Medical Care Collections Fund (MCCF) eBilling

Electronic Data Interchange (EDI)

Transactions Applications Suite (TAS)

Interface Control Document

ASC X12N/005010 837 Health Care Claims

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 1.0

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Table of Contents

[1 Introduction 1](#_Toc507605096)

[1.1 Purpose 1](#_Toc507605097)

[1.2 Scope 1](#_Toc507605099)

[1.3 System Identification 1](#_Toc507605100)

[1.3.1 MCCF EDI TAS 1](#_Toc507605101)

[1.3.2 FSC 2](#_Toc507605102)

[1.4 Operational Agreement 2](#_Toc507605103)

[2 Interface Definition 2](#_Toc507605104)

[2.1 System Overview 2](#_Toc507605105)

[2.1.1 Overview Diagram 2](#_Toc507605106)

[2.2 Interface Overview 4](#_Toc507605107)

[2.2.1 Connectivity between the systems 4](#_Toc507605108)

[2.3 Operations 5](#_Toc507605109)

[2.3.1 Data Extraction 5](#_Toc507605110)

[2.3.2 Data Transformation 5](#_Toc507605111)

[2.3.3 Sending/Receiving 6](#_Toc507605112)

[2.4 Data Transfer 6](#_Toc507605113)

[Data is transferred between the TASCore Application Stack and the FSC. 6](#_Toc507605114)

[2.5 Transaction Types 6](#_Toc507605115)

[2.6 Data Exchanges 6](#_Toc507605116)

[2.6.1 FHIR Based Resources 7](#_Toc507605117)

[2.6.2 JSON Format 9](#_Toc507605118)

[2.6.3 Bundle Definition 9](#_Toc507605119)

[2.7 Communications Methods 11](#_Toc507605120)

[2.7.1 Ports and Protocols 11](#_Toc507605121)

[2.7.2 ESB Configuration(s) 12](#_Toc507605122)

[2.7.3 System Configuration 12](#_Toc507605123)

[2.8 Performance Requirements 12](#_Toc507605124)

[2.9 Security 12](#_Toc507605125)

[2.9.1 Is within the VA firewall 12](#_Toc507605126)

[2.10 Testing Requirements 12](#_Toc507605127)

[2.10.1 Comparison of Data 12](#_Toc507605128)

[2.10.2 Completeness 12](#_Toc507605129)

[2.11 Policies and Constraints 12](#_Toc507605130)

[2.11.1 HIPAA Compliance 13](#_Toc507605131)

[3 Appendix A 1](#_Toc507605132)

[3.1 Data Elements 1](#_Toc507605133)

[3.2 Bundle (837) 1](#_Toc507605134)

[3.3 Resource Sections 1..N 2](#_Toc507605135)

[3.3.1 837I Transaction Resources 3](#_Toc507605136)

[3.3.2 837P Transaction Resources 29](#_Toc507605137)

[3.3.3 837D Transaction Resources 37](#_Toc507605138)

[3.3.4 Embedded following comlumns: 48](#_Toc507605139)

[4 Appendix B - TASCore Mapping Rules 49](#_Toc507605140)

[5 Appendix C – TASCore Default Values 49](#_Toc507605141)

[6 Appendix D – FSC Mapping Rules 49](#_Toc507605142)

[7 Appendix E – FSC Default Values 49](#_Toc507605143)

# Introduction

This document describes the interface between a MCCF EDI TAS application and the VA Financial Services Center in Austin, TX (FSC) related to the electronic processing of ASC X12N/005010 837 Health Care Claims (837) messages.

## 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 FSC related to the electronic processing of 837 messages.

## Scope

This ICD specifies the interface between MCCF EDI TAS 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 MCCF EDI TAS sends to FSC. 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

MCCF EDI TAS eBilling is software designed to support the requests inquiries and responses related to Health Care Claims sent to and received from the FSC. This interface supports the electronic transmission 837 messages between FSC and MCCF EDI TAS.

### MCCF EDI TAS

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

The 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 837 messages to Emdeon, the VA’s clearinghouse, where claims are either transmitted to the insurance company or sent to a printing facility.

### FSC

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

The system(s) at FSC, receives the data from the TAS Platform, translates the data into a standard ASC X12N/005010 837 Health Care Claims transmission, validates the data complies with HIPAA standards and then forwards the claim data to Emdeon.

## Operational Agreement

This ICD provides the specification for an interface between MCCF EDI TAS and FSC regarding Health Care Claims 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 Claims data is transmitted between the FSC and MCCF EDI TAS in FHIR bundles.

