

PART I - A

PART I: SUMMARY INFORMATION AND JUSTIFICATION
In Part I, complete Sections A, B, C, and D for all capital assets (IT and non-IT). Complete Sections E and F for IT capital assets.
 OMB Text Limitations - SHORT ANSWER(250 Characters), MEDIUM ANSWER(500 Characters) and LONG ANSWER(2500 Characters)

Section A: Overview (All Capital Assets)
<i>I.A.1) Date of Submission (mm/dd/yyyy)</i>
Aug 28, 2008
<i>I.A.2) Agency</i>
029 - Department of Veterans Affairs
<i>I.A.3) Bureau</i>
00 - Agency Wide Initiatives
<i>I.A.4) Name of this Investment:(SHORT ANSWER)</i>
Pharmacy Reengineering-2010
<i>I.A.5) Unique Project(Investment) Identifier: Update the UPI using the Exhibit 53 tab.</i>
029-00-01-11-01-1184-00
<i>I.A.6) What kind of investment will this be in FY2010? (Please NOTE: Investments moving to O&M in FY2010, with Planning/Acquisition activities prior to FY2010 should not select O&M. These investments should indicate their current status.)</i>
Full-Acquisition
<i>I.A.7) What was the first budget year this investment was submitted to OMB?</i>
FY2002
<i>I.A.8) Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap: (LONG ANSWER)</i>
<p>Pharmacy Re-Engineering and IT Support is undergoing modernization as defined by the HealtheVet - VistA strategy. The Project scope is to replace current pharmacy software modules with new technology by re-engineering, new development and purchase of commercial products. In addition, this initiative aligns with the Services for Citizens category under the federal Business Reference Model, with a particular focus on the Health subcategory. This project will facilitate improved VA pharmacy operations, customer service and patient safety, concurrent with pursuit of full re-engineering of VA pharmacy applications to support a new patient centric business model. It will address critical needs, such as the following benefits for the veteran: improved patient safety by 50% reduction of Adverse Drug Events and saving approximately 115 lives for serious errors, increased access to benefits by improving formulary management support and improved fiscal performance by reducing 5% in cost of inventory. It will provide a flexible technical environment to adjust to and meet future business conditions and needs in the clinical environment, an environment that is focused on the patient with robust decision support safety features. However, the implementation of the Pharmacy Re-Engineering project is dependent upon the personnel and budgetary resources and the HealtheVet strategy and deployment schedule. The Pharmacy re-engineered system will fit into the One VA architecture by implementing the standards proposed by the Consolidated Health Informatics group. The re-engineered system will also utilize enterprise level services such as Enterprise Level Authentication and Authorization Service, Clinical Data Service to access Health Data Repository, Person Service to identify patients and access patient demographics, Standard Data service to access standard enterprise level reference tables, Enterprise Terminology service to access standard clinical code sets, Ordering Service to handle lab orders and Infrastructure services such as a common delivery service, auditing service, defect logging service etc. Closure of the performance gap by September 2012 is contingent on hardware acquisition and deployment, as well as adequate staffing levels and funding to support this plan. Pharmacy Reengineering can begin servicing veterans with appropriate provisions.</p>
<i>I.A.9) Did the Agency's Executive/Investment Committee approve this request?</i>
Yes
<i>I.A.9.a) If "yes," what was the date of this approval?</i>
Jun 28, 2007
<i>I.A.10) Did the Project Manager review this Exhibit?</i>

Yes

I.A.11) Contact information of Program/Project Manager?

	Project Managers Names (SHORT ANSWER)	PM Phone	E-mail (SHORT ANSWER)
Primary in-house	Michael L. Mims, Program Manager	205-554-3452	mike.mims@va.gov

I.A.11.a) What is the current FAC-P/PM (for civilian agencies) or DAWIA (for defense agencies) certification level of the program/project manager?

DAWIA-Level-2

I.A.11.b) When was the Program/Project Manager Assigned?

Jan 1, 2002

I.A.11.c) What date did the Program/Project Manager receive the FACP/PM certification? If the certification has not been issued, what is the anticipated date for certification?

Dec 13, 2006

I.A.12) Has the agency developed and/or promoted cost effective, energy-efficient and environmentally sustainable techniques or practices for this project.

Yes

I.A.12.a) Will this investment include electronic assets (including computers)?

Yes

I.A.12.b) Is this investment for construction or retrofit of a federal building or facility? (Answer applicable to non-IT assets only)

No

I.A.12.b.1) If "yes," is an ESPC or UESC being used to help fund this investment?

No

I.A.12.b.2) If "yes," will this investment meet sustainable design principles?

No

I.A.12.b.3) If "yes," is it designed to be 30% more energy efficient than relevant code? (Answer applicable to non-IT assets only)

No

I.A.13) Does this investment directly support one of the PMA initiatives?

Yes

I.A.13.a) If "yes," check all that apply:

	PMA Initiatives for XML Submission	PMA Initiatives
		- Human Capital
		- Budget Performance Integration
		- Financial Performance
Yes	Expanded E-Government	- Expanded E-Government
		- Competitive Sourcing
		- Faith Based and Community
		- Real Property Asset Management
		- Eliminating Improper Payments
		- Privatization of Military Housing
		- Research & Development Investment Criteria

		- Housing & Urban Development Management & Performance
		- Broadening Health Insurance Coverage through State Initiatives
		- "Right Sized" Overseas Presence
Yes	Coordination of VA and DoD Programs and Systems	- Coordination of VA & DoD Programs and Systems

I.A. 13.b) Briefly and specifically describe for each selected how this asset directly supports the identified initiative(s)? (e.g. If E-Gov is selected, is it an approved shared service provider or the managing partner?)(MEDIUM ANSWER)

Coordination of VA and DoD Program Systems: In an effort to achieve a Consolidated Health Informatics standard, the new VHA information system for pharmacy will achieve cross-agency interoperability with DoD This will facilitate two-way sharing of information for pharmacies or drug distribution centers. Expanded E-Government: standardization of platforms, language and improved technology deployed to the field will enable veterans to utilize the e-government capability to access prescriptions.

I.A. 14) Does this investment support a program assessed using the Program Assessment Rating Tool (PART)? (For more information about the PART, visit www.whitehouse.gov/omb/part.)

Yes

I.A. 14.a) If "yes," does this investment address a weakness found during a PART review?

Yes

I.A. 14.b) If "yes," what is the name of the PARTed program? (SHORT ANSWER)

I.A. 14.c) If "yes," what rating did the PART receive?

Adequate

I.A. 15) Is this investment information technology? (See section 53.8 for definition)

Yes

I.A. 16) What is the level of the IT Project? (per CIO Council PM Guidance)

Level 3

I.A. 17) What project management qualifications does the Project Manager have? (per CIO Council PM Guidance)

Qualification Status	Qualification Status for XML Submission	Description
1	(1) Project manager has been validated as qualified for this investment	(1) - Project manager has been validated as qualified for this investment.
		(2) - Project manager qualification is under review for this investment.
		(3) - Project manager assigned to investment, but does not meet requirements.
		(4) - Project manager assigned but qualification status review has not yet started.
		(5) - No Project manager has yet been assigned to this investment.

I.A. 18) Is this investment or any project(s) within this investment identified as "high risk" on the Q4-FY 2008 agency high risk report (per OMB Memorandum M-05-23)

Yes

I.A. 19) Is this project (investment) a Financial Management System? (see section 53.3 for definition)

No

I.A. 19.a) If so, does this project (investment) address a FFMA (Federal Financial Managers Integrity Act) compliance area?

I.A. 19.a.1) If yes, which compliance area?

I.A.19.a.2) If "no," what does it address? (MEDIUM ANSWER)

I.A.19.b) If "yes," please identify the system name(s) and system acronym(s) as reported in the most recent financial systems inventory update required by Circular A-11 section 52 (LONG ANSWER)

I.A.20) What is the percentage breakout for the total FY2010 funding request for the following? (This should total 100%)

Percentage of Total Investment	
% Hardware	
% Software	
% Services	
% Others	

I.A.21) If this project produces information dissemination products for the public, are these products published to the Internet in conformance with OMB Memorandum 05-04 and included in your agency inventory, schedules and priorities?

Yes

I.A.22) Contact information of individual responsible for privacy related questions:

Contact Name: (SHORT ANSWER)	Dennis Stewart
Phone Number:	(202) 461-7456
Title: (SHORT ANSWER)	IT Specialist
E-mail: (SHORT ANSWER)	Dennis.Stewart2@va.gov

I.A.23) Are the records produced by this investment appropriately scheduled with the National Archives and Records Administration's approval?

Yes

I.A.24) Does this investment directly support one of the GAO High Risk Areas?

No

PART I - B

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Section B: Summary of Funding (All Capital Assets)

I.B.1) FILL IN TABLE IN CURRENT VALUES (in millions)

(Estimates for BY+1 and beyond are for planning purposes only and do not represent budget decisions)

Provide the total estimated life-cycle cost for this investment by completing the following table. All amounts represent budget authority in millions, and are rounded to three decimal places. Federal personnel costs should be included only in the row designated "Government FTE Cost," and should be EXCLUDED from the amounts shown for "Planning," "Full Acquisition," and "Operation/Maintenance." The total estimated annual cost of the investment is the sum of costs for "Planning," "Full Acquisition," and "Operation/Maintenance." For Federal buildings and facilities, life-cycle costs should include long term energy, environmental, decommissioning, and/or restoration costs. The costs associated with the entire life-cycle of the investment should be included in this report.

Category of Funds	PY-1 and Earlier	PY 2008	CY 2009	BY 2010
Planning Total	10.670	0.000	0.000	0.000
Acquisition Total	47.641	9.360	32.234	20.561
Operations & Maintenance Total	0.000	0.000	0.000	0.000
Total, All Stages (Non-FTE)	58.311	9.360	32.234	20.561
Government FTE Costs	10.518	2.230	2.119	2.290
Govt. FTE Numbers	94	22	19	18
Total (FTE and Non-FTE)	68.829	11.590	34.353	22.851

Government FTE Costs SHOULD NOT be INCLUDED as part of the TOTAL, All Stages Resources represented.

Note: 1) For the cross-agency investments, this table should include all funding (both managing partner and partner agencies). 2) Total, All Stages Resources should equal Total, All Stages Outlays.

I.B.2) Will this project require the agency to hire additional FTE's?

Yes

I.B.2.a) If Yes, How many and in what year? (MEDIUM ANSWER)

Pharmacy Reengineering will require additional staff to meet full deployment beginning in September 2012. The project will require 6 existing vacancies to be filled in 2008, 6 new FTEs in 2009, and 5 new FTEs in 2010. Full deployment is contingent on both hardware acquisition in 2009 and the hiring of the aforementioned number of FTEs in their respective years. Hiring delays in 2008 and 2009 will impact the project schedule.

I.B.3) If the summary of spending has changed from the FY2009 President's budget request, briefly explain those changes. (LONG ANSWER)

The program originally requested 34.724, however received 19.50 from the President's budget request. October of 2009, Pharmacy Re-engineering was awarded the additional \$15 for the necessary equipment costs.

PART I - C

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

I.C.1) If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why? (LONG ANSWER)

Contract xxxxx is a license to procure a product and as such earned value is not calculated. However, this contract is managed using delivery milestones to monitor scheduling and acceptance testing to monitor performance. Payment is contingent upon these two parameters being met.

Earned value is required for all of Pharmacy Re-engineering's contracts with the exception of the hardware and software license (Contract xxxxx) acquisitions.

I.C.2) Do the contracts ensure Section 508 compliance?

Yes

I.C.2.a) Explain why not or how this is being done? (MEDIUM ANSWER)

All contracts associated with this Exhibit 300 specify that deliverables must be Section 508 compliant. The Section 508 compliance testing for PRE v1.0 was performed by Mia Lipner and Thomas Logan of the Section 508 Program Office. For further information on the standards and procedures for Section 508 compliance, please refer to <http://www.va.gov/oit/ea/section508/>.

I.C.3) Is there an acquisition plan which has been approved in accordance with agency requirements?

Yes

I.C.3.a) If "yes," what is the date?

Jul 30, 2008

I.C.3.a.1) Is it Current?

Yes

I.C.3.b) If "no," will an acquisition plan be developed?

I.C.3.b.1) If "no," briefly explain why: (MEDIUM ANSWER)

PART I - D

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Section D: Performance Information (All Capital Assets)

In order to successfully address this area of the exhibit 300, performance goals must be provided for the agency and be linked to the annual performance plan. The investment must discuss the agency's mission and strategic goals, and performance measures (indicators) must be provided. These goals need to map to the gap in the agency's strategic goals and objectives this investment is designed to fill. They are the internal and external performance benefits this investment is expected to deliver to the agency (e.g., improve efficiency by 60 percent, increase citizen participation by 300 percent a year to achieve an overall citizen participation rate of 75 percent by FY 2xxx, etc.). The goals must be clearly measurable investment outcomes, and if applicable, investment outputs. They do not include the completion date of the module, milestones, or investment, or general goals, such as, significant, better, improved that do not have a quantitative measure.

Agencies must use the following table to report performance goals and measures for the major investment and use the Federal Enterprise Architecture (FEA) Performance Reference Model (PRM). Map all Measurement Indicators to the corresponding "Measurement Area" and "Measurement Grouping" identified in the PRM. There should be at least one Measurement Indicator for each of the four different Measurement Areas (for each fiscal year). The PRM is available at www.egov.gov. The table can be extended to include performance measures for years beyond the next President's Budget.

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Planned Improvements to the Baseline	Actual Results
2009	Honor & Memorialize	Mission and Business Results	Asset and Liability Management	Asses and Liability Management: Reduced cost of inventory	FY2005 average inventory level was \$274,571.26	A 5 % decrease in the average inventory level.	To be calculated in Q1 of FY2009
2009	Public Health & Socioeconomic Wellbeing	Technology	Data Reliability and Quality	Data Reliability and Quality: Frequency of National Drug File updates	5 updates were produced in FY2002	Increase the number of updates from 5 updates per year to 52 updates per year.	To be calculated in Q1 of FY2009

2008	Quality of Life	Customer Results	Accuracy of Service or Product Delivered	Accuracy of service delivered: Decrease in cost of adverse drug events due to improved business process and applied technology.	\$42,460,914 per year	A 40% reduction in cost of ADEs.	To be calculated in Q1 of FY2009
2009	Honor & Memorialize	Mission and Business Results	Collections and Receivables	Collection and Receivables: Improved third party collections.	2004 denials currently amount to 80% of all claims	Denials to be reduced to 50% of all claims.	To be calculated in Q1 of FY2009
2009	Ensure Smooth Transition	Processes and Activities	Productivity	Productivity: Number of prescriptions filled. Improved technology allows greater number of prescriptions to be filled within the same time frame.	There were 105,499,349 prescriptions filled in FY 2002	A 15% increase in prescription fills over the FY2002 baseline.	To be calculated 3rd quarter 2011
2009	Quality of Life	Customer Results	Accuracy of Service or Product Delivered	Accuracy of service delivered: Decrease in cost of adverse drug events due to improved business process and applied technology.	\$42,460,914 per year	A 45% reduction in cost of ADEs.	To be calculated in Q1 of FY2010
2009	Honor & Memorialize	Mission and Business Results	Collections and Receivables	Collections and Receivables: Improved Third Party collections	2004 denials amount to 80% of all claims	Denials to be reduced to 25% of all claims.	To be calculated in Q1 of FY2010
2009	Ensure Smooth Transition	Processes and Activities	Productivity	Productivity: Number of prescriptions filled. Improved technology allows greater number of prescriptions to be filled within the same time frame.	There were 105,499,349 prescriptions filled in FY 2002	An 25% increase in prescription fills over the FY2002 baseline.	
2010	Quality of Life	Customer Results	Accuracy of Service or Product Delivered	Accuracy of service delivered: Decrease in cost of adverse drug events due to improved business process and applied technology.	\$42,460,914 per year	A 50% reduction in cost of ADEs.	
2010	Honor & Memorialize	Mission and Business Results	Collections and Receivables	Collections and Receivables: Improved Third Party collections	2004 denials amount to 80% of all claims	Denials to be reduced to 15% of all claims.	

2010	Ensure Smooth Transition	Processes and Activities	Productivity	Productivity: Number of prescriptions filled. Improved technology allows greater number of prescriptions to be filled within the same time frame.	There were 105, 499, 349 prescriptions filled in FY 2002	An 30% increase in prescription fills over the FY2002 baseline.	
2008	Honor & Memorialize	Processes and Activities	Efficiency	Efficiency	CMOP utilization was 81.3% in FY 2005	An 8% increase in CMOP fills over the baseline.	To be calculated in Q1 of FY2009
2008	Honor & Memorialize	Technology	Data Reliability and Quality	Data Reliability and Quality	Rejections due to non matched items from local drug files to NDF averaged 4K in FY 2005	Non-matched items from local to NDF would be reduced by 30%.	To be calculated in Q1 of FY2009
2010	Honor & Memorialize	Processes and Activities	Efficiency	Efficiency	Non-Formulary drug requests that required pharmacist intervention were 693,240 in FY 2005	An 80% decrease in non-formulary drug requests that require pharmacist intervention. This improvement is in support of Enabling Goal Objective E-3.	
2008	Honor & Memorialize	Processes and Activities	Efficiency	Efficiency	Current FY 2005 local refill measured at 18.7%	An 8% decrease in local refills. This improvement is in support of Enabling Goal Objective E-3.	To be calculated 1st quarter 2009
2010	Honor & Memorialize	Processes and Activities	Efficiency	Efficiency	FY 2005 Dispensing Workload - Number of Inpatient Orders - National is at 13,651,889	A 15% decrease in the number of inpatient orders. This improvement is in support of Enabling Goal Objective E-3.	
2010	Honor & Memorialize	Processes and Activities	Efficiency	Efficiency	FY 2005 Dispensing Workload - Number of Outpatient (30-day Equivalent) Rx's - National is at 231,108,406	A 15% decrease in the number of outpatient prescriptions. This improvement is in support of Enabling Goal Objective E-3.	
2010	Honor & Memorialize	Processes and Activities	Efficiency	Efficiency	FY 2005 Dispensing Workload - Number of Inpatient Doses Dispensed - National is at 142,925,522	A 15% decrease in the number of inpatient doses dispensed. This improvement is in support of Enabling Goal Objective E-3.	

2009	Honor & Memorialize	Technology	Data Reliability and Quality	Data Reliability and quality	FY2005 data indicates in takes 60 to 120 days to match VA data to DoD and CHDR data	Improvements in the quality of the order checks for shared patients will reduce the number of days to 7 days.	To be calculated in Q1 of FY2009

PART I - F

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Section F: Enterprise Architecture (EA) (IT Capital Assets only)

In order to successfully address this area of the business case and capital asset plan you must ensure the investment is included in the agency's EA and Capital Planning and Investment Control (CPIC) process, and is mapped to and supports the FEA. You must also ensure the business case demonstrates the relationship between the investment and the business, performance, data, services, application, and technology layers of the agency's EA.

I.F.1) Is this investment included in your agency's target enterprise architecture?

Yes

I.F.1.a) If "no," please explain why? (LONG ANSWER)

I.F.2) Is this investment included in the agency's EA Transition Strategy?

Yes

I.F.2.a) If "yes," provide the investment name as identified in the Transition Strategy provided in the agency's most recent annual EA Assessment. (MEDIUM ANSWER)

This project is referenced as EA-14 in the VA 4.1.2 Enterprise Architecture Transition Plan (EATP). The major capabilities are: decrease adverse drug events, procure and integrate in-house developed and COTS capabilities enhancing patient safety, decrease maintenance costs associated with outdated technical environment, and improved pharmacy staff recruitment and retention. Benefits will be realized in a staggered approach, beginning in 2009 with full (100%) realization.

I.F.2.b) If "no," please explain why? (LONG ANSWER)

I.F.3) Is this investment identified in a completed (contains a target architecture) and approved segment architecture?

Yes

I.F.3a) If "yes," provide the six digit code corresponding to the agency segment architecture. The segment architecture codes are maintained by the agency Chief Architect.

100-000

Segment Architecture Mapping Reference Table:

BUSINESS SEGMENT NAME	SEGMENT ARCHITECTURE CODE
1) Health Business Segment	100-000
2) Benefits Business Segment	200-000

3) Memorial, Burials & HQ Segment	300-000
4) Material Management Segment	400-000
5) Financial Segment	500-000
6) Human Resources Segment	600-000
7) Security Management Segment	700-000
8) Information Management Segment	800-000
9) Education & Training Segment	900-000

I.F.3) FEA SERVICE REFERENCE MODEL:

I.F.3) Identify the service components funded by this major IT investment (e.g., knowledge management, content management, customer relationship management, etc.). Provide this information in the format of the following table. For detailed guidance regarding components, please refer to <http://www.whitehouse.gov/omb/egov/>.

SERVICE COMPONENT TABLE:

	Agency Component Name(SHORT ANSWER)	Agency Component Description (MEDIUM ANSWER)	FEA SRM Service Type	FEA SRM Component (a*)	FEA Service Component Reused : Component Name (b*)	FEA Service Component Reused : UPI (b*)	Internal or External Reuse? (c*)	BY Funding Percentage (d*)
1	Customer Services	Defines the set of capabilities that support the retention and delivery of a service or product to an organization's clients.	Customer Relationship Management	Customer / Account Management	Customer / Account Management		No Reuse	
2	Customer Services	Defines the set of capabilities that allow a customer to be contacted in relation to a subscription or service of interest.	Customer Preferences	Alerts and Notifications	Alerts and Notifications		No Reuse	
3	Business Management Services	Defines the set of capabilities that support the supply of goods or services as well as the tracking and analysis of costs for these goods.	Supply Chain Management	Sourcing Management	Sourcing Management		No Reuse	
4	Business Analytical Services	Defines the set of capabilities that support the analyze information and predict the impact of decisions before they are made.	Business Intelligence	Decision Support and Planning	Decision Support and Planning		No Reuse	

5	Business Analytical Services	Defines the set of capabilities that support the exploring and analyzing of detailed business transactions to uncover patterns and relationships within the business activity and history.	Knowledge Discovery	Data Mining	Data Mining		No Reuse	
6	Business Analytical Services	Defines the set of capabilities that support the use of dynamic reports on an as needed basis.	Reporting	Ad Hoc	Ad Hoc		No Reuse	
7	Business Analytical Services	Defines the set of capabilities that support the use of preconceived or pre-written reports.	Reporting	Standardized / Canned	Standardized / Canned		No Reuse	
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NOTE:

(a*) - Use existing SRM Components or identify as "NEW". A "NEW" component is one not already identified as a service component in the FEA SRM.

(b*) - A reused component is one being funded by another investment, but being used by this investment. Rather than answer yes or no, identify the reused service component funded by the other investment and identify the other investment using the Unique Project Identifier (UPI) code from the OMB Ex 300 or Ex 53 submission.

(c*) - 'Internal' reuse is within an agency. For example, one agency within a department is reusing a service component provided by another agency within the same department. 'External' reuse is one agency within a department reusing a service component provided by another agency in another department. A good example of this is an E-Gov initiative service being reused by multiple organizations across the federal government.

(d*) - Please provide the percentage of the BY requested funding amount used for each service component listed in the table. If external, provide the funding level transferred to another agency to pay for the service.

I.F.4) FEA TECHNICAL REFERENCE MODEL:

I.F.4) To demonstrate how this major IT investment aligns with Reference Model (TRM), please list the Service Areas, Service Specifications supporting this IT investment.

TECHNICAL REFERENCE MODEL TABLE:

	FEA SRM Component (a*)	FEA TRM Service Area	FEA TRM Service Category	FEA TRM Service Standard
1	Customer / Account Management	Service Access and Delivery	Access Channels	Web Browser
2	Customer / Account Management	Service Access and Delivery	Access Channels	Other Electronic Channels
3	Customer / Account Management	Service Access and Delivery	Delivery Channels	Intranet
4	Customer / Account Management	Service Access and Delivery	Delivery Channels	Virtual Private Network (VPN)
5	Customer / Account Management	Service Access and Delivery	Service Requirements	Legislative / Compliance
6	Customer / Account Management	Service Access and Delivery	Service Requirements	Authentication / Single Sign-on
7	Alerts and Notifications	Service Platform and Infrastructure	Hardware / Infrastructure	Servers / Computers
8	Alerts and Notifications	Service Platform and Infrastructure	Hardware / Infrastructure	Servers / Computers
9	Alerts and Notifications	Service Platform and Infrastructure	Delivery Servers	Portal Servers
10	Alerts and Notifications	Service Platform and Infrastructure	Delivery Servers	Application Servers
11	Alerts and Notifications	Service Platform and Infrastructure	Database / Storage	Database
12	Alerts and Notifications	Service Platform and Infrastructure	Database / Storage	Storage
13	Alerts and Notifications	Service Platform and Infrastructure	Hardware / Infrastructure	Servers / Computers
14	Sourcing Management	Component Framework	Security	Supporting Security Services
15	Sourcing Management	Component Framework	User Presentation / Interface	Dynamic Server-Side Display
16	Sourcing Management	Component Framework	Business Logic	Platform Independent Technologies
17	Sourcing Management	Component Framework	Data Interchange	Data Exchange
18	Sourcing Management	Component Framework	Data Management	Database Connectivity
19	Sourcing Management	Component Framework	Data Management	Reporting and Analysis
20	Decision Support and Planning	Service Interface and Integration	Integration	Middleware
21	Decision Support and Planning	Service Interface and Integration	Integration	Middleware
22	Decision Support and Planning	Service Interface and Integration	Integration	Middleware
23	Decision Support and Planning	Service Interface and Integration	Interoperability	Data Format / Classification
24	Decision Support and Planning	Service Interface and Integration	Interface	Service Discovery
25	Decision Support and Planning	Service Interface and Integration	Interface	Service Description / Interface
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NOTE:

(a) - Service Components identified in the previous question(I.F.3) should be entered in this column. Please enter multiple rows for FEA SRM Components supported by multiple TRM Service Specifications*

(b) - In the Service Specification field, Agencies should provide information on the specified technical standard or vendor product mapped to the FEA TRM Service Standard, including model or version numbers, as appropriate.*

I.F.5) Will the application leverage existing components and/or applications across the Government (i.e., FirstGov, Pay.Gov, etc)?

Yes

I.F.5.a) If "yes," please describe. (LONG ANSWER)

The re-engineered system will implement the standards proposed by the Consolidated Health Informatics group. The re-engineered system will also utilize the enterprise level services such as Enterprise level Authentication and Authorization Service, Clinical Data Service to access Health Data Repository, Person Service to identify Patients and access patient demographics, Standard Data service to access standard enterprise level reference tables, Standard Terminology Services to access standard clinical code sets Ordering service to handle lab orders and Infrastructure services such as common delivery service, auditing service, defect logging service etc..

PART II - B

PART II: PLANNING, ACQUISITION AND PERFORMANCE INFORMATION

Part II should be completed only for investments which in FY2008 will be in "Planning" or "Full Acquisition," investments, i.e., selected one of these three choices in response to Question 6 in Part I, Section A above.

OMB Text Limitations - SHORT ANSWER(250 Characters), MEDIUM ANSWER(500 Characters) and LONG ANSWER(2500 Characters)

Section B - RISK MANAGEMENT (All Capital Assets)

II.B.1) Does the investment have a Risk Management Plan?

Yes

II.B.1.a) If "yes," what is the date of the plan?

Sep 30, 2008

II.B.1.b) Has the Risk Management Plan been significantly changed since last year's submission to OMB?

Yes

II.B.1.c) If "yes," describe any significant changes: (LONG ANSWER)

The Pharmacy Reengineering project performs routine risk assessments and at key milestone reviews. A risk assessment was performed during initial planning and continues during milestone reviews. Success of this project is software that is secure, functions reliably, and improves patient safety and care. In addition to the cost, schedule and scope risks, specific quality risks were identified and mitigation strategy initiated. Quality controls have been identified and incorporated as part of the WBS, integrating risk into the schedule. These controls include acceptance test planning and execution to identify any quality deficiencies early. In addition, contract vehicles that utilize EVMS and Firm Fixed Price contracts are used. Risk is reviewed on a weekly basis with priority being given to level four and five risks. Issues are analyzed and evaluated for disposition. Management is included in the risk management review and high impact; high probability risks are communicated to upper management.

II.B.2) If there currently is no plan, will a plan be developed?

II.B.2.a) If "yes," what is the planned completion date?

II.B.2.b) If "no," what is the strategy for managing the risks? (LONG ANSWER)

II.B.3) Briefly describe how investment risks are reflected in the life cycle cost estimate and investment schedule: (LONG ANSWER)

The Pharmacy Reengineering project performs routine risk assessments and at key milestone reviews. A risk assessment was performed during initial planning and continues during milestone reviews. Success of this project is software that is secure, functions reliably, and improves patient safety and care. In addition to the cost, schedule and scope risks, specific quality risks were identified and mitigation strategy initiated. Quality controls have been identified and incorporated as part of the WBS, integrating risk into the schedule. These controls include acceptance test planning and execution to identify any quality deficiencies early. In addition, contract vehicles that utilize EVMS and Firm Fixed Price contracts are used. Risk is reviewed on a weekly basis with priority being given to level four and five risks. Issues are analyzed and evaluated for disposition. Management is included in the risk management review and high impact; high probability risks are communicated to upper management.

PART II - C

Part II: Planning, Acquisition And Performance Information

Part II should be completed only for investments which in FY2008 will be in "Planning" or "Full Acquisition," investments, i.e., selected one of these three choices in response to Question 6 in Part I, Section A above.

OMB Text Limitations - SHORT ANSWER(250 Characters), MEDIUM ANSWER(500 Characters) and LONG ANSWER(2500 Characters)

C) Cost and Schedule Performance:

Identify in this section the proposed change to the original or current OMB-approved baseline. What are the new cost and schedule goals for the phase or segment/module (e.g., what are the major investment milestones or events; when will each occur; and what is the estimated cost to accomplish each one)? If this is a new investment in the FY 2008 Budget year or if the agency does not intend to propose a new baseline modification, this section will be blank for

