



Inbound Patients, Appointments and Charges

Interface Scoping Questionnaire

athenahealth, Inc.

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Formerly Patient Registration and Back End Only

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1. Completing This Document

The integration process can be complicated at times and it’s important to recognize that a number of configuration options will be presented to you along the way. They are documented here in the Interface Scope Questionnaire (ISQ) as interface settings. To help you navigate the scoping process, we provide a recommendation for each of the available settings.

* 1. Icons Glossary

Throughout the ISQ you'll find various icons to highlight athenahealth recommended settings and best practices.

 The olive branch icon indicates athenahealth recommended settings.

 The money icon indicates options that may incur additional costs.

**BEST PRACTICES:** The horizontal bar is generally used to highlight additional tips, considerations, and advice.

* 1. Scoping Process

Your interface project manager is available to meet, assist with questions, and help determine the best-fit options for your project. Instructions for manual scoping are as follows:

1. **Review**:

Please read the entire Interface Scoping Questionnaire (ISQ) and complete all form fields and check-boxes to the best of your ability. Should you have questions about the configuration options presented in this document please do not hesitate to discuss with your interface project manager.

1. **Approve**:

When this document is completed to your satisfaction, please approve the scope of the interface by typing your name below.

* 1. Scope Approval

I,      , agree to the interface design as described here in this document.

Date:

1. Project Information

Please fill the following to the best of your ability. While not all contacts are required, you should be able to submit at least two contacts at the onset of a new interface project.

|  |  |  |  |
| --- | --- | --- | --- |
| General Information | |  |  |
| Integration Project Name (if applicable) | | |  |
| Vendor  (If applicable, third party data exchange vendor) | Company Name:  (ex. athenahealth, Inc.) | |  |
| Software Product Name:  (ex. athenaNet) | |  |
| Version:  (ex. 14.9) | |  |
| Interface Engine:  (ex. athenaNet MX Engine) | |  |
| Trading Partner Name | | |  |
| Trading Partner Type (ex. Health Information System, EHR, etc.) | | |  |
| athenahealth Practice Context ID | | |  |
| athenahealth Interface Project Manager Name | | |  |
| athenahealth Interface Project Manager Contact Information | | |  |
| Event Number (provided by Interface Project Manager, for internal athenahealth tracking) | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact | Role | Details | |
| Project Business Contact | Responsible for overall success of the project | Name: |  |
| Phone: |  |
| Email: |  |
| Project Interface Contact | Interface expert, responsible for continuing interface support | Name: |  |
| Phone: |  |
| Email: |  |
| Project IT Contact | Networking and security expert, responsible for overall connectivity | Name: |  |
| Phone: |  |
| Email: |  |
| Vendor Contact #1 | Role: | Name: |  |
| Phone: |  |
| Email: |  |
| Vendor Contact #2 | Role: | Name: |  |
| Phone: |  |
| Email: |  |

1. Product Description

This interface supports the secure and automated transfer of information from an external third-party system to athenaNet. To ensure compatibility across a wide array of platforms and software vendors interface data is formatted according to HL7 v2 standards and may include:

* External Patient Identifiers (MRN or CPI assigned by an outside system)
* Patient demographics (name, dob, address, etc.)
* Patient insurance (carrier, member ID, etc.)
* Patient appointments (provider, location, appointment type, date of service, etc.)
* Charge Data (diag, cpt codes, date of service, etc.)

Common use-case scenarios are depicted below. It is important to identify and review your specific use-cases with the Interface Project Manager.

|  |  |  |  |
| --- | --- | --- | --- |
| Scenario | Event |  | Functionality |
| Single Charge Message | Charge created in Hospital Ancillary System |  | A claim is created in athenaNet. Also, a patient is potentially created or updated. |
| Patient and Charge Messages | Patient added/updated in Hospital Ancillary System  Charge is entered in Hospital Ancillary System |  | A patient is added/updated in athenaNet  A claim is created in athenaNet with the charge |
| Patient, Appointment and Charge Messages (Full IPAC) | Patient added/updated in Hospital Ancillary System  Appointment is created, updated, cancelled or rescheduled in Hospital Ancillary System  Charge is entered in Hospital Ancillary System |  | A patient is added/updated in athenaNet  Appointment is created, updated, cancelled or rescheduled in athenaNet  A claim is created in athenaNet with the charge |

**WORKFLOW SCENARIOS**: Be sure to discuss workflow and interface use-cases with your interface project manager until you’re absolutely comfortable with the intended functionality. Often times the introduction of an interface will alter your end user workflow, in a good way, and it’s important to understand which elements are automated versus requiring manual input so that information can be conveyed to practice staff.

1. General Interface Configuration
   1. Integration Testing Environment

A non-live, athena-hosted preview environment is provided to facilitate integration testing prior to moving the interface to production. It is expected that the other vendor system provides a similar non-live environment for testing on their side as well.

Will a vendor test environment be made available for this project?  Yes is recommended

If no, please tell us what will be done for testing:

* + 1. Testing Phases and Resource Allocation

Interface testing is generally broken up into two phases, unit testing and end-user testing.

In the unit testing phase, athenahealth will confirm messages are received and processed.

Upon completion of unit testing, end-user testing phase begins. athenahealth may provide guidance when appropriate, but ultimately it is client responsibility to plan, organize, and carry out testing of their interface in relation to practice workflows.

**TEST PLANS**: Plans should be aligned with the supported use cases. In addition to test plans offered by the Interface Project Manager we encourage you to come up with your own test scenarios as appropriate.

* 1. Message Formats & Systems

athenaNet uses HL7 v2 standards .

Is the purpose of this interface to replace an existing interface?

If yes, please describe existing interface:

Additional Comments:

* 1. Message Samples and Specs

For athenahealth samples and specifications, please see the [Developer Toolkit](http://www.athenahealth.com/developer-portal/developer-toolkit/by-standard).

(http://www.athenahealth.com/developer-portal/developer-toolkit/by-standard)

Can you provide sample data for inbound messages to the Interface Project Manager?  Yes is recommended

* 1. Interface Workflow

Consider your workflows and use cases for this interface and outline them below. The following are some questions to get you thinking about your workflows: Which system(s) are sending patient information into athenaNet? Which system(s) are sending appointment information into athenaNet? Which system(s) are sending charge information into athenaNet? Are the external systems front-end ambulatory or hospital ancillary?

With your workflows above in mind, please complete the interface message types and triggers table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enable? | Action | Direction | Default Message | Custom Message |
|  | Add Patient | Inbound | A28 |  |
|  | Update Patient | Inbound | A31 |  |
|  | Schedule Appointment | Inbound | S12 |  |
|  | Update Appointment | Inbound | S14 |  |
|  | Cancel Appointment | Inbound | S15 |  |
|  | Check-In | Inbound | S14 |  |
|  | Check-Out | Inbound | S14 |  |
|  | Charges | Inbound | P03 |  |
|  | Other: |  |  |  |
|  | Other: |  |  |  |
|  | Other: |  |  |  |
|  | Other: |  |  |  |
|  | Other: |  |  |  |
|  |  |  |  |  |

* 1. External ID Management

athenaNet can store multiple external IDs in order to assist with patient ID management throughout an integrated health system. External IDs may be used for matching purposes or external IDs may just be interfaced and stored in athenaNet using custom fields. Only one external ID may be used for matching per record number category.

For example, suppose the other system assigns an EMPI ID, a chart number, a hospital MRN, and a FIN number. Although you may only intend to use one of them for matching purposes, all of the other IDs can be stored as well. Information stored in athenaNet Custom Fields can be made searchable and appear on various patient workflow screens, including the patient Quickview screen. In most cases an external ID may not be used as the athenaNet patient ID.

Please identify Person level Custom Fields here:

|  |  |  |  |
| --- | --- | --- | --- |
| athena Custom Field Name | athena Custom Field ID | HL7 Field | Use for Matching |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please identify Appointment level Custom Fields here:

|  |  |  |  |
| --- | --- | --- | --- |
| athena Custom Field Name | athena Custom Field ID | HL7 Field | Use for Matching |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Are any of the above external IDs formatted with leading zeros?

Additional comments:

* 1. Backfills and Imports
     1. Backfills via the Interface

An additional offering is for athenaNet to receive a full load of all patients and/or future appointments from the other systems just as the interface is first enabled. This type of data load may require a separate project with additional costs, managed outside of the Interface Project for ‘load management planning’ as well as General Council review, for appropriateness of PHI sharing.

Does this project require full Data Synchronization?  Complicated backfills may incur additional cost

Additional comments:

**BACKFILL PLANNING:** When planning a backfill, please consider the complexities of integrating data from several different systems. For example, most backfills from external applications include foreign IDs that will be written into athenaNet custom fields. These IDs should be unique and could potentially be bi-directionally accepted between all systems. Additionally, backfills can be done by data import or via the interface.

* + 1. Data Imports and Interfaces

Separate from any interface projects, a one-time file import of data may be required. These data imports are separate projects with different athenahealth Project Managers. Even though these projects are separate, the data they import may interact with the interface, so it is important to be aware of any Data Import projects.

Do you have other active or upcoming data import projects with athenahealth? If so, please describe here:

**DIFFERENCE BETWEEN A DATA IMPORT AND INTERFACE**:

**Timing**: Data imports are generally a one-time event for the purpose of loading existing data to athenaNet, whereas interfaces continue to operate going forward for an undefined period of time.

**Direction**: An interface is capable of sending data out or receiving data in, however a data import is for inbound data only.

**Format**: Most data imports are executed via flat-file (CSV spec) while most interfaces use industry-standard HL7.

* 1. Additional Comments

Through completion of this document, if there are general interface comments, not already covered by the questions and sections below, please enter them here:

1. Outbound Message Configuration

There are no outbound messages for this interface type. Please proceed to the next section.

1. Inbound Message Configuration
   1. Patients

The following section contains configurations related only to inbound patient messages. This can be broken into two parts: the fields necessary for the creation of a new patient and edits to existing patients. For edits to existing patients, the patient ID or other unique identifier must be present in the inbound message to match a specific patient record in athenaNet. Once a match is found, there are various options for what you may update as it relates to patient demographics and insurance. This section also touches upon privacy fields and guarantors.

* + 1. Minimum Required Fields for Patient Messages

Refer to Section 5.3 for minimum HL7 fields required to process ADT messages at athena.

In addition, in order to create a patient, the following data fields need to be specified. We expect data to be in the following HL7 fields. Please indicate below if it will be different.

|  |  |
| --- | --- |
| Data Field | Default HL7 Field |
| Patient ID | PID.3.0 (As defined in Section 5.5) |
| Last Name | PID.5.0 |
| First Name | PID.5.1 |
| Date of Birth | PID.7 |

In order to create a patient’s insurance, the following data fields need to be specified. We expect data to be in the following HL7 fields. Please indicate below if it will be different.

|  |  |
| --- | --- |
| Data Field | Default HL7 Field |
| Package ID | IN1.2 |
| Name | IN1.4 |
| Policy Number | IN1.36 |
| Relationship to Insured | IN1.17 |

* + 1. Matching Logic for Patients

For this interface, the athenaNet patient matching algorithm compares demographic information in athenaNet with the data elements in each message received. The data elements used for patient matching are athena patient ID, client-specified external patient ID, full last name, full first name, date of birth, SSN, gender, middle initial, address and phone number. The athenaNet Interface Message Queue Manager provides a manual review process for messages that may create duplicate patient records or substantially change the demographics for an existing patient record.

**EXTERNAL ID MATCHING**: athenaNet assumes the external ID provided by the other system is correct, therefore external IDs must be unique and non-changing.

* + 1. Processing Logic for Patient Messages
       1. Insurance Processing

Are we sharing insurance data with this interface? If “Yes” then please review the following. If “No” then skip to the next section.

Inbound insurances from an external system must be mapped to a valid insurance package in athenaNet. Mapping is the responsibility of the end-user and may represent a significant effort. It is recommended to begin before go-live. Each foreign insurance ID will need to be mapped once. If a new foreign insurance ID is encountered, the entire message will be routed into an ERROR queue for end-user mapping prior to processing. It’s important to note this could delay the processing of inbound demographic and insurance data.

Properly mapped insurances will be processed as follows:

1. If no insurance policy on the patient’s Quickview with the given sequence number (primary, secondary, tertiary) exists, athenaNet will add the new insurance policy.
2. If an insurance policy on the patient’s Quickview with the given sequence number already exists, and the insurance package ID of the old policy matches the insurance package ID of the new policy, then the existing policy will be updated with the new data.
3. If an insurance policy with the given sequence number already exists, and the insurance package ID of the old policy does not match the insurance package ID of the new policy, then the existing policy will be cancelled, and the new policy will be added.
4. If an insurance is not provided in the message, the patient will be assigned to a self-pay policy in athenaNet which will overwrite and existing insurance information on the patient record.

A patient created without insurance will be unavailable for appointment scheduling or charge-entry until an insurance policy is added. By default, inbound updates to insurance packages will overwrite existing data. This default setting means that if a message is received with no patient insurance information, that patient will be converted to self-pay (assuming they had been listed as previously having an active policy).

Caution should be used when disabling interface updates for inbound insurance information. For example, take a patient record that has been user-edited, but inactive for over a year. If updated insurance information is sent to us, it is likely that it contains accurate information, but the update will not be applied to the patient’s insurance record.

Common options available for insurance processing:

|  |  |  |
| --- | --- | --- |
| Insurance Processing Options | | |
|  | ALWAYS PROCESS UPDATES:  Process updated data each time it is received, including creating a self-pay policy if the message does not contain insurance information. This means existing policies in athenaNet may be updated/overwritten/replaced via the interface. | |
|  | SELECTIVELY PROCESS UPDATES:  If any insurance data has been manually modified by a user in athenaNet, ignore the incoming interface update. This option is meant to preserve user edits entered directly into athenaNet, so they do not get overwritten via the interface. | |
|  |  | ADDITIONAL OPTION: PRESERVE USER EDITS WITHIN A TIMEFRAME:  Please indicate a timeframe in which new interface edits should override manual user updates. For example, if the manual user update was greater than 60 days ago, the incoming interface update should not be ignored. Please indicate that timeframe here (ex: 60 or 90 days): |
|  | ADDITIONAL OPTION: ONLY PROCESS WHEN DATA EXISTS IN MESSAGE:  Do not process data unless it Is present, i.e., do not allow null insurance data to erase existing insurance data or automatically apply a self-pay package. | |

Additional Comments:        Custom insurance processing may incur additional cost

Case Policies are considered to be non-sequenced insurances on the Quickview screen of athenaNet. That is, they are neither Primary (1) or Secondary (2). Case policies have a sequence of zero. If an external insurance with sequence 1 (primary) is mapped to a case policy in athenaNet, its sequence is automatically converted to zero on the patient Quickview. This allows the case policy to display under the special case policies section at the bottom of the Quickview page. The most common types of case policies include MVA and Workers Comp insurance.

* + - 1. Patient Privacy Fields

athenahealth requires that our providers indicate when a patient has authorized release of information and assignment of benefits as required by the HIPAA electronic claims standard. If these fields are not specified for a new patient (i.e. interface messages that result in a new patient being added to athenaNet), any claims created for that patient may be held by a global privacy notification claim rule.

By default, these fields are populated by the interface. They can still be addressed through regular athenaNet workflow, i.e., manually marking/unmarking these check boxes on the athenaNet patient Quickview screen. Please ensure the client is obtaining all necessary consents and authorizations as part of their usual workflow.

|  |  |
| --- | --- |
| Patient Privacy Processing Options | |
|  | AUTOMATICALLY SET PATIENT PRIVACY FIELDS:  Benefits Assignment and Release of Information will be checked automatically in athenaNet as patients are processed over the interface, indicating that the patient privacy release has been completed in the external system. |
|  | DO NOT PROCESS PATIENT PRIVACY FIELDS:  Opt-out of having the Benefits Assignment and Release of Information flags automatically checked when the interface processes a patient. When these fields are not populated by the interface, any claims created for that patient may be held by a global privacy notification claim rule. |

**BEST PRACTICES**: To avoid serious disruption with respect to billing claims it is recommended that you seek to automate population of these privacy check boxes.

* + - 1. Guarantor Handling

athenaNet is able to exchange name, address, relationship to patient, but does not support the exchange of unique IDs. This is because guarantors are stored as additional data elements on a person record in athenaNet and are not given a separate person ID.

Are we sharing guarantor data with this interface?

Additional comments:

* 1. Appointments

The following sections contain configurations related only to inbound appointment messages.

Are you sending appointment-level information to be synced in athenaNet? If ‘No’, skip to the next section.

