.			
1003120604	Pharmacy Legacy Enhancements	User Workgroup and Business Office meetings identify numerous patient safety enhancements that will improve business process, patient care, and resource utilization as well as reduce spending and/or increase revenue generation. This project facilitates rapid response to these enhancement requests.			
1003120606	National Utilization Management Integration (NUMI)	National Utilization Management Integration (NUMI) integrates patient specific data from the Veterans Health Information Systems and Technology			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>Architecture (VISTA)with a Commercial off the Shelf (COTS)application. The Commercial off the Shelf (COTS)application uses accepted national health care criteria for Utilization Management (UM), allows users to: collect and analyze utilization data, catalog reasons for inappropriate resource usage, identify alternate level or plans of care and product facility, VISN (Veterans Integrated Service Network) , and national reports.</p>			
1003120611	FDA Medication Guides Update	<p>The FDA Medication Guides will provide an enhancement to the National Drug File which would allow automatic distribution of FDA Medication Guides in addition to VA provided Patient Medication Information Sheets when specially listed drugs are dispensed at the time of new and renewed prescriptions for patients, whether they are Outpatients, Inpatients, or patients using the CMOP. The distribution of these guides is required by the FDA for prescription drugs that pose a serious and significant public health concern. The guides are written by the drug manufacturers and the content is regulated by the FDA.</p>			
1003150604	Annual Surgery Updates (ASU)	<p>The Surgery package is designed to be used by Surgeons, Surgical Residents, Anesthetists, Operating Room Nurses and other surgical staff. The Surgery package is part of the patient information system that stores</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>data on the Department of Veterans Affairs (VA) patients who have, or are about to undergo, surgical procedures. This package integrates booking, clinical, and patient data to provide a variety of administrative and clinical reports. This development effort includes enhancements to the legacy Veterans Health Information Systems and Technology Architecture (VistA) Surgery software funded in FY09 through FY16. This includes enhancements in support of National Surgical Quality Improvement Program (NSQIP), Continuous Improvement In Cardiac Surgery Program (CICSP), Transplant Assessments, and Surgery Oversight.</p>			
1003170603	Lab Data Sharing and Interoperability (LDSI)	<p>LDSI upgrades the Laboratory Electronic Data Interchange (LEDI) III application to LEDI IV and provides bi-directional electronic sharing of lab data between VA and Commercial Reference Labs, Department of Defense (DoD), and the Laboratory System Reengineering Project (LSRP) Laboratory Information Management System (LIMS). Functionality is delivered in four patches: LA*5.2*74 and LR*5.2*350 (LEDI IV); LA*5.2*77 and LR*5.2*400 (LOINC).</p>			
1003190603	Fee Data and HERO	<p>This patch enhances Fee Basis to capture additional data associated with Non-VA care. Contracts can be specified for</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>Medical Fee and Civil Hospital authorizations and payments. Civil hospital invoices will allow entry of larger dollar amounts, additional diagnosis codes, present on admission indicators, the admitting diagnosis code, and additional procedure codes.</p> <p>The existing transmissions to NVH Pricer and Central Fee will be modified to include additional data elements. The transmission of these additional data elements will make it possible to comply with inpatient pricing requirements and improve the ability of the VA to review and report on purchased care.</p>			
1003210604	Identification of Principal Mental Health Provider	<p>Allow display of Principal Mental Health Provider in Computerized Patient Record System (CPRS). In support of VHA Handbook 1160.01, a need has been identified to coordinate care for veterans with mental health concerns, between their mental health and primary care providers. By readily identifying veterans principal MH provider in corresponding medical record, coordination of entire scope of care is facilitated. Rapid identification of all care providers enables critical coordination of care for veterans with mental health crisis conditions such as those with positive screens for Suicidal ideation, Post-Traumatic Stress Disorders, or depression.</p>			
1003210610	Absent Sick in Hospital (ASIH) Bed Hold	<p>This request is to align Veterans Health Administration Community Living Centers (CLC) practice, with the State Veterans Home,</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>and Community practice as guided by Medicare, by changing all software and associated reports, from Absent Sick in Hospital (ASIH) to Bed Hold and for 7 Days rather than 30. ASIH now being called Bed Hold; 30 day hold is being shortened to 7 days, and beds will be held only for those patients who have been in the CLC > 90 days.</p>			
1003220604	Reasonable Charges Billing Enhancements - Annual Updates	<p>This enhancement is a redesign and/or modification of the current structure of VistAs Integrated Billing (IB) software system. This enhancement includes changes described in two separate business requirements documents (BRDs) one from FY2009 and one from FY2010. The FY 2009 BRD identifies four specific requirements. The first requirement eliminates the billers from moving from one application screen to another to mark a non-billable encounter in Claims Tracking (CT) by allowing billers the ability to enter/edit the encounters Reason Not Billable (RNB) when editing a bill. The second requirement provides an application to accommodate the use of six digit facility station numbers with appropriate charges. The third requirement provides the capability to manually update appropriate facility designations prior to a new patch being released. The fourth requirement provides the capability to add RNBs to the national RNB list in the IB</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		package.			
1003220613	VistA Fee HIPAA 5010 Implementation Discovery and Requirements	Process compliant Fee Basis Version 5010 EDI transactions from within the VistA Fee Basis software package on/after 1/11/12. Continue to process compliant Fee Basis Version 4010/4010A1 EDI transactions as needed within the VistA Fee Basis software package on/prior to 12/31/11. Capture/transmit critical claim data from VistA Fee Basis to Integrated Billing.			
1003220614	Medicare Claims Pricing Schedules	At times, VA cannot provide all of the necessary medical care and services required by its patients, in house. In these cases, the VA may authorize medical care at private sector facilities for those Veterans who meet the eligibility requirements. This concept is referred to as Fee Basis care. In 2008, VA established a policy to implement use of Medicare fee schedules to pay for laboratory services and End Stage Renal Disease (ESRD) purchased from non-VA health care facilities in the absence of a contract or negotiated agreement. This policy is effective for services furnished on and after January 1, 2009. Currently, VA has systems access to two of Medicare's various fee schedules. This enhancement provides for enterprise wide application of an additional eleven Medicare fee schedules.			
1003220617	PAID Enhancements for VANOD	PAID Enhancements for VANOD provides updates to the existing VistA Personnel and Accounting			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>Integrated Data system (PAID) Electronic Time & Attendance (ETA) system software to identify overtime hours and work locations for Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Nursing Assistants (NAs), and Health Technicians. ETA shall be modified to allow timekeepers to indicate location, type of worked time, mandatory versus voluntary overtime, and reasons for overtime on the applicable employees time card. The time card outputs will be modified to show this new data. The transmission to Austin PAID shall be modified to include a count of each employee's mandatory overtime hours during each pay period. ETA shall also be modified to accept additional mandatory nursing overtime data with the payrun results that are transmitted by Austin PAID to ETA. ETA overtime reports shall be modified to reflect the new payrun data for mandatory hours. The PEV system shall provide the ability for the VANOD database to extract data from each instance of VistA ETA through new and established Kernel Broker remote procedure calls (RPCs). It is understood that VANOD currently has the ability to establish connections to each instance of VistA through established RPCs. The PEV software shall provide the RPC Broker connection between PEV system and VANOD and the ability for VANOD to extract data</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		from two files - Nurse Staffing Location file and Nurse POC Extraction file.			
1003220618	Electronic Insurance Identification	VA OI&T is implementing Operation RESCUE (Remote Enterprise Security Compliance Update Environment), which restricts the download of VA data to 'Non-VA Other Owned Equipment' (OE). The planned implementation of RESCUE will hamper collection of essential third party insurance information. This situation results in contractual and revenue collection issues. In order to mitigate the risks associated with RESCUE, this enhancement will automate the VistA extract and insurance information exchange.			
1003230606	High Risk Mental Health Patient - National Reminder and Flag	This project is to ensure that the Mental Health Suicide Risk progress note template is available to assist clinicians in identifying patients who have attempted suicide or who have serious suicidal ideation. To alert clinicians system-wide of this patient's suicide risk and to alert clinicians when the patient misses a mental health/substance abuse clinic appointment. The project is to ensure clinicians promptly follow-up on all at-risk patients who miss clinic visits.			
1003250606	ePharmacy Phase 5	Upgrade NCPDP Transactions to D.0 with backwards compatibility to version 5.1 Transmit NCPDP Eligibility Verification Inquiry Expanded TRICARE pharmacy billing.			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
1003260608	eClaims Iteration 4	Utilize the data in the HIPAA 5010 claims transactions to update and automate VistA IB and AR functionality. Accommodate HIPAA 5010 data requirements.			
1003260609	ePharmacy Claims - Phase 6	Provide alert to pharmacist to capture Patients Electronic Signature for prescription window pick-up Implement Electronic Transmissions of ChampVA Pharmacy Claims Implement detail enhancements to address gaps and inefficiencies in the current software to ensure that ePharmacy supports pharmacy business processes and VistA.			
1003260612	eClaims Iteration 5	Process the Medicare Unsolicited Response.			
1003260617	ePayments Enhancements - Annual Updates	Processes required to make HIPAA 5010 industry standard requirements operational with VA business processes.			
1003260621	ePayments FY 2010	Upgrade X12 835 transactions to 5010 version by: adding new fields as required by version 5010; deleting and modifying fields as required by version 5010; modifying any data dictionaries, files, screens to accommodate any new required 5010 field parameter; modifying software to allow for payer specific backward compatibility processing of 4010 835 transactions.			
1003290603	Vista Imaging Storage Management Enhancements Phase 1	FY12 work will support Initiative #7 New Models of Healthcare Store & Forward Telemedicine program includes enhancing existing storage management			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
1003290609	VistA Imaging Core DICOM Services Phase 1	<p>within VistA Imaging to support the needs for tele-pathology, home wound care and other clinical domains. The enhancements will properly store, monitor and manage the acquired Store and Forward Telemedicine images and insure they are available for remote VistA Imaging systems. In addition support will be provided for external storage related projects such as the Laboratory System Reengineering Project.</p> <p>Provide enhancements for Digital Imaging and Communications in Medicine (DICOM) services needed to acquire and properly store DICOM formatted images. This project also provides contract services to validate interfaces DICOM between VistA Imaging and commercial modalities and commercial Picture Archiving and Communication (cPACS) systems, and the proper access of DICOM images via DICOM services (e.g., Send and Query/Retrieve). Also provide enhancements and maintenance for Health Level 7 (HL7) messaging for cPACS and commercial medical imaging ancillary devices. All work shall, where feasible, align the VA with the technical frameworks created by the Integrating the Healthcare Enterprise (IHE) organization.</p>			
1003290610	Document and Ancillary Imaging	<p>The Document and Ancillary Imaging Project provides software enhancements to VistA Imaging Clinical Capture, Clinical Display,</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>and Import API. The project also provides support for external projects such as Surgery Consent Forms. Within Document and Ancillary Imaging are two applications, the Clinical Display and Clinical Capture. The Clinical Display application handles high quality image data from many specialties, including cardiology, pulmonary and gastrointestinal medicine, pathology, radiology, surgery, dermatology, ophthalmology, hematology, radiotherapy, nuclear medicine, and others. Clinical Capture application is used to add new images to patients online records. This application can be interfaced with devices such as digital cameras, document scanners, endoscopes, ultrasound scanners, video cameras (including those connected to microscopes or ophthalmoscopes) and x-ray film digitizers.</p>			
1010070604	Behavioral Health Lab Software	<p>This project will take the efforts of the Innovations -Behavioral Health Lab COTS software - and interface it with the CPRS/VistA health record.</p>			
1010220603	The Genomic Informatics System for Integrative Science (GenISIS)	<p>The GenISIS provides a central infrastructure to support the multiple VA genomic medicine studies which are advancing the goal for personalized medicine within the VA healthcare system. GenISIS supports managing clinical study data, consent, sample tracking, and genomic data sets. The tools can be used</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		for research initiatives to establish processes and expertise around genomic medicine and will provide capabilities that can be built upon as a foundation to move towards making genetic tools available at the clinical bedside for Veterans.			
1101070604	ICD-10 Changes for Class 1 Financial Products	Remediation of applications to convert to the CMS-mandated code sets, ICD-10-CM and ICD-10-PCS, by the 10/1/2013 federally mandated compliance deadline.			
1101070605	ICD-10 Class 3 Field Level Assessment	Remediation of applications to convert to the CMS-mandated code sets, ICD-10-CM and ICD-10-PCS, by the 10/1/2013 federally mandated compliance deadline.			
1101070607	ICD-10 Conversion of Class 1 Clinical Remaining Products	Remediation of applications for successful conversion to the CMS-mandated code sets: ICD-10-CM and ICD-10-PCS, by the 10/1/2013 federally mandated compliance deadline.			
1101070609	ICD-10 Changes for Lexicon, Encounter Forms, and Clinical Reminders	Remediation of applications to convert to the CMS-mandated code sets, ICD-10-CM and ICD-10-PCS, by the 10/1/2013 federally mandated compliance deadline.			
1101130603	Bed Management Solution (BMS) Version 1	The Bed Management Solution (BMS) provides a graphical user interface (GUI) for Veterans Health Information Systems and Technology Architecture (VISTA) bed and patient movement information as well as augmenting information that is			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>not available in Veterans Health Information Systems and Technology Architecture (VISTA). The application provides a real-time, user-friendly web-based VistA interface for tracking patient movement and determining bed availability. BMS feeds all bed status information into VISTA via a unidirectional feed from VISTA (not bi-directional feeding information back into VISTA).</p>			
1101130604	EVH Handheld Devices for Homeless Program	<p>This project is complimentary to the Homeless Operations, Management and Evaluation System (HOMES) - the case management system for the VHA Homeless Program Office. It aims to provide case managers mobile access to HOMES, CPRS and VistA in order to support Veteran outreach personnel in (1) capturing information about Veterans who are homeless, (2) transmitting the data to and from the HOMES database in real time (when possible) and (3) providing for real time sharing of Veteran data between handheld devices used in the field and HOMES, CPRS and VistA.</p>			
1101130608	VHA Point Service (Kiosks)	<p>Kiosks have been piloted and used to provide efficient service for veterans to perform various tasks independently. Veterans Health Administration (VHA) executive leadership has determined that it will be necessary to establish a set of standardized, representative requirements to govern the selection and implementation of</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>both kiosk platforms and the applications to be accessed on those platforms.</p>			
1101130613	Intensive Care Unit and Anesthesia Record Keeper (ICU ARK) Analytics System	<p>An Intensive Care Unit/Anesthesia Record Keeper (ICU/ARK) Analytics System is a medical information system that supports and records care delivery in critical care settings. It is comprised of an Intensive Care Unit (ICU) Clinical Information System (CIS), Anesthesia Record Keeper (ARK), VistA Interface Utility, Medical Analytics, a Communications Layer, and an Interface for Critical Care Data. For VA Office of Information and Technology (OIT), the ICU/ARK Analytics project scope will focus on providing a standard methodology for integrating the Interface solution across all VISNs at a national level to ensure that the ICU/ARK Analytics System is fully functioning across all VISNs.</p>			
1101130615	CPRS Version 29	<p>Computerized Patient Record System (CPRS) version 29 will make modifications to support the following customer requests:-Drug Enforcement Agency (DEA) Electronic prescribing of controlled substances using Public Key Infrastructure (PKI) This project will modify and/or enhance CPRS, Pharmacy and Kernel to meet the requirements proposed by the DEA for electronic prescribing of controlled substances.-Problem List Systematized Nomenclature of Medicine Clinical Terms</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>(SNOMED CT) changes This project will modify the problem list display. Now, all International Statistical Classification of Diseases and Related Health Problems, 9th Revision (known as "ICD-9") codes and their descriptions mapped for a given SNOMED-CT Code will display. All problems added from the problem list will display SNOMED-CT text and code.-Identification of Mental Health Treatment Coordinator The scope of this project is to display information about a patients Primary Mental Health Care Provider (PMHP) in Patient Care Management Module (PCMM) and CPRS so that it will be easier for clinicians to coordinate care between their mental health and primary care providers. Rapid identification of all care providers would enable critical coordination of care for veterans with mental health conditions such as depression, suicidal ideation and Post Traumatic Stress Disorder (PTSD). Patient Safety Issues and Remedy tickets The CPRS development teams will review submitted patient safety issues and remedy tickets for inclusion of CPRS version 29. Patient safety issues and remedy tickets will only be included in CPRS version 29 scope if the resolution is in the modified code base associated with the above project initiatives.</p>			
1101140603	Clinical Flow Sheet - CLIO v2	The project will include changes			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>to meet the requirements proposed by the OIT National Release board for development of the three known anomalies from CP Flowsheet version 1 release, interfacing and data mapping fields from vendor device Nihon Kohden. Additional enhancements to the application including terminology mapping interoperability, ability for clinicians to re-transmit ADT feeds to 3rd party devices in outpatients settings without manual data entry, an Auto Refresh function and Graphical User Interface format and view updates.</p>			
1101180603	Nov 2011 Release DSS Extracts	<p>The purpose of Decision Support System (DSS) Extracts is to provide support for yearly enhancements requested by the Decision Support Office (DSO). DSS package extracts managerial and workload data to be utilized by management, clinicians, and researchers to improve quality of care for the veterans. The DSS system is the main source of data for the BI-Dashboard and is critical to Corporate Systems. It is also the main source data for DSS Reports system as well as other data warehouses.</p>			
1102010603	Resident Assessment Instrument-Minimum Data Set 3_0 Implementation (RAI-MDS 3_0)	<p>The Resident Assessment Instrument/Minimum Data Set (RAI/MDS) is a standardized assessment tool that supports the completion of a comprehensive, accurate, and reproducible resident assessment and serves as the basis for individualized</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
1103310605	Credentialing and Privileging Enhancements	<p>resident care plans.</p> <p>VHAs electronic credentialing system is an application that maintains health care provider credentials. The CAPE program was initiated to provide effective and efficient information technology support. CAPE will: Enhance health care provider credentialing, enhance the privileging process and continuous monitoring of credentialing and privileging, increase the opportunity to deliver safe, quality care to veterans through linking provider credentials and facility resources for assignment of privileges, and integrate provider credentials and facility resources into electronic set of privileges.</p>			
1106230603	OHRS - H1N1 Enhancements	<p>The Clinical Information Support System for the Occupational Health Recordkeeping System CISS-OHRS application is a web based application that supports the business and clinical needs of the Occupational Health staff. As the VA Veteran employeeEHR, the OHRS application is also an integral component supporting VAs role in monitoring the tracking the progress of the Pandemic Flu/Novel H1N1 vaccination program for the non-VA Federal workforce including documentation of adverse medication events. This project is a collaborative effort between VA OI&T OED, the Office of Public Health Surveillance and Research (OPHSR) the Occupational</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
1108030603	VistA Fee and IFCAP Automation Enhancement	<p>Health, Safety and Prevention Strategic Health Care Group, and the VHA H1N1 Coordination Center, assisted by the Enterprise Systems Management group in the VHA Office of Health Information.</p> <p>The VistA FEE IFCAP Enhancement Project is a joint effort between OI&T, AITC, and CBO to implement controls and procedures to prevent duplicate payments to vendors and providers for batches and line items that Central Fee had previously rejected. The project will implement changes and modifications to various modules of VAs VistA software application to include Fee Basis Claims System (FBCS), Fee Basis, and IFCAP and the data exchange between this system and downstream systems such as Central Fee and VISN Support Service Center (VSSC).</p>			
1108170603	Upgrade ETA for Telework	<p>Currently, there is no way to accurately account for the number of days/hours employee work in alternative work environments (telework or work virtually) in the Enhanced Time and Attendance (ETA) System. This request seeks to allow VA entities to set and track the number of actual and scheduled/unscheduled days/hours employees work in this manner. This information would then be transmitted to the Central PAID System where reports could be generated to accurately account for these</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		statistics [which is required on an annual basis to the Office of Management and Budget (OMB) and Office of Personnel Management (OPM)].			
1109050649	ePharmacy D_0 V2	Submit all mandatory NCPDP fields, required NCPDP fields, and situational required NCPDP fields to PBMs/Payers regardless of payer sheet specifications. Accurately utilize NCPDP fields for pricing of VHA outpatient pharmacy claims.			
1109050670	EDI New Standards And Operating Rules VHA Payer Side Technical Compliance Requirements	Implementation of technical compliance requirements for Purchased Care business processes and IT systems to support HIPAA EDI transaction sets as identified by CMS standards and operating rules.			
1109071010	CPRS Version 30	Computerized Patient Record System (CPRS) version 30 will make modifications to support the following customer requests:-International Statistical Classification of Diseases and Related Health Problems, 10th Revision (known as "ICD-10") Conversion projectThis project will modify CPRS, Text Integration Utility(TIU), Consults, Health Summary, Problem List, Clinical Reminders, and Order Entry Results Reporting to meet the requirements proposed by the Dept. of Health and Human Services to adopt ICD-10 code set standards.-Clinic Orders This iteration of Clinic Orders will focus on clinic medications (the ordering, processing and documenting administration of the			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>clinic medication). The enhancements and new functionality to CPRS, Legacy Pharmacy and Bar Code Medication Administration (BCMA) will provide the following:-CPRS Clinic Medication Orders will function comparable to Inpatient Medications. In addition, CPRS will allow all authorized personnel with prescribing privileges to easily recognize and access a One Step process to document clinic orders and the administration by the clinician from any area where orders can be called. -Improved Patient Safety by allowing order checks for clinic orders.-Improved Work flows by providing easy access and minimal steps to write a clinic order, process and document administration for clinic medications. -Copy/Paste MonitorThe Copy/Paste project will modify CPRS and TIU to meet the requirements proposed by the Office of Inspector General recommendation to add the ability to monitor copy/paste action in the CPRS application. Effective monitoring systems must be in place to support the integrity of electronic patient records.-Lab Display StatusThe Lab Display with continue with Phase II requirements identified in requirements elaboration document. Target changes to lab and report tab display changes. Patient Safety Issues and Remedy tickets The CPRS</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>development teams will review submitted patient safety issues and remedy tickets for inclusion of CPRS v30. Patient safety issues and remedy tickets will only be included in CPRS v30 scope if the resolution is in the modified code base associated with the above project initiatives.</p>			
1109120488	Veterans Informatics and Computing Infrastructure Consortium for Health Informatics Research (VINCI CHIR)	<p>The VA Informatics and Computing Infrastructure (VINCI) Program is intended to fulfill the need of the VA Research community for a secure and powerful analytical environment that provides access to appropriate data. VINCI is essential for both productivity and security. Data from all Veterans can be included in research rather than geographically isolated samples. Providing access to these data in a secure environment will prevent loss and exposure of sensitive information. The need for VINCI comes from the requirement to protect Veteran data and continue important research that will improve the quality of care for Veterans. Access to more data and new types of data not previously available will allow VA Researchers to expand their areas of inquiry.</p>			
1109130714	VistAWeb Performance and User Interface Enhancements for VLER	<p>VistaWeb is an intranet web based application used to review remote patient information found in VistA and the Health Data Repository (HDR). To a large extent, VistAWeb mirrors the reports behavior of the Computerized Patient Record</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>System (CPRS) and Remote Data View (RDV). However, by permitting a more robust and timely retrieval of remote-site patient data, VistAWeb is also an enhancement to CPRS/RDV.</p>			
1109130725	Patient Record Flags for Suicide Risk and Missing Patients	<p>The Patient Record Flag is a nationally deployed application within the Computerized Patient Record System (CPRS) that creates a flag on the patients chart to emphasize the presence of significant risk factors for the patient. Currently, the only Category I Flag authorized for national release is a Behavioral Flag. Under current guidelines, this flag is to be used in the event that a significant risk for violence is present. The Patient Record Flag Advisory Board reviews all software requests to maintain compliance with the National Patient Record Flag VHA Directive 2003-048 and has approved this new Category 1 Patient Record Flag for Missing Patients. The use of PRF in being able to identify a missing patient should that patient show anywhere in the system is crucial to being able to identify these high risk patients, while also allowing clinical care gives the ability to assist in location of missing patients across the VA system.</p>			
1109130737	Enhancements to the Veteran Crisis Line Software Application	<p>The Office of Mental Health Services currently manages the Veterans Crisis Line, a 24-hour confidential hotline that Veterans can access if they are in need of suicide prevention help. Crisis</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>Line staff use a web-based application to make referrals from the national hotline to the appropriate field-based Suicide Prevention Coordinators (SPCs). Enhancements to the tool and ongoing maintenance of the application itself are needed. Currently, the application form that Crisis Line staff use does not electronically integrate the use of standard, industry-wide nomenclature that properly classifies self-directed violence. Instead, staff must record the levels of self-directed violence classifications manually into the free text comments field. Unfortunately, nomenclature used in this free-text field cannot be extracted as discrete data elements. As a result, the Suicide Prevention Center of Excellence, which gathers data from the Veterans Crisis Line Application, does not have the ability to properly report on self-directed violence in a manner that is consistent with industry nomenclature and standards. This leads to the inability of the VA to share and compare its information with other suicide prevention centers.</p>			
1109131008	EVH Case Management HUD VASH-At-Risk Tracking	<p>Patients receiving treatment at VA facilities are not asked about their living situations. Consequently, homeless and at-risk Veterans receiving treatment are not being identified, leading to a missed opportunity for placement into Homeless Programs and an inaccurate</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>measurement of the homeless Veteran population. In order to eliminate Veteran homelessness, an understanding of how many people need assistance, and the types of services, housing and supports needed are required. This is a missed opportunity for identifying homeless and at-risk Veterans.</p>			
1109140104	Caregivers - Newborn Claims Processing Enhancement	<p>This project addresses changes specific to Title II, Women Veterans Health Care Matters, of the Caregiver and Veterans Omnibus Health Services Act of 2010. Title II addresses care for newborn children of Women Veterans receiving maternity care. The project will include enhancements to various VistA software applications to include Registration, Enrollment, and Eligibility; Admission, Discharge and Transfer (ADT); Patient Treatment File (PTF); Fee Basis; and Integrated Billing. The scope of these enhancements is to capture information on healthcare services provided to newborn children of Women Veterans. Affected functions include eligibility determination, enrollment and registration, documentation of referrals and authorization for care, claims processing and payment.</p>			
1109140399	Caregivers - Title 1, Sections 101-104	<p>This project addresses changes specific to Title I, Caregiver Support, of the Caregiver and Veterans Omnibus Health Services Act of 2010. Title I requires VA to develop a program of comprehensive assistance for</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		Family Caregivers. This project will provide the ability to enroll eligible caregivers into the VA system, capture the total workload accomplished by those caregivers, and track the disbursement of all benefits due the caregivers.			
1109150930	Purchased Care - VistA Fee Authorization Menu Enhancements	Provide enhancements to the VistA Fee Basis application in support of preventing duplicate payments which is occurring because of no interface between VistA Fee Application Batch Software, Central Fee and IFCAP/FMS.			
1109150946	Purchased Care - Emergency Patch VistA Fee Separation of Duties	Assignment of additional VistA access keys to ensure separation of duties for Fee Clerks and Fee Supervisors.			
1109160238	Automate Application of TOP_CP Offsets for 1st Party Medical Debts	The CBO is seeking to automate the application process for Compensation & Pension (C&P) offset payments from the Debt Management Center (DMC), and offset payments from the Treasury Offset Program (TOP) on individual patient accounts maintained on the VA Medical Centers (VAMC) local Veterans Health Information Systems and Technology Architecture (VistA) system. The entire process would be handled in a manner similar to the first party lockbox payment posting already in place.			
1109160260	Third Party Billing Improvements for Fee Care	The scope of this request is to enhance VistA software applications, IB, AR, Fee care modules, and related business practices to improve and ensure accurate billing, collections, data			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>capture and reporting for all approved Non-VA care claims for services rendered by Non-VA health care providers. These enhancements would allow VHA to improve current processes with more efficient and effective practices, thereby improving the level of satisfaction of our Veterans.</p>			
1109160272	3rd Party Billing (IB) Precertification Enhancements	<p>This request is consistent with legislation which requires and authorizes VHA to seek reimbursement from third party health insurers for medical care provided by VA to insured Veterans for non-service connected treatment. Incorporating these enhancements would afford UR Nurses the opportunity to complete precertification reviews prior to treatment and would also give Billers the information needed via the modified PCRR to bill third party carriers for Fee Basis-related treatment. The VistA Fee Basis and Integrated Billing (IB) software packages would be affected by this request.</p>			
1109160283	Emergency Humanitarian Third Party Payer Project	<p>Currently, the non-Veteran patient is responsible for both Inpatient and Outpatient billed charges for their entire patient stay. This requested enhancement will allow VHA to bill third party payers the cost of the visit directly and then bill the patient for the remainder, thus increasing the collections.</p>			
1109160294	Additional Reasons Request when Suspending Bills	<p>The goal of this request is to accommodate legislation which</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>prohibits action on bills to bankrupt debtors by allowing identification of such debtors in the VistA system. The objectives towards this goal are: (1) the cessation of calculation of interest and other charges for bills suspended due to bankruptcy as indicated in the mandate for this New Service Request (NSR), (2) the increased efficiency afforded the AR process due to the reporting changes indicated, (3) provide a bill suspension type of Bankruptcy within the VistA AR package, and (4) the addition of other bill suspension option values including Termination, Compromise, Charges Disputed, Probate, Congressional, etc.</p>			
1109160326	Eliminate Creation of First Party Prepayments when Performing the Pharmacy Reset Copay Status Option	<p>With the elimination of automatically generated prepayments resulting from medication copayment cancellations, electronic refunds will be accurately shown in the accounting records as deposited and refunded from the 528703 fund. In addition, refunds will be processed with accurate amounts. After installation of this enhancement, the revenue staff will experience a reduction in prepayments as well as the time involved in the review process since only an overpayment from the Veteran will produce a prepayment. The reduction in the labor hours for this process will provide the revenue section with an opportunity to redirect the revenue staff as needed. A report</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>would also be required to display those prescriptions that were affected by a change along with the corresponding billing information.</p>			
1109160338	Rate Type and Revenue Source Codes for DoD Billing	<p>An RSC is a unique four-digit code created to define revenue sources within different VA programs. They allow for the accumulation of statistical data on the types of revenue generated, which may be used by management to compile data for reconciliation purposes and other related reports. It also ensures appropriate fund assignment. When the facility audits a bill using one of these RSCs, they are able to identify whether its an inpatient versus outpatient versus other service, but are unable to identify those specific to these special populations. This request seeks to add the following RSCs to the VistA IB and AR software packages.</p>			
1109210947	DSS Extracts-Event Capture 3-5	<p>The purpose of Decision Support System (DSS) Extracts/ Event Capture Project is to provide support for yearly enhancements requested by the Decision Support Office (DSO). DSS package extracts managerial and workload data to be utilized by management, clinicians, and researchers to improve quality of care for the veterans. The DSS system is the main source of data for the BI-Dashboard and is critical to Corporate Systems. It is also the main source data for DSS Reports system as well as other data warehouses. Oringinal</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
1003220616	Denied Claims Reports	<p>Event Capture Enhancements OMB and project schedule data were transferred to this entry in January 2012.</p> <p>Currently, there is no report or audit tool that displays unpaid, unauthorized fee claims at a proper level of detail. This enhancement will provide appropriately detailed reporting capability locally and nationally. In addition, this enhancement will provide for data on appealed denied claims to be transmitted to Central Fee, which will also be reportable locally and nationally. This enhancement will provide a comprehensive picture of the total workload processed in the Fee claims office.</p>			
1003260607	VistA Fee Invoice Acceptance Date Controls	<p>At times, VA cannot provide all of the necessary medical care and services required by its patients. In these cases, the VA may authorize medical care at private sector facilities for those Veterans who meet the eligibility requirements. This concept is referred to as fee basis care. Bills for services are submitted to the authorizing VA facility where the bill is reviewed and processed for payment. Currently in the local fee system, users have the ability to enter an invoice acceptance date that is prior to the actual treatment date. This deficiency not only negates the integrity of the data in the fee system but also could result in payment for services that were never rendered. This enhancement shall prevent the entry of fee</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		claims into the local VistA Fee Package where the claims received date is prior to the admission/treatment date.			
1005040603	VA DoD VistA Fee-IPAC Interface	The purpose of this enhancement is to enable the VistA Fee application to be used to process payments for care provided at DoD Military Treatment Facilities (MTFs) through the Department of Treasury Intra-governmental Payment and Collection (IPAC) system. IPAC provides a standardized inter-agency fund transfer mechanism for Federal Program Agencies (FPA). It facilitates the intra-governmental transfer of funds, with descriptive data, from one FPA to another. Processing payments through IPAC provides the ability to meet statutory requirements for accounting and reporting. This enhancement requires modification to the Legacy VistA Financials in order to electronically document all information required to process a claim through IPAC and to electronically send claim information to IPAC.			
1010070603	Distribution of Mental Health Clinical Reminders	This project provides for the national distribution of VistA Clinical Reminder templates created at local medical centers to support evidenced based therapy.			
1103030603	Event Capture Enhancements	The purpose of Event Capture project is to provide a workload capturing system outside of Computerized Patient Reporting System (CPRS) and Patient Care			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>Encounters (PCE). A simplified workload or encounter capturing program was created in Veterans Information System Technology Architecture (VistA). The objective of the Event Capture enhancements project is to enhance the existing system to capture additional information mandated by Congress. It also will enhance existing features or fix existing bugs to improve the user experience. This supports OI&T Corporate Product Enhancement Division and other existing DSS reporting systems. In December 2011, this project was combined with parent project DSS Extracts Enhancements. All Event Capture Enhancements OMB reportable items and projectschedule will be recorded in DSS Extracts/Event Capture 3.5 project starting January 2012.</p>			
1103310603	ASISTS (Automated Safety Incident Surveillance and Tracking System) Case Management	<p>Modernize the existing VistA ASISTS and WC/OSH MIS applications using the CISS web-based portal application framework and underlying technology, implement ASISTS and WC/OSH MIS enhancements, and integrate the resulting solution with OHS. This project will provide the VA with a centralized, integrated solution that will (1) capture, monitor, and report job-related incidents of accidental injuries and occupational illnesses; (2) manage and track Workers Compensation and occupational</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		<p>safety and health claims; and (3) electronically transmits WC claims to the Department of Labor Office of Workers' Compensation Programs and electronically receives case data from DOL.</p>			
1105020603	VistA Imaging Storage Infrastructure	<p>This project includes procurement and deployment of enhanced tier II enterprise storage infrastructure for VistA Imaging, enabling improved tier II storage for telemedicine capabilities (such as Teledermatology, Telepathology and Home Telewound care) to increase veteran access to scarce healthcare specialists, reduce unnecessary travel, and increase continuity of care.</p>			
1109160308	Automate Updates of Late Payment Charges	<p>An important goal related to this request is the update of rate parameters in a standardized and automated manner. Rate parameters are currently entered in each local VistA system by using the Interest/Admin/Penalty Rates option in the Accounts Receivable (AR) application. Updating the rate parameters would satisfy the objective to charge the correct amount of interest, administrative, penalties, and other charges to debtors and to collect the appropriate fees.</p> <p>This request involves the institution of a process to deliver the Interest, Administrative, Penalty and Litigation Referral Fee rates to local VistA systems with removal / inactivation of the input option (Interest/Admin/Penalty Rates now currently in use).</p>			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
1010190603	CPRS Notification Abnormal Test Results	This project will provide a Computerized Patient Record System (CPRS) tracking system for abnormal test results and breast cancer screening services (i.e. mammograms) for the Office of Public Health and Environmental Hazards and the Women Veterans Health Strategic Health Care Group. Currently, there is no effective way to monitor or track results (to include abnormal test results and abnormal breast cancer screenings including mammograms) in CPRS which can potentially cause unnecessary delay in and lack of appropriate follow-up care for patients.			
1010190605	Notification of Teratogenic Drugs	This project will send notification of Teratogenic drug usage in order to prevent fatal and non-fatal birth defects caused by teratogenic drugs prescribed to females who may be pregnant, lactating or of childbearing age. JC Medication Management standard 1.10 specifically states that pregnancy and lactation status must be available to the clinician treating the patient as one of minimum pieces of information that is needed for those involved in medication management.			

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities	End Point Schedule Variance	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
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Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
		(\$M)	(in days)					
1002180606	VA DoD Image and Scanned Document Sharing Phase I							
1003110605	Mental Health Enhancements - Outcomes Monitoring							
1003120603	Bar Code Medication Administration (BCMA) - SFG IRA							
1003120604	Pharmacy Legacy Enhancements							
1003120606	National Utilization Management Integration (NUMI)							
1003120611	FDA Medication Guides Update							
1003150604	Annual Surgery Updates (ASU)							
1003170603	Lab Data Sharing and Interoperability (LDSI)							
1003190603	Fee Data and HERO							
1003210604	Identification of Principal Mental Health Provider							
1003210610	Absent Sick in Hospital (ASIH) Bed Hold							
1003220604	Reasonable Charges Billing Enhancements - Annual Updates							
1003220613	VistA Fee HIPAA 5010 Implementation Discovery and Requirements							

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
1003220614	Medicare Claims Pricing Schedules							
1003220617	PAID Enhancements for VANOD							
1003220618	Electronic Insurance Identification							
1003230606	High Risk Mental Health Patient - National Reminder and Flag							
1003250606	ePharmacy Phase 5							
1003260608	eClaims Iteration 4							
1003260609	ePharmacy Claims - Phase 6							
1003260612	eClaims Iteration 5							
1003260617	ePayments Enhancements - Annual Updates							
1003260621	ePayments FY 2010							
1003290603	Vista Imaging Storage Management Enhancements Phase 1							
1003290609	VistA Imaging Core DICOM Services Phase 1							
1003290610	Document and Ancillary Imaging							
1010070604	Behavioral Health Lab Software							
1010220603	The Genomic Informatics System for Integrative Science (GenISIS)							

