# IVC Patient Portal / Health Application Strategy

This document is intended to provide an approach to breaking up the work delineated in the IVC Patient Portal original RTM Report 01062023 and in VA.gov assessment summary 20230515. Office of Information Technology proposes that sections of this work may be performed by several OIT offices or product lines, which will impact how we approach intake, budgeting, contracting, and road mapping. For that reason, we recommend breaking down the concept of the IVC patient portal into smaller, similar groupings, and submitting some of those for intake.

#### How this document came to be:

* OCTO & OCC received RTM Report 01062023, which included requirements for a Veteran, family member & caregiver beneficiary, and provider standalone portal. Several of these requirements were duplicates – representing the same functionality, for different user types.
* OCTO reviewed this document and prepared Community Care Portal Write-up updated 32723, grouping the requirements thematically into epics of similar work, based on the intended outcome. We provided recommendations and next steps for each epic.
  + No action needed - Functionality already exists on VA.gov / OIT systems
  + Reuse play - Functionality already exists on VA.gov and could incorporate IVC’s requested requirements. (Work would be needed from several IT teams to incorporate community care requirements, but not to develop the feature from scratch)
  + Reuse play - Functionality that is underway or planned for VA.gov / on other OIT team roadmaps & could incorporate IVC’s requirements in the future.
  + Custom play - Unique, net-new features that would require custom development and integrations.
  + Recommend not to pursue at this time. Functionality that either needs additional clarity or that may not be feasible at this time, as described.
* IVC reviewed the write-up and created VA.gov Assessment Summary in response to OCTO’s questions.
* Separately, the IVC patient portal was submitted to OIT intake.
* OCTO reviewed the new assessment summary against earlier documents to produce this document.

This document follows the following format:

#### Product or application

**User problem to be solved**

**Rows in IVC’s spreadsheets**

**OIT Product Lines / offices that may need to be involved in development**

**Work to be done**

## Recommended groupings for OIT intake and rationale

We recommend that OIT Intake break the IVC portal request into smaller pieces, as noted. Several of these pieces will involve multiple OIT teams to deliver. Performance and notifications will be included in each one of these, meaning that we will develop the notifications for each of these requirements as we develop the feature; we do not need to put those through intake separately.

### IVC Benefit applications for beneficiaries

*Reuse: VES & OCTO*

[CHAMPVA – Family Members](#_CHAMPVA_–_Family)

[Registration in the Foreign Medical Program](#_Registration_in_the)

[Camp Lejeune Enrollment – Family Members](#_Camp_Lejeune_Enrollment)

### Family Member Program Features

[Provider locator for CHAMP VA & VFMP](#_Provider_locator_for)

[Proof of health care coverage](#_Proof_of_health)

### 

### IVC Omnichannel

*Reuse: VES, OCTO*

[Chatbot](#_Chatbot)

[Feedback](#_Feedback)

[Contact center support / Billing support](#_Contact_center_support)

### Community care appointments and scheduling

*SaaS & Reuse: OCTO, SPM T&S, SPM-Community Care*

[Scheduling community care appointments online](#_Scheduling_community_care)

[Authorizations & referrals](#_Authorizations_&_referrals)

[Consult](#_Consults)

[View care team](#_View_care_team)

*Scheduling community care appointments online is already part of SPM T&S roadmap.*

### IVC patient portal core features

*Custom + Reuse – OCTO + SPM Health*

[Access medical record & access clinical care notes](#_Access_medical_record)

[Medication management](#_Medication_management)

[Manage medical equipment](#_Manage_medical_equipment)

[Standalone secure messaging portal for providers to exchange messages with Veterans](#_Standalone_secure_messaging)

### Community care billing & reimbursement

*Reuse: OCTO + other TBD*

[Billing Management / Debt Management](#_Billing_Management/Debt_Management)

[Reimbursement forms](#_Reimbursement_forms)

### Decision reviews

*SaaS + Reuse: OCTO, SPM Health*

[Submit](#_Community_care_claims) claims,

### VA profile integrations

*Reuse: VES*

[Manage & update personal information](#_Manage_&_update)

### [Do not recommend taking through OIT intake](#_IVC_Portal_Requests)

Veteran application for health care (1010ez)

Sitewide search

Sitewide support

Benefit content

Feedback

[Veteran, family member, caregiver, and other beneficiary notifications](#_Veteran,_family_member,)

[Surface non-social-security identification number to Veterans](#_Surface_non-social-security_identif)

### Need further clarification before intake

[Integrate with other VA, Federal, and Third-Party Administrator Portals](#_Integrate_with_other)

## IVC Portal feature requests – Not yet built or planned

This set of features was compiled by reviewing the original RTM document of ~ 200 requirements, grouping duplicates or similar efforts.

### Registration in the Foreign Medical Program

([Foreign Medical Program (FMP) - Community Care (va.gov)](https://www.va.gov/COMMUNITYCARE/programs/veterans/fmp/index.asp)

**User problem to be solved**As an eligible Veterans living or traveling abroad, I would like to enroll to receive services from VA’s Foreign Medical Program (FMP).

