



ISQ - Outbound Patients, Appointments and Inbound Charges

Interface Scoping Questionnaire

athenahealth, Inc.

Version 20.9

Formerly EMR Lite and EMR Full

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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.

|  |  |  |  |
| --- | --- | --- | --- |
| Use Case | Event |  | Functionality |
| Patient synchronization | New Patient ADDED in athenaNet  Patient UPDATED in athenaNet |  | Patient ADDED in other system  Patient UPDATED in other system |
| Schedule synchronization | Appt SCHEDULED in athenaNet  Appt CANCELLED in athenaNet  Appt CHECKIN in athenaNet  Appt CHECKOUT in athenaNet  Appt UPDATE in athenaNet |  | Appt SCHEDULED in other system  Appt CANCELLED in other system  Appt status UPDATED in other system  Appt status UPDATED in other system  Appt UPDATED in other system |
| Charge capture | Claim CREATED in other system |  | Charge/Claim CREATED in athenaNet |

**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 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.

**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: How does the external system fit into user workflows in athenaNet? Will charges be sent to athenaNet? Does the external system need athenaNet appointment data?

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 | Outbound | A28 |  |
|  | Update Patient | Outbound | A31 |  |
|  | Schedule Appointment | Outbound | S12 |  |
|  | Update Appointment | Outbound | S14 |  |
|  | Cancel Appointment | Outbound | S15 |  |
|  | Check-In | Outbound | S14 |  |
|  | Check-Out | Outbound | S14 |  |
|  | Charges | Inbound | P03 |  |
|  | Provider  (Add, Update, Delete, Undelete) | Outbound | M02 |  |
|  | Referring Provider  (Add, Update, Delete, Undelete) | Outbound | M02 |  |
|  | Department  (Add, Update, Delete, Undelete) | Outbound | M05 |  |
|  | Other: |  |  |  |
|  | Other: |  |  |  |
|  | Other: |  |  |  |
|  | | | | |

**DID YOU KNOW?**: When a user reschedules an appointment through the athenaNet appointment workflow, athenaNet cancels the original appointment record and creates a new appointment record with a new athenaNet appointment ID. The interface generates an appointment cancel message for the original appointment and an appointment create message for the new appointment. Contact your athenahealth Interface Project Engineer if this functionality will be an issue for your downstream system.

* 1. External ID Management

In order 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. All patient IDs present in athenaNet, including external IDs such as those supplied by an interface or import process, are available to be sent out over the interface.

For example, suppose the other system assigns an EMPI ID, a chart number, and a hospital MRN. 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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please identify Appointment level Custom Fields here:

|  |  |  |
| --- | --- | --- |
| athena Custom Field Name | athena Custom Field ID | HL7 Field |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

Additional comments:

 By default, the information in the above tables is applied to both inbound and outbound when available.

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

An additional offering is for athenaNet to send a full load of all patients and/or future appointments to 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 a backfill?  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

The following sections contain configurations related only to outbound patient and appointment messages.

**Are you receiving patient and appointment information from athenaNet?**

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

* 1. Message Filtering and Control
     1. Selective Filtering of Outbound Messages

Should messages be filtered outbound (Y/N)?  No is recommended, where the interface will send all configured messages

|  |  |  |
| --- | --- | --- |
| Message Type | Filter Group | Filter By (Names) |
| Patients |  |  |
| Appointments |  |  |
| Other |  |  |

* 1. Patients
     1. Patient Race, Ethnicity, and Language

For outbound patient messages, race and ethnicity can be sent in one of the following formats:

|  |  |  |
| --- | --- | --- |
| Race | Ethnicity | Code Set |
|  |  | CDC Identifier (Ex. For a race of “White Mountain Apache”, we would send “1019-9”) |
|  |  | Main CDC Identifier (Ex. For a race of “White Mountain Apache”, we would send “1002-5” This is the identifier for “AMERICAN INDIAN OR ALASKA NATIVE”) |
|  |  | Hierarchical Code (Ex. For a race of “White Mountain Apache”, we would send “R1.01.003.009”) |
|  |  | Main Hierarchical Code (Ex. For a race of “White Mountain Apache”, we would send “R1” This is the hierarchical code for “AMERICAN INDIAN OR ALASKA NATIVE”) |
|  |  | English Name (Ex. “White Mountain Apache”) |
|  |  | Main English Name (Ex. “American Indian or Alaska Native”) |
|  |  | AthenaNet ID |

For outbound patient messages, language can be sent in one of the following formats:

|  |  |
| --- | --- |
| Language | Code Set |
|  | ISO6392 Code (Ex. For English, we would send “eng”) |
|  | ISO6391 Code (Ex. For English, we would send “en”) |
|  | English Name (Ex. For English, we would send “English”) |
|  | AthenaNet ID |

For all options (except for athenaNet ID) in the above two tables, if the patient declined option was chosen, “Patient Declined” would be sent.

* 1. Appointments

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

**Are you receiving appointment information from athenaNet?**

If outbound appointment messages are not being sent, please skip to the next section.

* + 1. Appointment Status

For outbound appointment messages the interface sends a status in field SCH.25.  By default, the statuses coincide with the event that triggered the message.  Default statuses are listed below and can be customized if needed.

|  |  |
| --- | --- |
| Trigger Event | SCH.25 Value |
| New Appointment | BOOKED |
| Appointment Check-In | ARRIVED |
| Appointment Check-Out | COMPLETED |
| Appointment Update | UPDATE |
| Cancel Appointment | CANCELLED |

**RECHEDULED APPOINTMENTS**: When a user reschedules an appointment through the athenaNet appointment workflow, it is actually cancelling the original appointment record and creating a new appointment record with a new athenaNet appointment ID. The interface will generate an appointment cancel message for the original appointment and an appointment create message for the new appointment. If this functionality will be an issue for your downstream system, please discuss this workflow with your athenahealth Project Manager.

* 1. Providers and Departments

athenaNet is capable of generating Master File Notification (MFN) messages to assist in managing Providers, Referring Providers and Departments automatically in the external system. This is accomplished by sending M02 and M05 messages across the interface. Often times, these message types are not supported by external vendors. This would require providers and departments to be maintained in both systems independently. Please confirm with the external system that they are able to receive these messages types before selecting this feature.

Do you want to send Provider and Department information from athenaNet? If yes, please ensure the applicable M02 and M05 message types have been selected in Section 5.4 Interface Workflow on page 8.

1. Inbound Message Configuration
   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

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. 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, 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 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 use 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 |
|  | Department | FT1.16 or FT1.13 | Defined in Section 7.1.3.2 |
|  | Provider (athenaNet Provider ID or NPI preferred) | FT1.20/FT1.21 | Defined in Section 7.1.3.2 |

**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. 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:

