



Professional and Software Compliance Standards For HL7 Messaging

Volume 1 - Introduction

January 9, 2004

Author:	<i>healthnetBC</i>
Creation Date:	September 30, 1999
Last Updated:	March 29, 2004
Document Number:	
Version Date:	January 9, 2004

Approvals:

Project Sponsor

Signature

Date

Kathy Hill

Manager – *healthnetBC*
Access Services

Compliance Process Standards

Approval

Reviewer

Signature:

Signature:

Name:

Kathy Hill

Name:

Title:

Manager
healthnetBC Access Services

Title:

Date:

Date:

Contents

1	General Information	1
1.1	Corrections and updates	1
1.2	Who is the audience?	1
2	Overview	1
2.1	Document Structure: the Volumes	3
2.2	Document Conventions.....	4
2.3	Related Standards	5
2.4	Document Updates	6
2.5	Document Versioning	6
3	Contacting Technical Support	7
3.1	Technical Support	7
3.2	Connections Support	7
3.3	Help Desk	7
4	Disclaimer	8
5	BC Health Information Standard	8
6	Transaction Dictionary	9
7	Message Release History	14

Document Modification History

Document Modification History		
Version	Release Date	Description
1.3	June 30, 1999	<p>Health Registry Standard</p> <ul style="list-style-type: none"> • Section 1 – Introduction: <ul style="list-style-type: none"> • Added wording indicating the HRS is under review for the following HealthNet participants and results will be included in the final version of this document: <ul style="list-style-type: none"> • Community Pharmacists • In-Patient Hospital Pharmacies • Out-Patient Hospital Pharmacies • Non-Pharmaceutical Suppliers • Dispensing Physicians
		<ul style="list-style-type: none"> • Section 3 – Business Overview updates: <ul style="list-style-type: none"> • Added new section on dealing with merged PHNs in section 3.1.4. • Added new section on dealing with person keywords in section 3.1.6 (from section 3 chapter on Privacy). • Reorganized section 3: <ul style="list-style-type: none"> • Split Assign a PHN into Assign a PHN – Newborn and Assign a PHN – Person. • Business Rules – Search for Person: <ul style="list-style-type: none"> • Added rule #2 – requiring users to call the HealthNet Help Desk if they detect same person with multiple PHNs (from PharmaNet compliance). • Added rule #3 – if year only entered for birth date. Return +/- 5 years of matching persons. If full year entered, then return only those persons with matching birth dates. • Business Rules – Assign a PHN – Person <ul style="list-style-type: none"> • Updated rule #10 to list trusted evidence to support name/demographic changes for a person (from PharmaNet compliance). • Added rule#11 – legal names only (from PharmaNet compliance). • Added rule#12 – full names, no initials, no common name (from PharmaNet compliance). • Business Rules – Maintain Person Information: <ul style="list-style-type: none"> • Updated rule#4 – use of trusted evidence for changes to birth year and gender (from PharmaNet compliance). • Moved address related rules to Person Address Process and Business Rules. • Person Address Process and Business Rules: <ul style="list-style-type: none"> • Revised wording on business rule #1 dealing with address validation. • Removed rule indicating non-Canadian addresses stored as Home. • Business Rules - Record Document/Trusted Evidence:

Document Modification History		
Version	Release Date	Description
		<ul style="list-style-type: none"> • Removed business rules on display standards (in section 4) and use of internal document identifier (description in section 3 not required). • Added Employer Business Rules sections: <ul style="list-style-type: none"> • 3.12 Business Rules – Enrollment • 3.13 Business Rules – Maintain Payer Relationship • 3.14 Business Rules – Contract Addresses & Telephone Numbers • 3.15 Business Rules – Employee Reference Codes • 3.16 Business Rules – Contract Inquiries
		<ul style="list-style-type: none"> • Section 4 – Transaction Details updates: <ul style="list-style-type: none"> • Updated HRS Transaction Dictionary on mandatory/optional/not permitted transactions by HealthNet Participant. • Added new section on dealing with merged PHNs in section 4.1.1.3. • Added new table to cross reference transaction names with Receiving Application on MSH. • Moved requirement to create audit records to section 6.1.4.7 Audit Logs. • Reorganized section 4 into Sending System and Receiving System, for each transaction. • R01 – Record Newborn: <ul style="list-style-type: none"> • Added rule#2 (sending system) – PHN must be stored on sending system if possible. • Added rule#4 (sending system) – birth date must be <= today's date. • R02 – Record New Person: <ul style="list-style-type: none"> • Added rule#2 (sending system) – PHN must be stored on sending system if possible. • Updated rule#3 (sending system) for use of Duplicate Override on ZTL. • Updated rule#7 (sending system) – birth date must be <= today's date. • Added PHN on Minimum Display/Print Standards. • Address Line 4 of Extended Address on ZIA input is Future Release, not optional. • Address Line 5 & 6 of Extended Address on ZIA output is optional, not Future Release. • R03 – Get Person Demographics: <ul style="list-style-type: none"> • Added rule#1 (sending system) – PHN must be stored on sending system if possible. • Address Line 4 of Extended Address on ZIA output is Future Release, not optional. • R06 - Update Person Demographics: <ul style="list-style-type: none"> • Added rule #1 (sending system) – R03 must be performed before an R06 (from section 3).