**Rows in IVC’s spreadsheets**

* Row 3 in VA.gov assessment summary
* Row 117, 119, 120, 126 in RTM

**Product Lines / offices that may need to be involved in development**

* Office of the CTO
* Veteran Experience Services Product Line / Enrollment
* VEO – Medallia

**Work to be done (high-level)**

* Content team to publish new VFMP content eligibility pages (coming soon!)
* Forms system team to build 10-7959f-1 on VA.gov (OCTO)
* Enable enrollment service to accept VFMP application (VES) & connect to front-end of form (OCTO/VES)
  + This work is underway. Est FY 2025.
  + The form system development is dependent on this work.
* Establish notification triggers for VFMP applications to enable enterprise notification platform to send notifications to enrollees about application status (VES, VA Notify)

### Camp Lejeune Enrollment – Family Members

* <https://www.va.gov/disability/eligibility/hazardous-materials-exposure/camp-lejeune-water-contamination/#familymembers>
* (This link was provided but does not work) <https://www.clfamilymembers.fsc.va.gov/App/StepApplicant>

**User problem to be solved**As

As a family member who lived at Camp Lejeune, I want to apply for benefits from the VA. I will need to be able to upload documentation as part of my application

**Rows in IVC’s spreadsheets**

* Row 4, 17 in VA.gov assessment summary
* Row 117, 119, 120, 126 in RTM

**Product Lines / offices that may need to be involved in development**

* Office of the CTO
* Veteran Experience Services Product Line / Enrollment
* Potentially IAM

**Work to be done (high-level)**

* Verify any potential user type issues.
  + Determination of need for specific family member account types
  + Do we need family member account types that can be/must be connected to the Veteran’s account for this application?
* Forms team to build 10-10068 on VA.gov (OCTO)
  + Forms team to build ability to return to application to submit additional evidence if needed.
* Enable enrollment service to accept 10-10068 application (VES) connect to front-end of form (OCTO/VES)
  + This work is underway.
  + The form work on va.gov is dependent on this work.
* Enable enrollment service to accept documentation uploaded on VA.gov as part of the application process, and ensure that the appropriate offices (i.e. income verification division) have access to the necessary paperwork to complete their application review. (see figure 2)
  + The form work on VA.gov is dependent on this work.
* Establish notification triggers for Camp Lejeune applications to enable enterprise notification platform to send notifications to enrollees about application status or needed steps s/a uploading additional documents. (VES, VA Notify)

**Estimate**

* OCTO costs
  + Likely will need a dedicated team for this application, given the need to submit evidence and go back into the application to submit more evidence if needed.
* VES costs
* VA Notify costs
* Possible: Identity costs

### CHAMPVA – Family Members

* <https://www.va.gov/health-care/family-caregiver-benefits/champva/>
* (This link was provided but does not work) <https://www.clfamilymembers.fsc.va.gov/App/StepApplicant>

**User problem to be solved**I am the spouse or surviving spouse of—or a child of—a Veteran with disabilities or a Veteran who has died and am interested in applying for CHAMPVA benefits.

**Rows in IVC’s spreadsheets**

* Row 4, 17 in VA.gov assessment summary
* Row 117, 119, 120, 126 in RTM

**Product Lines / offices that may need to be involved in development**

* Office of the CTO
* Veteran Experience Services Product Line / Enrollment

**Work to be done (high-level)**

* Forms system team to build 10-10d on VA.gov (OCTO)
* Enable enrollment service to accept 10-10d application (VES) connect to front-end of form (OCTO/VES)
  + This work is underway.
  + The form work on va.gov is dependent on this work.
* Enable enrollment service to accept documentation uploaded on VA.gov as part of the application process, and ensure that the appropriate offices (i.e. income verification division) have access to the necessary paperwork to complete their application review.
  + The form work on VA.gov is dependent on this work.
* Establish notification triggers for CHAMPVA applications to enable enterprise notification platform to send notifications to enrollees about application status (VES, VA Notify)

### Scheduling community care appointments online

* <https://www.va.gov/health-care/schedule-view-va-appointments/> (unauthenticated)

**User problem to be solved**

* I am a Veteran who wants to schedule community care appointments online myself.
* I need to be able to let VA know my scheduling preferences for community care for appointments I cannot schedule online myself.

**Rows in IVC’s spreadsheets**

* Row 5 in VA.gov assessment summary
* Row 17, 92, 93, 94, 123 in RTM
* Plus additional discussions with IVC leadership

**Product Lines / offices that may need to be involved in development**

* Office of the CTO Appointments Team - Kay Lawyer
* SPM Health - telehealth & scheduling Product Line (Enterprise Appointment Service / VAOS) – Tim McCutcheon, Steve Eaton
* SPM Health - community care Product Line – Tim McCutcheon, Robert Miller
* VA Profile

**Work to be done (high-level)**

* The community care scheduling work is part of the scheduling roadmap, developed as part of the scheduling IPT that wrapped last year.
* Work needs to be completed on the enterprise appointment service and integrated scheduling system side first before VA.gov can expose this functionality to Veterans, but we do plan to do so as soon as it is ready.
* Preferences need to be incorporated in to VA Profile first. Then, VA.gov profile can surface them. Staff-facing applications will need to integrate with VA profile to serve Veteran preferences to scheduling staff who may be assisting with appointments.

### Provider locator for CHAMP VA & VFMP

* [www.va.gov/find-locations](http://www.va.gov/find-locations)

**User problem to be solved**I am a CHAMP VA beneficiary and I want to know which urgent care and community providers I can see.   
  
I am a VFMP beneficiary and I want to know which providers I can go see.

**Rows in IVC’s spreadsheets**

* Row 8 in VA.gov assessment summary
* Row 20, 29, 173 in RTM

**Product Lines / offices that may need to be involved in development**

* Integrated Veteran Care (VHA-IVC)
* OCTO
* SPM Health - community care Product Line – Tim McCutcheon, Robert Miller

**Work to be done (high-level)**

* IVC to verify: Do some urgent care or community care providers NOT take CHAMP VA beneficiaries?
* IVC to provide: The field in PPMS that specifies if an urgent care or community care provider accepts CHAMP VA beneficiaries.
* IVC to provide: The data source for VFMP beneficiary provider locator.
  + Unclear from initial discovery whether Claims XM could be used for this use case; further technical validation needed.
* If work is needed to add this data to PPMS, SPM Health - community care likely needs to be involved.
* Once the data fields are added / provided, OCTO can add these to the provider locator.

**Estimate**

* Need data sources to know.

### Manage & update personal information

* <https://www.va.gov/profile>
* https://www.va.gov/change-address/

**User problem to be solved**I am a Veteran and want to update my address, direct deposit information, contact information, and insurance information  
  
I am a caregiver/family beneficiary and I want to update my address, direct deposit information, contact information, and insurance information.

*Of note: Anyone can have a VA Profile, including a beneficiary. VA Profile maps to the Master Person Index, which likely a CHAMP VA, VFMP, Camp Lejeune or other beneficiary would be in as part of enrollment.*

**Rows in IVC’s spreadsheets**

* Row 9, 10 in VA.gov assessment summary
* Row 122, 125, 131, 129, 130 in RTM

**Product Lines / offices that may need to be involved in development**

* VA Profile
* OCTO
* IAM

**Work to be done (high-level)**

* All but the insurance fields are in VA Profile today.
* Need to submit through VA Profile’s intake process to request that they add insurance information.
* Once VA Profile adds insurance information, VA.gov profile can create these fields so a Veteran or family/caregiver beneficiary can edit their own information.
* IVC’s staff-facing systems should integrate with VA Profile if they are not already to ensure staff are seeing the most up-to-date information.

### Veteran, family member, caregiver, and other beneficiary notifications

* <https://github.com/department-of-veterans-affairs/va.gov-team/blob/master/products/va-notify/README.md#what-we-currently-offer>

**User problem to be solved**I am a Veteran or family member / caregiver beneficiary, I want to receive notifications related to my benefits enrollment and care.

* Appointment reminders
* Appointment-related actions in the portal
* Consult tracking
* My community care appointment has been scheduled
* Other actions within the patient portal
* My community care doctor’s notes become available
* My application is approved or denied
* Change in status for my authorization
* Change in status on my claim / dispute / appeal

*VA Notify/VEText can be used to notify beneficiaries as well as Veterans, as long as they have current contact information on file with VA Profile and have not opted out of notifications. We we would need to work with IVC on an approach for Veterans & beneficiaries living overseas (VFMP).*

**Rows in IVC’s spreadsheets**

* Row 13 in VA.gov assessment summary
* Row 8, 9, 16, 44-46, 74, 111, 127 in RTM

**Product Lines / offices that may need to be involved in development**

* VA Notify
* OCTO (VA.gov Profile, VA.gov applications)
* Enrollment and other backend systems to establish notification triggers.

**Work to be done (high-level)**

* Notifications should be handled alongside application / feature development. In other entries in this document, we have included recommendations about integration with VA Notify.
* IVC/OCTO to discuss an approach for VFMP (overseas) – may require specific and separate integrations for SMS beyond Manila, Philippines, and Guatemala.

### Chatbot

* *Link provided to Health Connect Sharepoint does not work.*

**User problem to be solved**

* As a Veteran or other beneficiary, I need to be able to get my general enrollment/community care questions answered.
* As a Veteran or family member or caregiver beneficiary I need to connect to additional help and support when needed.

**Rows in IVC’s spreadsheets**

* Row 15 in VA.gov assessment summary
* Row 11, 14, 31, 47, 61, 183 in RTM

**Product Lines / offices that may need to be involved in development**

* VES – Health Connect ( )
  + C4 team?
* OCTO content team (Danielle Thierry)
* Omnichannel team (Luciana Morais, Andrea Schneider)

**Work to be done (high-level)**

* Once content is completed on VA.gov, we will train the VA.gov chatbot on it, so it can answer generalized community care questions.
* “Community Care Contact Center (C4) is working with Enterprise Contact Center Council (ECCC) to integrate chatbot support to C4 users. IVC to verify if C4 will support community care / VFMP users.”
  + **Need to understand more about these discussions. Unclear if a live chat or LLM bot approach is being proposed to handle more complex use cases with PHI / PII.**
* *If a live chat function is identified that can support the community care / VFMP beneficiary use cases desired here, OCTO will work with that team to design handoffs from VA.gov chatbot to this chat function for any specific questions that the chatbot cannot handle.*

### Billing Management/Debt Management

* <https://www.va.gov/manage-va-debt/>
* *Link provided to Community Care Product HLID Sharepoint does not work.*

Note: We can handle the Veteran use cases. Fairly confident we can handle the beneficiary use cases too – just need to validate any challenges we may encounter with user types.

**User problem to be solved**

* As a Veteran or other caregiver or family beneficiary, I would like to be able to find my community care billing information within VA.gov
  + I would like to be able to see how much I owe.
  + I would like to get a notification if I have an outstanding balance, so I can pay it on time.
  + I would like to be able to view specific statements
  + I would like to be able to download and print specific statements
  + Connect to the community care claims process (see separate entry below)
  + See options for managing my bills
  + See options for managing a recoupment notice

**Rows in IVC’s spreadsheets**

* Row 16, 17 in VA.gov assessment summary
* Row 28, 30, 44, 45, 46, 52, 75, 104, 107, 110, 113, 116 in RTM

**Product Lines / offices that may need to be involved in development**

* SPM Health - community care
  + Will likely need to integrate with backend systems identified (The Consolidated Data Repository (CDR) may provide access to Claims XM, eCAMs, Community Care Reimbursement System (CCRS), FMS Pay system, and eventually the VFMP Claims Processing, Customer Service and CAEC (VC3))
* OCTO
  + Account Experience – Debt Management Team - Denise Coveyduc
  + VA Notify Team – Beverly Nelson
  + MHV on VA.gov team – Lauren Alexanderson, Patrick Bateman
  + Content team – Danielle Thierry
  + Identity team – Tom Black, John Rahaghi
* VES
* IAM: Identity / access management

**Work to be done (high-level)**

* Bring together IVC + teams named above to walk through what is available in the named systems to see if all use cases named above can be met with existing backend systems. (IVC, OIT, OCTO)
  + If needed, delineate additional work to be done by SPM Health - community care team or other teams to enable VA.gov to call the CDR or the related systems to get this information.
* Meet with IAM – identity and access management to discuss non-Veteran user types.
  + May need to establish caregiver/family member user types.
* Content team to work with IVC / SPM Health - community care to ensure we have content about these billing use cases. (IVC, OIT, OCTO)
* OCTO contract full stack team to conduct discovery, design, user research, development of additional functionality in the debt management system. (OCTO)
* Once additional functionality is built on va.gov, integrate into MHV on VA.gov patient portal (OCTO)

**Estimate**

* Predict need OCTO product team. Time needed will depend on readiness of backend systems and validation with identity teams.

### Feedback

**User problem to be solved**

* IVC wants to be able to monitor feedback on IVC portal applications that are part of VA.gov.

**Rows in IVC’s spreadsheets**

* Row 19 in VA.gov assessment summary 20230515
* Rows 179, 180, 181 in RTM

**Product Lines / offices that may need to be involved in development:**

* VEO – Medallia (Evan Albert, Denise Kitts)
* OCTO Account Experience team – Chante Lantos-Swett

**Work to be done:**

* Recommend working with Chante first to review onsite feedback options for IVC portal applications that will live on MHV on VA.gov.
* As teams named throughout this document are developing these applications, they will be collecting live qualitative feedback through usability studies which they can also share. Once the application is developed and live, they can work with Chante to add appropriate onsite feedback.
* Work with VEO to establish a Medallia report on feedback.

### Performance

**User problem to be solved**

* IVC wants to be able to monitor performance on IVC Portal applications that are part of VA.gov.

**Rows in IVC’s spreadsheets**

* Row 20 in VA.gov assessment summary 20230515
* Rows 176 in RTM

**Product Lines / offices that may need to be involved in development:**

* OCTO

**Work to be done:**

* As teams named throughout this document are developing these applications, they will be collecting live qualitative feedback through usability studies which they can also share.
* Once the application is developed and live, they can work with IVC to develop an analytics dashboard that IVC can monitor application performance.

### Proof of health care coverage

* <https://www.va.gov/records/download-va-letters/>

**User problem to be solved**

* As an VFMP beneficiary, I need to be able to provide validation of current service-connected disabilities.
* As a Camp Lejeune Beneficiary, I need validation of Other Health Insurance
* As a CHAMPVA Beneficiary, I need validation of Other Health Insurance

**Rows in IVC’s spreadsheets**

* Row 21 in VA.gov assessment summary 20230515
* Rows 20, 58. 59, 60, 116, 143, 148, 165, 166, 167, 168, 169 in RTM

**Product Lines / offices that may need to be involved in development:**

* OCTO
* VES
* VBMS (if not already covered)
* HEC (if 1095B needed)

**Work to be done:**

* Discovery: Does the existing letters function on VA.gov & the flagship benefit application cover the aforementioned use cases?
* Once the application is developed and live, they can work with IVC to develop an analytics dashboard that IVC can monitor

### Access medical record & access clinical care notes

* VistA and Cerner medical records will be available to Veterans via [www.va.gov/my-health/](http://www.va.gov/my-health/) by October 2024.
  + Data will be structured data, not PDFs.
* My VA Health and My HealtheVet will be retired

*Note: This one is complicated, and the notes in the two requirements documents provided suggest that VA doesn’t have a great way of bringing in structured data or the medical images today. With ONC regulations and health exchange pathways taking shape, it may be worth evaluating the timing of this feature to give us more options for getting structured, standards-based data. FHIR won’t be able to provide us these resources, as suggested in the notes from IVC, but if the community provider data follows FHIR standards, that’s a start.*

**User problem to be solved**

* Veteran or family member/caregiver beneficiary wants to be able to view, print, and download community care medical records, so they can have them as part of their personal records.
  + Inclusive of:
    - PAMPI+ Data
    - Care Notes
    - Health History
    - Medical images
    - CCDs
* Veteran or VFMP beneficiary wants to be able to view, download, print labs and tests.
* Veteran wants to be able to share a medical record with a provider.

**Rows in IVC’s spreadsheets**

* Row 22, 23, 29 in VA.gov assessment summary 20230515
* Rows 32, 33, 36, 37, 50, 51, 114 in RTM

**Product Lines / offices that may need to be involved in development:**

* OCTO
* Office of Community Care (business owners of MHV on VA.gov patient portal)
* SPM Health - community care
  + HSRM
  + EPSI
* CHAMP VA In-house treatment initiative
* HIMS
* Lighthouse
* VistA Imaging team
* IAM
* EHRMIO
* AES

**Work to be done:**

* Extensive discovery on data and information exchange options, with the goal of providing a set of recommendations on approach & timing.
  + In theory, all EHRs should be compliant using at a minimum USCDI v1, if not later versions as of December 2022.
  + Do we have more options on how we integrate this data if we wait for more community care facilities to get onboard with ONC requirements?
* Validate what is provided today in Cerner My VA Health Portal, as that is going away.
* Develop phased roadmap for this work
* VA.gov, OIT Community Care, Lighthouse, and other teams to develop & build pathways to bring this data in.
* As needed identity & access teams to define how to get data for non-Veteran users and enable them to see it on VA.gov.

