



Inbound Patients Appointments and Charges

Common Use Case Package

athenahealth, Inc.

Version 19.7 Published: July 2019

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1. Completing This Document
   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 Common Use Case Package and complete all form fields and check-boxes to the best of your ability. Should you have questions 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. General Interface Configuration
   1. Message Types

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

By choosing to move forward with this standard integration you are committing to the scope outlined below. If you require any customization to this integration, please contact your athenahealth project manager to engage athenahealth’s Integration Design team for detailed scoping. Please note that any customizations will result in this integration becoming a custom interface, and will incur additional fees.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enable? | Action | Event | Default Message | Functionality |
|  | Add Patient | New Patient ADDED in other system | A04 | Inbound |
|  | Add Patient | New Patient ADDED in other system | A28 | Inbound |
|  | Update Patient | Patient UPDATED in other system | A08 | Inbound |
|  | Update Patient | Patient UPDATED in other system | A31 | Inbound |
|  | Schedule Appointment | Appt SCHEDULED in other system | S12 | Inbound |
|  | Check in Appointment | Appt CHECKED IN in other system | S14 | Inbound |
|  | Check out Appointment | Appt CHECKED OUT in other system | S14 | Inbound |
|  | Update Appointment | Appt UPDATED in other system | S14 | Inbound |
|  | Cancel Appointment | Appt CANCELLED in other system | S15 | Inbound |
|  | Charges | Claim CREATED in other system | P03 | Inbound |

* 1. External ID Management

To assist with patient ID management throughout an integrated health system, athenaNet can store multiple external IDs. 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.

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?

* 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)

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient (ADT) Sample Message** | | | |
| A28  Add Patient | MSH|^~\&|ATHENANET|432^AA - Aaron Athena Aardvark, MD|OPAC - 432 - Final Build||201709251601||ADT^A28|1307569M432|P|2.3.1  EVN|A28|201709250400|||username  PID||299202^^^Enterprise ID|299202^^^Enterprise ID|299202^^^Enterprise ID|TEST^SPEC||19900101|F|ATHENA|2058-6^African American|40 TEST AVENUE^^BRIGHTON^MA^02135^UNITED STATES||(555)444-6666^PRN^PH^^1^555^4446666~~TEST@EMAIL.COM^NET^^TEST@EMAIL.COM~(555)123-5555^ORN^CP^^1^555^1235555||eng^English|M|||555661234|||2180-8^Puerto Rican  NK1|1|TEST^EMERGENCY|SPOUSE||(555)666-4444||C  PV1|||52^TEST DEPARTMENT^^TEST DEPARTMENT||||132P432^AARDVARK^AARON||||||||||132P432^AARDVARK^AARON  GT1|1||TEST^SPEC||40 TEST AVENUE^^BRIGHTON^MA^02135^UNITED STATES|(555)444-6666^TEST@EMAIL.COM||19900101|||Self||||||||||||||||||||||||||||||||||EMERGENCY TEST|(555)666-4444||SPOUSE  IN1|1|40^Self-Pay (cash)|40^Self-Pay (cash)|Self-Pay (cash)|||||||||||PP|||||||1 | | |
| A31  Update Patient | MSH|^~\&|ATHENANET|432^AA - Aaron Athena Aardvark, MD|OPAC - 432 - Final Build||201709251621||ADT^A31|1307640M432|P|2.3.1  EVN|A31|201709250421|||username  PID||299202^^^Enterprise ID|299202^^^Enterprise ID|299202^^^Enterprise ID|TEST^SPEC||19900101|F|ATHENA|2058-6^African American|TEST AVENUE^UNIT 1^RICHMOND^VA^23222^UNITED STATES||(555)444-6666^PRN^PH^^1^555^4446666~~TEST@EMAIL.COM^NET^^TEST@EMAIL.COM~(555)123-5555^ORN^CP^^1^555^1235555||eng^English|M|||555661234|||2180-8^Puerto Rican  NK1|1|TEST^EMERGENCY|SPOUSE||(555)666-4444||C  PV1|||52^TEST DEPARTMENT^^TEST DEPARTMENT||||132P432^AARDVARK^AARON||||||||||132P432^AARDVARK^AARON  GT1|1||TEST^SPEC||TEST AVENUE^UNIT 1^RICHMOND^VA^23222^UNITED STATES|(555)444-6666^TEST@EMAIL.COM||19900101|||Self||||||||||||||||||||||||||||||||||EMERGENCY TEST|(555)666-4444||SPOUSE  IN1|1|40^Self-Pay (cash)|40^Self-Pay (cash)|Self-Pay (cash)|||||||||||PP|||||||1 | | |
| **Appointment (SIU) Sample Message** | | | |
| S12  Schedule Appointment | | | MSH|^~\&|ATHENANET|432^AA - Aaron Athena Aardvark, MD|OPAC - 432 - Final Builder||201709251630||SIU^S12|1307656M432|P|2.3.1  SCH|605331|605331||||New Patient 15|THIS IS A TEST APPOINTMENT|NP15^New Patient 15|15|minutes|^^^201709270900|||||username|||||||||BOOKED  PID||299202^^^Enterprise ID|299202^^^Enterprise ID|299202^^^Enterprise ID|TEST^SPEC||19900101|F|ATHENA|2058-6^African American|TEST AVENUE^UNIT 1^RICHMOND^VA^23222^UNITED STATES||(555)444-6666^PRN^PH^^1^555^4446666~~TEST@EMAIL.COM^NET^^TEST@EMAIL.COM~(555)123-5555^ORN^CP^^1^555^1235555||eng^English|M|||555661234|||2180-8^Puerto Rican  PV1|||1^Main Burrow^1^Main Burrow||||63P432^PHIL VERSION 2^TEST^DR.||||||||||63P432^PHIL VERSION 2^TEST^DR.||605331|||||||||||||||||||||||||||||||605331  AIG|||DRPHIL2|||||201709270900|||15|minutes  AIL|||1^Main Burrow|||201709270900|||15|minutes |
| S14  Check in Appointment | | | MSH|^~\&|ATHENANET|432^AA - Aaron Athena Aardvark, MD|OPAC - 432 - Final Builder||201709251638||SIU^S14|1307671M432|P|2.3.1  SCH|605331|605331||||Flu Shot 15|THIS IS A TEST APPOINTMENT;THIS IS ANOTHER TEST APPOINTMENT|FLU15^Flu Shot 15|15|minutes|^^^201709270900|||||username|||||||||ARRIVED  PID||299202^^^Enterprise ID|299202^^^Enterprise ID|299202^^^Enterprise ID|TEST^SPEC||19900101|F|ATHENA|2058-6^African American|TEST AVENUE^UNIT 1^RICHMOND^VA^23222^UNITED STATES||(555)444-6666^PRN^PH^^1^555^4446666~~TEST@EMAIL.COM^NET^^TEST@EMAIL.COM~(555)123-5555^ORN^CP^^1^555^1235555||eng^English|M|||555661234|||2180-8^Puerto Rican  PV1|||1^Main Burrow^1^Main Burrow||||63P432^PHIL VERSION 2^TEST^DR.||||||||||63P432^PHIL VERSION 2^TEST^DR.||605331|||||||||||||||||||||||||||||||605331  AIG|||DRPHIL2|||||201709270900|||15|minutes  AIL|||1^Main Burrow|||201709270900|||15|minutes |
| S15  Cancel Appointment | | | MSH|^~\&|ATHENANET|432^AA - Aaron Athena Aardvark, MD|OPAC - 432 - Final Builder||201709251647||SIU^S15|1307695M432|P|2.3.1  SCH|605331|605331||||1^PATIENT CANCELLED|THIS IS A TEST APPOINTMENT;THIS IS ANOTHER TEST APPOINTMENT;THIS A CANCELLATION NOTE|FLU15^Flu Shot 15|15|minutes|^^^201709270900|||||username|||||||||CANCELLED  PID||299202^^^Enterprise ID|299202^^^Enterprise ID|299202^^^Enterprise ID|TEST^SPEC||19900101|F|ATHENA|2058-6^African American|TEST AVENUE^UNIT 1^RICHMOND^VA^23222^UNITED STATES||(555)444-6666^PRN^PH^^1^555^4446666~~TEST@EMAIL.COM^NET^^TEST@EMAIL.COM~(555)123-5555^ORN^CP^^1^555^1235555||eng^English|M|||555661234|||2180-8^Puerto Rican  PV1|||1^Main Burrow^1^Main Burrow||||63P432^PHIL VERSION 2^TEST^DR.||||||||||63P432^PHIL VERSION 2^TEST^DR.||605331|||||||||||||||||||||||||||||||605331  AIG|||DRPHIL2|||||201709270900|||15|minutes  AIL|||1^Main Burrow|||201709270900|||15|minutes |

|  |  |
| --- | --- |
| **Charges (DFT) Sample Message** | |
| P03  Charge | MSH|^~\&|SYSTEM|ASFD|CPY|REC\_FAC|201708141539||DFT^P03|4251|P|2.3.1|||AL|NE EVN|DFT|201708141539||Rea|User  PID||299130^^^Enterprise ID|299130^^^Enterprise ID|299130^^^Enterprise ID|TEST^PATIENT SUMMARY||19550801|M||2028-9^Asian|1 PRESIDENTE AVE^^DORCHESTER^MA^02125^UNITED|||||||626285|  PV1|1|I|5W^0534^01^SAMPLE HOSPITAL^^^Test Medical Bldg|1|||1242^Attending^Doc^^^ITR: 94368^^^JP EXT ID^O||1234567890^Consulting^Doctor^A^MD~0987654321^Consulting^Doctor^B^MD|MED||||1|||5678901234^Admitting^Doctor^^MD^ITR 115543 - Code 1 Physician|IP|626285|BC||||||||||||||||01|||SJ||DI||||||||||626285|  FT1|1|||20170815||CG||||1||||||5W^0534^01^SAMPLE HOSPITAL^^^Test Medical Bldg|||786.05|9876543210 - Code 1 Physician NPI|||94~3080115950^FILLER\_ORDER||99285^Emergency department visit for the evaluation and management of a patient, |

* 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 works directly with the other vendor to ensure outbound messages are generated and delivered successfully to the receiver. For inbound message testing, 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.

1. Inbound Message Configuration
   1. Patients

The following section contains configurations related only to inbound patient messages.

* + 1. Minimum Required Fields for Patient Messages

To create a patient, the following data fields need to be specified. We expect data to be in the following HL7 fields.

|  |  |  |
| --- | --- | --- |
| Data Field | Default HL7 Field |  |
| Last Name | PID.5.0 |  |
| First Name | PID.5.1 |  |
| Date of Birth | PID.7 |  |
| Provider | PV1.7 |  |

To create a patient’s insurance, the following data fields need to be specified. We expect data to be in the following HL7 fields.

|  |  |  |
| --- | --- | --- |
| 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

4.1.3.1 Insurance Processing

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 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).

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. Also, it is important to note that case policies sent outbound do not have a sequence number. The most common types of case policies include MVA and Workers Comp insurance.

4.1.3.2 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.

4.1.3.3 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.

* 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

To create an appointment, the following data fields need to be specified. We expect data to be in the following HL7 fields.

|  |  |  |
| --- | --- | --- |
| 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 (ARRIVED for Check in messages) | SCH.25 |  |

* + 1. Matching Logic for Appointment Messages

The appointment ID must be present in the message, and both the patient and appointment can be matched directly. All other demographic data in the appointment message, including insurance data, will not be processed.

|  |  |
| --- | --- |
| Indicate the HL7 Field to be Used to Match Appointment Data to the Correct Patient (select one): | |
|  | External ID number will be available in inbound charge message.  Please specify where, in HL7, the ID appears: |

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

4.2.3.1 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. 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.

4.2.3.2 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. 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

To create a claim, the following data is required. We expect data to be in the following HL7 fields.

|  |  |
| --- | --- |
| 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

4.3.2.1 Patient Matching for Charge Messages

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 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.

4.3.2.2 Appointment Matching for Charge Messages

athenaNet expects the external appointment ID in the inbound charge message to match the charge to an appointment. When successfully matched, the 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 external appointment ID when available in inbound charge message in |
|  | All charges will not be matched to appointments in athenaNet |

4.3.2.3 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.

4.3.2.4 Derivation of Required Appointment Data

If the interface does not have appointment messages enabled, all data will be derived from the charge message. For interfaces with appointment messages, the rendering provider, supervising provider, primary department, and service date are taken from the existing appointment.

* + 1. Processing Logic for Charge Messages

4.3.3.1 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.

4.3.3.2 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.

4.3.3.3 Insurance Logic

When a charge matches to an appointment, the claim will be created with insurance from the appointment. When a free-standing claim is created, insurance will be pulled from the patient's Quickview.

4.3.3.4 Supervising Provider Processing

|  |
| --- |
| From where would you like to pull Supervising Provider (check one): |
| Rendering Provider in FT1.20 and Supervising Provider from Rendering Provider |
| Rendering Provider in FT1.20 and Supervising Provider in FT1.21 |

* 1. Interface Mapping Requirements

It may be not be possible for some vendors to send athenaNet’s values for race, ethnicity, language, country, marital status, relationship to patient, department, provider, appointment type, and appointment cancellation reason. In these cases, the practice will need to manually create and permanently maintain interface mappings that link their foreign codes to the ones that exist in athenaNet.

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. Appendices and Other References
   1. Planned Maintenance Window

The athenaNet MX Engine is subject to the same maintenance windows as the 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:

