SRS_Pharmacy_PSCE_Prime

Disclaimer and Purpose:
The software requirement specification document defines "what" the system should do (functional requirements) and how well it should perform (non-functional requirements). It may also include some aspects of why, when tied to business context or stakeholder needs.

This document outlines functional and nonfunctional requirements to support design development and testing.

The document is intended for the following audiences.
- **Business Stakeholders, to understand how the system aligns with business goals**
- **Technical architects & Lead, to interpret requirements in the context of technical design**
- **Developers and testers, to ensure accurate implementation and validation of the described behavior**

Revision History

Version No.	Date	Prepared / Modified by	Reviewed by /Approved by	Significant Changes
0.1	08/05/2025	Pauline Malachowski		Initial SRS draft.
0.2	08/12/2025	Pauline Malachowski		Added exclusion and inclusion criteria per meeting.
0.3	08/13/2025	Pauline Malachowski		Added PSCE extract and SFTP information.
0.4	08/15/2025	Pauline Malachowski		Added Facets Update Pend requirements.
0.5	08/18/2025	Pauline Malachowski		Added Acknowledgement file requirements.
0.6	08/20/2025	Pauline Malachowski		Continue to add requirements for the Facets Update for Pend and HCPC codes.
0.7	08/21/2025	Pauline Malachowski		Added requirements for the Response file, Facets update and Re-adjudication.
0.8	08/26/2025	Pauline Malachowski		Updated based on SRS walk through with the project team.
0.9	08/27/2025	Pauline Malachowski		Begin drafting the Facets update for the pend process requirements.
0.10	08/28/2025	Pauline Malachowski		Continue drafting the Facets update for the pend process requirements.
0.11	08/29/2025	Pauline Malachowski		Begin drafting the requirements for the Response file process.
0.12	09/01/2025	Pauline Malachowski		Continue drafting the requirements for the Response file process. Began creating the mapping document for the PSCE file from Facets.
0.13	09/02/2025	Pauline Malachowski		Updated diagrams in SRS and updated the requirements for the Response file from Prime based on the updated Solution Scope. Continue creating the mapping for the PSCE file.
0.14	09/03/2025	Pauline Malachowski		Updated the PSCE file business rules.
0.15	09/09/2025	Pauline Malachowski		Added Note about the HCPC lists. Changed link to be the update Solution Architecture PowerPoint. Added link to the updated Questions.
0.16	09/12/2025	Pauline Malachowski		Converted 'Bill Type' and 'Bill Type and Revenue Code' hardcoded values to spreadsheet links in the SRS Supporting Documents Repository.
0.17	09/15/2025	Pauline Malachowski		Added information for dependency on the 2 Claims Adjudication Flows completing before PSCE can run.
0.18	09/17/2025	Pauline Malachowski		Added link to PSCE_Response File_Prime_Mapping.
0.19	09/18/2025	Pauline Malachowski		Data_Layout_Specs for all files have been updated. Updated the requirements based on the modified Solution Architecture. Updated to remove the edits for the

				'HCPCS Units/Quantity' being blanks and the 'Allowed Amount' cannot be greater than the 'Billed Amount'. Per Vicki N. neither of these conditions can exist in Facets.
0.20	09/19/2025	Pauline Malachowski		Updated per internal review feedback.
0.21	09/23/2025	Pauline Malachowski		Converted the 'Place of Service' hardcoded values to a spreadsheet link in the SRS Supporting Documents Repository.

DOCUMENT APPROVALS

Approver Name	Date of Approval	Project ID
Gina Sifakis		

Glossary (Acronyms used in the SRS)

Abbreviation	Description
API	Application Programming Interface
BCBSRI	Blue Cross and Blue Shield of Rhode Island
CMS	Centers for Medicare and Medicaid Services
COB	Coordination of Benefits
EXCD	Explanation Codes
FEP	Federal Employee Program
HCFA	Health Care Financing Administration now known as CMS
HCL	Hindustan Computers Limited
HCPC	Healthcare Common Procedure Coding
HTTP	Hypertext Transfer Protocol
HTTPS	Hypertext Transfer Protocol Secure
HWA	HCL Workload Automation
ITS	Inter-Plan Teleprocessing System
MPS	Medical Pharmacy Solutions
NDC	National Drug Code
NEHP	New England Health Plan
POS	Place of Service
PCP	Primary Care Provider
Prime	Prime Therapeutics
PSCE	Post Service Pre-Payment Claims Edits
SFTP	Secure File Transfer Protocol
SQL	Structure Query Language
SR	System Requirement
SRS	System Requirement Specification document
TIN	Tax Identification Number

Contents

1   Introduction

1.1   Purpose

This document outlines the system requirements for both inbound and outbound data exchanges with Prime Therapeutics (Prime) to support the new Medical Pharmacy Solutions (MPS) program. MPS is a comprehensive pharmacy management program offered by Prime that offers clinical excellence and expertise backed by rigorous policies. Prime is sunsetting the current Medical Drug Review program and transitioning to the newly acquired MPS program and platform.

The Post Service Pre-Payment Claims Edits (PSCE) allows for the management of medical benefit drugs with the same level of sophistication typically found in pharmacy benefit adjudication systems, but without disrupting the provider's workflow. The MPS program ensures all medical benefit drugs are paid properly through the application of edits for drugs not in scope of the Prior Authorization program for eligible diagnosis, for maximum dosage or units and for duration and frequency. For drugs included in the Prior Authorization program, Prime will ensure all medical benefit drugs are paid properly through claim to authorization matching, including unclassified Healthcare Common Procedure Coding.

1.2   Scope

As part of Facets Claims Adjudication, Workflow will pend local and the ITS Home Claims if they meet the criteria to be sent to Prime for evaluation.

A file of the claims pended that day will be extracted and transmitted to Prime. Prime will load the claims to their system for processing and transmit an Acknowledgement file back to BCBSRI.

Once processing is complete, Prime will send a Response file of recommendations for the pended claims to BCBSRI. Prime's recommendations will be applied to the pended claims in Facets, and the claim will be re-adjudicated.

1.3   Context Diagram

SOLUTION ARCHITECTURE - MEDICAL PHARMACY SOLUTION ARCHITECTURE

SOLUTION ARCHITECTURE - MEDICAL PHARMACY SOLUTION ARCHITECTURE
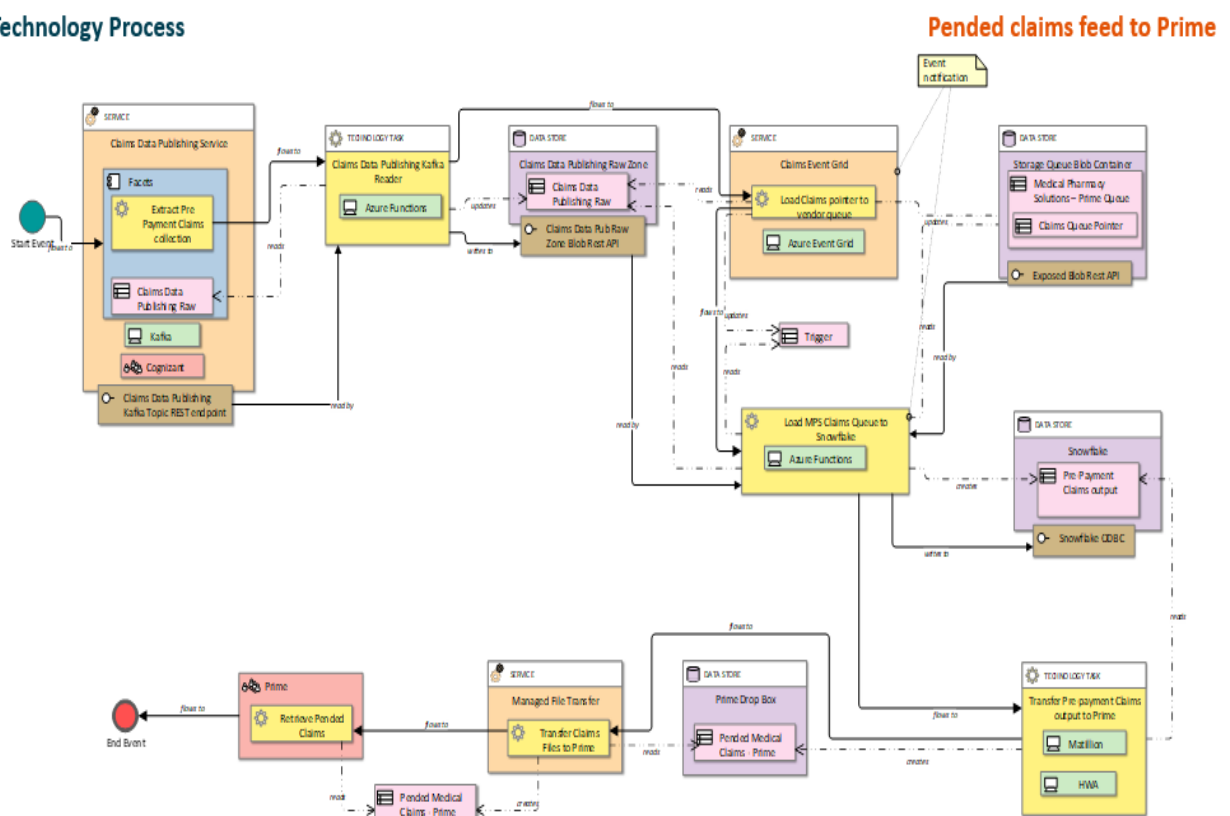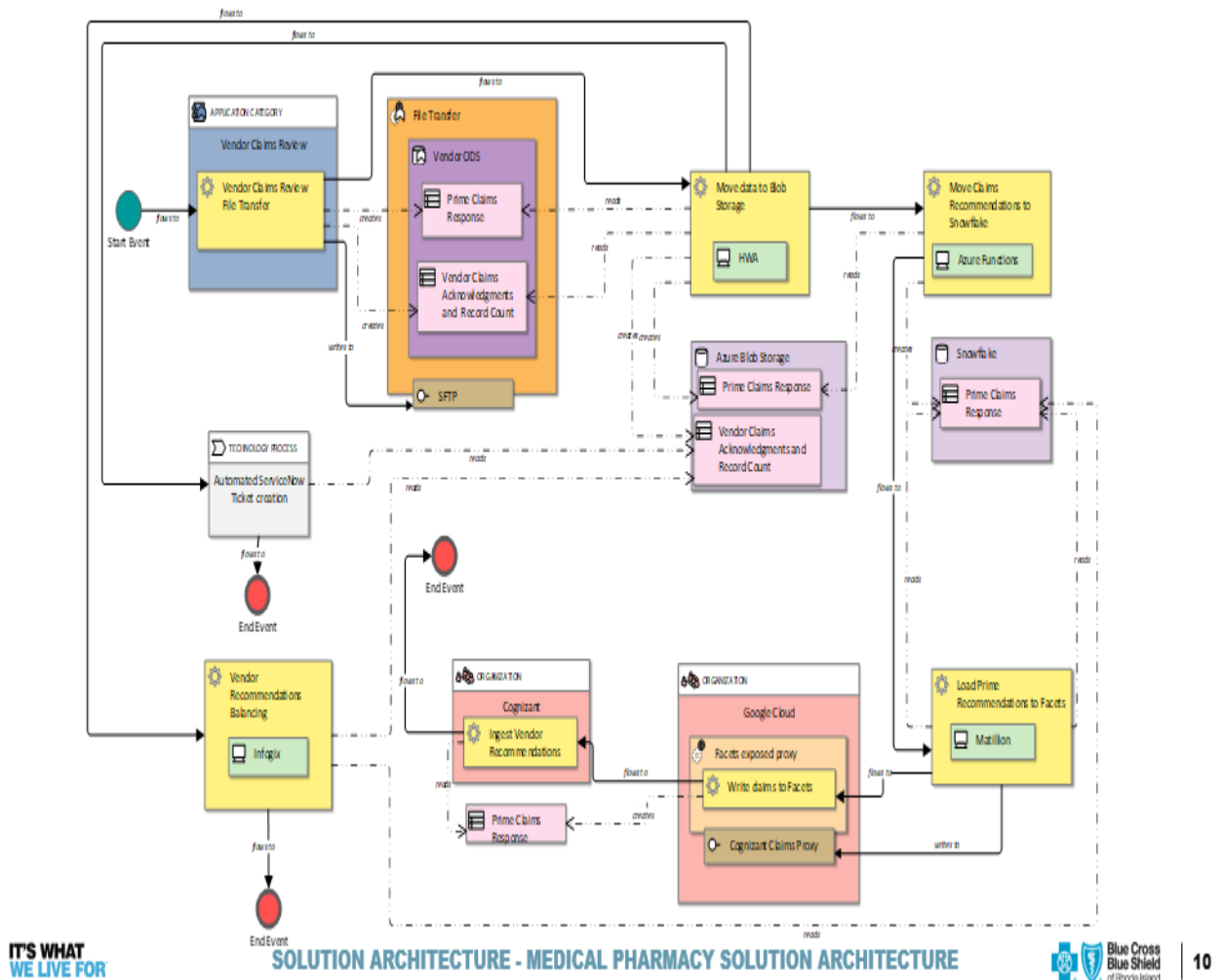
See the link to the Workflow and Pharmacy Claim Drug Processing – Prime Diagram in the References section for Prime Processing Diagram.

1.4 Assumptions and Dependencies

The Dependencies identified for the overall PSCE process are:

Dependency ID	Source	Description
D1.0	Project Team	Cognizant will provide a zero-byte file when the Local Claims Adjudication flow has completed.
D2.0	Project Team	Cognizant will provide a zero-byte file when the ITS Claims Adjudication flow has completed.
D3.0	Project Team	Creating the PSCE claims extract is dependent on both the Facets Local Claims Adjudication flow and the Facets ITS Claims Adjudication flow being complete.

The following Assumptions for the PSCE process were identified during the BRD sessions.

Assumption ID	Source	Description
AS1.0	Maureen Crawley	The current edits in place for the requirement of a NDC code to be filed with the J code on a drug claim should work as expected and not be impacted by the edits made for this project.
AS2.0	Gina Sifakis	Prime will be developing new policies for Blue Cross Blue Shield to accept and edit claims based on those policies.

AS3.0	Gina Sifakis	Prime will handle the authorization and editing of claims, including reducing units, rejecting claims. **Validated with Prime on 5/29**
AS4.0	Gina Sifakis	Prime will not adjust the pricing on any claims. **Validated with Prime on 5/29**
AS5.0	Gina Sifakis	There is no transplant drugs listed for the claims to be sent to Prime for review hence nothing special needs to be done for exclusion. **Validated by Stephen Dougherty on 5/20**
AS6.0	Gina Sifakis	If the recommendation from Prime is overturned for a claim further during adjudication steps at BCBSRI Prime does not need to be informed (For example- Prime may approve but during further edits CXT or Optum may deny) **Validated with Prime on 06/02**
AS7.0	Toni Roberts	Prime MPS will utilize the same eligibility file that is sent currently, there are no changes needed. **Validated with Prime on 5/30**
AS8.0	Toni Roberts	Prime MPS will use the same data validation as the Prime PBM team hence no separate error report is required from Prime for when they load the eligibility file into MPS system. **Validated with Prime on 6/13**
AS9.0	Maureen Crawley	Prime will be effectuating the PA on the primary ID, if Prime effectuates on secondary ID, Facets will reject the claim as there is no primary claim paid on file
AS10.0	Bethany S	IVIG and Chemotherapy auth grouping will not be turned on by Prime for PSCE **Validated with Prime on 5/29**
AS11.0	Gina Sifakis	Prime will review Inpatient-CAR-T & Gene Cell Therapy claims for PA as a part of UM workstream for clinical appropriateness. **Validated with Prime on 6/5**
AS12.0	Gina Sifakis	Prime will share the same 9-digit authorization number with BCBSRI that is issued to the provider. **Validated with Prime on 6/23**
AS13.0	Project Team	Prime will not adjust the pricing on any claims. **Validated with Prime on 5/29**

1.5 Deferred Requirements

Requirement BNFR_PSCE_31 is no longer needed since an automated process will be developed to handle the adjustments received in the Response file from Prime (BFR_PSCE_30).

Req ID	Source	Requirement Description	Support Information	Priority	Assigned To
BNFR_PSCE_31	Gina Sifakis, Melissa Deluca	A process is needed at BCBSRI to work on the adjustments needed on claims that are received from Prime so that the systems are in sync	Prime will send a spreadsheet that will need to be worked on. This is expected to be a manual process if the automated process in BFR_PSCE_30 cannot be implemented	1-High	BCBSRI Claims team

2   System Features and Requirements

2.1   Business Objective Exclusion/Inclusion Criteria and Facets Updates

Identify the exclusion and inclusion criteria to determine if the claim should be sent to Prime for review.

Identify the requirements to update the 'Claims Status' and the 'Pend Reason Code Description' in Facets so the claims are pended and sent to Prime for review.

Maintain a valid HCPC code list and update Facets with any changes to the list of HCPC codes.

Req ID	Source	Requirement Description	Support Information	Priority	Assigned To
BFR_PSCE_01	Gina Sifakis	Pend the claims in Facets with a unique reason code that should be sent to Prime based on inclusion/exclusion criteria	The process of pending, step of adjudication where claim should be pended, unique pend code etc. TBD in next phases of project	1-High	ADM FSG Config Team
BFR_PSCE_03	Vicki Nemirow	BCBSRI should include ITS home claims in the Post Service Pre-payment claims file to Prime	ITS home claims data elements maybe in different fields than the local claims	1-High	ADM
BFR_PSCE_04	Gina Sifakis	BCBSRI should include the claims for specific drugs based on the list of HCPC codes that have been rendered in specific place of service (POS)	For ex. 01- Pharmacy 11- Physician office 12- home infusion 19,22 - outpatient facility, 49 -independent clinic 52- Psych Facility 62- CORF (To be finalized in next phases of project)	1-High	ADM
BFR_PSCE_06	Gina Sifakis	If the claim meets the inclusion criteria and is denied for eligibility, it should be excluded from being sent to Prime		1-High	ADM
BFR_PSCE_07	Gina Sifakis	Evaluate if the claims denied in any of the adjudication steps (prior to the pend) to be excluded systematically from being sent to Prime	To be determined during next phases of project	1-High	ADM
BFR_PSCE_08	Gina Sifakis	Exclude the claims for clinical trial drugs from the claims file to Prime	These claims can be identified by modifiers Q0 and/or Q1, and/or diagnosis code Z00.6	1-High	ADM Config Team (to consider exclusion in pend criteria)
BFR_PSCE_09	Arielle Ballard	Exclude Outpatient Surgery, ER, Observation Rooms, Ambulatory Surgical center, inpatient and Urgent Care claims from the file to be shared with Prime	The claim exclusion criteria must be based on bill type and rev codes, TBD next phases of project (see recommendation from Prime in tab 'Helpful Info')	1-High	ADM Config Team (to consider exclusion in pend criteria)

BFR_PSCE_10	Gina Sifakis	Exclude FEP claims, Worker's comp/work related injury claims and ITS Host claims from the file to be shared with prime for PSCE		1-High	ADM Config Team (to consider exclusion in pend criteria)
BFR_PSCE_11	Gina Sifakis	Exclude Plan 65 claims from being sent to Prime on the file for PSCE		1-High	ADM Config Team (to consider exclusion in pend criteria)
BFR_PSCE_12	Gina Sifakis	Exclude COB claims (where BCBSRI is the secondary carrier) from being sent to Prime on the file for PSCE		1-High	ADM Config Team (to consider exclusion in pend criteria)
BFR_PSCE_13	Vicki Nemirow	BCBSRI should exclude claims from PSCE file from being sent to Prime if the line with the drug code has an inclusive price of $0	This fulfilment of this requirement is dependent on decision, if the claim will be pended after pricing in the next phases of project	1-High	ADM Config Team (to consider exclusion in pend criteria)
BFR_PSCE_14	Gina Sifakis	Remove the auth requirement in Facets for codes/drugs that will require pre-authorization and will be managed by Prime under the PSCE/PA program	Prime will manage the claim to UM match processing for the subset of claims that will be sent to them.	1-High	ADM (for any crosswalk update) FSG (only if it is a new design) Config Team
BFR_PSCE_15	Arielle Ballard	Any HCPC code included on the Prior Authorization list that is submitted with a Place of Service (POS) code excluded from Prime review **must** have an authorization requirement enforced within the Facets system.	For ex. Specific drugs that are administered in inpatient settings should have auth requirement in Facets	1-High	ADM (for any crosswalk update) Config Team
BFR_PSCE_16	Gina Sifakis	Any claims reprocessed/adjusted at BCBSRI must go back to Prime for evaluation to ensure consistency in authorization and payment rules	This is to mitigate the risk that BCBSRI may undo what Prime recommended, or any other edits applied by Prime may be wiped out.	1-High	ADM
BNFR_PSCE_19	Maureen Crawley Dawn Flores	A maintainable list of HCPC codes is required for PSCE and should be jointly managed by BCBSRI and Prime. After go-live there should be a	This is required as new drugs are added and removed from the market time to time	1-High	ADM Config Team Medical Policy Team

		process in place to include Prime's HCPC list in the quarterly code update process to ensure alignment with Prime's updates.			
BFR_PSCE_20	Gina Sifakis	The configuration that will be put in place in Facets must be updated with any changes in the list of the HCPC codes		1-High	ADM Config Team

2.1.1 SR01_PSCE_Exclusion/Inclusion Criteria

Identify the exclusion criteria to prevent the claim from being sent to Prime for review.

Identify the inclusion criteria to identify the claims to send to Prime for review.

2.1.1.1 Business rules

BR-001: Claims Exclusion Criteria:

- Exclude any claims that meet the date exclusions criteria detailed in the Technical requirements section.

- Claim level exclusions: If excluded by the following criteria, do not pass the claim through the line level exclusions. The claim will be excluded from the pend process.
  - If the claim meets the inclusion criteria but is denied for eligibility, do not pend the claim.
  - If the entire claim has a 'Charge Amount' of zero dollars ($0), do not pend the claim.
  - Based on the Bill Type and the Revenue Code, do not pend the following claims:
    - Outpatient Surgery
    - Emergency Room
    - Observation Rooms
    - Urgent Care
  - Based on the Place of Service (POS), exclude every POS that is not in the inclusion POS list below.
  - Do not pend the following Coverage/Claim Types:
    - Clinical trial drugs
    - Transplant drugs
    - Inter-Plan Teleprocessing System (ITS) Host claims
    - New England Health Plan (NEHP) Home claims with a Primary Care Provider (PCP) that is not in Rhode Island
    - NEHP Host claims
    - Federal Employee Program (FEP) claims
    - Workers' Compensation claims
    - Work-related injury claims
    - Plan 65 claims
    - Coordination of Benefit (COB) claims where BCBSRI is not the primary carrier
    - For members with dual coverage, exclude claims that are not for the member's primary plan
- Line level exclusions: If the claim passes the claim level exclusions, pass the claim through the following line level exclusions:

- o If the only line item on the claim that is in scope of the PSCE process has an 'Allowed Amount' of zero dollars ($0) do not pend the claim.
- o Since the PSCE process will pend claims after pricing, if the only line with the drug code has an inclusive price of zero dollars ($0), do not pend the claim.

BR-002: Claims Inclusion Criteria:

- Claims for specific drugs based on the list of HCPC codes that have been rendered in specific Places of Service (POS) are to be pended. See the Commercial and Medicare HCPC code drug lists in the <u>References</u> section.

- Any claims reprocessed or adjusted by BCBSRI must be included in the 'Claim Status' change so the claims go back to Prime for evaluation to ensure consistency in authorization and payment rules.

- Based on the Place of Service (POS) code, pend the following claims:
  - o Pharmacy
  - o Physician Office
  - o Home Infusion
  - o Psychiatric Facility
  - o Outpatient Facility
  - o Independent Clinic
  - o Comprehensive Outpatient Rehabilitation Center

- Coverage/Claim Types to be pended are:
  - o ITS Home claims
  - o Claims with the defined set of medical drug codes from Prime – See the Commercial and Medicare HCPC code drug lists in the <u>References</u> section.
  - o Medicare Advantage (MA) claims
  - o Commercial claims
  - o Professional claims
  - o Facility claims
  - o Unclassified drug claims – See <u>Technical Requirements</u> for the list.
  - o New England Health Plan (NEHP) Home claims with a Rhode Island PCP
  - o Claims for members with dual coverage and the claims are for the members' primary plan

2.1.1.2 Data Requirements (inputs, outputs, formats, reports)

- The input to the exclusion and inclusion criteria Business Objective is the Facets claims.

2.1.1.3 Assumptions

1. There are no assumptions applicable for this system requirement.

2.1.1.4 Dependencies

1. There are no dependencies applicable to this system requirement.

2.1.1.5 Constraint

1. There are no constraints applicable to this system requirement.

2.1.1.6 Technical requirements

Facets will be configured to have the inclusion and exclusion steps. These steps must be performed in the following order:

Step 1: Identify drug claims with HCPC codes on the contracted code lists or MPS Drug List.

- For Commercial claims, use the Commercial HCPC code drug list in the <u>References</u> section. There are three (3) tabs in the list for PA and PSCE that identify drugs that need to be included.
  - Commercial PA List
  - Unclassified Code Drugs
  - Prime PSCE List
- For Medicare claims, use the Medicare HCPC code drug list is in the <u>References</u> section. There are three (3) tabs in each of the lists for PA and PSCE that identify drugs that need to be included.
  - Medicare PA List
  - Unclassified Codes
  - Prime PSCE List
- **Note:** Prior to Go-live (02/02/2026) these drug lists will be combined into a single (1) list for Commercial HCPC codes and a single (1) list for Medicare HCPC codes.

Step 2: If the claim passes Step 1, exclude any claims that meet the following date exclusion criteria:

- Claims that have a Process Date less than or equal to the prior PSCE file execution date and time are excluded to prevent claims from being resent to Prime.
- Claims with a Date of Service prior to the Prime Effective Date (Go-live date 02/02/2026).
- Claims with a date span that starts prior to the Prime Effective Date (Go-live date 02/02/2026). Examples of date span exclusions:

Example	Claim ID	Line Number	DOS Start Date	DOS End Date
1	123456789	01	12/01/2025	02/15/2025
2	2468101214	01	01/13/2026	03/16/2026
3	135791113	01	01/13/2026	03/16/2026
	135791113	02	02/17/2026	02/17/2026

Step 3: If the claim passes Step 2, exclude Clinical Trial drugs identified by:

- Modifier Q0
- Modifier Q1
- ICD-10 Diagnosis Code Z00.6 in either the primary or the secondary position.

Step 4: If the claim passes Step 3, exclude all the claims that have a 'Place of Service' (POS) that is not found in the list of <u>PSCE_Valid Place of Service Codes</u>:

Step 5: If the claim passes Step 4, exclude all the claims that have a 'Bill Type' that is not found in the list of <u>PSCE_Valid Bill Type Codes</u>.

Step 6: If the claim passes Step 5, exclude all the claims that have a 'Bill Type' and 'Revenue Code' combination found in the list of <u>PSCE_Exclude Bill Type Revenue Code Combinations</u>.

Step 7: If the claim passes Step 6, exclude any claim that is denied for eligibility.

Step 8: If the claim passes Step 7, exclude any claims if the entire claim has a 'Charge Amount' of zero dollars ($0).

Step 9: If the claim passes Step 8, exclude any claims if the only line item(s) on the claim that is in scope of the PSCE process has an 'Allowed Amount' of zero dollars ($0).

Note: See Step 1 for the lists of drugs that are in scope for the PSCE process.

Step 10: If the claim passes Step 9, since the PSCE process will pend the claims after pricing, if the only line item with the valid drug code has an inclusive price of zero dollars ($0), exclude the claim.

Step 11: Once a claim has passed all the edits in Step 1 through Step 10, the claim will be pended and sent to Prime for review.

Step 12: Any claim that is excluded between Step 1 and Step 10 will not be pended and will not be sent to Prime for review.

2.1.1.7 Statutory and Regulatory requirements

There are no statutory or regulatory requirements pertaining to this software requirement.

2.1.1.8 Miscellaneous information

There is no miscellaneous information for this software requirement.

2.1.2 SR02_PSCE_Facets_Claim Status and Pend Reason Code Description

If a claim is not excluded and any line passes the inclusion criteria, the claim will be pended so it will be sent to Prime for review.

2.1.2.1 Business rules

BR-003: If any line item on a claim passes the inclusion criteria, the claim will be pended by Workflow changing the 'Claim Status' to "Pend" and the 'Pend Reason Code Description' to "Pend for PRIME Review" in Facets.

2.1.2.2 Data Requirements (inputs, outputs, formats, reports)

There are no input or output files created.

2.1.2.3 Assumptions

1. There are no assumption applicable to this system requirement.

2.1.2.4 Dependencies

1. There are no dependencies for this system requirement.

2.1.2.5 Constraints

1. There are no constraints applicable to this system requirement.

2.1.2.6 Technical requirements

- There is no mapping document for the Facets 'Claim Status' and 'Pend Reason Code Description' updates.
- The work involved to pend the claims will be done by the Facets Configuration team.
- In Facets, claims are pended and published using Kafka via their task "Extract Pre Payment Claims collection".

2.1.2.7 Statutory and Regulatory requirements

There are no statutory or regulatory requirements pertaining to this software requirement.

2.1.2.8 Miscellaneous information

There is no miscellaneous information for this software requirement.

2.1.3 SR03_PSCE_Facets_HCPC Codes

Maintain a valid HCPC code list and update Facets with any changes to the list of HCPC codes.

2.1.3.1 Business rules

BR-004: Any HCPC code included on the Prior Authorization list that is submitted with a Place of Service (POS) code excluded from Prime review must have an authorization requirement enforced within the Facets system.

- Example: Specific drugs that are administered in inpatient settings should have a prior authorization requirement in Facets.

BR-005: Create a new manual process to apply HCPC maintenance to Facets that are not from the quarterly updates.

- This is required as new drugs are added and removed from the market time to time

2.1.3.2 Data Requirements (inputs, outputs, formats, reports)

- Updating Facets for new or deleted HCPC codes will be a manual process.
- A maintainable list of HCPC codes for both Commercial and Medicare must be created and be manually managed by both BCBSRI and Prime.

2.1.3.3 Assumptions

1. There are no assumptions applicable to this system requirement.

2.1.3.4 Dependencies

1. There is a dependency on Prime continuing to send the existing quarterly HCPC updates.
2. There is a dependency on Prime sending HCPC changes for new or removed drugs that are outside of the quarterly updates.

2.1.3.5 Constraints

1. There are no constraints applicable to this system requirement.

2.1.3.6 Technical requirements

There are no technical requirements to update Facets for the HCPC codes since:

- There is already an established Facets workflow for the quarterly HCPC updates.
- The new process needed for the HCPC maintenance, which is not quarterly, will be done manually.

2.1.3.7 Statutory and Regulatory requirements

There are no statutory or regulatory requirements pertaining to this software requirement.

2.1.3.8 Miscellaneous information

There is no miscellaneous information for this software requirement.

2.2 Business Objective PSCE Extract to Prime

Create an extract of PSCE claims that are pended in Facets since they require a review by Prime.

Transmit the PSCE Claims file to Prime using SFTP.

Req ID	Source	Requirement Description	Support Information	Priority	Assigned To
BFR_PSCE_02	Gina Sifakis	Create a claims file to be shared with Prime for specific drug codes that will be reviewed by Prime in the program 'Post Service Pre-payment Claims Edits'	Expected frequency is daily, to be finalized in next phases of project	1-High	ADM
BFR_PSCE_05	Gina Sifakis	If the claim meets the criteria for PSCE/PA program, submit all lines of claim to Prime, even if only certain lines include services that		1-High	ADM

		require Prime's review.			
BFR_PSCE_24	Gina Sifakis	The Blue card home claims on the file should be shared with the dummy TIN# 999999998	Prime will do the conversion to the TIN# acceptable in their system	1-High	ADM
BFR_PSCE_33	Arielle Ballard	BCBSRI and Prime will adhere to standard data retention guidelines as outlined in BCBSRI's data retention/retrieval policies and the contract.		1-High	Prime BCBSRI ADM
BNFR_PSCE_41	Arielle Ballard	All BCBSRI policy and legal records retention guidelines must be strictly followed to ensure compliance and proper document management		1-High	BCBSRI ADM Prime

2.2.1 SR01_PSCE_Extract for Prime

Create an extract of PSCE claims that are pended in Facets.

Transmit the PSCE Claims file to Prime using SFTP.

2.2.1.1 Business rules

BR-020: The 'Claim Status', the 'Pend Reason Code Description' and the 'Pend Status Date' will be used to fetch the PSCE data.

BR-021: Extract all lines of the claim, even if only certain lines include services that meet the inclusion criteria to require Prime's review.

BR-022: If there are no claims that meet the PSCE criteria, an empty file must be sent to Prime containing only the Header and Trailer records.

BR-023: Prime's proprietary claims file format will be used to create the extract. It consists of:

- A Header record
- Detail records
- A Trailer record

BR-024: If there are no claims that meet the PSCE criteria, a file contains just the Header record, and the Trailer record will be sent to Prime. It will not contain any Detail records.

BR-025: Business Rules for the PSCE output file to Prime:

- It is mandatory that the following fields be populated:
    - o 'Sender Claim Number'
    - o 'Claim Line Number'
    - o 'Member ID'
    - o 'Patient First Name'
    - o 'Patient Last Name'
    - o 'Patient Date of Birth'
    - o 'Provider Tax ID Number'
    - o 'Procedure Code'

- 'Claim Line Number'
    - Length is five (5) positions.
    - Format is numeric.
    - It should always contain five (5) numbers.
    - Examples: 00001, 00010, 00100
- 'Sender Claim Number'
    - Length is twelve (12) positions.
    - Format can be alphanumeric or sometimes all numeric.
- 'Patient Date of Birth'
    - The format is CCYYMMDD.
- 'Primary Coverage Indicator'
    - Only required when COB claims are sent to Prime.
    - Valid values:
        - "Y" = Yes, this is a COB claim
        - "N" = No, this is not a COB claim
    - Only required when COB claims are sent to Prime.
    - Since COB claims will not be sent to Prime, this will be populated with "N".
- 'Provider Tax ID Number'
    - Blue Card Home claims must have the dummy Tax ID Number (TIN) of "999999998".
    - Remove dashes prior to sending them to Prime.
    - Example: 'Provider Tax ID Number' of "12-3456789" should be sent as "123456789"
- 'Procedure Code'
    - The 'Procedure Code' is preferred.
    - Send 'Revenue Code' only if there is no 'Procedure Code'.
- 'Claim Received Date'
    - The format is CCYYMMDD.
- 'Service Date From'
    - The format is CCYYMMDD.
- 'Service Date To'
    - The format is CCYYMMDD.
- 'Diagnosis 1'
    - Remove decimal points prior to sending them to Prime.
- 'Diagnosis 2'
    - Remove decimal points prior to sending them to Prime.
- 'Diagnosis 3'
    - Remove decimal points prior to sending them to Prime.
- 'Diagnosis 4'
    - Remove decimal points prior to sending them to Prime.
- 'HCPCS Units/Quantity'
    - Must be a whole number.
    - Partial units should be rounded up to the next whole number.
    - Prefer one (1) is billed but Prime can handle zero (0).
- 'NDC'

- o Remove dashes prior to sending them to Prime.
- 'NDC Quantity'
  - o May include decimal points.
- 'NDC UOM'
  - o Valid values for the unit of measure are:
    - "F2" = International Unit
    - "GR" = Gram
    - "ME" = Milligram
    - "ML" = Milliliter
    - "UN" = Unit
- 'Billed Amount'
  - o It can contain leading zeroes.
  - o Remove decimal points and symbols before sending them to Prime.
  - o Decimal points are assumed.
  - o Example: $500.95 will be sent as "000050095".
- 'Allowed Amount'
  - o It should represent the amount for all units, not per unit.
- 'Client Claim Status'
  - o Valid values:
    - "D" = Denied
    - "P" = Paid
- 'Adjustment Indicator'
  - o Valid values:
    - "O" = Original
    - "R" = Replacement
- 'Original Claim Number'
  - o If the 'Adjustment Indicator' is an "R'", the 'Original Claim Number' is required.
  - o If Prime cannot find the 'Original Claim Number' in their system, the claim will be treated as a new (original) claim.
- 'ITS Indicator'
  - o Valid values:
    - "Y" = Yes
    - "N" = No
  - o Local claims will have a default value of 'N'.
- 'SCCF #'
  - o Populate when the 'ITS Indicator' is 'Y'.
  - o Populate with spaces when the 'ITS Indicator' is 'N'.
- 'Rendering Provider Par Status'
  - o Value indicates the par/non-par status set in the BCBSRI system.
  - o Valid values:
    - "P" = Par
    - "N" = Nonpar

BR-026: The PSCE file will be sent to Prime using SFTP.

2.2.1.2 Data Requirements (inputs, outputs, formats, reports)

- Input is Facets. Tables are listed in the mapping document.
- The outbound PSCE file layout and SFTP details are in the link below:
  - Data_Layout_Spec_Outbound_PSCE_File_Prime
- The PSCE file layout consists of a Header Record, Detail Records and a Trailer Record.
- The outbound PSCE will be sent through SFTP.
  - The file is dropped to the BCBSRI internal location.
  - Prime will fetch and consume the data.
  - Note: BCBSRI internal storage location will be defined at the design phase and be documented under design document.

2.2.1.3 Assumptions

1. There are no assumptions applicable to this system requirement.

2.2.1.4 Dependencies

1. Creating the PSCE extract is dependent on Cognizant providing the two (2) zero-byte files identifying that both of the following Claims Adjudication flows have completed. **Note:** File names to be provided during design.
   - Local Claims Adjudication flow
   - ITS Home Claims Adjudication flow

2. There are dependencies on the following system interfaces.

System Interface	System Interface Description
Azure Storage queue	Azure Storage Queue provides a reliable and scalable solution for building distributed applications where various parts of the system communicate using messages. You can create a queue to store messages. Each queue is identified by a unique name. Azure Storage Queue provides a simple HTTP/HTTPS-based (Hypertext Transfer Protocol/ Hypertext Transfer Protocol Secure) Application Programming Interface (API) to interact with the queue.
Facets	Facets Core Administration system is a comprehensive healthcare management platform developed by Cognizant.
Claims data publishing Kafka topic	Kafka Producer: The system that sends the claims data to a Kafka topic is known as the producer. It formats the claims data into messages and sends these messages to a specific Kafka topic, which acts as a message queue. The claims data is published to a topic in Kafka. The data sent to Kafka is typically serialized in a standardized format so that it can be properly consumed by downstream services.
Azure SQL (Structured Query Language)	Azure SQL Database, a fully managed platform as a service database engine that handles most of the database management functions such as upgrading, patching, backups, and monitoring without user involvement.
Blob Rest API	A set of web service endpoints to interact with Blob data like files or images using standard (HTTP) methods.

2.2.1.5 Constraints

1. There are no constraints applicable to this system requirement.

2.2.1.6 Technical requirements

- Refer to the Mapping document link PSCE File_Prime_Mapping.

- Create the PSCE file based on the Business Rules and the Mapping.

- The claim must meet the following criteria to be sent in the PSCE file:
  - 'Claim Status' is equal to "Pend"
  - 'Pend Reason Code Description' is equal to "Pend for PRIME Review"
  - 'Pend Status Date' is greater than the prior PSCE file execution date and time.

- The 'Claim Status' is found in Facets table CMC_CLCL_CLAIM in column CLCL_CUR_STS.

- The 'Pend Reason Code Description' is found in Facets table CMC_CLCL_CLAIM in column CLST_MCTR_REAS.

- The 'Pend Status Date' is found in Facets in table CMC_CLCL_CLAIM in column CLCL_LAST_ACT_DTM.

- If there are no claims found that meet the criteria above, a file must be sent to Prime containing just the Header and Trailer records. There will be no Detail records.

- A Header record and a Trailer record are needed for every PSCE file sent to Prime.

- The PSCE Head record consists of:
  - 'Sender Code'
    - This will always be set to 'BCBSRI'.
  - 'Run Date'
    - This is the date the PSCE file was created.
    - The format is CCYYMMDD.

- Calculate the fields needed for the PSCE Trailer record as:
  - Count one (1) for each PSCE claim line item in the PSCE file.
  - Count one (1) for each unique PSCE claim number in the PSCE file.

- The PSCE Trailer record consists of:
  - 'Total Records'
    - Total number of claim lines sent in file.
  - 'Total Claims'
    - Total number of claims sent in file.

- An Azure function "Claims Data Publishing Kafka Reader" reads the claims raw data from Cognizant and writes it to the Claims Data Publishing Raw Zone via a Rest API.

- A new MPS Prime Queue Data Store needs to be created.

- Claims Event Grid moves the pointer records to the MPS Prime Queue Data Store in Blob Storage.

- An Azure function "Load MPS Claims Queue to Snowflake" will:
  - Retrieve the pointer from the MPS Prime Queue.
  - Read the Claims Data Publishing Raw store by the pointer.
  - Write the claims data to the Blob Storage via a Rest API.

- HCL Workload Automation (HWA) initiates a Matillion task "Transfer Pre-payment Claims Output to Prime" that reads the PSCE pended claims data from Blob Storage and writes it to the Prime Drop Box.

- Sterling reads PSCE pended claims data from the Prime Drop Box and transfers the file to Prime MPS using SFTP.

2.2.1.7 Statutory and Regulatory requirements

BCBSRI and Prime will adhere to standard data retention guidelines as outlined in BCBSRI's data retention/retrieval policies and the contract.

All BCBSRI policy and legal records retention guidelines must be strictly followed to ensure compliance and proper document management.

2.2.1.8 Miscellaneous information

There is no miscellaneous information for this software requirement.

2.3 Business Objective Acknowledgement from Prime and Balancing

Receive and balance the Acknowledgement file that also contains claims rejection details from Prime through SFTP.

Req ID	Source	Requirement Description	Support Information	Priority	Assigned To
BFR_PSCE_17	Gina Sifakis	BCBSRI and Prime should have balancing in place for the Post Service Pre-payment Claims file	Business expects a reconciliation, the level of balancing to be determined in next phases of project Prime will share acknowledgement file	1-High	ADM

2.3.1 SR01_PSCE_Acknowledgement File

Prime MPS will send the Acknowledgement file to BCBSRI that contains a line for each PSCE claim line item that BCSRI sent to Prime in the PSCE claims extract.

The Acknowledgement file identifies any claim line items that failed to load to Prime or that failed Prime's edits.

The Acknowledgement file will be used for balancing.

2.3.1.1 Business rules

BR-030: Prime will send the PSCE Acknowledgement file to BCBSRI based on Prime receiving the PSCE file from BCBSRI.

BR-031: If an empty PSCE file is sent to Prime, Prime will return an empty (Header and Trailer only) Acknowledgement file.

BR-032: MPS will acknowledge all claim line items received in the PSCE file.

BR-033: The 'MPS Line Status' identifies if the claim was "Accepted" or "Rejected" in Prime's system.

BR-034: If the 'MPS Line Status' is "Rejected", the following fields will be sent. See the Claim Reject Reasons List in the References for details.

- Reject ID
- Reject Reason

BR-035: If there are any records in the Acknowledgement file that have a 'MPS Line Status' of "Rejected", a SNOW ticket must be created since the rejected records must be researched.

- The automated SNOW ticket created must be a severity level two (2) and must be assigned to ADM IT.
- A notification must be sent to ADM IT and MedicalDrugReview@bcbsri.org that rejected claim line items have been received from Prime.
- ADM IT must have access to the Acknowledgement file from Prime so they can research the rejected claim line items.

2.3.1.2 Data Requirements (inputs, outputs, formats, reports)

1. The inbound Acknowledgement file layout and SFTP details are in the link below:

       a.   Data_Layout_Spec_Inbound_PSCE_Ack File_Prime

2. The Acknowledgement file will be sent by Prime using SFTP once their load process for the PSCE file has been completed.

       a.   Note: BCBSRI inbound location will be defined at the design phase and be documented under design document.

2.3.1.3 Assumptions

1. There are no assumptions applicable to this system requirement.

2.3.1.4 Dependencies

1. There are no dependencies applicable to this system requirement.

2.3.1.5 Constraints

1. There are no constraints applicable to this system requirement.

2.3.1.6 Technical requirements

1. See the Data_Layout_Spec_Inbound_PSCE Ack File_Prime for the SFTP details.

2. Prime MPS Gateway sends the Acknowledgement file to BCBSRI using SFTP.

3. HWA moves the Acknowledgement file data to Blob Storage.

2.3.1.7 Statutory and Regulatory requirements

There are no statutory or regulatory requirements pertaining to this software requirement.

2.3.1.8 Miscellaneous information

There is no miscellaneous information for this software requirement.

2.3.2 SR02_PSCE_Acknowledgement File Balancing

The Claims file sent to Prime and the Acknowledgement file received from Prime will be used for balancing.

2.3.2.1 Business rules

BR-036: MPS will acknowledge all claims line items received in the PSCE file.

BR-037: The Trailer Records in the PSCE file and in the Acknowledgement file will be used for balancing.

BR-038: Business rules for the 'Total Records' field on the Trailer Record in the Acknowledgement file are:

- This is the total number of claim line-item records Prime received from BCBSRI in the PSCE file.

- It will be zero (0) when BCBSRI sends an empty PSCE file to Prime.

- For balancing and control purposes, it should be equal to the 'Total Records' field on the Trailer Record in the PSCE file sent to Prime.

2.3.2.2 Data Requirements (inputs, outputs, formats, reports)

1. The outbound PSCE file and inbound Acknowledgement file details are in the links below:

       a.   Data_Layout_Spec_Outbound_PSCE File_Prime

       b.   Data_Layout_Spec_Inbound_PSCE Ack File_Prime

2.3.2.3 Assumptions

1. There are no assumptions applicable to this system requirement.

2.3.2.4 Dependencies

1. Balancing is dependent on receiving the Acknowledgement file from Prime.

2.3.2.5 Constraints

1. There are no constraints applicable to this system requirement.

2.3.2.6 Technical requirements

- An Infogix balancing task retrieves the record counts to be used for balancing purposes.

- 'Total Records' field on the Trailer Record in the Acknowledgement file

    should be equal to

    'Total Records' field on the Trailer Record in the PSCE file sent to Prime

- Do not use the 'Total Claims' field on the Trailer Record in the PSCE file sent to Prime for balancing because that is the total number of claims sent not the total number of claim line items sent.

2.3.2.7 Statutory and Regulatory requirements

There are no Statutory or Regulatory requirements pertaining to this software requirement.

2.3.2.8 Miscellaneous information

There is no miscellaneous information for this software requirement.

2.4 Business Objective Prime Response File, Facets Update and Re-Adjudication

BCBSRI will receive the Response file from Prime that contains recommendations for the pended claims.

BCBSRI will apply the claims recommendations from Prime to the pended claims in Facets.

Once the recommendations have been applied, the claim will be re-adjudicated in Facets.

Req ID	Source	Requirement Description	Support Information	Priority	Assigned To
BFR_PSCE_18	Gina Sifakis	BCBSRI should apply the recommendation from Prime to the claim systematically and complete the adjudication process in Facets		1-High	ADM
BFR_PSCE_21	Gina Sifakis	There should be new EXCD codes built for PSCE process specifically for Prime so that the codes can be mapped back to Facets	The EXCD code should have a character that can be identified uniquely for Prime	1-High	Config Team EXCD committee ADM
BFR_PSCE_23	Gina Sifakis	There should a unique identification in Facets that indicates the claim has been reviewed by Prime	This will identify the claims in reports etc. This may be user ID.	1-High	ADM
BFR_PSCE_29	Gina Sifakis	Authorization ID returned from Prime should be recorded on the claim	The authorization field that providers use cannot be used	1-High	ADM

| BFR_PSCE_30 | Gina Sifakis | BCBSRI must establish an automated process for when adjustments requests come from Prime so that Prime and BCBSRI systems are in sync | For ex. – Prime overturned an original claim denial, based on provider refiling or appeal, the claim now needs to be reprocessed. This can be automated through response file received from Prime | 2- Medium | ADM and Prime |
| BFR_PSCE_40 | Vicki Nemirow | BCBSRI must apply the recommendation back from Prime, based on Prime's denial code F9 (for no auth) and should map it correctly based on provider status (par vs non-par) | | 1-High | ADM Facets Config team |

2.4.1   SR01_PSCE_Response File from Prime

Receive the Response file from Prime that contains recommendations to be applied to the pended claims in Facets.

2.4.1.1   Business rules

BR-040: Prime will send the PSCE Response file to BCBSRI using SFTP.

BR-041: The Response file recommendations from Prime will be saved in a table.

BR-042: Prime will use the new EXCD codes created for the PSCE process to map the claims back to Facets.

2.4.1.2   Data Requirements (inputs, outputs, formats, reports)

- The Inbound Response file layout and SFTP details are in the link below:

    a. Data_Layout_Spec_Inbound_PSCE_Response File_Prime

- The inbound Response file will be received through SFTP.

    o   Note: BCBSRI inbound location will be defined at the design phase and be documented under design document.

2.4.1.3   Assumptions

1. There are no assumptions applicable to this system requirement.

2.4.1.4   Dependencies

1. There are dependencies on the following system interfaces.

System Interface	System Interface Description
Azure Storage queue	Azure Storage Queue provides a reliable and scalable solution for building distributed applications where various parts of the system communicate using messages. You can create a queue to store messages. Each queue is identified by a unique name. Azure Storage Queue provides a simple HTTP/HTTPS-based API to interact with the queue.
Facets	Facets Core Administration system is a comprehensive healthcare management platform developed by Cognizant.

Azure SQL	Azure SQL Database, a fully managed platform as a service database engine that handles most of the database management functions such as upgrading, patching, backups, and monitoring without user involvement.
Blob Rest API	A set of web service endpoints to interact with Blob data like files or images using standard HTTP methods.

2.4.1.5 Constraints

1. There are no constraints applicable to this system requirement.

2.4.1.6 Technical requirements

- The Facets Configuration team will create new EXCD codes to be used by Prime to map to Facets. The new EXCD codes are:

o01	o07	o13
o02	o08	o14
o03	o09	o15
o04	o10	o16
o05	o11	o17
o06	o12	o18

- Prime MPS Gateway will send the Response file containing claims recommendations as well as a Header record and a Trailer record to BCBSRI using SFTP.

- HWA will move the Response Detail records data to Blob Storage.

- An Azure function reads the Response Detail records that contain the claims recommendations from Blob Storage and writes the claims recommendations to Snowflake.

2.4.1.7 Statutory and Regulatory requirements

There are no Statutory or Regulatory requirements pertaining to this software requirement.

2.4.1.8 Miscellaneous information

There is no miscellaneous information for this software requirement.

2.4.2 SR02_PSCE_Facets Update from Prime Response and Re-adjudication

Apply Prime's recommendations in the PSCE Response file to the pended claims.

Send the claims back through the Facets Claims flows to be re-adjudicated.

2.4.2.1 Business rules

BR-043: A unique identification in Facets that indicates the claim has been reviewed by Prime needs to be defined.

BR-044: The Response file recommendations will be retrieved and loaded into Facets.

BR-045: Cognizant retrieves the updated claim recommendations from Prime and applies them to Facets.

2.4.2.2 Data Requirements (inputs, outputs, formats, reports)

- The input to this Business Objective is the claims recommendation records received from Prime that are stored in the Snowflake table as well as Facets.

- The output will be updated claims in Facets.

2.4.2.3 Assumptions

1. There are no assumptions for this system requirement.

2.4.2.4 Dependencies

1. Re-adjudicating the pended claims is dependent on the Prime Response file being received.

2. Releasing the pended claims is dependent on Prime, sending their recommendation within their Service-Level Agreement.

2.4.2.5 Constraints

1. There are no constraints for this system requirement.

2.4.2.6 Technical requirements

- The unique identification in Facets to indicate the claim has been reviewed by Prime can be a unique User ID.

- Refer to the Mapping document link PSCE_Response File_Prime_Mapping.

- An Azure function will retrieve Detail records in the Response file from the Snowflake table and write the records to the Apigee Cognizant Claims Proxy task in the Google Cloud.

- Cognizant retrieves the updated claims and applies them to Facets.

2.4.2.7 Statutory and Regulatory requirements

There are no statutory or regulatory requirements pertaining to this software requirement.

2.4.2.8 Miscellaneous information

There is no miscellaneous information for this software requirement.

3 Non-Functional Requirements

3.1 Performance

The MPS PSCE process should finish executing in the current claim adjudication window without using or needing additional resources.

3.2 Scalability

The MPS PSCE process should be able to handle no claims identified as PSCE or many claims identified.

3.3 Reliability

The MPS PSCE process should have consistent results no matter how many or how few PSCE claims are identified.

3.4 Availability

There are no availability requirements identified at the time the SRS was created.

3.5 Security

All inbound and outbound data transfers will be done with Secure File Transfer Protocols (SFTP).

3.6 Usability

There are no usability requirements identified.

3.7 Maintainability

The requirements for the PSCE process are broken by Business Objectives to make it easily updated and maintained.

3.8 Portability

Since Facets exists in different environments, the PSCE process will have the ability to run in the different environments.

3.9 Compliance

All BCBSRI policy and legal records retention guidelines will be strictly followed to ensure compliance and proper document management.

BCBSRI and Prime will adhere to standard data retention guidelines as outlined in BCBSRI's data retention/retrieval policies and the contract.

3.10 Interoperability

The PSCE process must function along with the Optum process. Optum is currently not turned on in the test environments and needs to be since Optum will need to participate in testing with the PSCE project.

3.11 Backup and Recovery

Standard backup and recovery procedures will be followed in case of failures.

3.12 Localization

There are no localization requirements.

4 References

- Claim Rejection Reasons_Prime
- Final BCBSRI Essential Drug List 6.16.2025 Commercial
- BCBSRI Essential Drug List- Medicare-6.26.25
- PSCE_Bill Types & Bill Type Rev Code Combinations
- Medical Pharmacy Solution – Solution Architecture
- Questions_SRS_Pharmacy_PSCE_Prime_By Business Objective
- Workflow and Pharmacy Claim Drug Processing – Prime Diagram