

# **Request For Information (RFI) for Department of Veterans Affairs, Office of Information & Technology (OIT), Auto-Adjudication Software Solution**

## **Introduction:**

This is a request for information only. Do not submit a proposal or quote. As a part of the Department of Veterans Affairs (VA) Technology Acquisition Center (TAC) market research process, this request for information (RFI) will be used to assist VA in formulating an acquisition strategy. Additionally, there is no obligation on the part of the Government to acquire any products or services described in this RFI. Your response to this RFI will be treated only as information for the Government to consider. You will not be entitled to payment for direct or indirect costs that you incur in responding to this RFI. This request does not constitute a solicitation for proposals or the authority to enter into negotiations to award a contract. No funds have been authorized, appropriated or received for this effort. Interested parties are responsible for adequately marking proprietary, restricted or competition sensitive information contained in their response. The Government does not intend to pay for the information submitted in response to this RFI.

Responses to this RFI are requested by 1:00 P.M. Eastern Time on April 10, 2015.

## **Background Information**

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As part of the Non-VA Medical Care program, the Department of Veterans Affairs (VA) manually adjudicates approximately 20 to 30 million claims per year for Purchased Care services provided by Non-VA providers in the community. The Veterans Access, Choice and Accountability Act of 2014, has significantly increased funds available for Veterans to receive healthcare from Non-VA providers. This increase in Non-VA Medical Care program funding will dramatically increase the number of claims VA must process and pay for Non-VA care. The Automatic Adjudication functionality requested will allow VA to increase efficiency in claims processing to handle an increasing volume of claims reduce the current backlog of claims.

Under the current system, processing Purchased Care claims requires a claims examiner to manually review and approve each claim. In contrast, organizations in the private sector automatically adjudicate 60% to 80% of claims. “Automatic adjudication” is the use of computer software to examine claims, apply predefined business rules and determine if the claims meet pre-determined standards for acceptance or rejection. A “claim” may have more than one line item. The use of “claim” includes the review and auto adjudication of each line item found on a claim form.

The Fee Basis Claims System™ (FBCS) is the current VA claims process system and is designed to improve Fee Basis claims management and adjudication. It brings efficiencies to the

processing of claims as well as provides a knowledge base of information needed to strategically guide the decisions made about Non-VA medical care. Currently, FBCS has 34 operating instances throughout the enterprise and over 8,000 FBCS clients installed. On average, FBCS receives and processes 173,920 paper claims and 129,711 Electronic Data Interchange (EDI) claims weekly. VA is seeking to enhance the current system to allow VA users to implement automatic adjudication functionality. Implementation of these automatic adjudication enhancements introduces business rules to support automatic adjudication (approval and/or denial/rejection) and will improve the streamlined claims process that will increase automation. In instances where claims require user intervention, claims will be routed through a workflow for purchased care staff to review and make payment determinations or reroute claims back to the automatic adjudication system for processing.

## Technical Functional Requirements

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1. Review /Evaluate electronic Non-VA medical care claims against defined Business Rules and route claim appropriately based on the result (for example claims that meet reject/denial criteria may be routed differently than claims that require manual review/processing, see user stories below).
2. Provide the ability to configure business rules via a centralize, web based user interface
  - a. Web based interface should be usable by personnel with little or no programming experience
3. Provide the ability to configure role based authentication, inheriting VA's existing user authentication protocols provided via (i.e. Active Directory and Personal Identifiable Verification access.)
4. A product that will communicate, update, transfer data support expandability based on projected growth of Non-VA medical care claims processing
5. Interface seamlessly with current Non-VA Medical Care Claims processing architecture, which includes but is not limited to (FBCS / VistA / EDI, Computerized Patient Record System (CPRS) etc.), and also have the ability to process claims from any new health management system as a result of business need.
6. Software must comply with all applicable VA and Federal Security Standards.
7. Provide an scalable architecture that will support expandability based on projected growth of claims processing
8. Overall approach must be compliant with the VA's Enterprise Technical Architecture (ETA) criteria which can be found at <http://www.ea.oit.va.gov/EAOIT/OneVA/EAETA.asp>

Below are the user stories to support the business requirements for auto adjudication.

Story Unique ID	Requirement Text
Story001	As Distribution Module, I need to submit claims containing no exceptions from the automatic coding and billing review scrubber to the Auto Adjudicator's work queue.

Story002	As Auto Adjudicator, I need to receive claims that have been automatically scrubbed for coding and billing review from the Distribution Module.
Story003	As Auto Adjudicator, I need to reject claims that have been identified as previously paid.
Story004	As Auto Adjudicator, I need to reject claim line items that have been identified as previously paid.
Story005	As Manual Adjudicator, I need to receive claim adjudication exceptions from the Auto Adjudicator for resolution.
Story006	As Manual Adjudicator, I need to return claims to the Auto Adjudicator after resolving exceptions.
Story007	As Auto Adjudicator, I need to receive claims that have been partially adjudicated so that I can continue the adjudication process.
Story008	As Auto Adjudicator, I need to prioritize how I process claims for adjudication.
Story009	As Auto Adjudicator, I need to match a claim to its authorization.
Story010	As Auto Adjudicator, I need to submit claims to a Manual Adjudicator's work queue for exception processing when I cannot match a claim to its authorization.
Story011	As Auto Adjudicator, I need to submit claims to a Manual Adjudicator's work queue for exception processing when a claim is for a non-Veteran patient.
Story012	As Manual Adjudicator, I need to receive claims on a work queue containing claims with non-Veteran patient exceptions.
Story013	As Manual Adjudicator, I need to return claims to the Auto Adjudicator after resolving non-Veteran patient exceptions so that the Auto Adjudicator can continue the adjudication process.
Story014	As Auto Adjudicator, I need to match a claim to the Veteran.
Story015	As Auto Adjudicator, I need to submit claims to a Manual Adjudicator's work queue for exception processing when I cannot match a claim to the Veteran.
Story013	As Auto Adjudicator, I need to assign the claim to a Program.
Story014	As Auto Adjudicator, I need to submit claims to a Manual Adjudicator's work queue for exception processing when I cannot assign the claim to a Program.
Story015	As Auto Adjudicator, I need to perform business rules to determine if a claim is identified as 1) a duplicate, 2) a potential duplicate, or 3) not a duplicate.

Story016	As Auto Adjudicator, I need to reject claims that have been identified as duplicate.
Story017	As Auto Adjudicator, I need to submit claims to a Manual Adjudicator's work queue for exception processing when claim is determined to be a potential duplicate.
Story018	As Manual Adjudicator, I need to receive claims on a work queue containing claims with authorization matching exceptions.
Story019	As Manual Adjudicator, I need to receive claims on a work queue containing claims with Veteran matching exceptions.
Story020	As Manual Adjudicator, I need to receive claims on a work queue containing claims with Program assignment exceptions.
Story021	As Manual Adjudicator, I need to receive claims on a work queue containing claims with duplicate claim exceptions.
Story022	As Manual Adjudicator, I need to return claims to the Auto Adjudicator after resolving authorization matching exceptions so that the Auto Adjudicator can continue the adjudication process.
Story023	As Manual Adjudicator, I need to return claims to the Auto Adjudicator after resolving Veteran matching exceptions so that the Auto Adjudicator can continue the adjudication process.
Story024	As Manual Adjudicator, I need to return claims to the Auto Adjudicator after resolving Program Assignment exceptions so that the Auto Adjudicator can continue the adjudication process.
Story024	As Manual Adjudicator, I need to return claims to the Auto Adjudicator after resolving duplicate claim exceptions so that the Auto Adjudicator can continue the adjudication process.
Story025	As Auto Adjudicator, I need to perform adjudication rules for determining the payment decision by line item.
Story026	As Auto Adjudicator, I need to perform adjudication rules for determining if a claim should be submitted to a Manual Adjudicator's work queue for payment-decision exception processing.
Story027	As Manual Adjudicator, I need to receive claims on a work queue containing claims with payment-decision exceptions.
Story028	As Manual Adjudicator, I need to return claims to the Auto Adjudicator after resolving payment-decision exceptions so that the Auto Adjudicator can continue the adjudication process.
Story029	As Auto Adjudicator, I need to submit Professional claims to the Alpha II Pricer
Story030	As Auto Adjudicator, I need to submit Inpatient Ancillary claims to the Alpha II Pricer.
Story031	As Auto Adjudicator, I need to submit Outpatient UB claims to the Alpha II Pricer.

Story032	As Auto Adjudicator, I need to receive Alpha II Pricer exceptions.
Story033	As Auto Adjudicator, I need to submit claims to a Manual Adjudicator's work queue for exception processing when Alpha II Pricer exceptions exist.
Story034	As Auto Adjudicator, I need to perform business rules to determine the dollar amount when the CMS rate is not returned from the Alpha II Pricer.
Story035	As Manual Adjudicator, I need to receive claims on a work queue containing claims with Alpha II Pricer exceptions.
Story036	As Manual Adjudicator, I need to return claims to the Auto Adjudicator after resolving Alpha II Pricer exceptions so that the Auto Adjudicator can continue the adjudication process.
Story037	As Auto Adjudicator, I need to submit Inpatient UB claims to the NVH Pricer.
Story038	As Auto Adjudicator, I need to apply NVH Pricer information to its claim.
Story039	As Auto Adjudicator, I need to perform business rules to exempt certain inpatient facility claims from being submitted to the NVH Pricer.
Story040	As Auto Adjudicator, I need to receive NVH Pricer exceptions.
Story041	As Auto Adjudicator, I need to submit claims to a Manual Adjudicator's work queue for exception processing when NVH Pricer exceptions exist.
Story042	As Manual Adjudicator, I need to receive claims on a work queue containing claims with NVH Pricer exceptions.
Story043	As Manual Adjudicator, I need to return claims to the Auto Adjudicator after resolving NVH Pricer exceptions so that the Auto Adjudicator can continue the adjudication process.
Story044	As Auto Adjudicator, I need to submit claims to PIT.
Story045	As Auto Adjudicator, I need to receive PIT Exception Remark Codes.
Story046	As Auto Adjudicator, I need to receive PIT Denial Remark Codes.
Story047	As Auto Adjudicator, I need to deny claims when PIT Denial Remark Codes exist.
Story048	As Auto Adjudicator, I need to submit claims to a Manual Adjudicator's work queue for exception processing when Exception Remark Codes exist.

Story049	As Manual Adjudicator, I need to receive claims on a work queue containing claims with PIT Exception Remark Codes.
Story050	As Manual Adjudicator, I need to return claims to the Auto Adjudicator after resolving PIT exceptions so that the Auto Adjudicator can continue the adjudication process.
Story051	As Auto Adjudicator, I need to post claim line items requiring payment to a payment batch.
Story052	As Auto Adjudicator, I need to associate the FCP from the Authorization to a claim for payment.
Story053	As Auto Adjudicator, I need to associate the Obligation Number from the Authorization to a claim for payment.
Story054	As Auto Adjudicator, I need to post as many line items to a payment batch as the system will allow.
Story055	As Auto Adjudicator, I need to submit claims to a Manual Adjudicator's work queue for exception processing when the Authorization does not contain an FCP.
Story056	As Manual Adjudicator, I need to receive claims on a work queue containing claims with FCP exceptions.
Story057	As Manual Adjudicator, I need to return claims to the Auto Adjudicator after resolving FCP exceptions so that the Auto Adjudicator can continue the adjudication process.
Story058	As Auto Adjudicator, I need to submit claims to a Manual Adjudicator's work queue for exception processing when the Authorization does not contain an Obligation Number.
Story059	As Manual Adjudicator, I need to receive claims on a work queue containing claims with Obligation Number exceptions.
Story060	As Manual Adjudicator, I need to return claims to the Auto Adjudicator after resolving Obligation Number exceptions so that the Auto Adjudicator can continue the adjudication process.
Story061	As Auto Adjudicator, I need to determine if funds are available to pay the claim before adding line items to a batch for payment.
Story062	As Auto Adjudicator, I need to submit claims to a Manual Adjudicator's work queue for exception processing when funds are not available to pay a claim.
Story063	As Manual Adjudicator, I need to receive claims on a work queue when funds are not available to pay a claim.
Story064	As Auto Adjudicator, I need to close a payment batch according to business rules.
Story065	As Auto Adjudicator, I need to submit a closed payment batch to the Payment Module.

Story066	As Auto Adjudicator, I need to submit adjudicated claims to a Manual Adjudicator's work queue for printing the vendor notification letter.
Story067	As a Business Rule Administrator, I need to define business rules that will be executed by the Auto Adjudicator in a way that does not require software modifications or a Patch release, so that rules can be distributed to production in less time than would be required to modify the software system.
Story068	As a Business Rule Administrator, I need to define business rules that contain references to data attributes in the claim, operators, operands, and comparisons that will result in a true or false evaluation when the business rule is executed.
Story069	As a Business Rule Administrator, I need to specify a set of business rules that will be executed in series based on a claim type.
Story070	As a Business Rule Administrator, I need to specify an action to be taken based on the result of a business rule being executed.(What is an Action? It must include triggering other rules)
Story071	As a Business Rule Administrator, I need to configure business rules that can be released to specific FBCS site locations, so that each FBCS site can contain custom business rules.
Story072	As a Business Rule Administrator, I need to activate business rules based on an effective date.
Story073	As a Business Rule Administrator, I need to deactivate business rules based on an effective date.
Story074	As a Business Rule Administrator, I need to review the history of business rule modifications including who made the modifications.
Story075	As a Business Rule Administrator, I need to execute business rules in a test environment prior to distributing them to the production environment.
Story076	As a Business Rule Administrator, I need to activate role permissions for individual users to perform business rule administration tasks.
Story077	As a Business Rule Administrator, I need to deactivate role permissions for individual users to perform business rule administration tasks.
Story078	As a Business Rule Administrator, I need to review the history of role permissions.
Story079	As a Claim Administrator, I need to maintain a control log containing metadata of claims being sent to the Auto Adjudicator, so that I can account for every claim being sent for Auto Adjudication.
Story080	As a Claim Administrator, I need to maintain a control log containing metadata of claims status during multiple points of the Auto Adjudication process, so that I can produce completion and exception reports of claims being processed through Auto Adjudication.
Story081	As a Claim Administrator, I need to produce audit statistics showing summary totals of claims processed, exceptions identified, and the timeliness of claims processing, so that I can monitor the Auto Adjudication process to validate system performance is as expected.

Story082	As a Claim Administrator, I need to produce the same reports for the Auto Adjudicator as I am able to for a Manual Adjudicator, so that I can monitor the Auto Adjudication process as I would a Manual Adjudicator.
Story083	As a Claim Administrator, I need to activate role permissions for individual users to access claims status reporting.
Story084	As a Claim Administrator, I need to deactivate role permissions for individual users to access claims status reporting.

## Capabilities Statement

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1. Provide a summary of your technical approach and software solution to meet the VA's Technical Functional Requirements listed above. If a commercially available product is included in the technical approach, identify any expected modifications that would be required to support the VA's needs.
2. Provide your approach to ensure your automatic adjudication solution interfaces seamlessly with current VA claims processing architecture, which includes but is not limited to (FBCS / VistA / EDI, CPRS, etc.)
3. Provide your approach to ensure your solution is at full operating capacity within nine months of a prospective award.
3. Provide a Rough Order of Magnitude (ROM) for your proposed solution.