Activity Summary

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Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
1101070604	ICD-10 Changes for Class 1 Financial Products							
1101070605	ICD-10 Class 3 Field Level Assessment							
1101070607	ICD-10 Conversion of Class 1 Clinical Remaining Products							
1101070609	ICD-10 Changes for Lexicon, Encounter Forms, and Clinical Reminders							
1101130603	Bed Management Solution (BMS) Version 1							
1101130604	EVH Handheld Devices for Homeless Program							
1101130608	VHA Point Service (Kiosks)							
1101130613	Intensive Care Unit and Anesthesia Record Keeper (ICU ARK) Analytics System							
1101130615	CPRS Version 29							
1101140603	Clinical Flow Sheet - CLIO v2							
1101180603	Nov 2011 Release DSS Extracts							
1102010603	Resident Assessment Instrument-Minimum Data Set 3_0 Implementation (RAI-MDS 3_0)							

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
1103310605	Credentialing and Privileging Enhancements							
1106230603	OHRIS - H1N1 Enhancements							
1108030603	Vista Fee and IFCAP Automation Enhancement							
1108170603	Upgrade ETA for Telework							
1109050649	ePharmacy D_0 V2							
1109050670	EDI New Standards And Operating Rules VHA Payer Side Technical Compliance Requirements							
1109071010	CPRS Version 30							
1109120488	Veterans Informatics and Computing Infrastructure Consortium for Health Informatics Research (VINCI CHIR)							
1109130714	VistaWeb Performance and User Interface Enhancements for VLER							
1109130725	Patient Record Flags for Suicide Risk and Missing Patients							
1109130737	Enhancements to the Veteran Crisis Line Software Application							
1109131008	EVH Case Management HUD							

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
	VASH-At-Risk Tracking							
1109140104	Caregivers - Newborn Claims Processing Enhancement							
1109140399	Caregivers - Title 1, Sections 101-104							
1109150930	Purchased Care - VistA Fee Authorization Menu Enhancements							
1109150946	Purchased Care - Emergency Patch VistA Fee Separation of Duties							
1109160238	Automate Application of TOP_ CP Offsets for 1st Party Medical Debts							
1109160260	Third Party Billing Improvements for Fee Care							
1109160272	3rd Party Billing (IB) Precertification Enhancements							
1109160283	Emergency Humanitarian Third Party Payer Project							
1109160294	Additional Reasons Request when Suspending Bills							
1109160326	Eliminate Creation of First Party Prepayments when Performing the Pharmacy Reset							

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
	Copay Status Option							
1109160338	Rate Type and Revenue Source Codes for DoD Billing							
1109210947	DSS Extracts-Event Capture 3-5							
1003220616	Denied Claims Reports							
1003260607	VistA Fee Invoice Acceptance Date Controls							
1005040603	VA DoD VistA Fee-IPAC Interface							
1010070603	Distribution of Mental Health Clinical Reminders							
1103030603	Event Capture Enhancements							
1103310603	ASISTS (Automated Safety Incident Surveillance and Tracking System) Case Management							
1105020603	VistA Imaging Storage Infrastructure							
1109160308	Automate Updates of Late Payment Charges							
1010190603	CPRS Notification Abnormal Test Results							
1010190605	Notification of Teratogenic Drugs							

Key Deliverables								
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
1003220616	Project Planning State Complete (Vista Legacy)	Project planning activities completed.	2011-09-30	2012-12-31		456	-458	-100.44%
1003220614	Project Planning State Complete (Vista Legacy)	Project planning activities completed	2011-09-30	2012-12-31		456	-458	-100.44%
1103310605	Planning State Completed	Requirements and design documents complete	2011-11-22	2011-11-22	2011-11-22	119	0	0.00%
1102010603	M: IOC Testing - FINISH	VHA Approved Proof of Concept COTS Testing	2011-11-30	2011-11-30		387	-275	-71.06%
1108030603	Planning Completed (Legacy)	Requirements and Design document complete. Project management documents complete.	2011-12-05	2011-12-05	2011-12-05	336	0	0.00%
1108170603	Planning State Completed	Requirements, Design and PM documents complete and approved.	2011-12-06	2011-11-28	2011-11-28	183	8	4.37%
1109130714	Planning State Completed	Planning efforts completed on all Acquisition packages and all documents required for PMAS Approval review	2011-12-15	2012-02-24	2012-02-24	73	-71	-97.26%
1105020603	Planning State Completed	Current Planned TAC Contract Award Milestone	2011-12-30	2012-05-25		361	-245	-67.87%
1109160260	Planning State Completed	Requirements, Design, and Project Management documents completed and approved.	2012-01-20	2012-01-26	2012-01-26	179	-6	-3.35%
1109160308	Planning State Completed	Requirements, Design, and Project Management documents completed	2012-01-20	2012-01-26	2012-01-26	179	-6	-3.35%

Key Deliverables								
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
		and approved.						
1109160272	Planning State Completed	Requirements, Design, and Project Management documents completed and approved.	2012-01-20	2012-01-26	2012-01-26	179	-6	-3.35%
1109160283	Planning State Completed	Requirements, Design, and Project Management documents completed and approved.	2012-01-20	2012-01-26	2012-01-26	179	-6	-3.35%
1109160294	Planning State Completed	Requirements, Design, and Project Management documents completed and approved.	2012-01-20	2012-01-26	2012-01-26	179	-6	-3.35%
1109160326	Planning State Completed	Requirements, Design, and Project Management documents completed and approved.	2012-01-20	2012-01-26	2012-01-26	179	-6	-3.35%
1109160338	Planning State Completed	Requirements, Design, and Project Management documents completed and approved.	2012-01-20	2012-01-26	2012-01-26	179	-6	-3.35%
1109150930	Planning State Completed	Requirements, Design and Project Management documents completed and approved.	2012-01-20	2012-05-03	2012-05-03	178	-104	-58.43%
1109150946	Planning State Completed	Requirements, Design and Project Management documents complete and approved.	2012-01-20	2012-01-18	2012-01-18	178	2	1.12%
1109160238	Planning State Completed	Requirements, Design, and Project Management documents completed	2012-01-20	2012-01-26	2012-01-26	179	-6	-3.35%

Key Deliverables								
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
		and approved.						
1109050670	Planning State Completed	Requirements, Design, and Project Management documents completed.	2012-01-31	2012-04-25	2012-04-25	189	-85	-44.97%
1101070605	Planning State Completed	Inventory of Class 3 applications impacted by ICD-10 and Class 3 Remediation Approach Report and WorkPlan created and delivered.	2012-03-02	2012-03-02	2012-03-02	424	0	0.00%
1003220604	Project Planning State Complete (VistA Legacy)	Project planning activities completed	2012-03-15	2012-04-18	2012-04-18	623	-34	-5.46%
1003260607	Project Planning State Completed (VistA Legacy)	Project planning activities completed	2012-03-15	2012-04-16	2012-04-16	623	-32	-5.14%
1010070603	Planning Finish	Submit all documentation for approval to begin the development of clinical reminders that support evidence based therapy.	2012-03-30	2012-08-15		452	-154	-34.07%
1010070604	Planning Finish	Submit all documentation and gain approval to begin development of the Behavioral Health Lab Software interface.	2012-03-30	2012-06-01		361	-154	-42.66%
1103310603	Planning Completion	Project planning completed	2012-03-30	2012-03-30	2012-03-30	205	0	0.00%
1010190605	Planning State Completed (UPM P F)	Requirement solution analysis and system design	2012-04-02	2012-04-02		378	-151	-39.95%
1109140399	Planning State Completed	Requirements, Design, and Project Management	2012-04-20	2012-07-09		53	-133	-250.94%

Key Deliverables								
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
		documents complete and approved.						
1010190603	M: Planning State Completed	Requirement solution analysis and system design	2012-06-01	2012-06-01	2012-06-01	438	0	0.00%
1109140104	Planning State Completed	Requirements, design and Project Management documents completed and approved.	2012-09-28	2012-09-28		270	0	0.00%

Section C: Operational Data

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
Each Project in this investment will measure the number of planned project customer acceptances/sign-off against the number of actual project customer acceptances/sign-off in accordance with the Program Management and Accountability System (PMAS). The project totals for customer acceptance/sign-off will be reported as a percentage for the investment as a whole.	Percentage	Process and Activities - Quality	Over target	95.000000	95.000000	95.000000	99.000000	Semi-Annual
Due to the omnibus nature of this investment, it is critical to track and ensure reporting contribution by all projects to the public-facing monthly IT Dashboard update for actual cost, schedule, performance and acquisition execution. This metric will measure the percentage of investment projects reporting monthly.	Percentage	Technology - Information and Data	Over target	98.000000	98.000000	98.000000	100.000000	Monthly

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
Each project comprising this investment is responsible for timely execution of its allocated FY budget to fulfill Agency mission and goals for budget forecasting and execution. This metric will measure 100% of the investment's planned FY budget execution against the percentage of the investment's actual FY budget execution.	Percentage	Mission and Business Results - Support Delivery of Services	Over target	95.000000	95.000000	95.000000	100.000000	Quarterly
Each Project in this investment will measure the number of planned customer-facing deliverables per increment against the number of actual customer-facing deliverables per increment in accordance with the Program Management and Accountability System (PMAS). The project totals for customer-facing increment deliverables will be reported as a percentage for the investment as a whole.	Percentage	Customer Results - Timeliness and Responsiveness	Over target	98.000000	98.000000	98.000000	100.000000	Semi-Annual
Each Project in this investment will	Average/Number	Process and Activities - Cycle Time and	Under target	130.000000	130.000000	130.000000	130.000000	Semi-Annual

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
measure the planned business days for increment delivery against the number of actual business days for increment delivery in accordance with the Program Management and Accountability System (PMAS). The project totals for business days per increment delivery will be reported as an average number of business days for the investment as a whole.		Timeliness						