



Requirements Specification Document

Payer Operating Rules:
Final Claim Status (276/277) – CHAMPVA/SB/CWVV Claims

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Table of Contents

1	INTRODUCTION	4
1.1	PURPOSE	4
1.2	SCOPE	4
1.3	ACRONYMS, ABBREVIATIONS AND TERM DEFINITIONS	4
1.4	REFERENCES	6
2	OVERALL SPECIFICATIONS DESCRIPTION.....	6
2.1	ASSUMPTIONS AND DEPENDENCIES	6
2.2	ACCESSIBILITY SPECIFICATIONS	6
2.3	BUSINESS RULES SPECIFICATIONS	7
2.3.1	<i>Specifications</i>	<i>7</i>
2.3.2	<i>Business Rules.....</i>	<i>7</i>
2.4	DESIGN CONSTRAINTS SPECIFICATIONS.....	7
2.5	DISASTER RECOVERY SPECIFICATIONS.....	7
2.6	DOCUMENTATION SPECIFICATIONS	7
2.7	SCOPE OF INTEGRATION.....	8
2.8	FUNCTIONAL SPECIFICATIONS	8
2.8.1	<i>System Feature: Final Claim Status – Primary Claims – CHAMPVA/SB/CWVV.....</i>	<i>8</i>
2.8.2	<i>System Feature: Final Claims Status – Secondary Claims – CHAMPVA.....</i>	<i>12</i>
2.8.3	<i>System Feature: Final Status One-Time Update – Primary Claims – CHAMPVA/SB/CWVV</i>	<i>16</i>
3	APPLICABLE STANDARDS	17
4	INTERFACES	17
4.1	COMMUNICATIONS INTERFACES.....	17
4.2	HARDWARE INTERFACES	17
4.3	SOFTWARE INTERFACES.....	17
4.4	USER INTERFACES	17
5	USER CLASS CHARACTERISTICS	17
6	ESTIMATION.....	18
7	ATTACHMENT A – APPROVAL SIGNATURES	19

1 Introduction

The PC@HAC employs the CP&E system to supply claim adjudication data to Emdeon. When a provider submits a X12N 5010 Health Claim Status Request (276) through the Emdeon clearinghouse network, Emdeon produces a X12N 5010 Health Claim Status Response (277) with the current claim status.

The 5010 software development project provided the ability to transmit Acknowledgment and Pending Claim statuses for HAC EDI X12N 5010 Health Care Claim (837) to Emdeon. However, there is no process that transmits Final Claims statuses to Emdeon. This project will provide the capability to transmit the Final Claim statuses to Emdeon.

1.1 Purpose

The purpose of this Requirements Specification Document (RSD) is to outline the requirements for the HAPE Payer Operating Rules (POR) initiative, specific for the following requirements:

- Create and transmit the claim and line level data required by Emdeon to create an ASC X12N 5010 Health Claim Status Response (277) for electronic CHAMPVA/SB/CWVW claims with a final claim status.

The target audience for this RSD includes the Chief Business Office (CBO), the Office of Enterprise Development (OED), Product Development (PD), the Harris development staff, Emdeon (the Health Care Clearinghouse [HCCH]), Software Quality Assurance (SQA), and the end-users.

1.2 Scope

The modifications to the Claim Status files only apply to the CHAMPVA, SB, and CWVW programs.

This effort will include changes to the following:

- Create, save and transmit a daily non-COBC Final Claim Status file for primary electronic CHAMPVA/SB/CWVW claims, with claim and line level details.
- Create and save a daily COBC Final Claim Status file for secondary electronic CHAMPVA claims, with claim and line level details.
- Upon implementation, transmit a file(s) to update the existing claim statuses for electronic primary claims with a final status that are currently remained in a pending status for a predetermined amount of time.

1.3 Acronyms, Abbreviations and Term Definitions

Acronyms/ Abbreviations/Terms	Description
276/277	ASC X12N 5010 Health Care Claim Status Request and Response transactions
CAQH	Council for Affordable Quality Healthcare
CBO	Chief Business Office

Acronyms/ Abbreviations/Terms	Description
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs
CP&E	Claims Processing & Eligibility
COB	Coordination of Benefits
COBC	Coordination of Benefits Contractor
CORE	The Committee on Operating Rules for Information Exchange (CORE), is a multi-stakeholder initiative created, organized and facilitated by CAQH that is working to make it easier for physicians and hospitals to access eligibility, benefits and claim information for their patients at the point of care
CWVV	Children of Women Vietnam Veterans
EDI	Electronic Data Interchange
EFT	Electronic funds transfer is the electronic transfer of funds rather than by check or cash - used to make claim payments directly to a provider's bank.
Emdeon	Emdeon is the contracted Purchase Care clearinghouse that provides a network of providers for the routing of electronic Institutional/Professional and Dental health care claims (837) to the PC@HAC and delivery of the electronic remittance transactions (835). It also routes electronic coordination of benefits claims from the COBC to the PC@HAC for processing and provides support for the real-time processing of eligibility and benefits requests/responses, claim status requests/responses and Health Care Services Review Request/response
EOB	Explanation of Benefits (EOB) is usually a paper health care claim payment/advice from payers that provides data pertaining to the claim adjudication and the amounts paid by the payer.
FBCS	Fee Basis Claim System
FMS	Financial Management Systems
FTP	File Transfer Protocol
HAC	Health Administration Center
HAPE	Health Administration Performance Enhancements
HCCH	Healthcare Clearinghouse
HHS	United States Department of Health and Human Services
NCVHS	National Committee on Vital and Health Statistics
OED	Office of Enterprise Development
PC@HAC	Purchased Care at the Health Administration Center
POR	Payer Operating Rules
RSD	Requirements Specification Document
SB	Spina Bifida
SQA	Software Quality Assurance
VAMC	Veterans Affairs Medical Centers

1.4 References

Name	Location	Date
ASC X12N/005010X212 Health Care Claim Status Request/Response (276/277)– Technical Report Type 3	http://v[REDACTED]	August 2009
ASC X12N/005010X212 Health Care Claim Status Request/Response (276/277)– Technical Report Type 3 – A1	http://v[REDACTED]	April 2008
ASC X12N/005010X212 Health Care Claim Status Request/Response (276/277)– Technical Report Type 3 – E1	http://[REDACTED]	January 2009
CORE Phase I Rules	http://[REDACTED]	
CORE Phase II Rules	http://[REDACTED]	
Emdeon®/Hosted Real-Time™ Claim Status Implementation Specification Version 03 revision 4	http://[REDACTED]	October 2010

2 Overall Specifications Description

2.1 Assumptions and Dependencies

- This project is dependent on the completion of cycle 5 UAT Testing of the Line Level Service Adjudication project and C-35 project.
- HCCH (Emdeon) will provide resources to support both integration and site testing for this software development effort.
- The CP&E system will save and archive new Final Claims Status files by the same processes that save and archive the existing claim status files.

2.2 Accessibility Specifications

There will be no changes to the user interface with this enhancement.



2.3 Business Rules Specifications

2.3.1 Specifications

- CORE 250: Claim Status transaction Rule (276/277)
- ASC X12N/005010X212 Health Care Claim Status Request/Response (276/277)
- Emdeon Specifications Manuals
- Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104-191, 110 Stat. 1936, enacted August 21, 1996)

2.3.2 Business Rules

CHAMPVA/SB/CWVV

- The CP&E system will send Final claims statuses for primary claims processed at the HAC to Emdeon in a new file.
- The CP&E system will create Final claims statuses for secondary (COBC) claims processed at the HAC to Emdeon in a new file.
- The CP&E system will create the Final Claim status for a submission when all the lines have been paid or denied.
- The Final claim status files, used by Emdeon to create 277 Response transactions, will function as the existing claim status messages do currently:
 - CP&E will send the files daily to Emdeon using existing functionality
 - CP&E will store the files in the same location as the Acknowledgement and Pending status files
 - CP&E will archive the files using existing functionality

2.4 Design Constraints Specifications

This section is not applicable to this enhancement.

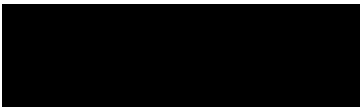
2.5 Disaster Recovery Specifications

There will not be any new disaster recovery specifications for this effort. Disaster recovery specifications will remain as they are for the existing systems that this effort will modify. Disaster recovery for Emdeon systems is proprietary information.

2.6 Documentation Specifications

This development effort will result in the creation or modification of the following documentation:

- Requirements Specification Document
- System Design Document/Software Design Document
- Interface Control Document
- Master Test Plan
- Test Scripts
- User Manuals

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- Technical Manuals
 - Security Manuals
 - Installation Guides
 - Requirement Traceability Matrix

2.7 Scope of Integration

The Final Claims Status files will be transmitted to Emdeon via FTP.

2.8 Functional Specifications

2.8.1 System Feature: Final Claim Status – Primary Claims – CHAMPVA/SB/CWVV

2.8.1.1 Functional Requirement: Update Claim Status – Primary Claims

The CP&E system shall update an electronic primary CHAMPVA/SB/CWVV claim status to one of the following final claim statuses when received from FMS:

- F0 Finalized - The claim/encounter has completed the adjudication cycle and no more action will be taken
- F1 Finalized/Payment - The claim/line has been paid
- F2 Finalized/Denial - The claim/line has been denied

2.8.1.2 Functional Requirement: Save Final Claim Status Files — Primary Claims

The CP&E system shall provide persistent storage of the Final Claim Status files for electronic primary CHAMPVA/SB/CWVV claims sent to the HCCH.


2.8.1.3 Functional Requirement: Transmit Daily Final Claim Status File — Primary Claims


The CP&E system shall FTP final claim statuses for electronic primary CHAMPVA/SB/CWVV claims to the HCCH daily.

2.8.1.4 Functional Requirement: Final Claim Status File Data – Primary Claims

The CP&E system shall transmit the following data to the HCCH in the Final Claim Status file for electronic primary CHAMPVA/SB/CWVV claims when available:

- Header: Record ID = HDR - Required
- Header: File Group ID - Required
- Header: File Group Sequence Number - Required
- Header: File Group Count - Required
- Header: Creation Date - Required
- Header Creation Time - Required
- Header: Trading Partner ID = VAFNH - Required
- Header: Submitter Name = VA Health Administration Center - Required
- Header: Payer Contact Name = CHAMPVA Customer Service - Required
- Header: Payer Support Telephone Number = 1-800-733-8387 (CHAMPVA), 1-888-820-1756 (SB/CWVV) - Required

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- Header: Payer Support Email Address - Optional
 - Header: Load Type = I - Required
 - Header: Payer Unique File Identifier - Required
 - Header: File Type = CStat - Required
 - Header: Version Code = 03 - Required
 - Header: Release Code = 00 - Required
 - Header: Record Terminator = CRLF - Required
 - Claim Level Record Details: Record ID = CLM - Required
 - Claim Level Record Details: Record Number = 2 and increments by 1 - Required
 - Claim Level Record Details: Payer ID = VAHAC - Required
 - Claim Level Record Details: Maintenance Type Code = 021 - Required
 - Claim Level Record Details: Billing Provider Federal Tax ID - Conditional
 - Required when the Billing Provider Payer Assigned Number and the Billing Provider National Provider ID are not present
 - Claim Level Record Details: Billing Provider Payer Assigned Number - Conditional
 - Required when the Billing Provider Federal Tax ID and the Billing Provider National Provider ID are not present
 - Claim Level Record Details: Billing Provider National Provider ID - Conditional
 - Required when the Billing Provider Federal Tax ID and the Billing Provider Payer Assigned Number are not present
 - Claim Level Record Details: Billing Provider Last Name/Organization Name - Optional
 - Claim Level Record Details: Billing Provider First Name - Optional
 - Claim Level Record Details: Billing Provider Middle Name - Optional
 - Claim Level Record Details: Billing Provider Name Suffix - Optional
 - Claim Level Record Details: Service Provider Federal Tax ID - Conditional
 - Either the Federal Tax ID, the Service Provider Payer Assigned Number or the Service Provider National Provider ID is required when the Service Provider ID is different from the Billing Provider ID, else not used
 - Claim Level Record Details: Service Provider Payer Assigned Number - Conditional
 - Either the Federal Tax ID, the Service Provider Payer Assigned Number or the Service Provider National Provider ID is required when the Service Provider ID is different from the Billing Provider ID, else not used
 - Claim Level Record Details: Service Provider National Provider ID - Conditional
 - Either the Federal Tax ID, the Service Provider Payer Assigned Number or the Service Provider National Provider ID is required when the Service Provider ID is different from the Billing Provider ID, else not used
 - Claim Level Record Details: Service Provider Last Name/Organization Name - Conditional
 - Only used if either Service Provider Federal Tax ID Number, Service Provider Payer Assigned Number or the Service Provider National Provider ID is present
 - Claim Level Record Details: Service Provider First Name - Optional
 - Claim Level Record Details: Service Provider Middle Name - Optional

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- Claim Level Record Details: Service Provider Name Suffix - Optional
 - Claim Level Record Details: Employer Identification Number - Conditional
 - Required if Employer Name is present
 - Claim Level Record Details: Employer Name - Conditional
 - Used in cases of Employer-Subscriber
 - Claim Level Record Details: Subscriber ID - Conditional
 - Required when Subscriber Last Name is present
 - Claim Level Record Details: Subscriber Last Name - Conditional
 - Used when the Subscriber is an insured individual
 - Claim Level Record Details: Subscriber First Name - Optional
 - Claim Level Record Details: Subscriber Middle Name - Optional
 - Claim Level Record Details: Subscriber Name Suffix - Optional
 - Claim Level Record Details: Patient ID - Optional
 - Claim Level Record Details: Patient Last Name - Required
 - Claim Level Record Details: Patient First Name - Required
 - Claim Level Record Details: Patient Middle Name - Optional
 - Claim Level Record Details: Patient Name Suffix - Optional
 - Claim Level Record Details: Patient Date of Birth - Required
 - Claim Level Record Details: Patient Gender - Optional
 - Claim Level Record Details: HCCH Claim Number - Required
 - Claim Level Record Details: Claim Charge Amount - Required
 - Claim Level Record Details: Claim Payment Amount - Conditional
 - Required when Claim Status Category Code 1-3 = F1
 - Claim Level Record Details: Claim Adjudication/Payment Date - Conditional
 - Required when first position of Claim Status Category Code = F
 - Claim Level Record Details: Check/EFT Date - Optional
 - Claim Level Record Details: Check/EFT Number - Optional
 - Claim Level Record Details: Bill Type - Optional
 - Claim Level Record Details: Payer Claim Identification Number - Required
 - Claim Level Record Details: Patient Account Number - Required when provider claim number received
 - Claim Level Record Details: Pharmacy Prescription Number - Optional
 - Claim Level Record Details: Voucher Identifier - Optional
 - Claim Level Record Details: Application or Location System Identifier - Optional
 - Claim Level Record Details: Group Number - Optional
 - Claim Level Record Details: Claim Service Date Start - Required
 - Claim Level Record Details: Claim Service date End - Required
 - Claim Level Record Details: Record Terminator = CRLF - Required
 - Claim Line Level Record Details: Record ID = DTL - Required
 - Claim Line Level Record Details: Record Number - Required

- Claim Line Level Record Details: Payer ID - Required
- Claim Line Level Record Details: Payer Claim Identification Number - Required
- Claim Line Level Record Details: Line Item Control Number - Required
- Claim Line Level Record Details: Service Qualifier ID - Required
- Claim Line Level Record Details: Service Identification Code - Required
- Claim Line Level Record Details: Procedure Modifier 1 - Optional
- Claim Line Level Record Details: Procedure Modifier 2 - Optional
- Claim Line Level Record Details: Procedure Modifier 3 - Optional
- Claim Line Level Record Details: Procedure Modifier 4 - Optional
- Claim Line Level Record Details: Line Item Charge Amount - Required
- Claim Line Level Record Details: Line Item Provider Payment Amount - Required
- Claim Line Level Record Details: Revenue Code - Optional
- Claim Line Level Record Details: Quantity (Units of Service) - Optional
- Claim Line Level Record Details: HCCH Claim Number - Required
- Claim Line Level Record Details: Date of Service Start - Required
- Claim Line Level Record Details: Date of Service End - Required
- Claim Line Level Record Details: Record Terminator = CRLF - Required
- Claim Status Record Detail: Record ID = STC - Required
- Claim Status Record Detail: Record Number - Required
- Claim Status Record Detail: Payer ID - Required
- Claim Status Record Detail: Payer Claim Identification Number - Required
- Claim Status Record Detail: Line Item Control Number - Required
- Claim Status Record Detail: Status Information Effective Date - Required
- Claim Status Record Detail: Claim Status Category Code - Required
- Claim Status Record Detail: Claim Status Code - Required
- Claim Status Record Detail: Entity Code - Optional
- Claim Status Record Detail: Data in Error - Optional
- Claim Status Record Detail: HCCH Status Code - Optional
- Claim Status Record Detail: Record Terminator = CRLF - Required
- Trailer Record Details: Record ID = TRLR - Required
- Trailer Record Details: Record Count - Required
- Trailer Record Details: Record Terminator = CRLF - Required

2.8.1.5 Functional Requirement: LICN – Claim Line Level Record Details – Primary Claims

The CP&E system shall transmit to the HCCH, in the Final Claim Status file, the Line Item Control Number in the Claim Line Level Record Details based on the following logic:

- When available - Line Item Control Number with Qualifier = 6R (Provider Control Number)
- Else - Assigned Number



2.8.1.6 Functional Requirement: LICN – Claim Status Record Details – Primary Claims

The CP&E system shall transmit to the HCCH, in the Final Claim Status file, the Line Item Control Number in the Claim Status Record Details based on the following logic:

- When available - Line Item Control Number with Qualifier = 6R (Provider Control Number)
- Else - Assigned Number

2.8.1.7 Functional Requirement: Check/EFT Date for Split Submission – Primary Claims

The CP&E system shall use the most recent EFT/Check Date in the Claim Level Record of the Final Claim status file for an electronic claim submission that is split into multiple claims within the CP&E system and at least one of the claims contains a Check/EFT Date.

2.8.1.8 Functional Requirement: Check/EFT Number for Split Submission – Primary Claims

The CP&E system shall use the most recent EFT/Check number in the Claim Level Record of the Final Claim status file for an electronic claim submission that is split into multiple claims within the CP&E system and at least one of the claims contains a Check/EFT Number.

2.8.1.9 Functional Requirement: Claim Adjudication/Payment Date for Denied Split Submission – Primary Claims

The CP&E system shall use the most recent Adjudication/Payment Date in the Claim Level Record of the Final Claim status file for an electronic claim submission that is split into multiple claims within the CP&E system and payment is denied for all claims.

2.8.1.10 Functional Requirement: Claim Adjudication/Payment Date for Paid Split Submission – Primary Claims

The CP&E system shall use the Adjudication/Payment Date from the most recent paid claim in the Claim Level Record of the Final Claim status file for an electronic claim submission that is split into multiple claims within the CP&E system.

2.8.2 System Feature: Final Claims Status – Secondary Claims – CHAMPVA

2.8.2.1 Functional Requirement: Update Claim Status – Secondary Claims

The CP&E system shall update an electronic secondary CHAMPVA claim status to one of the following final claim statuses when received from FMS:

- F0 Finalized - The claim/encounter has completed the adjudication cycle and no more action will be taken
- F1 Finalized/Payment - The claim/line has been paid
- F2 Finalized/Denial - The claim/line has been denied


2.8.2.2 Functional Requirement: Save Final Claim Status Files – Secondary Claims


The CP&E system shall provide persistent storage of the Final Claim Status files for electronic secondary CHAMPVA claims sent to the HCCH.


2.8.2.3 Functional Requirement: Final Claim Status File Data – Secondary Claims

The CP&E system shall populate the following data in the Final Claim Status file for electronic secondary CHAMPVA claims when available:

- Header: Record ID = HDR - Required
- Header: File Group ID - Required

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- Header: File Group Sequence Number - Required
 - Header: File Group Count - Required
 - Header: Creation Date - Required
 - Header Creation Time - Required
 - Header: Trading Partner ID = VAFNH - Required
 - Header: Submitter Name = VA Health Administration Center - Required
 - Header: Payer Contact Name - CHAMPVA Customer Service - Required
 - Header: Payer Support Telephone Number = 1-800-733-8387 (CHAMPVA) - Required
 - Header: Payer Support Email Address - Optional
 - Header: Load Type = I - Required
 - Header: Payer Unique File Identifier - Required
 - Header: File Type = CStat - Required
 - Header: Version Code = 03 - Required
 - Header: Release Code = 00 - Required
 - Header: Record Terminator = CRLF - Required
 - Claim Level Record Details: Record ID = CLM - Required
 - Claim Level Record Details: Record Number = 2 and increments by 1 - Required
 - Claim Level Record Details: Payer ID = VAHAC - Required
 - Claim Level Record Details: Maintenance Type Code = 021 - Required
 - Claim Level Record Details: Billing Provider Federal Tax ID - Conditional
 - Required when the Billing Provider Payer Assigned Number and the Billing Provider National Provider ID are not present
 - Claim Level Record Details: Billing Provider Payer Assigned Number - Conditional
 - Required when the Billing Provider Federal Tax ID and the Billing Provider National Provider ID are not present
 - Claim Level Record Details: Billing Provider National Provider ID - Conditional
 - Required when the Billing Provider Federal Tax ID and the Billing Provider Payer Assigned Number are not present
 - Claim Level Record Details: Billing Provider Last Name/Organization Name - Optional
 - Claim Level Record Details: Billing Provider First Name - Optional
 - Claim Level Record Details: Billing Provider Middle Name - Optional
 - Claim Level Record Details: Billing Provider Name Suffix - Optional
 - Claim Level Record Details: Service Provider Federal Tax ID - Conditional
 - Either the Federal Tax ID, the Service Provider Payer Assigned Number or the Service Provider National Provider ID is required when the Service Provider ID is different from the Billing Provider ID, else not used
 - Claim Level Record Details: Service Provider Payer Assigned Number - Conditional
 - Either the Federal Tax ID, the Service Provider Payer Assigned Number or the Service Provider National Provider ID is required when the Service Provider ID is different from the Billing Provider ID, else not used
 - Claim Level Record Details: Service Provider National Provider ID - Conditional

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- Either the Federal Tax ID, the Service Provider Payer Assigned Number or the Service Provider National Provider ID is required when the Service Provider ID is different from the Billing Provider ID, else not used
 - Claim Level Record Details: Service Provider Last Name/Organization Name - Conditional
 - Only used if either Service Provider Federal Tax ID Number, Service Provider Payer Assigned Number or the Service Provider National Provider ID is present
 - Claim Level Record Details: Service Provider First Name - Optional
 - Claim Level Record Details: Service Provider Middle Name - Optional
 - Claim Level Record Details: Service Provider Name Suffix - Optional
 - Claim Level Record Details: Employer Identification Number - Conditional
 - Required if Employer Name is present
 - Claim Level Record Details: Employer Name - Conditional
 - Used in cases of Employer-Subscriber
 - Claim Level Record Details: Subscriber ID - Conditional
 - Required when Subscriber Last Name is present
 - Claim Level Record Details: Subscriber Last Name - Conditional
 - Used when the Subscriber is an insured individual
 - Claim Level Record Details: Subscriber First Name - Optional
 - Claim Level Record Details: Subscriber Middle Name - Optional
 - Claim Level Record Details: Subscriber Name Suffix - Optional
 - Claim Level Record Details: Patient ID - Optional
 - Claim Level Record Details: Patient Last Name - Required
 - Claim Level Record Details: Patient First Name - Required
 - Claim Level Record Details: Patient Middle Name - Optional
 - Claim Level Record Details: Patient Name Suffix - Optional
 - Claim Level Record Details: Patient Date of Birth - Required
 - Claim Level Record Details: Patient Gender - Optional
 - Claim Level Record Details: HCCH Claim Number - Required
 - Claim Level Record Details: Claim Charge Amount - Required
 - Claim Level Record Details: Claim Payment Amount - Conditional
 - Required when Claim Status Category Code 1-3 = F1
 - Claim Level Record Details: Claim Adjudication/Payment Date - Conditional
 - Required when first position of Claim Status Category Code = F
 - Claim Level Record Details: Check/EFT Date - Optional
 - Claim Level Record Details: Check/EFT Number - Optional
 - Claim Level Record Details: Bill Type - Optional
 - Claim Level Record Details: Payer Claim Identification Number - Required
 - Claim Level Record Details: Patient Account Number - Required when provider claim number received
 - Claim Level Record Details: Pharmacy Prescription Number - Optional

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- Claim Level Record Details: Voucher Identifier - Optional
 - Claim Level Record Details: Application or Location System Identifier - Optional
 - Claim Level Record Details: Group Number - Optional
 - Claim Level Record Details: Claim Service Date Start - Required
 - Claim Level Record Details: Claim Service date End - Required
 - Claim Level Record Details: Record Terminator = CRLF - Required
 - Claim Line Level Record Details: Record ID = DTL - Required
 - Claim Line Level Record Details: Record Number - Required
 - Claim Line Level Record Details: Payer ID - Required
 - Claim Line Level Record Details: Payer Claim Identification Number - Required
 - Claim Line Level Record Details: Line Item Control Number - Required
 - Claim Line Level Record Details: Service Qualifier ID - Required
 - Claim Line Level Record Details: Service Identification Code - Required
 - Claim Line Level Record Details: Procedure Modifier 1 - Optional
 - Claim Line Level Record Details: Procedure Modifier 2 - Optional
 - Claim Line Level Record Details: Procedure Modifier 3 - Optional
 - Claim Line Level Record Details: Procedure Modifier 4 - Optional
 - Claim Line Level Record Details: Line Item Charge Amount - Required
 - Claim Line Level Record Details: Line Item Provider Payment Amount - Required
 - Claim Line Level Record Details: Revenue Code - Optional
 - Claim Line Level Record Details: Quantity (Units of Service) - Optional
 - Claim Line Level Record Details: HCCH Claim Number - Required
 - Claim Line Level Record Details: Date of Service Start - Required
 - Claim Line Level Record Details: Date of Service End - Required
 - Claim Line Level Record Details: Record Terminator = CRLF - Required
 - Claim Status Record Detail: Record ID = STC - Required
 - Claim Status Record Detail: Record Number - Required
 - Claim Status Record Detail: Payer ID - Required
 - Claim Status Record Detail: Payer Claim Identification Number - Required
 - Claim Status Record Detail: Line Item Control Number - Required
 - Claim Status Record Detail: Status Information Effective Date - Required
 - Claim Status Record Detail: Claim Status Category Code - Required
 - Claim Status Record Detail: Claim Status Code - Required
 - Claim Status Record Detail: Entity Code - Optional
 - Claim Status Record Detail: Data in Error - Optional
 - Claim Status Record Detail: HCCH Status Code - Optional
 - Claim Status Record Detail: Record Terminator = CRLF - Required
 - Trailer Record Details: Record ID = TRLR - Required
 - Trailer Record Details: Record Count - Required

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- Trailer Record Details: Record Terminator = CRLF - Required

2.8.2.4 Functional Requirement: LICN – Claim Line Level Record Details – Secondary Claims

The CP&E system shall save, in the Final Claim Status file, the Line Item Control Number in the Claim Line Level Record Details based on the following logic:

- When available - Line Item Control Number with Qualifier = 6R (Provider Control Number)
- Else - Assigned Number

2.8.2.5 Functional Requirement: LICN – Claim Status Record Details – Secondary Claims

The CP&E system shall save, in the Final Claim Status file, the Line Item Control Number in the Claim Status Record Details based on the following logic:

- When available - Line Item Control Number with Qualifier = 6R (Provider Control Number)
- Else - Assigned Number

2.8.2.6 Functional Requirement: Check/EFT Date for Split Submission – Secondary Claims

The CP&E system shall use the most recent EFT/Check Date in the Claim Level Record of the Final Claim status file for an electronic claim submission that is split into multiple claims within the CP&E system and at least one of the claims contains a Check/EFT Date.

2.8.2.7 Functional Requirement: Check/EFT Number for Split Submission – Secondary Claims

The CP&E system shall use the most recent EFT/Check number in the Claim Level Record of the Final Claim status file for an electronic claim submission that is split into multiple claims within the CP&E system and at least one of the claims contains a Check/EFT Number.

2.8.2.8 Functional Requirement: Claim Adjudication/Payment Date for Denied Split Submission – Secondary Claims

The CP&E system shall use the most recent Adjudication/Payment Date in the Claim Level Record of the Final Claim status file for an electronic claim submission that is split into multiple claims within the CP&E system and payment is denied for all claims.

2.8.2.9 Functional Requirement: Claim Adjudication/Payment Date for Paid Split Submission – Secondary Claims

The CP&E system shall use the Adjudication/Payment Date from the most recent paid claim in the Claim Level Record of the Final Claim status file for an electronic claim submission that is split into multiple claims within the CP&E system.

2.8.3 System Feature: Final Status One-Time Update – Primary Claims – CHAMPVA/SB/CWV

2.8.3.1 Functional Requirement: Final Status Update – Primary Claims

The CP&E system shall FTP a one-time Final Status file(s) for existing primary claims that are in a Pending status that should be in a Final status for the six months prior to the time the software is implemented, at the time of implementation.



3 Applicable Standards

- ASC X12N/005010X212 Health Care Claim Status Request/Response (276/277)
- ASC X12N/005010X221 Health Care Claim Payment/Advice (835)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104-191, 110 Stat. 1936, enacted August 21, 1996)

4 Interfaces

4.1 Communications Interfaces

The Final Claim Status files will be transmitted to Emdeon via FTP.

4.2 Hardware Interfaces

This section is not applicable to this enhancement.

4.3 Software Interfaces

This section is not applicable to this enhancement.

4.4 User Interfaces

There will be no changes to the user interface with this enhancement.

5 User Class Characteristics

The users of the PC@HAC claim systems are insurance processing clerks and supervisors and claim processing clerks and supervisors.



6 Estimation

Reserved for Function Point Count.



7 Attachment A – Approval Signatures

This section is used to document the approval of the Requirements Specification Document during the Formal Review. The review should be conducted face to face where signatures can be obtained 'live' during the review. If unable to conduct a face-to-face meeting then it should be held via LiveMeeting and concurrence captured during the meeting. The Scribe should add */es/name* by each position cited. Example provided below.

All members of the governing Integrated Project Team (IPT) are required to sign. Please annotate signature blocks accordingly.

REVIEW DATE:

/es/

Signed:

Date:

< IPT member >

REVIEW DATE:

/es/

Signed:

Date:

< IPT member >