

Claim Test cases - Against the Pseudo-Payer “INS-FHIR”

| # | Test Case Name | HCP Steps | HIC Steps | Transaction specifications |
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| 1 | Pharmacy Claim Includes Nphies Authorization response reference with solicited communication Final Approved response | 1. HCP sends an authorization request with claim-type pharmacy. 3. HCP obtains a prior-authorization response with approval adjudication outcome. 4. Send an authorized Claim request (To get the pended response, enter Claim.priority as “deferred”.) for the previously approved items, contains the approved authorization response identifier reference and PerAuth ref. 8. Receive the Realtime Queued/Pended response. 9. HCP should send a poll request transaction to Nphies and receive the poll-response which contains the communication request. 10. Generate and send a solicited Communication transaction based on the received communication request. 12. HCP should send a poll request transaction to Nphies and receive the poll-response which contains the HIC Completed/Adjudicated claim response. | 2. Receive the Pharmacy Authorization request and send a Realtime Completed and approved response. 5. Receive the Pharmacy claim Request and send a Realtime Queued/Pended response. 7. Send a Communication Request transaction for the Pharmacy claim Request and receive Nphies acknowledgment for the communication request. 11. Receive the solicited communication and adjudicate the Claim request then generate a claim response Completed/Adjudicated. | 1. Claim request should contain multiple supporting information sequences with (days-supply) category. 2. The support info (days-supply) should be linked with its sequence on item level using Claim.item.informationSequence . 3. One of the billed items, should be Unlisted Drug code (9999999999999999) with SFDA added to demonstrate the shadow billing. 4. One item for medical devices. |
| 2 | Professional Claim includes | 1. HCP sends an eligibility request. 2. HCP obtains the eligibility approval response from the payer. | 4. Receive the Professional claim Request and unsolicited communication then send a Realtime Queued/Pended response. | 1. Claim should contain the vital signs (support information elements): 2. Onset 3. Temperature |

INTERNAL USE

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| | <p>Nphies eligibility response reference</p> <p>with unsolicited communication</p> <p>Final Rejected claim response</p> | <p>HCP sends a claim request (To get the pending response, enter Claim.priority as "deferred".) contains the approved eligibility response reference.</p> <p>3. HCP sends unsolicited communication</p> <p>6. HCP should send a poll request transaction to Nphies and receive the poll-response which contains the HIC Completed/Adjudicated claim response.</p> | <p>5. Adjudicate the Claim request then generate a rejected claim response.</p> | <p>4. Pulse</p> <p>5. Claim should contain multiple items from different codesystems.</p> <p>6. Also Claim should contain at least 1 item from the lab services with supporting information lab-test using LOINC codes. (Testing LOINC codes "80096-1", "43863-0", "43863-0", "55951-8", "12419-8")</p> <p>7. Claim item reference inside the unsolicited communication > Communication.payload.extension.ClaimItemSequence</p> |
| 3 | <p>Institutional Claim request</p> <p>with Offline eligibility references.</p> <p>Sending Status check for "complete" claim</p> <p>Final claim response partially approved</p> | <p>1. HCP sends a claim request (To get the automated response, enter Claim.priority as "deferred") which contains Offline eligibility reference.</p> <p>4. HCP should send a poll request transaction to Nphies and receive the poll-response which contains the HIC Completed/Adjudicated claim response.</p> <p>5. HCP will send a status check and get "complete" status response from HIC.</p> | <p>2. Receive the Institutional claim Request then send a Realtime Queued/Pended response.</p> <p>3. Adjudicate the Claim request then generate a partially approved claim response.</p> | <p>1. Offline eligibility reference.</p> <p>2. Claim request should contain the following support information elements:</p> <p>Vital-Sign-Diastolic Vital-Sign-Height Vital-Sign-Systolic Vital-Sign-Weight</p> <p>Attachment</p> <p>icu-hours</p> <p>Chief compliant as Text & ICD</p> <p>3. Claim request should contain encounter resource with period start and period end</p> <p>4. Claim should contain at least one Package item = "true" linked to multiple item.detail from different categories (procedures, lab test, imaging .. etc)</p> |
| 4 | <p>Dental Claim request</p> | <p>1. HCP sends a dental claim request (Enter Claim.priority as "normal".) which</p> | <p>2. Receive the dental claim Request then send an approved claim response.</p> | <p>1. Include fdi-oral-region (to indicate the tooth number)</p> |

INTERNAL USE

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| | with Offline Authorization reference and Cancellation. | contains Offline Authorization references. 3. HCP sends a cancellation request and receives the cancellation response. | | 2. The cancellation request should be with Task.code "cancel or nullify". |
| 5 | Any type of Claim without any references Outcome = "error" | 1. HCP sends a claim request which does not contain any references to authorization or eligibility. Enter Claim.priority as "normal". (Use this member Iqama Number 2333333333 to get the Error-response) 3. HCP should receive the error response. | 2. Receive the claim Request then send a Realtime error response. | |
| 6 | Claim request any type for newborn patient | 1. Send Claim request (Enter Claim.priority as "deferred".) for newborn patient 2. Receive the claim pended response. | 3. Send the claim approved final response. | - Claim request should include Newborn extension with the birthweight and one of ICD10 Z38 Codes with the birth date is less than 90 days old - Claim Request to include 2 patient resources (mother using Iqama number and Newborn using MRN) |
| 7 | Batch claim cycle (optional) | 1. HCP submits Batch Request contains multiple claims with (Claim.priority as "normal"). 3. HCP should send a poll request transaction to Nphies and receive the poll-response which contains the HIC queued/pended claim responses. 5. HCP should send a poll request transaction to Nphies and receive the poll-response which contains the HIC completed/adjudicated claim responses. | 2. Receive the claim Requests, adjudicate the Claim requests then generate a completed claim responses. | 1. At least the batch should contain 2 claim requests. 2. HCP and HIC should close full Batch cycle, from sending batch request till HIC sends the final complete response. |

INTERNAL USE

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| 8 | <p>Optical Claim with Nphies eligibility and authorization responses references</p> <p>Final Rejected claim response. (Only for Optical Centers)</p> | <ol style="list-style-type: none"> 1. HCP sends an eligibility request and get approved automated response. 2. HCP sends Optical authorization request and obtain automated approved authorization response. 3. HCP sends an Optical claim request (Claim.priority as "deferred") contains approved eligibility response reference and authorization response reference. 6. HCP should send a poll request transaction to Nphies and receive the poll-response which contains the HIC completed/adjudicated claim responses. | <ol style="list-style-type: none"> 4. Receive the optical claim Request and send a Realtime Queued/Pended response. 5. Adjudicate the optical Claim request then generate a rejected completed claim response. | <ol style="list-style-type: none"> 1. Include VisionPrescription resource |
| 9 | <p>Large claim with 300 items (optional)</p> | <ol style="list-style-type: none"> 1. HCP sends institutional (inpatient) claim request contains 300 items. Enter Claim.priority as "normal". 3. HCP should send a poll request transaction to Nphies and receive the poll-response which contains the HIC queued/pended claim responses. 5. HCP should send a poll request transaction to Nphies and receive the poll-response which contains the HIC - completed/adjudicated-claim responses. | <ol style="list-style-type: none"> 2. Receive the claim Requests then send a Queued/Pended response. 4. Adjudicate the Claim requests then generate a completed claim response. | |