**Estimate** ($$$$)

* 3+ years (do not start this before FY 2025)
* An interoperability discovery team
* 2-3 full stack OCTO teams
* OCC / OIT support
* Identity team support
* Dedicated support from other named teams.

### Consults

* *Link provided to context diagram for Veteran Billing System does not work.*

**User problem to be solved**

As a Veteran, I want to be able to view, get updates about, share, print/download, and manage my community care consults within the portal.

* Track consults (see also enterprise notification platform)
* Share my consult with a provider

**Rows in IVC’s spreadsheets**

* Row 24 in VA.gov assessment summary 20230515
* Rows 172, 174 in RTM

**Product Lines / offices that may need to be involved in development:**

* OCTO
  + Health appointment team / mobile app team
  + VA Notify Team
* SPM Health - community care
* SPM Health - telehealth & scheduling
* EHRMIO

**Work to be done:**

* Meet with George Brittingham to gather user flows, EHRM integration diagrams per comment “Veterans are able to see consults in My VA Health”.
  + Review with EHRMIO integration team.
* OCTO Contract team to design, research, develop, and integrate with existing consults backend provided by George Brittingham’s team.

**Estimate:**

* OCTO full stack product team
* Any support George’s team needs to support and work with OCTO / make changes to APIs as needed
* Any support needed from OIT T&S team to facilitate integrations with EAS / appointment services if needed.

### Reimbursement forms

**User problem to be solved**

* As a Veteran or family/caregiver beneficiary, I want to be able to submit a medical bill for reimbursement digitally.
* As a Veteran or family/caregiver beneficiary, I want to be able to provide additional details about my bill, so I can make the case for reimbursement clear to VA.

**Rows in IVC’s spreadsheets**

* Row 25**,** 26 in VA.gov assessment summary 20230515
* Rows 24, 25, 26, 45, 108, 109 in RTM

**Product Lines / offices that may need to be involved in development:**

* OCTO
  + Beneficiary travel team / mobile app team
  + Forms team
  + VA Notify Team
  + Debt management team
* VES – DTC/SaaS (Kim Pugh’s team)
* Beneficiary Travel team
* Lighthouse
* Identity (if needed for non-Veteran specific roles)

**Work to be done:**

* Identify the forms that Veterans and family/caregiver beneficiaries need to fill out
* Delineate the processes and user flows for community care reimbursement (OCTO product team in partnership with IVC, VES)
* Recommended: Work with Kim Pugh’s team to establish a backend for reimbursements.
  + Could consider modeling after BT systems, once they are modernized
* Recommended: Work with Lighthouse to establish an API for submitting reimbursements.
  + Could explore if Central Mail API will cover this use case.
* OCTO product team to develop Veteran and family beneficiary facing forms & integrate with SaaS / LH API.
* VA Notify team to develop triggers for reimbursement-related notifications.

**Estimate:**

* OCTO full stack product teams
* SaaS team(s) under Kim / DTC
* API team under Lighthouse
* VA Notify costs

### Medication management

**User problem to be solved**

* As a Veteran, I need to be able to view/sort my medication list, refill, and renew community care medications.
* As a Veteran or family/caregiver beneficiary, I want to be able to manage my Meds by Mail benefit within the portal, so I can receive my medications.
  + *Is this different than CMOP? If it is available in MHV today, it will be included in MHV on VA.gov. No additional work needed.*

**Rows in IVC’s spreadsheets**

* Row 27 in VA.gov assessment summary 20230515
* Rows 38, 39, 118, 155 in RTM

**Product Lines / offices that may need to be involved in development:**

* OCTO / OCC
  + Rx Refill Team
* PBM (Eric Spahn, Rob Silverman, Maureen Layden, Co Lai)
* OIT Community Care

**Work to be done:**

* Validate if this is already covered by MHV Rx Refill API & existing integrations (in which case, VA.gov has this covered!)
* Review requirements / user flows with PBM, IVC
* Re-evaluate based on bullets 1 & 2.

### Manage medical equipment

**User problem to be solved**

* As a Veteran, I need to be able to view and reorder medical equipment from the portal

**Rows in IVC’s spreadsheets**

* Row 28 in VA.gov assessment summary 20230515
* Rows 40, 41, 42 in RTM

**Product Lines / offices that may need to be involved in development:**

* OCTO
* DLC
* IVC

**Work to be done:**

* OCTO is currently already in discussion with IVC to add in CPAP supplies, prosthetic socks to VA.gov. Hearing aid battery reordering already on VA.gov.
* Validate if current Denver Logistics Center team manages this process for community care too.
* Validate if additional equipment ordering needed.

### Contact center support / Billing support

**User problem to be solved**

* As a Veteran, FMP Veteran, or VFMP beneficiary, I want easy-to-understand, easy-to-use, and easy-to-access concierge support options that are on par with modern, private-sector support approaches.
* Scheduled callbacks from contact center support
* Contact the appropriate department for support on billing resolution, claims via phone email, Ask VA

**Rows in IVC’s spreadsheets**

* Row 30 in VA.gov assessment summary 20230515
* Rows 12, 13, 14, 23, 48, 95, 106 in RTM

**Product Lines / offices that may need to be involved in development:**

* OCTO
  + Content
  + Account experience
* VES
* IVC
* Billing?

**Work to be done:**

* Serve up help accurate support contact information in designated places on VA.gov (e.g. VA.gov global header & footer, resources & support, COPE content.)
* Work with contact center teams (VES, Chante Lantos Swett) to determine now-next-future options for contact center support.
* Validate if we have an accurate list of numbers to call for each of the use cases named above.
  + Determine if numbers can be updated via the Drupal Content Management System in the future.
* Answer: Delineate the process, user flows for bill resolution.
  + What are the steps involved in bill resolution?
  + Who are the offices involved in bill resolution?
    - Are they all inside of VA or are some at community care offices?
  + What would constitute “contacting the billing office from within the portal”?
    - Form that Veteran would submit?
    - Phone number or email address to reach out to?
    - Something else?

### Authorizations & referrals

**User problem to be solved**

* As a Veteran or family/caregiver beneficiary, I want to understand the authorization process end-to-end
* As a Veteran or family/caregiver beneficiary, I want to be able to check the status of my authorizations, so I know when I am authorized to schedule care with a community care provider
* As a Veteran or family/caregiver beneficiary, I want to be able to find a specific authorization or pre-authorization
* As a Veteran or family/caregiver beneficiary, I want to be able to attach documentation to an authorization
* As a Veteran or family/caregiver beneficiary, I want to be able to request a new authorization

*Note: Understanding of authorizations is that they are related to appointment scheduling. Requirements above suggest that IVC is looking for this to enable more than a download functionality. My VA Health allows a Veteran to download an authorization but not take action on it? What kind of documentation would someone be attaching to an authorization?*

*Note 2: Kathy Benjamin keeps asking us for referrals to be added to this; is that affiliated with this work?*

**Rows in IVC’s spreadsheets**

* Row 31, 32 in VA.gov assessment summary 20230515
* Rows 18, 170, 171 in RTM

**Product Lines / offices that may need to be involved in development:**

* OCTO
  + Content
  + Account experience
  + MHV on VA.gov. / appointments team
  + VA Notify
* SPM Health - community care
* SPM Health - telehealth & scheduling
* EHRMIO
* Identity (if needed for non-Veteran use cases)

**Work to be done:**

* End-to-end user flow map for the authorization process (including all users involved in the process)
* Develop COPE (Copy once publish everywhere) plain language content on the authorization process, that can be surfaced through VA.gov’s resources and support section.
* Validate if any additional development needed for non-Veteran use cases.
* Work with George Brittingham to share mapping of the backend services supporting authorizations now, including API documentation, triggers for notifications, and clear information about the ability of backend systems to intake, store, and process uploaded documents.
* Build authorization experience into MHV on VA.gov unified appointment experience.
* Develop / use triggers to establish VA Notify notifications related to status changes for authorizations.

**Estimate:**

* Will need OCTO full stack team for this (1+ year depending on readiness of backend system)
* Depending on readiness of backend systems, may need a team to develop APIs, triggers, document processing.

### Decision Review & Claims: Family Member & Community Care

**User problem to be solved:**

As a Veteran, FMP Veteran, VFMP Beneficiary, Camp Lejeune, CHAMP VA beneficiary, I want to be able to manage my claims from within the patient portal.

* Submit a community care claim
* Submit a FMP claim
* Attach documentation to support a claim
* Search for a specific claim
  + View claims history
  + See status of a claim
* Access explanations of benefits (EOB)
* Submit payment information\*
* Appeal a claim decision (submit a dispute or request for reconsideration)
  + Submit reason for dispute
  + Amend a dispute with additional information
* Reopen a claim
* Connect to contact center staff for support

**Rows in IVC’s spreadsheets**

* Row 32 in VA.gov assessment summary
* Rows in RTM: 44, 46, 49, 53 (except providers), 54 (except providers), 55 (except providers), 56, 57, 62 (except providers) , 63, 64 (except providers), 65, 66, 69 (Veteran only), 70, 72 (except provider), 76, 77, 78, 83, 84 (except providers), 85 (except providers), 86, 89, 90 (except providers), 91, 95, 102 (except providers), 103, 105, 121, 136, 137, 138, 139, 175

**Product Lines / offices that may need to be involved in development:**

* OCTO (decision review teams, MHV on VA.gov teams)
* Lighthouse
* SPM Health - Community Care
* VES
* Enterprise notification platform team

**Work to be done**

* • End-to-end user flow map for the community care claims and appeals process (including all Veteran/beneficiary types, and staff-facing user types involved in the process)   
    
  • Cross-reference disability claims and appeals processes already on VA.gov to determine what we can reuse.   
    
  • Technical discovery: What APIs, systems can we call to get information about claims and appeals? Do event triggers exist that could be added to the event bus?
  + Technical discovery: Centralized Data Repository, Claims XM, eCAMS, Community Care Reimbursement System, FMS Pay System, C4 and VC3
    - Do these meet our needs?

### View care team

**Problem to solve:** As a Veteran, I want to be able to view my VA & community-care care teams within my patient portal.

**Rows in IVC’s spreadsheets**

* Row 34 in VA.gov assessment summary
* Row 15 in RTM

**Product lines / offices that will need to be involved in development**

* OCTO (VA.gov appointments, VA.gov account experience)
* SPM Health – Telehealth & Scheduling
* SPM Health – Community Care
* Enterprise notification platform
* Possible: VES

**Work to be done**

* We aim to provide the Veteran with similar information for both VA and community care, if it exists:
  + the name of the provider or care team
  + the location of that provider or care team
  + a facility phone number, or a phone number for community care provider outside of VA
* Validate technical feasibility of requirement. What systems, APIs, etc. do we have access to that would tell us the community care provider information definitively for each patient?
* Technical validation: Can we implement a human-readable name for the PACTS/pools/triage teams?

*Risk:*

* We need to find a way to present Veteran with quality, accurate data, else this feature is not valuable to users.
* Within VA, we have access to PACTs, triage groups, or pools for a patient, but we do not necessarily have a clear mapping to the provider’s name.

### Surface non-social-security identification number to Veterans

**Problem to solve:**

* Once VA has moved to an alternative to the social security number for Veteran and other family and caregiver beneficiary identification, I will need a reliable way to be able to find that number in VA.gov.

**Rows in IVC’s spreadsheet**

* Row 35 in VA.gov assessment summary
* Row 22 in RTM

**Product lines / offices that will need to be involved in development**

* All of them, but specifically
  + OCTO
  + VES
  + SPM – Health (all product lines)
  + IAM
  + VA Profile

**Work to be done**

* Once the decision is made at the VA enterprise level which number to use in place of SSN, VA.gov will show the appropriate identification number in the authenticated VA.gov experience and in the VA Health & Benefits application. Recommendation is to not use EDIPI now while we are awaiting further determination, but rather to align with VA enterprise existing SSN reduction effort.
  + VA needs to determine which ID number is going to be used across VA in place of SSN
  + VA needs to determine if there is an expectation for Veterans to have to provide that number regularly.
* All VA systems will need to be updated to use this number instead.

### Standalone secure messaging portal for providers to exchange messages with Veterans

**Problem to solve:**

* Veterans, family member and caregiver beneficiaries can exchange secure messages with their community care providers.
* Veterans and family member and caregiver beneficiaries can receive read receipts on messages opened.

**Rows in IVC’s spreadsheet**

* Row 36 in VA.gov assessment summary
* Row 10 in RTM

**Product lines / offices that will need to be involved in development**

* Office of Connected Care
* SPM Health (all product lines)
* OCTO
* VES

**Work to be done:**

* Clarify IVC’s goals and the technical difference between “direct secure messaging” and “patient portal messaging”.
  + Direct secure messaging is a specialized message technology used to share and send medical information, typically for the exchange of CCDA transition of care documents and visit summaries between providers.
  + Patient portal messaging is a feature available in many common patient portals that enable users to send messages to their providers and receive responses.
* The original requirements, as written, suggest that IVC is looking for patient portal messaging, not direct secure messaging. Implementing patient portal messaging for all community care providers is significantly more complicated and expensive.
* IVC provided the following information on direct secure messaging in response to OCTO’s original feedback:
  + *Direct Secure Messaging: Is an existing capability. Community Providers, Community Care Network (CCN) and some out of network, can access and retrieve medical docs (CCDAs) by sending “secure direct messaging” via a Community Provider Direct HISP or eHealth exchange (eHX). Cerner VA Providers use Cerner Direct within Cerner Millennium. VistA VA Providers use the DSM Web Portal to do the same. More participation from larger/medium sized Providers. Less participation from small/medium Providers.*
  + *Further investigate if included in current and future contract.*
  + *Note: We don't know if these CCDAs make their way to VistA/Millennium. More research needed.*
* OCTO provided the following guidance regarding patient portal messaging upon reviewing the original requirements provided for the IVC patient portal:
  + ***A separate, siloed messaging system may contribute to provider burnout and patient safety issues:*** *Most of VA’s community care providers have an existing electronic health record systems that they are required to use to send and receive secure messages with their non-VA patients. Requiring community care providers to interact with patients in a separate, siloed system from their existing EHR can contribute to provider burnout, and at worst, could cause patient safety issues if the provider does not have time to check a different SM tool. Recommend talking with community care providers to determine if a standalone messaging system would place undue burden on them.*
  + ***You would need to put in place yet another system of policies and regulations to manage a siloed secure message tool.*** *By design, there are many policies and regulations around secure messaging in EHRs today, including MHV and My VA Health, to protect both the provider and patient, such as time requirements for responding, escalation paths, or workload credit for providers. Managing these policies requires a lot of people, processes, and overhead. Does IVC have those people, processes, and policies identified? If not, recommend investigating this piece first to understand what would be required, and evaluate if IVC is prepared to meet that standard.*
  + ***Read receipts are not a modern standard in EHRs*** *– Neither My VA Health nor MHV do this today.*
  + ***Determine technical feasibility and value add of integrating with community care providers’ existing EHRs for secure message exchange.*** *Integrating with multiple EHRs for secure messaging is a giant lift.* 
    - *Ascension Healthcare is doing something like this for their patient portal which will sit on top of many different EHRs. They are using the provider-side EHRs to leverage the existing secure message systems while integrating into a single Veteran-facing system. They have 400 developers and several years to make this happen, as well as the collaboration of all of those EHR partners to be able to access their secure message APIs.*

### Integrate with other VA, Federal, and Third-Party Administrator Portals

**Problem to solve:**

* Problem to be solved was not defined in original documentation.
* Further clarification provided:
  + *Based on our HCD Research, all stakeholders interviewed would love to comm with all 3 branches of VA.*

**Rows in IVC’s spreadsheet**

* Row 36 in VA.gov assessment summary
* Row 34 in RTM

**Product lines / offices that will need to be involved in development**

* Further clarity on problem is needed.

**Work to be done**

* Further clarity on problem is needed.

