Medical Care Collections Fund (MCCF) eInsurance

Electronic Data Interchange (EDI)

Transactions Applications Suite (TAS)

Interface Control Document

ASC X12N/005010 270 Health Care Eligibility Benefits Inquiry

and

ASC X12N/005010 271 Health Care Eligibility Benefits 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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# Introduction

This document describes the interface between the MCCF EDI TAS eInsurance application and the VA Financial Services Center in Austin, TX (FSC) for ASC X12N/005010 270 Health Care Eligibility Benefits Inquiry and ASC X12N/005010 271 Health Care Eligibility Benefits response transactions.

## Purpose

The purpose of this Interface Control Document (ICD) is to define the message structure and protocols which govern the interchange of data between eInsurance within MCCF EDI TAS and the FSC related to the electronic processing of

* ASC X12N/005010 270 Health Care Eligibility Benefits Inquiry
* and
* ASC X12N/005010 271 Health Care Eligibility Benefits Response

messages.

## Scope

This ICD specifies the interface between MCCF EDI TAS eInsurance 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 eInsurance (Inquiries) and the layout for the data that MCCF EDI TAS eInsurance receives from the FSC (Reponses). 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 MCCDF EDI TAS Platform and the system(s) at the FSC.

### MCCF EDI TAS eInsurance

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.

This interface supports the electronic third party billing process which involves the electronic transmission of ASC X12N/005010 270 Health Care Eligibility Benefits Inquiry messages to Emdeon, the VA’s clearinghouse, where claims are either transmitted to the insurance company or sent to a printing facility. It also supports receiving ASC X12N/005010 271 Health Care Eligibility Benefits Responses sent from Emdeon to the 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 270 Health Care Eligibility Benefits transmission, validates the data complies with HIPAA standards and then forwards the claim data to Emdeon. The system(s) at FSC also receive(s) ASC X12N/005010 271 Health Care Eligibility Benefits Responses 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 eInsurance and FSC regarding Health Care Eligibility Benefits 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 Eligibility Benefits data is transmitted between MCCF EDI TAS eInsurance and the FSC in FHIR bundles.

## System Overview

The MCCF EDI TAS eInsurance is designed to facilitate transmission of Health Care Eligibility Benefits Inquiries to the FSC and Health Care Eligibility Benefits Responses from the FSC.

FSC is designed to receive FHIR data from MCCF EDI TAS eInsurance and to translate that data into a ASC X12N/005010 270 Health Care Eligibility Benefits Inquiry message. It is also designed to receive an ASC X12N/005010 271 Health Care Eligibility Benefits Response from payers, to translate it to FHIR data and to send it to MCCD EDI TAS eInsurance.

### Overview Diagram

Interim solution



To be solution



## Interface Overview

Exchanging messages between MCCF EDI TAS eInsurance and FSC can be done in real time or as queued messaging.

### Connectivity between the systems



## Operations

### 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 ASC X12N/005010 270 Health Care Eligibility Benefits Inquiries in FHIR Bundles to FSC and receives ASC X12N/005010 271 Health Care Eligibility Benefits Responses in FHIR Bundles from FSC.

## Data Transfer

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

## Transaction Types

MCCF EDI TAS eInsurance transmits FHIR bundles consisting of different FHIR resources needed to construct a 270 inquiry type message. The content is modeled on the ASC X12 5010 standard and contains the data elements necessary for FSC to create valid 270 inquiry transactions to send to payers.

FSC receives 271 response types from payers and transmits that data in FHIR resources inside FHIR bundles to MCCF EDI TAS eInsurance.

## Data Exchanges

MCCF EDI TAS eInsurance sends a 270 Request FHIR bundle to FSC and receives a 271 Response FHIR bundle from FSC. Refer to Appendix A.

### FHIR Based Resources

The following FHIR resources are needed to assemble a 270 Request FHIR bundle

* Appointment
* Basic
* Communication
* Coverage
* Encounter
* Location
* MessageHeader
* Organization
* Patient
* RelatedPerson
* PractitionerRole
* ProcessRequest

The following FHIR resources are needed to assemble a 271 Response FHIR bundle

* Appointment
* Basic
* CarePlan
* Communication
* Condition
* Coverage
* EligibilityRequest
* EligibilityResponse
* Location
* MessageHeader
* OperationOutcome
* Organization
* RelatedPerson
* Person
* Practitioner
* PractitionerRole
* Procedure
* ProcessRequest
* ProcessResponse
* Task

### 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.

#### 270 Request FHIR bundle

A bundle implementing a 270 request sent to FSC will have the following structure:

See appendix A.

#### 271 Response FHIR bundle

A bundle implementing a 271 request sent 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 grouping and transmitting 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 - https://fhir-drills.github.io/bundle.html



Figure - <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).

## 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 270 Health Care Eligibility Benefits Inquiry, 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

### 270 Request FHIR Bundle Resources

#### Appointment

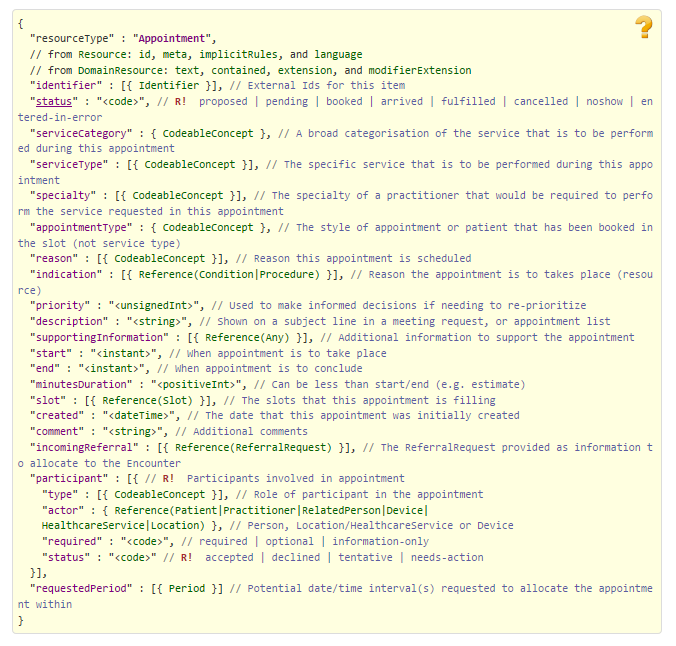


Figure - https://www.hl7.org/fhir/appointment.html

#### Basic

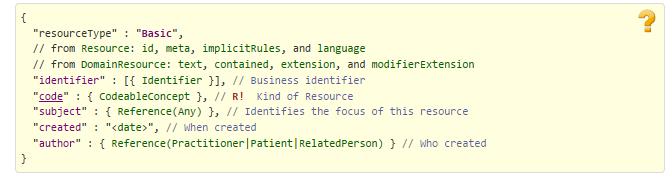


Figure - https://www.hl7.org/fhir/basic.html

#### Communication



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

#### Coverage



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

#### Encounter



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

#### Location

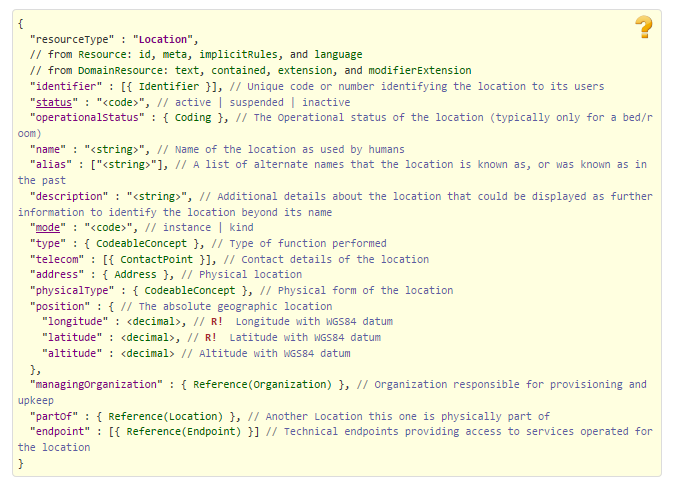


Figure - https://www.hl7.org/fhir/location.html

#### MessageHeader

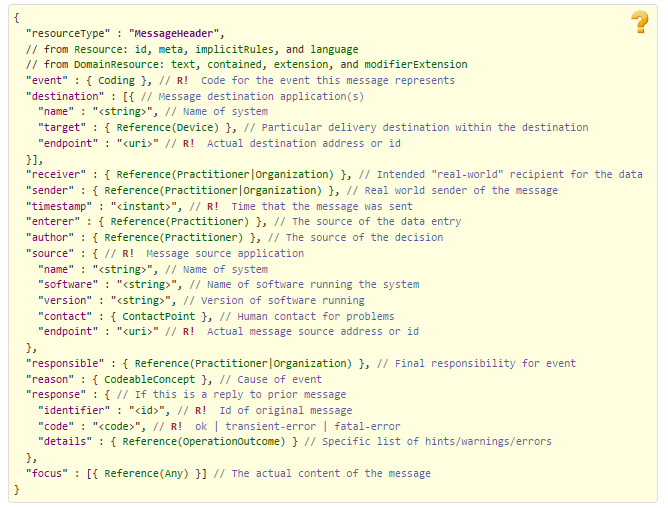


Figure - https://www.hl7.org/fhir/messageheader.html

#### Organization

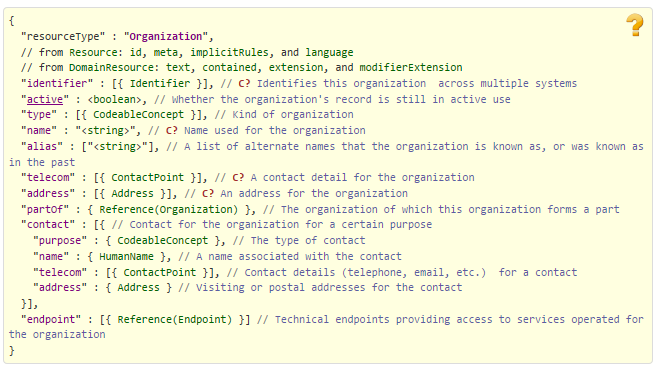


Figure - https://www.hl7.org/fhir/organization.html

#### Patient



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

#### RelatedPerson

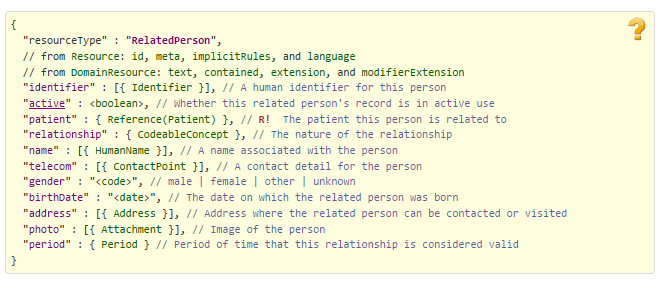


Figure - https://www.hl7.org/fhir/relatedperson.html

#### PractitionerRole



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

#### ProcessRequest

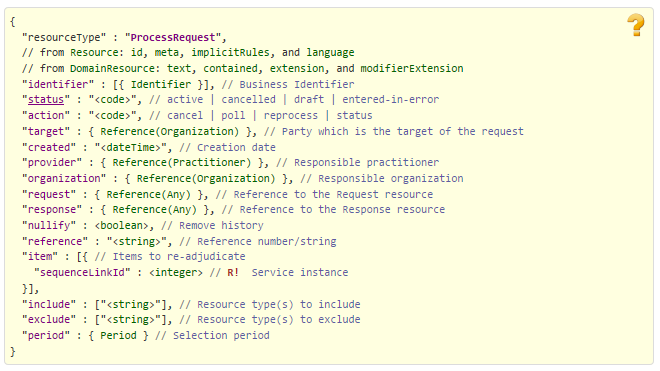


Figure - https://www.hl7.org/fhir/processrequest.html

### 271 Response FHIR Bundle Resources

#### Appointment

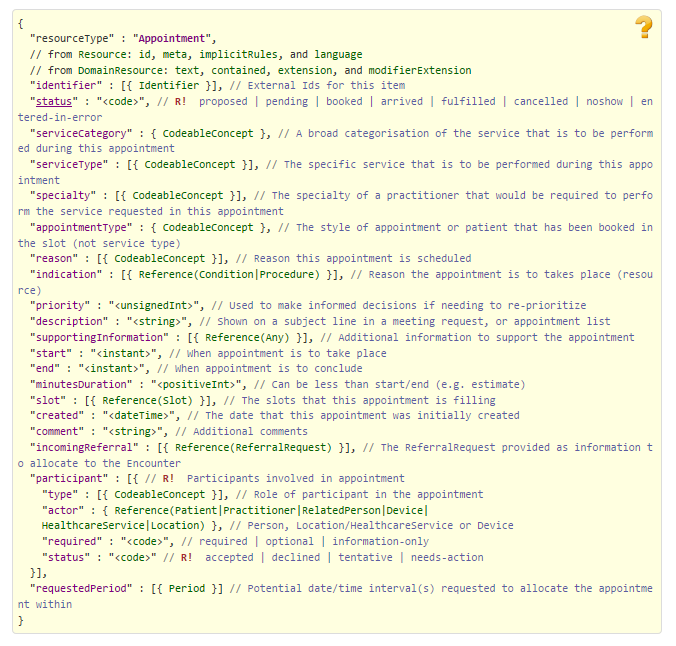


Figure - https://www.hl7.org/fhir/appointment.html

#### Basic

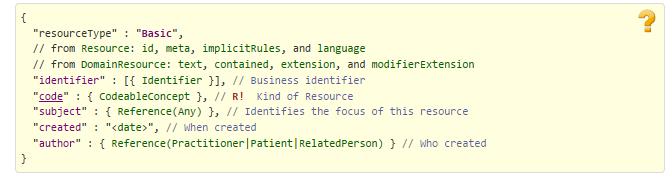


Figure - https://www.hl7.org/fhir/basic.html

#### CarePlan



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

#### Communication



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

#### Condition



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

#### Coverage



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

#### EligibilityRequest

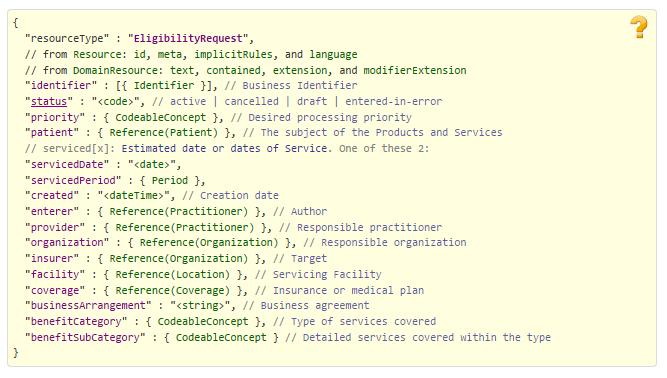


Figure - https://www.hl7.org/fhir/eligibilityrequest.html

#### EligibilityResponse



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

#### Location

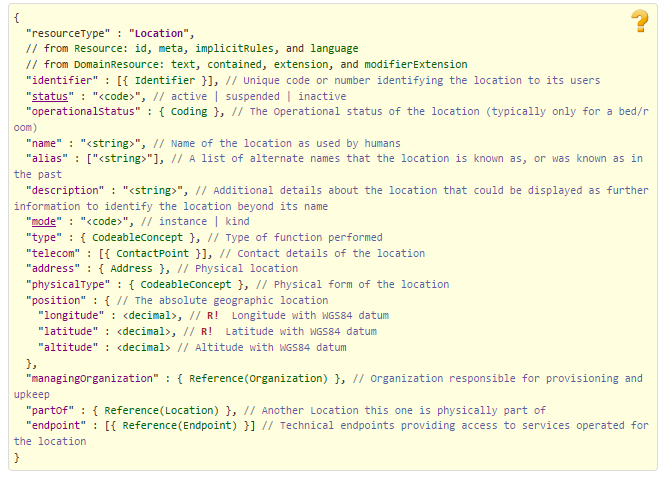


Figure - https://www.hl7.org/fhir/location.html

#### MessageHeader

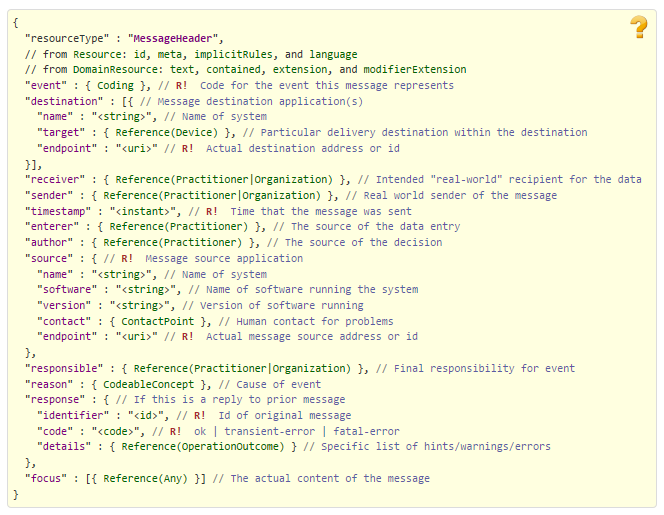


Figure - https://www.hl7.org/fhir/messageheader.html

#### OperationOutcome

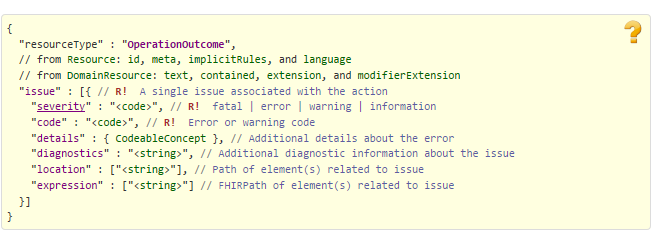


Figure - https://www.hl7.org/fhir/operationoutcome.html

#### Organization

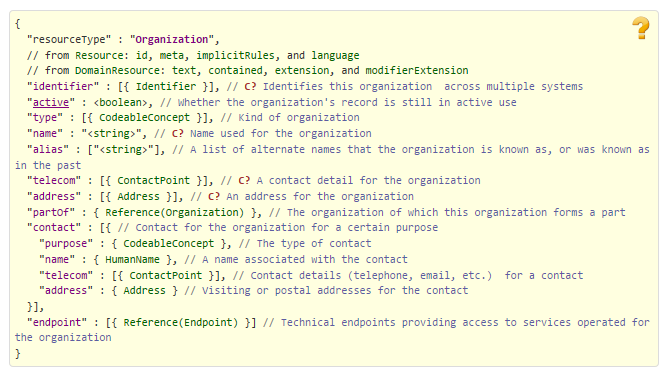


Figure - https://www.hl7.org/fhir/organization.html

#### RelatedPerson

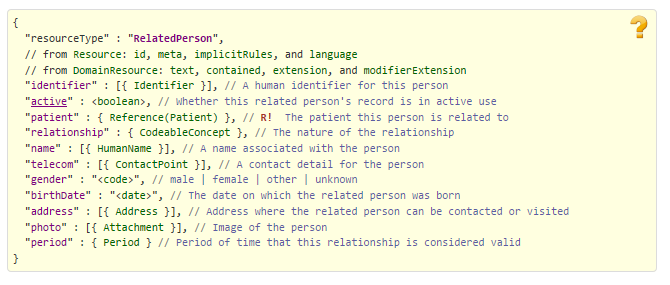


Figure - https://www.hl7.org/fhir/relatedperson.html

#### Person

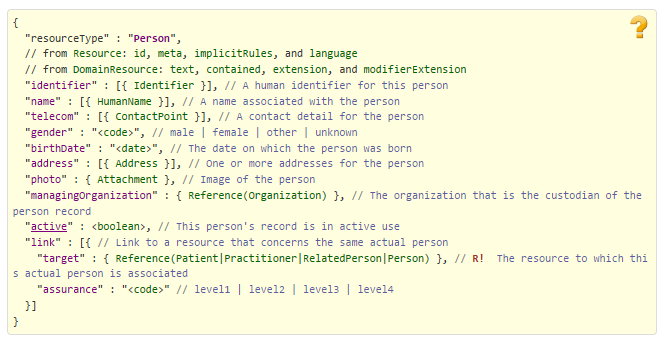


Figure - https://www.hl7.org/fhir/person.html

#### Practitioner

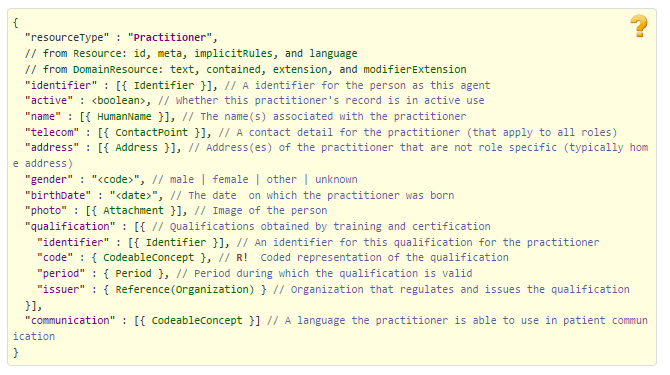


Figure - https://www.hl7.org/fhir/practitioner.html

#### PractitionerRole

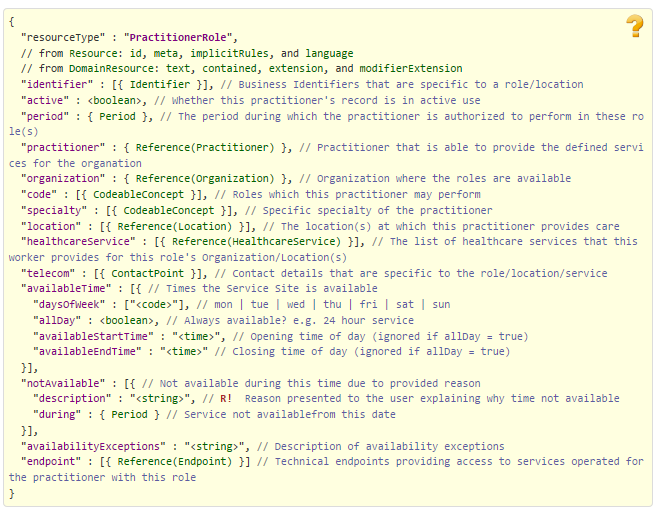


Figure - https://www.hl7.org/fhir/practitionerrole.html

#### Procedure



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

#### ProcessRequest



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

#### ProcessResponse

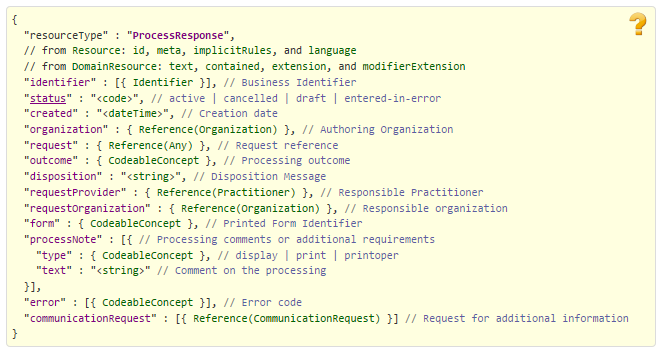


Figure - https://www.hl7.org/fhir/processresponse.html

#### Task



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

### 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