Medical Care Collections Fund (MCCF) eBilling

Electronic Data Interchange (EDI)

Transactions Applications Suite (TAS)

Interface Control Document

ASC X12N/005010 276/277 Health Care Claim Status  
Request and Response

Logo for the Department of Veterans Affairs, Office of Information and Technology, Product Development, including the official seal of the Department of Veterans Affairs


Department of Veterans Affairs

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Version 1

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# Introduction

This document describes the interface between a MCCF EDI TAS application and the VA Financial Services Center in Austin, TX.

## Purpose

The purpose of this Interface Control Document (ICD) is to define the message structure and protocols which govern the interchange of data between eBilling within MCCF EDI TAS and the VA Financial Services Center (FSC) related to the electronic processing of ASC X12N/005010 276/277 Health Care Claim Status Request (276) and Response (277) messages.

## Scope

This ICD specifies the interface between MCCF EDI TAS eBilling and FSC. This document provides details on the functional, performance, operational and design requirements for the interface. This document defines the layouts for the data that the FSC receives from MCCF EDI TAS eBilling (Request) and the layout for the data that MCCF EDI TAS eBilling receives from the FSC (Response). This document is intended for all parties requiring such information, including business stakeholders, end-users, software developers, system designers, testers and anyone else responsible for implementing this interface.

## System Identification

This ICD describes a generalized interface between the MCCF EDI TAS Platform and the system(s) at the FSC.

### MCCF EDI TAS eBilling

The MCCF EDI TAS Platform will modernize and automate the business processes used currently as part of the VA revenue cycle. This includes insurance verification, billing, and claims processing, payment, and remittance. These processes are tied to other processes that are out of scope, including documenting the care provided, coding treatment and encounters, and sending claims and receiving remittance to and from the clearinghouse.

MCCF EDI TAS eBilling is software designed to support the request and responses related health care claim status inquiries. This interface supports the electronic transmission of 276 Health Care Claim Status Requests and 277 Response between MCCF EDI TAS eBilling and FSC.

|  |  |
| --- | --- |
| System | Details |
| Title |  |
| Abbreviation |  |
| Version number |  |
| Release number |  |
| Point of Contact |  |
| Vendor [optional] |  |

### FSC

The system(s) at FSC, receive(s) the data from the MCCF EDI TAS Platform, translates the data into a standard ASC X12N/005010 276 Health Care Claim Status Request message, validates the data complies with HIPAA standards and then forwards the data to Emdeon. The system(s) at FSC also receive(s) and ASC X12N/005010 277 Health Care Claim Status Response messages from Emdeon and forward(s) them to the MCCF EDI TAS Platform.

|  |  |
| --- | --- |
| System | Details |
| Title |  |
| Abbreviation |  |
| Version number |  |
| Point of Contact |  |
| Vendor [optional] |  |

## Operational Agreement

This ICD provides the specification for an interface between MCCF EDI TAS eBilling and FSC regarding Health Care Services Review data. The Chief Business Office (CBO) is responsible for notifying FSC personnel of any potential or planned changes to data feeds once these changes are known in order to minimize adverse impacts.

# Interface Definition

Health Care Services Review data is transmitted between MCCF EDI TAS eBilling and the FSC in FHIR bundles.

## System Overview

The MCCF EDI TAS eBilling is designed to facilitate transmission of health care claim status requests to the FSC and health care claim status responses from the FSC.

FSC is designed to receive FHIR data from MCCF EDI TAS and to translate that data into a 276 request message. It is also design to receive a 277 response from the payer and translates it to FHIR data.

### Overview Diagram

Interim solution



To be solution



## Interface Overview

Exchanging messages between MCCF EDI TAS eBilling and FSC can be done in real time or via message queuing.

### Connectivity between the systems



## Operations

Tbd

### Data Extraction

Data being sent to FSC will be extracted from the VistA databases using a FHIR server.

### Data Transformation

Tbd

### Sending/Receiving

MCCF EDI TAS sends 276 claim status requests to FSC and receives 277 responses from FSC.

## Data Transfer

Data is transferred between the FSC and the TASCore Application Stack**.**

## Transaction Types

MCCF EDI TAS transmits FHIR bundles consisting of different FHIR resources needed to construct a 276 claim status request. The content is modeled on the ASC X12 5010 standard and contains the data elements necessary for FSC to create valid 276 request transaction to then be sent to payers.

FSC receives 277 responses from payers and transmits that data in FHIR resources inside FHIR bundles to MCCF EDI TAS.

## Data Exchanges

MCCF EDI TAS sends a 276 Request FHIR bundle to FSC and receives a 277 Response FHIR bundle from FSC. Refer to Section Appendix A.

### FHIR Based Resources

The following FHIR resources are needed to assemble a 276 Request FHIR bundle

* Basic
* ChargeItem
* Claim
* Group
* MedicationDispense
* MessageHeader
* Organization
* Patient
* Practitioner
* RelatedPerson

The following FHIR resources are needed to assemble a 277 Response FHIR bundle

* Basic
* ChargeItem
* Claim
* Group
* MedicationDispense
* MessageHeader
* Organization
* Patient
* Practitioner
* RelatedPerson

### JSON Format

Messages are formatted using the JSON format and implement a Bundle FHIR Resource.

Refer to <https://www.hl7.org/fhir/json.html> for JSON representation of FHIR Resources.

#### 278 Request FHIR bundle

A bundle implementing a 276 request sent to FSC will have the following structure:

See Appendix A.

#### 277 Response FHIR bundle

A bundle implementing a 277 response received from FSC will have the following structure:

See Appendix A.

### Bundle Definition

A Bundle is a top level container in FHIR that contains all the FHIR resources desired for a transaction between MCCF EDI TAS and FSC.

A Bundle is a container for resources, enabling you to group and transmit resources altogether at once. Resources such as Claim, Patient, etc. will be transmitted inside multiple entries (see entry list inside Bundle) as a resource type.



Figure - Source https://fhir-drills.github.io/bundle.html



Figure - Source <https://www.hl7.org/fhir/bundle.html>

## Communications Methods

### Ports and Protocols

#### HTTP(S)

Can be used for real time communication.

#### AMQP

AMQP offers reliable messaging via queues.

### ESB Configuration(s)

Tbd

### System Configuration

Tbd

## Performance Requirements

System Design Document (SDD); Medical Care Collection Fund (MCCF) - Electronic Data Interchange Transaction Application Suite (EDI TAS).

## Security

System Design Document (SDD); Medical Care Collection Fund (MCCF) - Electronic Data Interchange Transaction Application Suite (EDI TAS).

### Is within the VA firewall

Tbd

## Testing Requirements

System Design Document (SDD); Medical Care Collection Fund (MCCF) - Electronic Data Interchange Transaction Application Suite (EDI TAS).

### Comparison of Data

Tbd

### Completeness

Tbd

## Policies and Constraints

Tbd

### HIPAA Compliance

FSC receives transactions and then translates them into standard ASC X12N/005010 276/277 Health Care Claim Status  
Request, validates whether the data complies with HIPAA standards and then forwards the claim data to the VA Healthcare Clearing House (HCCH).

# Appendix A

## Data Elements

## Bundle

Repeating fields within a segment need context definition so they can be differentiated within a segment.

Also, repeating fields across multiple segments need to be differentiated. Following steps have been used to assign context to fields.

1. Identify the segment where the resource is located (Bundle.entry.extension.url="segment" and Bundle.entry.extension.valueString="278-EVN") [MessageType-Segment]

2. Where elements repeat within a segment use extension.valueString to identify field (Basic.extension.url="sequence" and Basic.extension.valueString="278-MSH-16" or Location.identifier.extension.url="sequence" and Location.identifier.extension.valueString="278-MSH-3") [MessageType-Segment-Field]

