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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EPS Enhancement requests will be reviewed by the EPS Product team for technical feasibility. Once an enhancement is determined to be technically feasible, it will be presented to the EPS Change Control Board (CCB). The CCB will meet once a month and will Approve and/or Decline requests. The CCB will also prioritize approved enhancements for development.**  **All CCB decisions will be published via bulletins.** | | | | | | | | | | | |
| **Product/Application/Suite:** | | | | | | | | | | | |
| **Ticket #:** | | | **Initiated by:** | | | | | | | **Request Date:** | |
| **Type:**   |  |  | | --- | --- | |  | Enhancement | |  | Documentation | |  | Other | |  |  | |  |  | | | | **Request:**   |  |  | | --- | --- | |  | Internal | |  | User | |  | Other | |  |  | | | | | | | | **Application** *(enter options below):*   |  |  |  |  | | --- | --- | --- | --- | |  | ACM |  | Clintegrity | |  | CCM |  | PQT | |  | VIP-W |  | nCoderMD | |  | VIP-D |  | CECS | |  | EPS-CR |  |  | |  |  |  |  | | |
| **Current Version(s) Installed:** | | | | | | | | | | | |
| **SUBMITTER INFORMATION** | | | | | | | | | | | |
| **Name:**  **VAMC &VISN:**  **Role/Title:** | | | | | | | **Email:**  **Phone:**  **Submitted by (if different):** | | | | |
| **Description of Request** *(Please provide reference screenshots and/or other attachments if possible)* | | | | | | | | | | | |
| **Short Description of Change:**  **User Story: As a** [enter your user role] **I want** [application] **to** [enter what you need the product to do] **so that** [enter the reason you are requesting this change].  **Example:** ***As a*** *Coder* ***I want*** *CCM* ***to*** *allow me to add a coder comment* ***so that*** *I can communicate to other departments (CPAC, RUR, and Facility Revenue) about the encounter.* | | | | | | | | | | | |
| **Description of current process** *(Please describe current process, workarounds, challenges and/or pinpoints if possible)* | | | | | | | | | | | |
| **Describe what is or is not occurring in current state:** | | | | | | | | | | | |
| **End-Users Roles Impacted by Changes:**  **examples:** *Coding, Billing, Facility Revenue, RUR, Compliance, VERA coordination, Inpatient* | | | | | | | | | | | |
| **Is a VA change driving this request?**  Yes  No If “Yes” please describe: | | | | | | | | | | | |
| **Will the change be visual?**  Yes  No If “Yes” please describe: | | | | | | | | | | | |
| **Will this request benefit all facilities?**  Yes  No If “Yes” please describe: | | | | | | | | | | | |
| **Will a process be affected by this change?**  Yes  No If “Yes” please describe: | | | | | | | | | | | |
| **Please email this completed form to** [**EPSEnhancements@nuanceteam.com**](mailto:EPSEnhancements@nuanceteam.com) | | | | | | | | | | | |
| **🡫 INTERNAL USE ONLY 🡫** | | | | | | | | | | | |
| **Detailed Description of Request** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Impact if request is not implemented** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Anticipated changes** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Risks** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **IMPACT TO SYSTEM** | | | | | | | | | | | |
| **Estimated Time to Complete:** | | | | | **Date/Release to be completed:** | | | | | | |
| **Cost (if applicable):** | | | | | **Schedule Impact:** | | | | | | |
| **1. Systems/Areas Affected** *(List all system impacts, areas in applications that will be affected, etc.)* | | | | | | | | | | | |
|  | | | | | |  | | | | | |
|  | | | | | |  | | | | | |
| **2. High Level Tasks:** | | | | | | | | | | | |
| **Group/Individual** | | **Task Description** | | | | | | | | | |
|  | |  | | | | | | | | | |
|  | |  | | | | | | | | | |
| **APPROVALS** | | | | | | | | | | | |
| **Product/Project Manager Information**  **Name:**  **Title:**  **Email:**  **Phone:**  **Signature:** | | | | | | | | | **Customer Information**  **Name:**  **Title:**  **Email:**  **Phone:**  **Signature:** | | |
| **History Log:** | | | | | | | | | | | |
| **Date** | **Venue for Notes** | | | **Comments** | | | | | | | **Note Taker/**  **Attendees** |
| **CHANGE REQUEST STATUS** | | | | | | | | | | | |
| **Approval Status:** | | | | Approved  Duplicate  Denied  Pending | | | | | | | |
| **Priority:** | | | | 1: High  2: Medium  3: Low | | | | | | | |
| **Resolution (version notes):** | | | |  | | | | | | | |
| **Comments:** | | | |  | | | | | | | |
| **Change Closed on:** | | | | | | | | **Change Closed by:** | | | |
| **Release Version:** | | | | | | | | **Release Quarter/Date:** | | | |