* + 1. Minimum Required Fields for Appointment Messages

In order to create an appointment, the following data fields need to be specified. We expect data to be in the following HL7 fields. Please indicate below if it will be different.

|  |  |
| --- | --- |
| Data Field | Default HL7 field |
| Date/Time | SCH.11 |
| Provider | PV1.7 |
| Department | PV1.3 |
| Appointment Type | SCH.8 |
| Appointment Notes (if applicable) | SCH.7 |
| Appointment Cancel Reason (if applicable) | SCH.6 |
| Appointment Status (if applicable) | SCH.25 |

* + 1. Matching Logic for Appointment Messages

athenaNet expects the athenaNet patient ID and athenaNet appointment ID (when available) in the inbound appointment interface message; these values are used to match the appointment data to the correct patient. Note that the remote system vendor may need to be consulted before making this selection, as some vendors are unable to store IDs external to their system.

The patient ID or other unique ID found in the inbound appointment message will be used as a direct match to the athenaNet patient ID. If the appointment ID is present in the message, both the patient and appointment can be matched directly. All other demographic data in the appointment message, including insurance data, will be ignored.

|  |  |
| --- | --- |
| Indicate the Method to be Used to Match Appointment Data to the Correct Patient (check one): | |
|  | athenaNet appointment ID will be available in inbound appointment message in |
|  | External ID number will be available in inbound charge message.  Please specify where, in HL7, the ID appears: |
|  | No Appointment ID will be sent; Match on patient as outlined in section 7.1.2 Matching Logic for Patients and service date |

**BEST PRACTICES**: The athenaNet appointment ID is the most accurate data element for matching the inbound appointment message to the schedule in athenaNet. When this value is not available, appointment matching should be established with one of the methods in the table above. These methods are listed in order of accuracy as it is better to match on appointment ID rather than patient ID and better to match on athenaNet IDs rather than external IDs. Please note that matching based on patient and service date may not work when a patient has multiple appointments in one day.

When inbound appointment interface messages are received, the sending system will be the source of truth for all appointment scheduling templates, appointment times, and appointment durations. Appointment time and duration will appear in athenaNet as received on the interface message.

* + 1. Timing and Processing Logic for Appointment Messages
       1. Future appointment handling

Future appointments created by the interface will have the status of “f”. This indicates Filled and is similar to a user-created appointment. This is the default option and is appropriate if appointment messages are sent at least one day in advance of the visit date. athenaNet performs automatic eligibility checks on Filled appointments prior to the visit date, and by default the appointment will remain in status “f” until Checked In. However, if the other system is not able to send Check-In / Check-Out messages, then the practice settings may be configured to advance the appointment automatically from status “f” (Filled) to status “2” (Checked In) on the day of visit. Note that this option is generally not recommended because it assumes every patient is checked in, including the no-shows.

Is the other system able to send Check-in and Check-out messages to athenaNet?

If ‘No’ please discuss with your athenahealth Client Account Executive.

* + - 1. Past/present appointment handling

When appointment messages are not sent in advance of the appointment (i.e. only triggered at Check In or after Check Out), then any appointment message received will advance the patient’s appointment to a status “2”, which indicates a patient has Checked In for their appointment. The same status is applied when the interface receives an appointment with a visit date that occurs in the past. These appointments will be tracked on the athenaNet Missing Slips Worklist until a charge is applied to the appointment. Missing slips tracking is recommended because we want to ensure charges are captured every time a patient is seen by the practice.

* 1. Charges

The following sections contain configurations related only to inbound charge messages.

**Are you sending charge information to athenaNet?**

The addition of charges changes the total cost of the interface and will be reflected in the Interface Proposal. If charges are not being sent, please skip to the next section.

 Only charge data is processed from inbound P03 charge messages. All other data, including any demographic updates, are discarded.

athenaNet only handles claim creation. Edits to existing claims cannot be handled by the interface and must be done via standard athenaNet workflow. The interface cannot void to delete charges via interface.

**FINAL CHARGES ONLY**: The other system should send claims only when they are ready for billing. That is, inbound charge data should be complete, finalized, and ready for immediate billing. We do not recommend “building up a claim” over the course of many transactions/charges/messages. Those charges should be sent all at once, ideally contained within single DFT messages (one claim per message).