3. Repeating segments will include an incrementing id (MSA1, MSA2, ...)

## Resource Sections 1..N

### 276 Request FHIR Bundle Resources

#### Basic

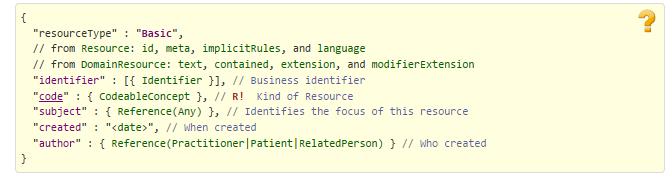


Figure - https://www.hl7.org/fhir/basic.html

#### ChargeItem



Figure - https://www.hl7.org/fhir/chargeitem.html

#### Claim



Figure - https://www.hl7.org/fhir/claim.html Part 1

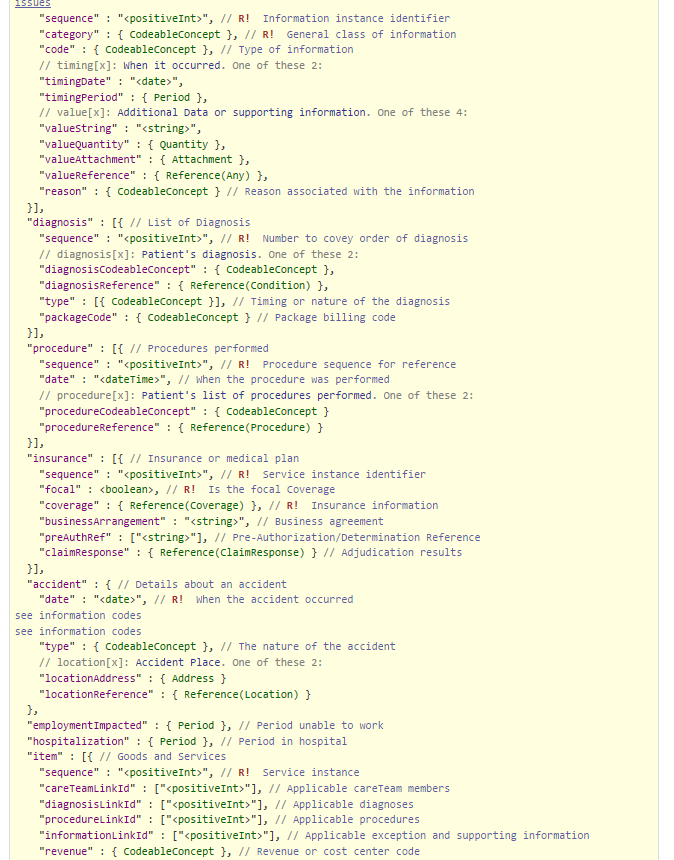


Figure - https://www.hl7.org/fhir/claim.html Part 2

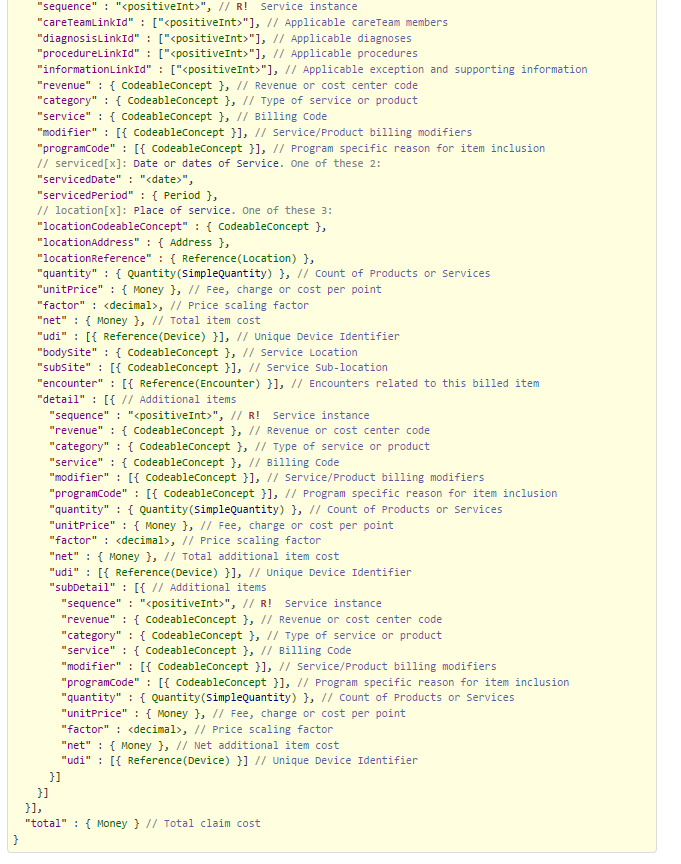


Figure - https://www.hl7.org/fhir/claim.html Part 3

#### Group

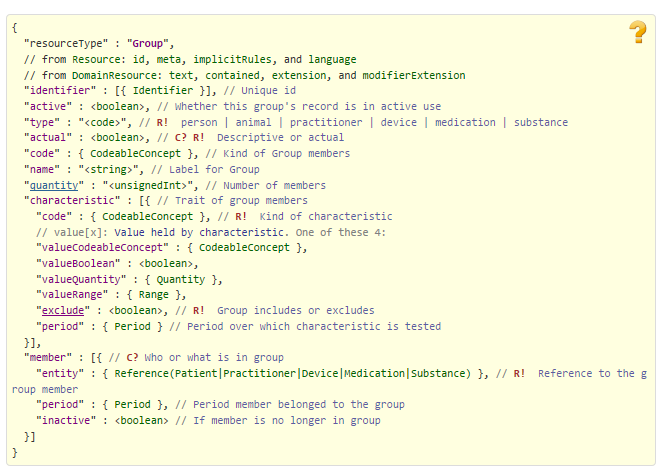


Figure - https://www.hl7.org/fhir/group.html

#### MedicationDispense



Figure - https://www.hl7.org/fhir/medicationdispense.html

#### MessageHeader

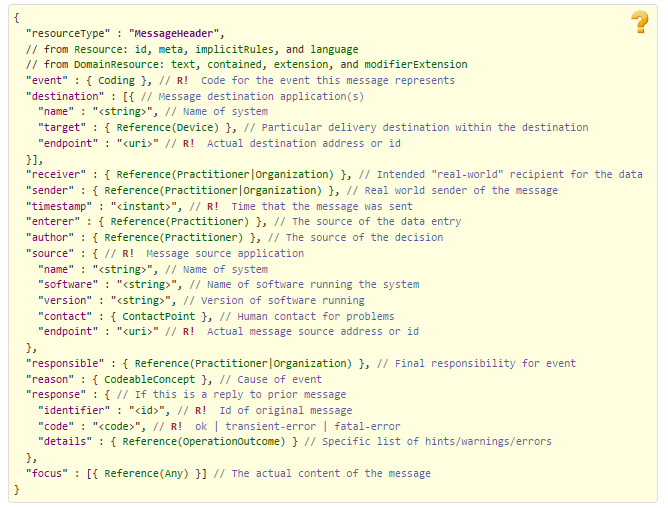


Figure - https://www.hl7.org/fhir/messageheader.html

#### Organization

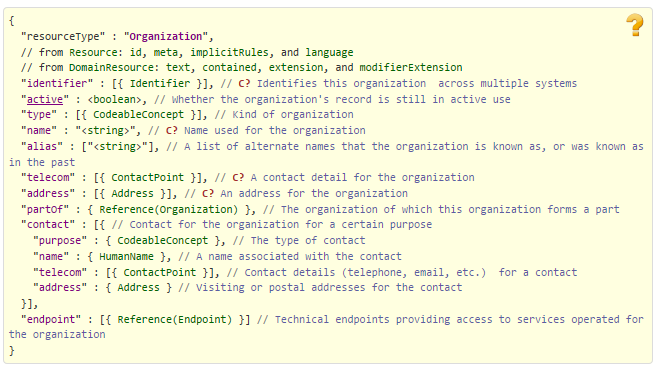


Figure - https://www.hl7.org/fhir/organization.html

#### Patient



Figure - https://www.hl7.org/fhir/patient.html

#### Practitioner

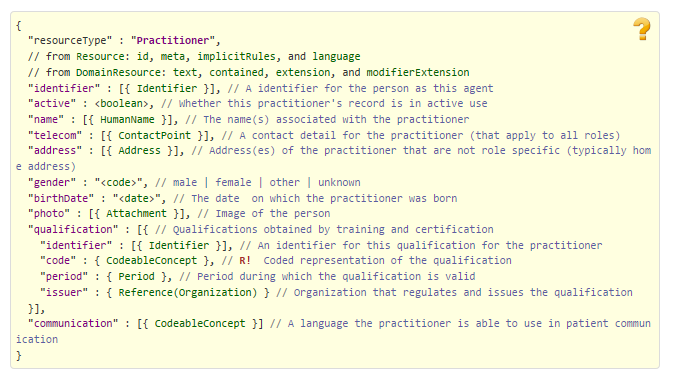


