

UN/EDIFACT Data Maintenance Request

MESSAGE STATUS CHANGE

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EP Log Nbr: A-1999-0056
DMR Log Date:
Tag Mtg: 50
UN Log Nbr: UN-99-00862
UN Log Date:
JM Group: D11
Directory Id: D.99B

State:
Organisation:

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DmrType: ST Request for Message in Development (MiD)

Message: IHCEBI **DMRAction:** A **NameChange**

Text1-1 **Text1-2** **Text1-3** **Text2** **Text3-1** **Text3-2** **Text4-1**

Industry:

BusinessNeed: In today's health care environment, especially with the event of Managed Care health plans, it is critical for health care provider to acquire insurance benefit and coverage information about a patient in a timely manner. The IHCEBI message will provide the necessary administrative and financial information for the health care provider to provide care that is covered by the health plan. In addition, the health care provider will learn what co-pay amounts to collect from the patient while the patient is in their care, which is particularly important to health clinics and emergency room providers. This message will also provide information about deductible amounts that they can properly advise a patient on their treatment alternatives, and administrative information about when, who, and where to contact such entities as the patient primary care physician, or a utilization review organization to determine preferred treatment options. This information in today's health care environment is needed within minutes, traditional batch processing time frames are no longer adequate, therefore, requiring a real-time interactive message and message structure.

BOILERPLATE

Version:

Release:

ControllingAgency:

Revision: 0

Introduction: This specification provides the definition of the interactive health insurance eligibility benefits inquiry and response message (IHCEBI) to be used in Electronic Data Interchange (EDI) between trading partners involved in administration, commerce and transport.

Scope: The Interactive health insurance eligibility benefit inquiry and response message may be used for both national and international applications. It is based on universal practice related to administration, commerce and transport, and is not

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Functional The IHCEBI message is sent from institutional or individual health care providers or those providing related administrative services to a funding institution to obtain financial eligibility information on patients prior to or at the time of admission or treatment to:

- (a) Provide an estimate to the patient,
- (b) Assess financial risk to the health care provider, and
- (c) Provide patients informed financial choice on their health care options.

Each inquiry can provide information about the service (e.g., actual or expected service dates, actual or expected duration of hospital stay, service codes) and can also contain information about the treating and referring practitioner, if they are not the health care party making the inquiry.

See addendum for Use Case Diagrams.

Principles: The IHCEBI message can carry either an initial inquiry, modifications to an inquiry made in a previous message and an eligibility response from the funding institution.

One message can carry only one inquiry, while each inquiry can concern one or more services provided to an individual patient.

References: See UNTDID, Part 4, Chapter 2.3 UN/ECE UNSM - General Introduction, Section 2.

Terms and Definitions:

dependent on the type of business or industry.

In particular, IHCEBI can be applied for all types of health care service providers,

funding institutions and health care delivery systems.

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BOILERPLATE TEXT

Oper	Pos	Seg	Name	Status	Rpts	Lvl
	0010	UIH	Interactive message header A service segment to start and uniquely identify a message. The message type code for the Interactive health insurance eligibility and benefit inquiry and response message is IHCEBI.	M	1	0
	0020	MSD	Message action details A segment to specify the message and business function, and provide a tracking mechanism.	M	1	0
	0030	S1	Segment Group 1: PRT-NAA-CON-FRM A group of segments that will be repeated once for each party involved with this message transaction (eligibility) to identify and provide information about each party by code and name. Parties may include and a loop would be present for: 1) Submitter (as an agent for the provider, not always present), 2) Requester - one of: a. Provider making the request, b. Employer making the request, c. Payer making the request, 3) Responder - one of: a. Payer being asked to respond, b. Third party administrator (when acting as an agent for the payer), 4) Subscriber (would always be present), and 5) Patient (present only if patient is not the subscriber). In addition, the responder may add one or more entries to this loop to identify a patient's primary care provider(s) (PCP), if the provider making the inquiry is not the patient's PCP and the health plan requires the PCP to be involved in the patient's care.	C	9	1
	0040	PRT	Party information To provide specific identification number and demographic information regarding the identity of the participating parties.	M	1	1
	0050	NAA	Name and address A segment to specify the name and address of an entity and their related function in either a structured or unstructured	C	2	2
	0060	CON	Contact information A segment to specify contact communication numbers and names.	C	2	2
	0070	FRM	Follow-up action A segment to identify specific corrective actions or follow-up that should occur before another inquiry is made about the	C	9	2
	0080	S2	Segment Group 2: ICI-DTI-FRM-SG3 A group of segments that will repeat for a eligibility request or response about health insurance benefits and coverage.	C	1	1
	0090	ICI	Insurance cover information A segment to specify a type of insurance, if it is required, and the coverage level; monetary limits, and deductible amounts can be specified on the response.	M	1	1
	0100	DTI	Date and time information A segment to specify dates and times, related text and time references.	C	1	2

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0110	FRM	Follow-up action A segment to identify specific corrective actions or follow-up that should occur before another inquiry is made about the	C	9	2
0120	S3	Segment Group 3: EBI-HDP-DTI-CON-ADS-FRM-SG4 This segment group provides health insurance coverage and benefit information about a particular person's health insurance plan.	C	25	2
0130	EBI	Eligibility benefit information A segment that specifies specific health insurance benefits and associated coverage.	M	1	2
0140	HDP	Health diagnosis and procedure A segment to specify diagnosis, procedures or therapies and information about how or when these services can be delivered, based on the diagnosis or procedure or both.	C	9	3
0150	DTI	Date and time information A segment to specify dates and times, related text and time references.	C	1	3
0160	CON	Contact information A segment to specify contact communication numbers and names when a payer wants to report parties to contact about the patient's case, e.g., the PCP or utilisation reviewer.	C	1	3
0170	ADS	Address A segment to specify an address.	C	1	3
0180	FRM	Follow-up action A segment to identify specific corrective actions or follow-up that should occur before another inquiry is made about the	C	9	3
0190	S4	Segment Group 4: OTI-NAA A segment group that identifies additional health insurance plans (payers) who may also have financial responsibility for this patient. This would be used to identify supplemental health insurance plans, or additional health insurance plans held by a spouse or another party related or associated to the patient (e.g., divorced parents or court ordered subjects) that are known to the responding health insurance plan.	C	3	3
0200	OTI	Other insurance A segment to provide information on other payers that may have financial responsibility to the patient identified in the	M	1	3
0210	NAA	Name and address A segment to provide specific name and address information relating to the participating parties, namely the other payer identified in the OTI segment.	C	2	4
0220	UIT	Interactive message trailer A service segment ending a message, giving the total number of segments in the message and the control reference number of the message.	M	1	0

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0010	UIH	Interactive message header	M	1	
0020	MSD	Message action details	M	1	
0030	S1	Segment Group 1	C	9	-----!
0040	PRT	Party information	M	1	!
0050	NAA	Name and address	C	2	!!
0060	CON	Contact information	C	2	!!
0070	FRM	Follow-up action	C	9	!!
0080	S2	Segment Group 2	C	1	-----!
0090	ICI	Insurance cover information	M	1	!
0100	DTI	Date and time information	C	1	!!
0110	FRM	Follow-up action	C	9	!!
0120	S3	Segment Group 3	C	25	-----!!
0130	EBI		M	1	!!
0140	HDP		C	9	!!!
0150	DTI	Date and time information	C	1	!!!
0160	CON	Contact information	C	1	!!!
0170	ADS	Address	C	1	!!!
0180	FRM	Follow-up action	C	9	!!!
0190	S4	Segment Group 4	C	3	----!!!
0200	OTI	Other insurance	M	1	!!!
0210	NAA	Name and address	C	2	!!!!
0220	UIT	Interactive message trailer	M	1	