## IVC Portal Requests - Work that is completed and does not need to go through intake

### Veteran application for health care (1010ez)

**User problem to be solved**

* As a Veteran, I want to enroll in VA health care.

**Rows in IVC’s spreadsheets**

* Row 2 in VA.gov assessment summary 20230515
* Rows 119, 120, 126 in RTM

**Product Lines / offices that may need to be involved in development:** N/a   
The front end of this application is built by OCTO; the enrollment service backend is built by Veteran Experience Services. Work is prioritized in partnership with the Health Enrollment Center and Member Services.

**Work to be done: N/a**

### Sitewide search

**User problem to be solved**

* As a Veteran, family member, caregiver, or other IVC beneficiary I want to be able to search VA.gov to find information about the benefits I need.

**Rows in IVC’s spreadsheets**

* Row 6 in VA.gov assessment summary 20230515
* Rows 20, 26, 135 in RTM

**Product Lines / offices that may need to be involved in development:** N/a   
VA.gov maintains its own search using search.gov services.

**Work to be done: N/a**

### Sitewide support

**User problem to be solved**

* As a Veteran, family member, caregiver, or other IVC beneficiary I want to access my support options so I can get help no matter where I am in the portal.

**Rows in IVC’s spreadsheets**

* Row 7 in VA.gov assessment summary 20230515
* Rows 21, 96, 106,186 in RTM

**Product Lines / offices that may need to be involved in development:** N/a   
OCTO & VA.gov already work with VCL and VA’s numerous contact centers. Search would include the ability to pull up Resources & Support (equivalent of FAQ).

**Work to be done: N/a**

### Benefit content

**User problem to be solved**

* As a Veteran, family member, caregiver, or other IVC beneficiary, I need to be able to access plain language, accurate, updated information about benefits online.

**Rows in IVC’s spreadsheets**

* Row 12 in VA.gov assessment summary 20230515
* Rows 167, 168*, 169* in RTM

**Product Lines / offices that may need to be involved in development:** N/a   
OCTO content team is already working with Chris Cox and IVC on benefit content.

**Work to be done: N/a**

### Feedback

**User problem to be solved**

* IVC wants to be able to monitor feedback on applications

**Rows in IVC’s spreadsheets**

* Row 12 in VA.gov assessment summary 20230515
* Rows 167, 168*, 169* in RTM

**Product Lines / offices that may need to be involved in development:** N/a   
OCTO content team is already working with Chris Cox and IVC on benefit content.

**Work to be done: N/a**

## Images & exhibits

Timeline

Description automatically generated

Figure VES Roadmap for Enrollment System

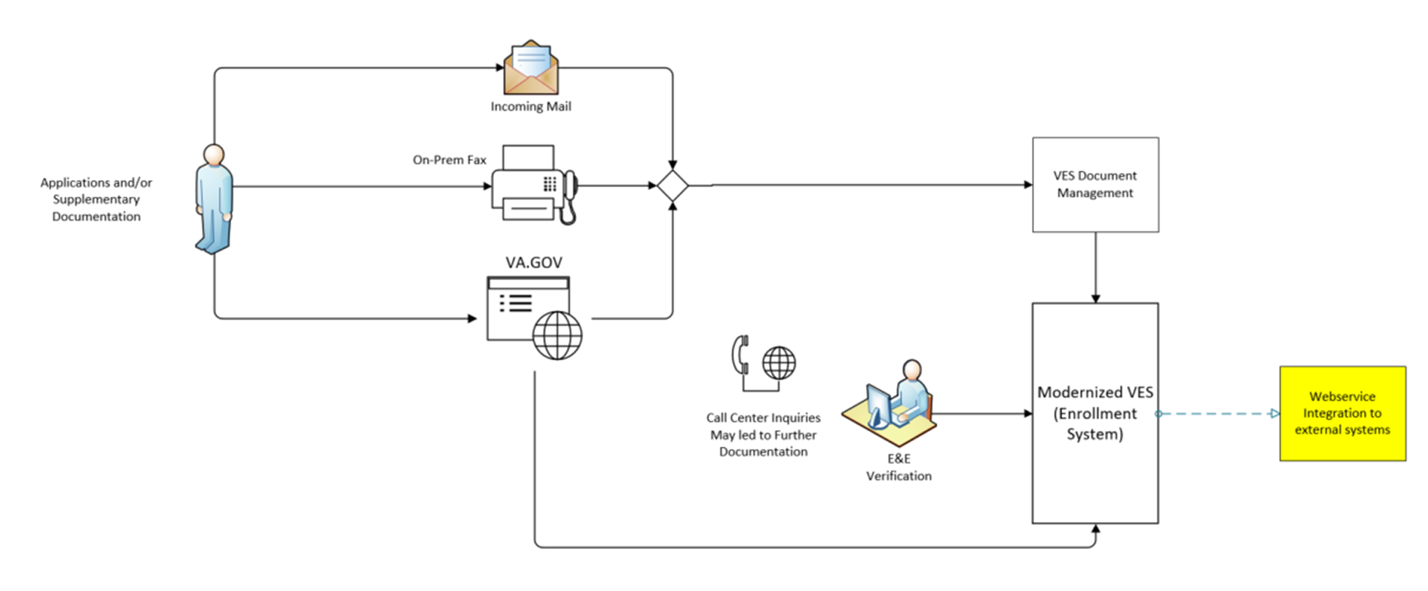


Figure High level diagram demonstrating document upload process

Updated sharepoint link: https://dvagov.sharepoint.com/sites/oitspmhspccdc/SitePages/CC\_Products\_and\_HLIDs.aspx