Figure - https://www.hl7.org/fhir/practitioner.html

#### RelatedPerson

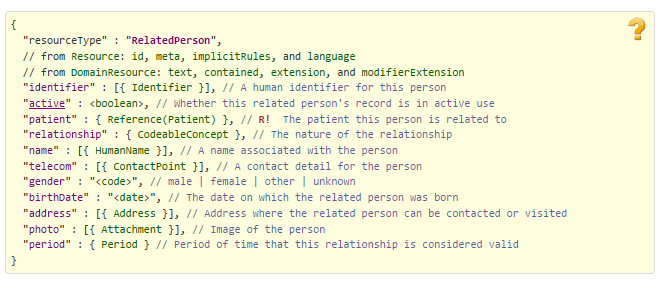


Figure - https://www.hl7.org/fhir/relatedperson.html

### 277 Response FHIR Bundle Resources

#### Basic

See 276 Request FHIR Bundle Resources.

#### ChargeItem

See 276 Request FHIR Bundle Resources.

#### Claim

See 276 Request FHIR Bundle Resources.

#### Group

See 276 Request FHIR Bundle Resources.

#### MedicationDispense

See 276 Request FHIR Bundle Resources.

#### MessageHeader

See 276 Request FHIR Bundle Resources.

#### Organization

See 276 Request FHIR Bundle Resources.

#### Patient

See 276 Request FHIR Bundle Resources.

#### Practitioner

See 276 Request FHIR Bundle Resources.

#### RelatedPerson

See 276 Request FHIR Bundle Resources.

### Embedded following columns:

#### Element #

#### Max Length

#### FSC Transaction Location

* FSC Comments
* FHIR Resource
* TASCore Comments

# Appendix B - TASCore Mapping Rules

# Appendix C – TASCore Default Values

# Appendix D – FSC Mapping Rules

# Appendix E – FSC Default Values