* + 1. Minimum Required Fields for Charge Messages

In order to create a claim, the following data is required. We expect data to be in the following HL7 fields. Please indicate below if it will be different.

|  |  |
| --- | --- |
| Data Field | Default HL7 Field |
| Appointment ID | PV1.19 or PV1.50 |
| Rendering Provider | Derived from Appointment or FT1.20 |
| Department | Derived from Appointment or FT1.16 or FT1.13 |
| Service Date | Derived from Appointment or FT1.4 |
| Procedure Code | FT1.25 |
| Modifier (if required for procedure code) | FT1.26 |
| Diagnosis Code | FT1.19 |
| ICD code set | FT1.19.2 |

**MAXIMUM ALLOWABLE DIAGNOSIS CODES FOR INTERFACE CLAIM CREATION**: Up to four pointers to the diagnosis codes stored in the claim header are allowed per procedure code. Additional diagnosis codes included in the FT1.19 segment are stored without pointers in the claim header up to a total of 12 diagnosis codes.

* + 1. Matching Logic for Charge Messages
       1. Patient Matching for Charge Messages

Please see section 7.1.2 Matching Logic for Patients for more information on how athenaNet matches inbound messages to a patient.

* + - 1. Appointment Matching for Charge Messages

athenaNet expects the athenaNet appointment ID or other unique identifier in the inbound charge message to match the charge to an appointment. When successfully matched, athenaNet will advance the status of the appointment from Check-In (status 2) or Check-Out (status 3) to Charges Entered (status 4).

|  |  |
| --- | --- |
| Preference for Appointment Matching (check one): | |
|  | Charges will be matched on athenaNet appointment ID when available in inbound charge message in |
|  | All charges will not be matched to appointments in athenaNet |

* + 1. Processing Logic for Charge Messages
       1. Charges with Unmatched Appointments

If the appointment cannot be matched from the charge message, athenaNet can create a claim that does not associate with an appointment in athenaNet. This prompts the claim to be considered “free-standing.” If the appointment does exist in athenaNet, but couldn’t be matched, this will generate a missing slip for that appointment on the workflow dashboard. Additionally, unrecognized appointment IDs (or patient IDs), will cause interface messages to be held in ERROR status, requiring practice review.

If it is expected that many charge messages will contain data for appointments that will not exist in athenaNet, it is possible to process unmatched charge messages without holding in ERROR status. This will create “free-standing” claims for all unmatched appointments.

Allow free standing claims to be created without being held ERROR? (Y/N?)  If charge messages are matching to appointments in athenaNet, NO is recommended. If charges are not matching to appointments in athenaNet, YES is recommended.

* + - 1. Derivation of Required Appointment Data

If the interface does not have appointment messages enabled, all data will be derived from the charge message, therefore this section does not apply and should be skipped. For interfaces with appointment messages, there are options on where the appointment data can be derived from outlined in this section.

When creating claims, certain required fields can be derived from either the appointment in athenaNet or the incoming charge message. For example, in some cases clinical workflows result in a charge that contains a different value for rendering provider than was originally scheduled in the appointment message. In this case, you may want to override this value from the charge message, rather than derive it from the appointment.

If the rendering provider and supervising provider are retrieved from the inbound charge message, usually, the single provider specified in an interface message is used as both the supervising provider and rendering provider (note the supervising provider will be automatically overridden if the rendering provider has a default supervising provider configured in athenaNet).

 By default, the rendering provider, supervising provider, primary department, and service date are taken from the existing appointment.

The following overrides from the charge message are available for charges that are matched to an appointment in athenaNet. If an appointment is not matched, all data will be taken from the message.

|  |  |
| --- | --- |
| What data should be derived from the Appointment? (if exists) | |
|  | ALL DATA FROM APPOINTMENT WHEN MATCHED:  Get all charge data (insurance, provider, and department) from the appointment if it exists, otherwise create free-standing claims |
|  | INSURANCE AND PROVIDER FROM APPOINTMENT, DEPARTMENT FROM CHARGE MESSAGE:  Get insurance and provider from the appointment if it exists; get department from the message in |
|  | INSURANCE FROM APPOINTMENT, PROVIDER AND DEPARTMENT FROM CHARGE MESSAGE:  Get insurance from the appointment if it exists; get provider from message as specified below and department from the message in |
| Rendering Provider in FT1.20 and Supervising Provider from Rendering Provider |
| Rendering Provider in FT1.20 and Supervising Provider in FT1.21 |
|  | ALL DATA FROM CHARGE MESSAGE:  Do not get anything from the appointment and create only free-standing claims with provider from message as specified below and department from the message in |
| Rendering Provider in FT1.20 and Supervising Provider from Rendering Provider |
| Rendering Provider in FT1.20 and Supervising Provider in FT1.21 |

When sending athenaNet provider IDs, the following format is expected: [providerid]P[contextid]

* + - 1. Charge Grouping

Some systems (frequently lab systems and some HIS systems) will send charges associated with an encounter to athenaNet in separate transactions. That is, if an encounter has multiple charges, those charges will be sent to athenaNet in separate charge transactions. To accommodate separate transactions, charges sent to athenaNet will be grouped together onto the same claim by default.

Charge grouping default utilizes the a) patient, b) service date, c) rendering provider & supervising provider, d) department and e) primary & secondary insurances when searching for an existing claim. Important note: In addition, only f) open unbilled claims are considered for grouping new charges onto. If charge grouping is not required, or a different logic is desired, please specify here:

|  |  |
| --- | --- |
| Charge Grouping Options | |
|  | Default functionality outlined above |
|  | Hospital Grouping: The default functionality without service date. This will group claims across multiple dates of service, however by default also cuts off claims and forces new claims if the dates span into a new calendar month. |
|  | Disable: Each message will create a claim. |

* + - 1. Charge Combining

When we receive multiple charge messages for the same patient, procedure, and date, the most recent charge will completely overwrite the original charge and the units will be updated to reflect the amount in the most recent charge message, rather than combining the units from both charge messages.

* 1. Interface Mapping Requirements

It is expected that the client system sends data elements as outlined in the (http://www.athenahealth.com/\_doc/interfaces/athenaNet\_Global\_Tables.xls)

Will data sent to athenaNet be used athenaNet’s global values?  Yes is recommended

However, it may be not be possible for some clients to send athenaNet’s global values. In these cases, the client must manually create and permanently maintain interface mappings that link their foreign codes to the ones that exist in athenaNet.  Custom mappings may incur additional cost

For each item in the table below, you are stating that the selected data element requires a custom, non-standard mapping.

To complete scoping, the client or vendor is required to create in Excel a list of custom values to be mapped during implementation and provide it to your Interface Project Manager for verification and review. During the build phase of the project, the client will create these mappings based on this list provided.

For example, if language is selected in the table below, the athenahealth Interface Project Manager is expecting a list containing all available language codes and descriptions in the external system for review. In the build phase, the client will map each of these external codes to the corresponding athenaNet codes.

|  |  |  |  |
| --- | --- | --- | --- |
| Custom Mapping Required | Data Element | Default HL7 Field | HL7 Field Override |
|  | Sex | PID.8 |  |
|  | Race | PID.10 |  |
|  | Country | PID.12 |  |
|  | Language | PID.15 |  |
|  | Marital Status | PID.16 |  |
|  | Ethnicity | PID.22 |  |
|  | Department | PV1.3.1, FT1.16 or FT1.13 | Defined in Section 7.2.1 |
|  | Provider (athenaNet Provider ID or NPI preferred) | PV1.7, FT1.20 and FT1.21 | Defined in Section 7.2.1 |
|  | Insurance Plan | IN1.2+IN1.4+IN1.5 or IN1.2 | Defined in Section 7.1.1 or 7.3.3.2 |
|  | Patient’s Relationship to Policy Holder | IN1.17 | Defined in Section 7.1.1 or 7.3.3.2 |
|  | Patient’s Relationship to Guarantor | GT1.11 |  |
|  | Relationship to Next of Kin | NK1.3 |  |
|  | Appointment Cancellation Reason | SCH.6 | Defined in Section 7.2.1 |
|  | Appointment Type | SCH.7 | Defined in Section 7.2.1 |
|  | Appointment Status | SCH.25 | Defined in Section 7.2.1 |

**MINIMIZE CUSTOM MAPS**: Sending standard codes that are already recognized by athenaNet reduces the level of continuing maintenance in creating and maintaining mappings.

