

EXTERNAL REFERENCES IN GLASS IMPLEMENTATION GUIDES



DISCLAIMER

- This presentation is for informational purposes only
- The content is point-in-time information, subject to revision



OUTLINE

- Introduction
- FHIR Crosswalks
- Operating Rule Links
- Wrap-Up



Introduction

Introduction

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Glass™: EASY ONLINE ACCESS

- X12's online viewer is a powerful and convenient reference tool providing low-cost, easy access to published X12 products
- Includes all versions of the EDI Standard, many versions of implementation guides and technical reports, and reference materials including X12 design rules
- Feedback has been overwhelmingly positive, and both the number of subscribers and the number of page views continue to grow steadily

X12



Glass™: EASY ONLINE ACCESS

The screenshot shows a web browser window with the URL <https://products.x12.org>. The page title is "Glass | X12 PRODUCTS". The left sidebar is titled "Expand / Collapse All" and contains a navigation menu with the following items: Introduction, Wordbook, X12 EDI Standard* (expanded), Code Source Directory (Appendix A)*, Design Rules and Guidelines (X12.61), X12 EDI Standard Figures*, Compliance in X12, Control Standards, Technical Report Library (expanded), Non-versioned Technical Reports (expanded), Reference Models (TR2), Clarification Papers (TR4), Versioned Technical Reports (expanded), and Implementation Guides (TR3) (expanded). Under Implementation Guides (TR3), there are three sub-items: 005010 Version, 007030 Version, and 007060 Version (2019). The main content area is titled "X12 Products" and features the heading "X12 EDI Standard*". Below the heading is a paragraph: "An ANSI-accredited set of standardized segments and elements, organized into transaction sets and documented in the EDI Transaction Set Directory, Segment Directory and Data Element Dictionary." A note states: "*This product requires a **Subscription to Glass**." Below this is a section titled "Select a version below:" followed by a grid of version numbers: 008010 | 007060 | 007050 | 007040 | 007030 | 007020 | 007010 | 006050 | 006040 | 006030 | 006020 | 006010 | 005050 | 005040 | 005030 | 005020 | 005010 | 004060 | 004050 | 004040 | 004030 | 004020 | 004010 | 003070 | 003060 | 003050 | 003040 | 003030 | 003020 | 003010 | 002040 | 002003 | 002002 | 002001. The footer contains links for Terms, Help, and Privacy Policy, social media icons for Twitter and LinkedIn, and the copyright notice "2020 © X12 Incorporated".

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Glass™: EASY ONLINE ACCESS

Within each version of the EDI Standard, there are more than 300 transaction sets available for easy reference.

The screenshot shows the Glass X12 EDI Standard website. The left sidebar lists various transaction sets, with '820 Payment Order/Remittance Advice' selected. The main content area displays the details for this transaction set, including its functional group (RA) and subcommittee (F). A table lists the segments and their requirements.

820 - Payment Order/Remittance Advice
FUNCTIONAL GROUP=**RA**
SUBCOMMITTEE=**F**

This X12 Transaction Set contains the format and establishes the data contents of the Payment Order/Remittance Advice Transaction Set (820) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to make a payment, send a remittance advice, or make a payment and send a remittance advice.

This transaction set can be an order to a financial institution to make a payment to a payee. It can also be a remittance advice identifying the detail needed to perform cash application to the payee's accounts receivable system. The remittance advice can go directly from payer to payee, through a financial institution, or through a third party agent.

Table 1

POS	ID	NAME	REQ	MAX	REPEAT
	0100	ST Transaction Set Header	M	1	
	0200	BPR Beginning Segment for Payment Order/Remittance Advice	M	1	
	0300	NTE Note/Special Instruction	O	>1	
C	0350	TRN Trace	O	1	
C	0400	CUR Currency	O	1	
	0500	REF Reference Information	O	>1	
	0600	DTM Date/Time Reference	O	>1	
LOOP ID - 1000 >1					
C	0700	N1 Party Identification	O	1	

GLASS: IN-CONTEXT REFERENCES

- Glass supports X12's long-standing goal of including supporting information in-context so implementers have the supplemental materials they need in one convenient location
 - *Da Vinci Project crosswalk information is available now in several X12 implementation guides published in Glass*
 - *These cross-SDO mappings enable standardized, consistent, and predictable transitions from X12's syntax to the FHIR resources described in Da Vinci Project implementation guides*
 - *CAQH CORE operating rule mandate cross-references are also included in X12 implementation guides published in Glass*

FHIR Crosswalks

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CROSSWALKS

- The FHIR crosswalks are based on Da Vinci defined FHIR elements and are not a comprehensive mapping of the 278
 - *For example, Dental information was deemed to be out of scope for the Da Vinci analysis*
- The mappings are one-way, not bi-directional
 - *Each map contains instructions for moving from one syntax to the other; it may not be sufficient to create transactions the opposite direction*
 - *FHIR Claim -> X217 278 Request*
 - *X217 278 Response -> FHIR ClaimResponse*

DA VINCI PAS

- The Da Vinci Project developed a FHIR Implementation Guide titled Da Vinci Prior Authorization Support Implementation Guide (PAS)
- PAS provides a format for creating a FHIR based message that contains the data necessary to create the content for two X12 005010 278 implementation guides and one X12 006020 implementation guide

005010X215

→ The Health Care Services Review Inquiry and Response Implementation Guide describes the use of the X12 Health Care Services Review Information (278) transaction set for the following business usages:

- *Make inquiries to utilization management organizations for information on previously processed health care services*
- *Send response(s) to inquiry(ies) on previously processed health care services*

X12

005010X217

→ The Health Care Services Review Request and Response Implementation Guide describes the use of the X12 Health Care Services Review Information (278) Version/Release 005010 transaction set for the following business usages:

- *Health care admission certificate requests and responses*
- *Referral requests and responses*

X12



006020X316

- The Additional Information to Support a Health Care Claim or Encounter Implementation Guide describes the use of the X12 Patient Information (275) transaction set for the following:
 - *To assist those who send additional supporting information or who receive additional supporting information to a health care claim services review*
- Implementers may use the binary segment of the 275 to exchange an unaltered FHIR bundle (Base64 encoded) enabling a payer to process the PA request using the FHIR representation of the request in addition to exchanging the supporting clinical documentation that may be required

X12

EXAMPLE

Embedded Segment FHIR Mappings

TR3 Notes: 1. This segment identifies the source of information. For an inquiry transaction this names the payer or utilization review organization responsible for the health care service review decision.

FHIR Mapping: Claim.insurer => Organization
 The Claim.insurer will point to a Organization in the Bundle. Locate the Organization pointed at in the Claim and use that Organization for all of the fields in the 2010A Loop

TR3 Example: NM1*X3*2*ABC PAYER*****46*123450000~



EXAMPLE

Embedded Element FHIR Mappings

REQUIRED	NM109 67	Identification Code	X 1 AN 2/80
		Code identifying a party or other code	
		SEGMENT SYNTAX: P0809	
		INDUSTRY NAME: Utilization Management Organization (UMO) Identifier	
		FHIR Mapping: Organization.identifier[0].value	



EXAMPLE

FHIR Mapping Appendix

NM1		Claim.insurer => Organization The Claim.insurer will point to a Organization in the Bundle. Locate the Organization pointed at in the Claim and use that Organization for all of the fields in the 2010A Loop Implement with version: STU 1.0.0	R
	NM101	Organization.type[0].coding[0].code Implement with version: STU 1.0.0	R
	NM102	'2' Implement with version: STU 1.0.0	R
	NM103	Organization.name Implement with version: STU 1.0.0	S
	NM104	This data element is not defined in the PAS Claim Inquiry profile. Implement with version: STU 1.0.0	S



WHAT ABOUT LATER VERSIONS?

- The current FHIR crosswalks will be moved forward into later versions of these implementation guides
- Additional FHIR crosswalks are in-process and will be included in later versions of other X12N-maintained implementation guides



Operating Rules

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OPERATING RULES

- Cross-references for mandated CAQH CORE operating rules are also included in X12 implementation guides published in Glass
- These cross-references are live links so implementers and other trading partners can go directly to the operating rule that references or impacts X12's implementation guide instructions

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EXAMPLE

The screenshot shows a web browser window with the URL <https://products.x12.org>. The page title is "Glass | X12 PRODUCTS". The left sidebar contains a navigation menu under "Expand / Collapse All" with the following items:

- Health Care Eligibility Benefit Inquiry and
 - 1. Purpose and Business Information
 - 1.1. Implementation Purpose and S
 - 1.2. Version Information
 - 1.3. Implementation Limitations
 - 1.4. Business Usage
 - 1.4.1. Background Information
 - 1.4.2. Basic Concepts
 - 1.4.3. Batch and Real Time
 - 1.4.4. Supported Business Functi
 - 1.4.5. Unsupported Business Fun
 - 1.4.6. Information Linkage
 - 1.4.7. Implementation-Complian
 - 1.4.7.1. Minimum Requiremen
 - 1.4.7.2. Recommended Additi
 - 1.4.7.3. Streamlining Respons
 - 1.4.7.4. Person Specific Benef
 - 1.4.7.5. Patient History Benefi
 - 1.4.8. Search Options
 - 1.4.9. Patient Responsibility
 - 1.4.10. Rejected Transactions
 - 1.4.11. Disclaimers Within the Tr
 - 1.4.12. Message Segments
 - 1.4.13. Information Flows
 - 1.4.14. Workers' Compensation a

The main content area, titled "X12 Products", contains the following text:

NOTE: Plan dates represent coverage dates in the plan or program that is being represented in the response. This date does not have to represent the historical beginning of eligibility for the plan, only the most recent plan date(s). For example, Medicaid may only report plan dates in one month periods of time.

- For each plan for which the individual has active or inactive coverage, a 2110C/D loop is required with EB01 Status = 1, 2, 3, 4, 5, 6, 7 or 8 with 2110C/D EB03 Service Type Code = 30 (Health Benefit Plan Coverage) and Plan Name in EB05 if one exists.

OPERATING RULE REQUIREMENTS
The federally mandated [CAQH CORE Eligibility & Benefits \(270/271\) Data Content Rule EB.1.0](#) requires the plan name be returned in 2110C/D EB05 if one exists (Section 1.3.2.1).

- If the patient is the subscriber, demographic information (Subscriber's First and Last Name, Subscriber's Date of Birth and Member ID) and any other information (e.g. Address) required to identify the individual on subsequent EDI transactions (e.g. 837

The footer of the page includes "Terms | Help | Privacy Policy", social media icons for Twitter and LinkedIn, and the copyright notice "2020 © X12 Incorporated".

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On the right side of the page, there are two highlighted text boxes:

2. Dates supplied in the 2100C DTP apply to the Subscriber and all 2110C loops unless overridden by an occurrence of a 2110C DTP with the same value in DTP01.

TR3 Example: `DTP*346*D8*19950818~`

Operating Rule: The federally mandated **CAQH CORE Eligibility & Benefits (270/271) Data Content Rule EB.1.0** requires the information source to support 270 inquiries for eligibility dates up to 12 months in the past or up to the end of the current month, at a minimum (Section 1.3.2.2).

At the bottom of the page, there are links for "Terms | Help | Privacy Policy", social media icons for Twitter and LinkedIn, and the text "2020 © X12 Incorporated".



WRAP-UP

→ Questions?

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THANK YOU

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