## System Overview

MCCF EDI TAS eBilling is designed to create claims for reimbursement from third party payers for health care services rendered to the patient by the Department of Veteran’s Affairs when the patient has private insurance or is eligible for Medicare. The MCCF EDI TAS eBilling software is able to create claims based on data received from the patient’s inpatient and/or outpatient patient record.

### Overview Diagram

Interem solution



To be solution



## Interface Overview

The messages exchanged between MCCF EDI TAS eBilling and FSC can be done in real time or as queued messaging.

### 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 eBilling sends 837 messages to FSC.

## Data Transfer

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

## Transaction Types

MCCF EDI TAS eBilling sends messages a FHIR bundle containing FHIR resources to the FSC that are needed by the FSC to send an ASC X12N/005010 837 Health Care Claims transaction to payers.

The 837 transaction can be further classified as an Institutional claim 837I, a Professional claim 837P or a Dental claim 837D.

When the claim is paid, FSC receives X12N/005010 835 Health Care Claim Payment and Remittance Advice messages from payers and transmits that data in FHIR resources inside FHIR bundles to MCCF EDI TAS ePayments. (see X12N/005010 835 Health Care Claim Payment and Remittance Advice ICD).

## Data Exchanges

MCCF EDI TAS eBilling sends 837 transaction FHIR bundles to FSC containing the FHIR resources necessary so FSC can construct the ASC X12N/005010 837 Health Care Claims transaction and then forward it to the payer via the Clearinghouse.

The 837 outbound message from FSC sent to the Payer can be accepted or rejected by either the Clearinghouse or the Payer and FSC will receive a Functional Acknowledgement (997) transaction indicating acceptance or rejection.

There are two different types of functional acknowledgments the FSC can receive. FSC may transform the acceptance or rejection messages into a FHIR bundle containing the FHIR resources needed by MCCF EDI TAS eBilling to properly file the claim details.

* TRANSMISSION ACCEPTED
* TRANSMISSION REJECTED

Refer to Section Appendix A.

### FHIR Based Resources

The following FHIR resources are needed to assemble a Health Care Claim (837I) transaction bundle

* Claim
* Condition
* Coverage
* Encounter
* EpisodeOfCare
* ExplanationOfBenefit
* Flag
* HealthcareService
* Location
* MedicationOrder
* Organization
* Patient
* PaymentReconciliation
* Practitioner
* Procedure
* ReferralRequest
* RelatedPerson

The following FHIR resources are needed to assemble a Health Care Claim (837P) transaction bundle

* Basic
* Claim
* ClinicalImpression
* CommunicationRequest
* Condition
* Coverage
* Encounter
* EpisodeOfCare
* ImagingStudy
* Medication
* MedicationDispense
* Observation
* Organization
* Patient
* Practitioner
* Procedure
* ReferralRequest

The following FHIR resources are needed to assemble a Health Care Claim (837D) transaction bundle

* Claim
* ClaimResponse
* Communication
* Condition
* Coverage
* DocumentReference
* Encounter
* EpisodeOfCare
* ExplanationOfBenefit
* Flag
* HealthcareService
* Location
* MedicationOrder
* MedicationRequest
* MessageHeader
* Observation
* Organization
* Patient
* PaymentReconciliation
* Practitioner
* PractitionerRole
* Procedure
* ProcedureRequest
* RelatedPerson
* ValueSet

### 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.

#### 837I Health Care Claim Institutional FHIR bundle

A Bundle implementing a 837I sent to FSC will have the following structure:

See Appendix A

#### 837P Health Care Claim Professional FHIR bundle

A Bundle implementing a 837P sent to FSC will have the following structure:

See Appendix A

#### 837D Health Care Claim Dental FHIR bundle

A Bundle implementing a 837D sent to FSC will have the following structure:

See Appendix A

### Bundle Definition

A Bundle is a container for resources, enabling grouping and transmiting 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 1 - Source https://fhir-drills.github.io/bundle.html



Figure 2 - 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 Tony

## Performance Requirements

System Design Document (SDD); Medical Care Collection Fund (MCCF) - Electronic Data Interchange Transaction Application Suite (EDI TAS) Section and Page or Paragraph if needed.

## Security

System Design Document (SDD); Medical Care Collection Fund (MCCF) - Electronic Data Interchange Transaction Application Suite (EDI TAS) Section and Page or Paragraph if needed.

### 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) Section and Page or Paragraph if needed.

### Comparison of Data

Tbd

### Completeness

Tbd

## Policies and Constraints

Tbd

### HIPAA Compliance

FSC receives transactions and then translates them into standard ASC X12N/005010 837 Health Care Claims message, validates whether or not the data complies with HIPAA standards and then forwards the claim data to the VA Healthcare Clearing House (HCCH).

# Appendix A

## Data Elements

## Bundle (837)

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, ...)



Figure Source: http://www.hl7.org/fhir/bundle.html

## Resource Sections 1..N

### 837I Transaction Resources

#### Claim

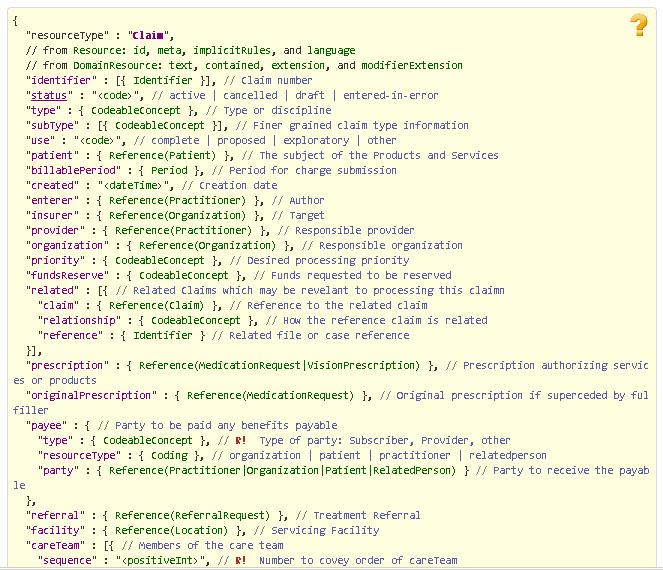


Figure http://www.hl7.org/fhir/claim.html - Part 1



Figure http://www.hl7.org/fhir/claim.html – Part 2



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

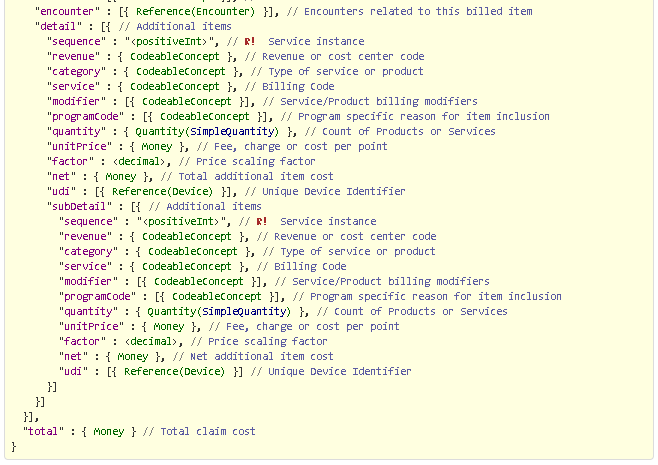


Figure http://www.hl7.org/fhir/claim.html - Part 4

#### Condition

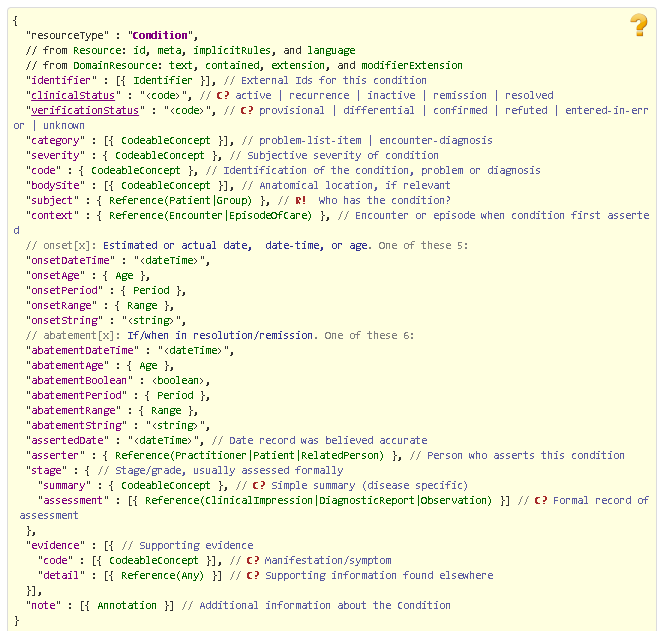


Figure http://www.hl7.org/fhir/condition.html

#### Coverage



Figure http://www.hl7.org/fhir/coverage.html

#### Encounter

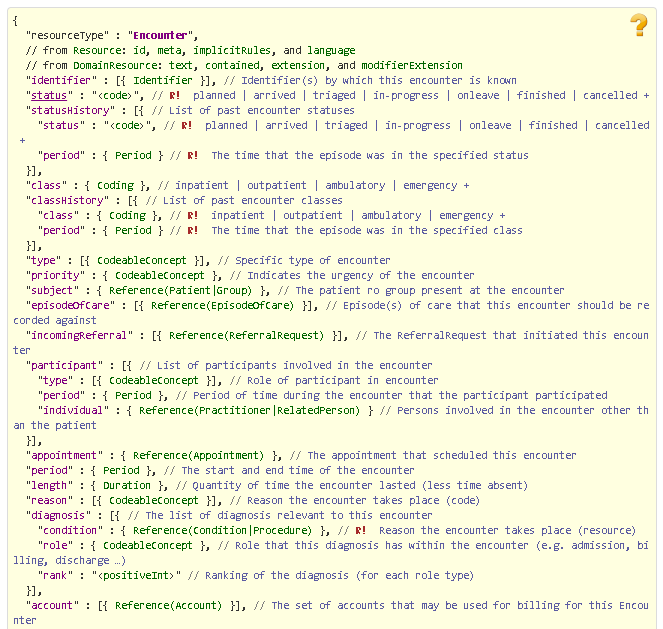


Figure http://www.hl7.org/fhir/encounter.html - Part 1

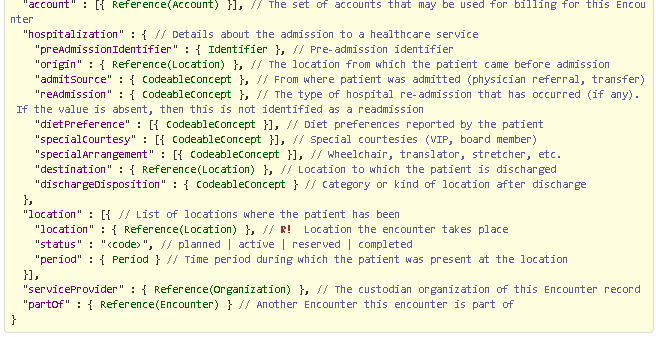


Figure http://www.hl7.org/fhir/encounter.html - Part 2

#### EpisodeOfCare

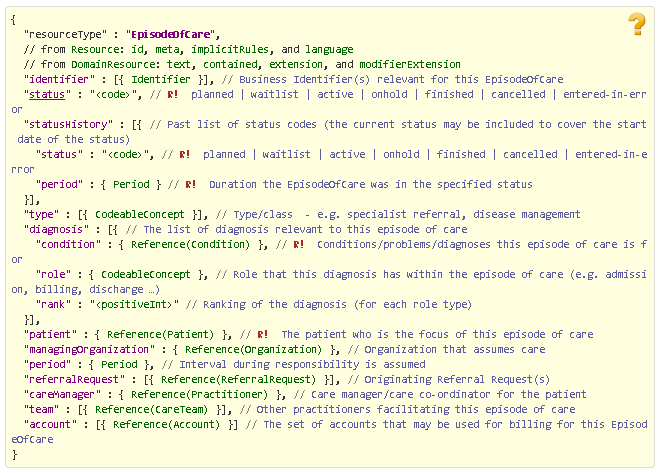


Figure http://www.hl7.org/fhir/episodeofcare.html

#### ExplanationOfBenefit



Figure http://www.hl7.org/fhir/explanationofbenefit.html - Part 2



Figure http://www.hl7.org/fhir/explanationofbenefit.html - Part 2



Figure http://www.hl7.org/fhir/explanationofbenefit.html - Part 3

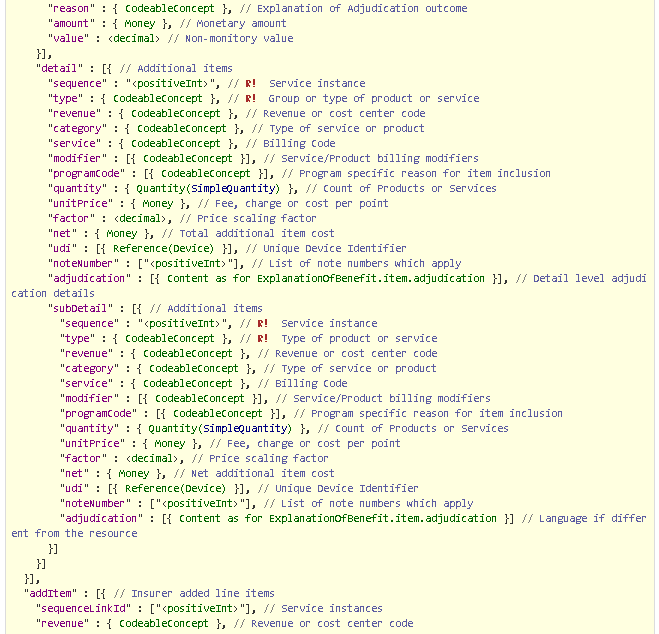


Figure http://www.hl7.org/fhir/explanationofbenefit.html - Part 4



Figure http://www.hl7.org/fhir/explanationofbenefit.html - Part 5

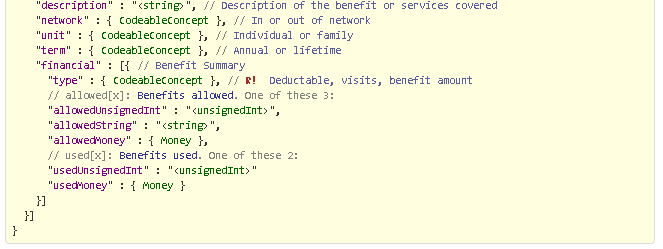


Figure http://www.hl7.org/fhir/explanationofbenefit.html - Part 6

#### Flag

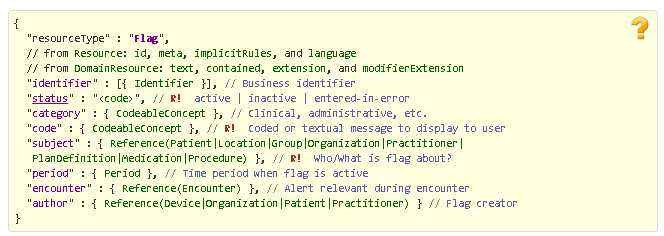


Figure http://www.hl7.org/fhir/flag.html

#### HealthcareService



Figure http://www.hl7.org/fhir/healthcareservice.html

#### Location

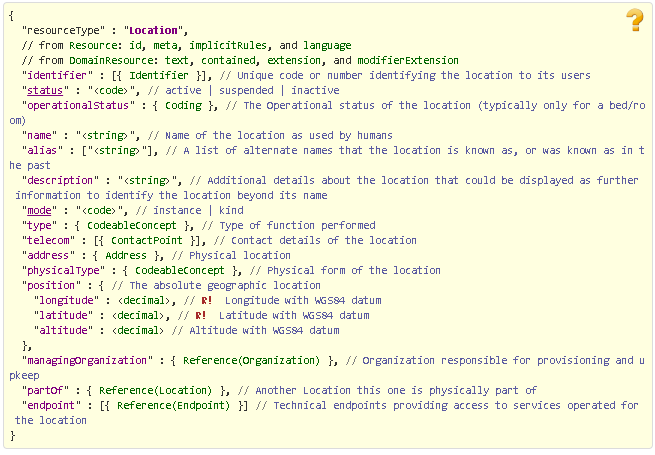


Figure http://www.hl7.org/fhir/location.html

#### MedicationRequest

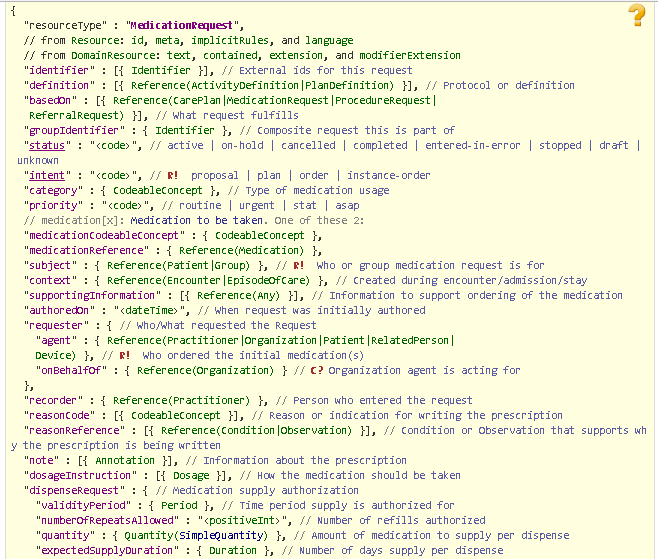


Figure http://www.hl7.org/fhir/medicationrequest.html - Part 1

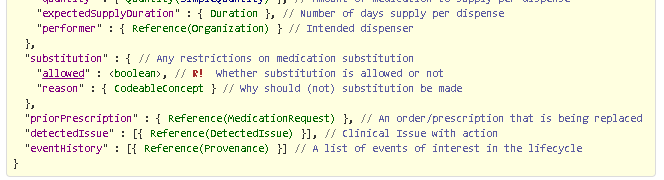


Figure http://www.hl7.org/fhir/medicationrequest.html - Part 2

#### Organization

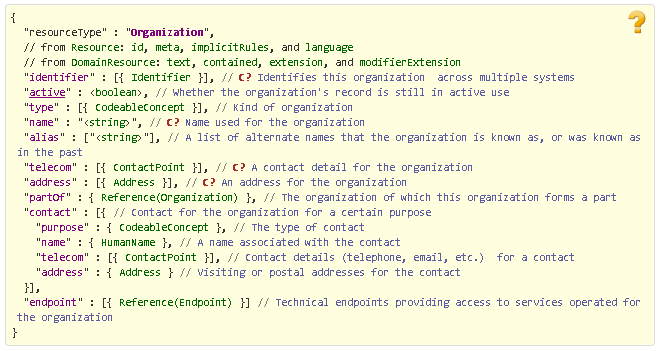


Figure http://www.hl7.org/fhir/organization.html

#### Patient



Figure http://www.hl7.org/fhir/patient.html - Part 1

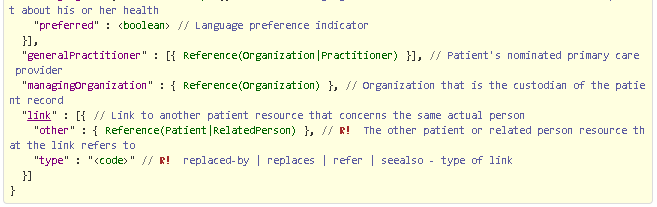


Figure http://www.hl7.org/fhir/patient.html - Part 2

#### PaymentReconciliation

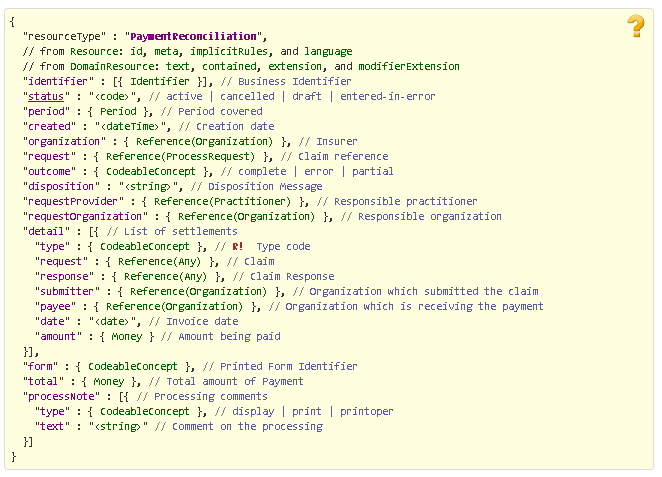


Figure http://www.hl7.org/fhir/paymentreconciliation.html

#### Practitioner

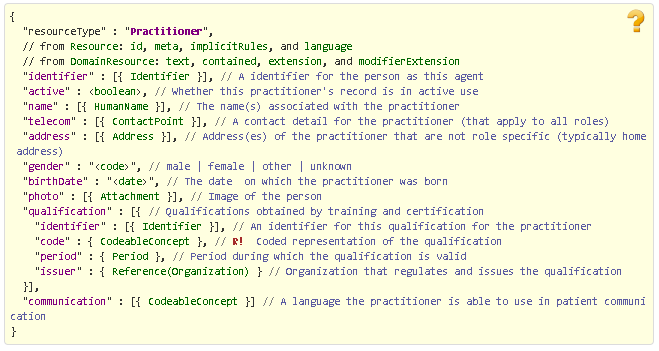


Figure http://www.hl7.org/fhir/practitioner.html

#### Procedure



Figure http://www.hl7.org/fhir/procedure.html

#### ReferralRequest



Figure http://www.hl7.org/fhir/referralrequest.html

#### RelatedPerson

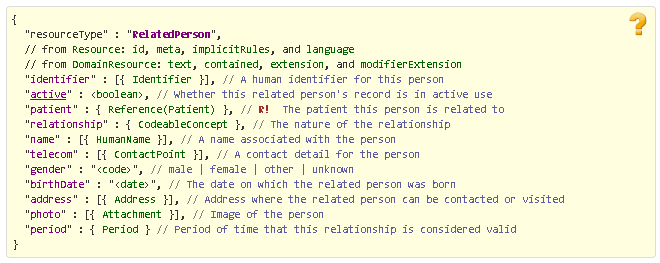


Figure http://www.hl7.org/fhir/relatedperson.html

### 837P Transaction Resources

#### Basic

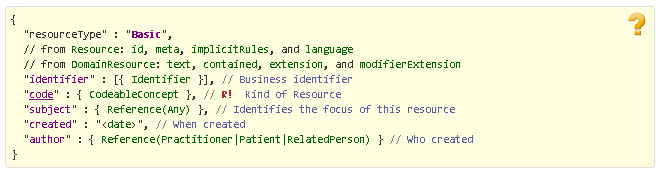


Figure http://www.hl7.org/fhir/basic.html

#### Claim See above in 837I transaction resources

#### ClinicalImpression



Figure http://www.hl7.org/fhir/clinicalimpression.html

#### CommunicationRequest



Figure http://www.hl7.org/fhir/communicationrequest.html

#### Condition

See above in 837I transaction resources

#### Coverage

See above in 837I transaction resources

#### Encounter

See above in 837I transaction resources

#### EpisodeOfCare

See above in 837I transaction resources

#### ImagingStudy



Figure http://www.hl7.org/fhir/imagingstudy.html

#### Medication

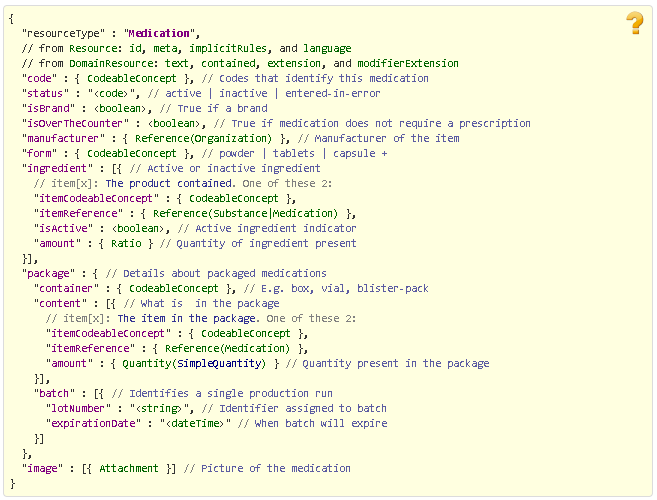


Figure http://www.hl7.org/fhir/medication.html

#### MedicationDispense



Figure http://www.hl7.org/fhir/medicationdispense.html

#### Observation



Figure http://www.hl7.org/fhir/observation.html - Part 1

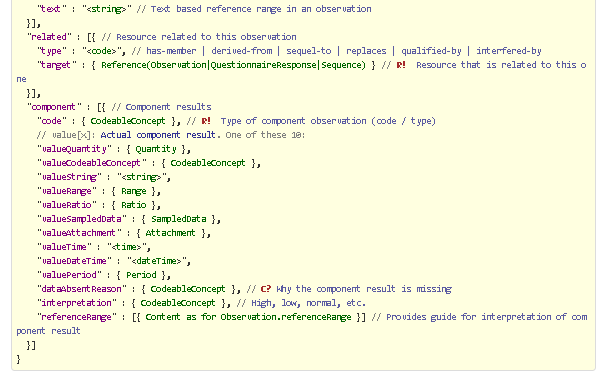


Figure http://www.hl7.org/fhir/observation.html - Part 2

#### Organization

See above in 837I transaction resources

#### Patient

See above in 837I transaction resources

#### Practitioner

See above in 837I transaction resources

#### Procedure

See above in 837I transaction resources

#### RefferalRequest

See above in 837I transaction resources

### 837D Transaction Resources

#### Claim

See above in 837I transaction resources

#### ClaimResponse



Figure http://www.hl7.org/fhir/claimresponse.html - Part 1



Figure http://www.hl7.org/fhir/claimresponse.html - Part 2

#### Communication



Figure http://www.hl7.org/fhir/communication.html

#### Condition

See above in 837I transaction resources

#### Coverage

See above in 837I transaction resources

#### DocumentReference



Figure <http://www.hl7.org/fhir/documentreference.html>

#### Encounter

See above in 837I transaction resources

#### EpisodeOfCare

See above in 837I transaction resources

#### ExplanationOfBenefit

See above in 837I transaction resources

#### Flag

See above in 837I transaction resources

#### HealthcareService

See above in 837I transaction resources

#### Location

See above in 837I transaction resources

#### MedicationRequest

See above in 837I transaction resources

#### MessageHeader

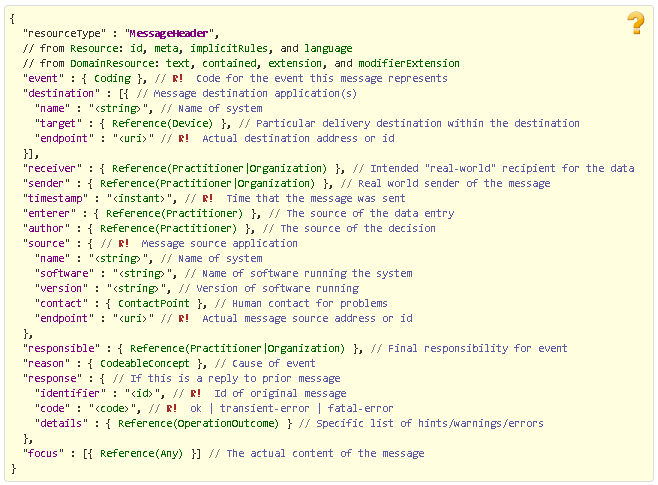


Figure http://www.hl7.org/fhir/messageheader.html

#### Observation

See above in 837I transaction resources

#### Organization

See above in 837I transaction resources

#### Patient

See above in 837I transaction resources

#### PaymentReconciliation

See above in 837I transaction resources

#### Practitioner

See above in 837I transaction resources

#### PractitionerRole

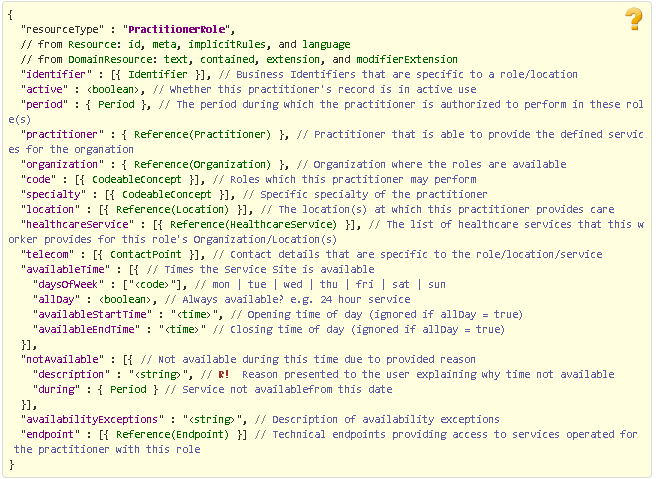


Figure http://www.hl7.org/fhir/practitionerrole.html

#### Procedure

See above in 837I transaction resources

#### ProcedureRequest

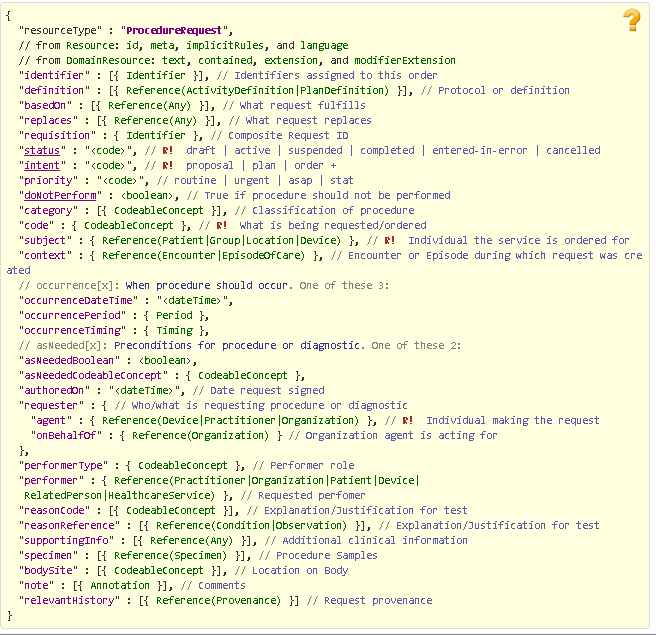


Figure http://www.hl7.org/fhir/procedurerequest.html

#### RelatedPerson

See above in 837I transaction resources

#### ValueSet



Figure http://www.hl7.org/fhir/valueset.html - Part 1

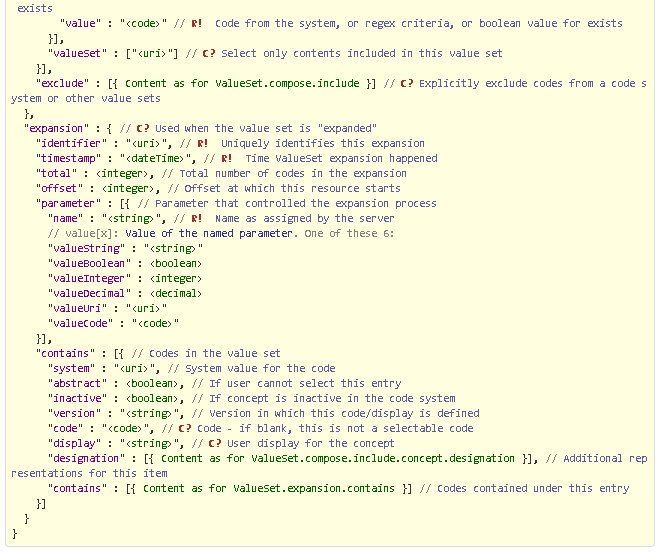


Figure http://www.hl7.org/fhir/valueset.html - Part 2

### Embedded following comlumns:

#### 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