1. Connectivity Method Overview

As part of interface implementation, athenahealth will need to establish a secure method of transfer for electronic data to and from a third-party system. The Connectivity Method Overview contains our current connectivity offering as well as information regarding functionality and project steps.

<http://www.athenahealth.com/~/media/athenaweb/files/developer-portal/Connectivity_Methods_Overview.docx>

For questions, please contact your Interface Project Engineer.

1. Project Plan

New athenaNet interfaces are worked as separate projects alongside the athenaNet implementation. These projects are designed and adapted to fit within the same timeline as the primary implementation window.

* 1. Sample Interface Project Plan

|  |  |  |
| --- | --- | --- |
| Phase | Duration | Description |
| SCOPE | 4 weeks | Client and athena review and scope project. Interface Scoping Questionnaire (ISQ), detailing the options and extras required for the interface, and the Interface Proposal (IP), detailing the cost of the interface, are completed and signed in this stage. Client completes a connectivity worksheet. |
| BUILD | 4 weeks | Client and athena work together to establish a secure communications connection between athena and the practice. Athena creates necessary code for the interface, and tests it internally given whatever samples the client has supplied. At the end of this period, interface is released on PREVIEW test server. |
| TEST | 4 weeks | Client tests interface for correctness and workflow impact. Any interface modifications are done in this stage. At the end of this period, when satisfied, client signs the Go Live Agreement (GLA). athena will participate in unit testing to verify functionality from a technical perspective. Full end-user acceptance testing is the client’s responsibility to plan, organize, and support. |
| GO LIVE | 2 weeks | Athena brings the interface live on the agreed date. Athena must have at least 2 days advanced notice on the go-live date. Post Go-Live, the interface maintenance is transitioned to a dedicated team |

 Shortening project duration may incur additional cost



1. Appendices and Other References
   1. Planned Maintenance Window

The athenaNet MX Engine is subject to the same maintenance windows as the general athenaNet application. Currently, 1 A.M. to 3 A.M. Eastern Time is reserved every morning for maintenance. By default, all interfaces are shut-off during this time window, and also remain disabled until 4 A.M. Eastern Time.

* 1. Interface Message Queue Manager

The athenaNet Interface Message Queue Manager (IMQM) is an interactive repository for all interface messages that pass through athenaNet. Messages can be categorized into several processing states. Please note that messages in a final state (processed or deleted) will only remain in the queue for 90 days.

|  |  |
| --- | --- |
| Message State | Explanation |
| SCHEDULED | Scheduled to be sent at a later time |
| NEW | Placeholder for a new message and ready to be sent or received |
| DISTRIBUTED | Delivery or acknowledgement is pending for Global interfaces |
| PENDING | Delivery or acknowledgement is pending |
| PROCESSED | Processed normally; remains in queue for only 90 days |
| ERROR | Generic error encountered; routed to client |
| CBOERROR | Billing related error encountered; routed to client |
| ATHENAERROR | Internal error encountered; routed to athenahealth Client Support Center |
| DELETED | Messages that have been deleted; remains in queue for only 90 days |

In order to access the IMQM in athenaNet to manually resolve common errors, such as missing providers, invalid procedure codes, or unknown departments, the following user permissions must be granted by the local system administrator:

|  |  |
| --- | --- |
| Permission | Use Case |
| Interface Admin: View Message Queue | You want to be able to view the IMQM. |
| Interface Admin: Map Insurance Messages | You need to map insurance messages. |
| Interface Admin: Map Messages (except Insurances) | You need to map all messages excluding insurance messages (e.g. provider and department mappings). |
| Interface Admin: File Upload Interface | You want to be able to upload files via the interface. |

See [athenaNet Interface Queue Management Guide](http://www.athenahealth.com/developer-portal/developer-toolkit/support) for more information on the functionality of the IMQM and on client-side cleanup for ERRORs and CBOERRORs.

* 1. Continuing Service and Support

Within two weeks after go-live your interface will be transitioned into our daily service and support structure.

As a standard practice, athenahealth continuously monitors all client connections and will notify the contacts specified if an error occurs. All jobs are monitored and automatically restarted if idle. For more details please refer to the [Interface Down Support Document](http://www.athenahealth.com/developer-portal/developer-toolkit/support).

To contact athenahealth for questions or modifications to the interface, support can be accessed directly in athenaNet:

