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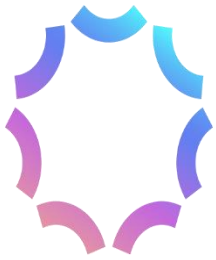

CLAIM RESUBMISSION THROUGH SUPPORTING INFORMATION

Version 1.0

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Table of Contents

Introduction 3

resubmission of claim Process 4

1.1 Send supporting information for only submitted items. 4

1.1.1 Json Structure **5**

1.2 New Claim with additional items. 9

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INTRODUCTION

When an HCP receives a complete claim response from the HIC with items which are partially approved and where the provider does not agree with the adjudication result, then the Provider may submit the required supporting information for the partially approved or rejected items sent. the payer will receive the supporting info and can issue a revised claim response. And in case any services were needed to be added on a “complete” claim, then the provider will send another “New” claim with the same episode ID as the first one.

RESUBMISSION OF CLAIM PROCESS

1.1 Send supporting information for only submitted items.

Below is workflow highlights the process of sending additional information after receiving the complete response for a claim.

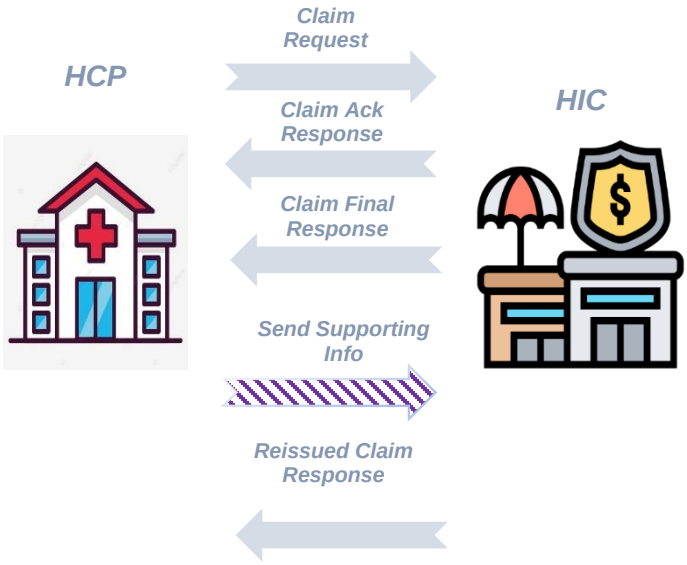

Figure 1 Supporting Information Submission for Completed Claim

Story
1- HCP Submitted Claim(AZ1000) *2- Acknowledgment response received as "Queued"* *3- HIC Responded to the provider with the adjudication response of partially approved or rejected.* *4- HCP Sent Supporting information on the partially or rejected items.* *5- HIC will review the recived Supporting information and will reissue the claim response.*
Impact
If complete: The Supporting information will be used to re-adjudicate the rejected and partially approved items and issue a new claim response.
Notes
- *Supporting information can be such as attachments like PDF documents as well as other info as defined in nphies profile and codeable conept documents on the community portal.* - *Nphies: generates error if the referred-to claim has been cancelled, contained errors, or does not exist.*

For more information about this supporting information submission, please refer to the "Sending Supporting Information for Rejected or Partially Approved Claims" json samples in the community portal through the following path:

- ***Claim Resubmission Through Sending Supporting Information***
  (Health Dictionary (HD) > Documentation > FHIR Samples)

1.1.1 Json Structure

Below is a highlight of the important resources that needs to be considered during the submission of the supporting information process.

Example:

i 1st Claim Response from the HIC:

After adjudicating the claim request, the payer may send his adjudication response to the provider as follow:

Claim Adjudication Outcome = “partial”


```
},
{
    "fullUrl": "http://sni.com.sa/Claimresponse/616278",
    "resource": {
        "resourceType": "ClaimResponse",
        "id": "616278",
        "meta": {
            "profile": [
                "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/claim-response|1.0.0"
            ]
        },
        "extension": [
            {
                "url": "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/extension-adjudication-outcome",
                "valueCodeableConcept": {
                    "coding": [
                        {
                            "system": "http://nphies.sa/terminology/CodeSystem/adjudication-outcome",
                            "code": "partial"
                        }
                    ]
                }
            }
        ],
```


Claim details:

3 services were requested and been adjudicated. One service was approved, one is partially approved, and one is rejected:

- 1st service adjudication = “approved”


```
"item": [
    {
        "extension": [
            {
                "url": "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/extension-adjudication-outcome",
                "valueCodeableConcept": {
                    "coding": [
                        {
                            "system": "http://nphies.sa/terminology/CodeSystem/adjudication-outcome",
                            "code": "approved"
                        }
                    ]
                }
            }
        ],
```

- 2nd Service adjudication = “partial”


```
{
    "extension": [
        {
            "url": "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/extension-adjudication-outcome",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "system": "http://nphies.sa/terminology/CodeSystem/adjudication-outcome",
                        "code": "partial"
                    }
                ]
            }
        }
    ],
```


- 3rd service adjudication = “rejected”


```
{
    "extension": [
        {
            "url": "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/extension-adjudication-outcome",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "system": "http://nphies.sa/terminology/CodeSystem/adjudication-outcome",
                        "code": "rejected"
                    }
                ]
            }
        }
    ],
```


ii Communication with Supporting information from the HCP:

After the provider receives the 1st claim response from the payer, they can send supporting information related to the services in that claim as follow:

HCP will Refer to the 1st claim request by adding the same claim.identifier in the “about” resource:


```
"about": [
    {
        "type": "Claim",
        "identifier": {
            "system": "http://saudidentalclinic.com.sa/claim",
            "value": "req_296278"
        }
    }
],
```

Payload containing supporting information on partially approved or rejected services:


```
            "payload": [
                {
                    "contentString": "X-Ray report supporting the full crown metallic indirect (618) service"
                },
                {
                    "contentAttachment": {
                        "contentType": "application/pdf",
                        "data": "JVBERi0xLjQKJcOkw7zDtsOfCjIgMCBvYmoKPDwvTGVuZ3RoIDMgMCBSL0ZpbHRlci9GbGF0ZURlY29kZT4+C
                        "title": "Lab Report",
                        "creation": "2021-12-02"
                    }
                }
            ]
        }
    },
```


iii 2nd Claim Response from the HIC:

The payer will review the submitted supporting information and can create a 2nd claim response as follow:

Claim adjudication outcome = “approved”
Re-issue reason = “correction”


```
},
{
    "fullUrl": "http://sni.com.sa/Claimresponse/416279",
    "resource": {
        "resourceType": "ClaimResponse",
        "id": "416279",
        "meta": {
            "profile": [
                "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/claim-response|1.0.0"
            ]
        },
        "extension": [
            {
                "url": "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/extension-adjudication-outcome",
                "valueCodeableConcept": {
                    "coding": [
                        {
                            "system": "http://nphies.sa/terminology/CodeSystem/adjudication-outcome",
                            "code": "approved"
                        }
                    ]
                }
            },
            {
                "url": "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/extension-adjudication-reissue",
                "valueCodeableConcept": {
                    "coding": [
                        {
                            "system": "http://nphies.sa/terminology/CodeSystem/reissue-reason",
                            "code": "correction"
                        }
                    ]
                }
            }
        ],
```

- 1st service adjudication = “approved”


```
"item": [
    {
        "extension": [
            {
                "url": "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/extension-adjudication-outcome",
                "valueCodeableConcept": {
                    "coding": [
                        {
                            "system": "http://nphies.sa/terminology/CodeSystem/adjudication-outcome",
                            "code": "approved"
                        }
                    ]
                }
            }
        ],
```


- 2nd Service adjudication Changed to “approved”


```
{
    "extension": [
        {
            "url": "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/extension-adjudication-outcome",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "system": "http://nphies.sa/terminology/CodeSystem/adjudication-outcome",
                        "code": "approved"
                    }
                ]
            }
        }
    ],
```


- 3rd service adjudication Changed to “approved”


```
{
    "extension": [
        {
            "url": "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/extension-adjudication-outcome",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "system": "http://nphies.sa/terminology/CodeSystem/adjudication-outcome",
                        "code": "approved"
                    }
                ]
            }
        }
    ],
```

1.2 New Claim with additional items.

If the provider wanted to add more items/services in the claim request, then the provider can create a 2nd claim request and link it with the same episode ID of the 1st claim request. This will be considered a new claim, not re-submission.

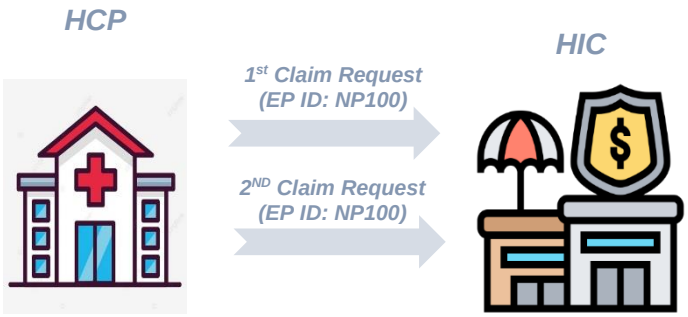

Figure 2 Adding Additional Services through New Claim Submission

Story
1- HCP Submitted 1st Claim (Episode ID: NP100) *2- Acknowledgment response received as "Queued"* *3- Whether a "complete" response been recived from the HIC or not, if the HCP wanted to add additional services performed to the patient during the same episode of care, they will send a 2nd Claim as new claim with the additional services containing the same Episode ID (NP100) in the 1st claim.* *4- The HIC will review both claims and respond accordingly.*
Notes

- The 2nd Claim containing the same episode ID will not be considered as a "Resubmission" as it will be treated as a "New Claim", and it will not overwrite the content of the 1st claim.
- The 2nd claim can be submitted at any time, the following are some examples:
  ○ In Parrel of 1st claim submission.
  ○ During the "Queued" phase of the 1st claim.
  ○ After receiving final adjudication response "complete response" of the 1st claim.

For more information about the episode ID, please refer to the episode ID guideline in the community portal through the following path(s):

- ***Episode Identifier Guideline v 1.2***
  (Health Dictionary (HD) > Documentation > User Guides & Manuals Description)
- ***FHIR JSON SAMPLES_TMB v1.2.872_15_20-01-2022***
  (Health Dictionary (HD) > Documentation > FHIR Samples)