Document Modification History		
Version	Release Date	Description
		<ul style="list-style-type: none"> • Moved rule from Transaction Overview to rule#3. • Removed “U” as valid value for Sex (Gender) on PID input • Added rule #3 if year only entered for birth date. Return +/- 5 years of matching persons. If full year entered, then return only those persons with matching birth dates. • R07 - Update Person Address: <ul style="list-style-type: none"> • Added rule #1 (sending system) – R03 must be performed before an R07 (from section 3). • Address Line 4 of Extended Address on ZIA is Future Release, not optional. • R08 – Record Death Event: <ul style="list-style-type: none"> • Added rule #1 (sending system) – R03 must be performed before an R08 (from section 3). • Removed rule#2 (sending system) – either PHN or MoH Client ID must be specified on input – PHN must be specified on input (MoH Client ID is Future Release field). • R09 – Search for Person: <ul style="list-style-type: none"> • Removed “U” as valid value for searching unknown genders. Field should be left blank to accomplish searching for any gender. • R15 - Check Beneficiary Coverage Status: <ul style="list-style-type: none"> • Updated wording for rule #1 (receiving system). • Removed Results as Minimum Display/Print Standards. • Removed “RQST” as valid End Reason on ZIH output. • R16 - Check Beneficiary Coverage Periods: <ul style="list-style-type: none"> • Updated wording for rule #1 (receiving system). • Removed Results as Minimum Display/Print Standards. • Added “RESQ”, “ADMN”, “LOSC”, “ELIG”, “OOLR” as valid End Reason codes on ZIH output. • R20 – Record Document: <ul style="list-style-type: none"> • TXA and ZIK are required on input, not optional. • Added Employer transactions: • 4.13 R21 – Get Document Summary • 4.14 R22 – Get Document Details • 4.15 R25 – Enroll Employee • 4.16 R26 – Enroll Employee Dependent • 4.17 R30 – Establish Payer Relationship • 4.18 R31 – Establish Payer Relationship for Dependent

Document Modification History		
Version	Release Date	Description
		<ul style="list-style-type: none"> • 4.19 R32 – Get Contract Periods • 4.20 R33 – Complete Person Information • 4.21 R34 – Update Employee Number and/or Department • 4.22 R35 – End Payer Relationship • 4.23 R36 – End Payer Relationship for Dependent • 4.24 R37 – Get Account/Contract Address • 4.25 R38 – Update Account/Contract Address • 4.26 R39 – Update Account/Contract Phone Number • 4.27 R40 – Account/Contract Inquiry
		<ul style="list-style-type: none"> • Section 5 – Network Transmissions and Responses <ul style="list-style-type: none"> • Added 5.4.2 - Use of Encoding Characters in MSH, MSA, ZHD Segments discouraging use of standard HL7 encoding characters in MSH, MSA and ZHD segments as it may cause unknown problems in some HL7 parsers.
		<ul style="list-style-type: none"> • Section 6 – Security and Data Integrity <ul style="list-style-type: none"> • Added 2 new rules to 6.1.4.4 Access Control regarding location of screens/printers and use of screen savers (from PharmaNet compliance). • Moved requirement for creation of audit logs for sending and receiving systems from section 4 to 6.1.4.7 Audit Logs.
		<ul style="list-style-type: none"> • Appendix B – HealthNet Supported Formats (HL7 Data Types) updates: <ul style="list-style-type: none"> • Added HNET:TQ – Timing/Quantity data type. New fixed length is 661. Affects OBR (was length 200), ORC (was length 200), QRF (was length 60) segments. • Added HNET:CM9 and HNET:CM10 data types to support HNET:TQ above. • Added HNET:CM11, HNET:CM12, HNET:CM14 data types. Affect OBR segment. • Added HNET:CN data type to support HNET:CM14 above. • Added HNET:CM13 data type. Affects OBR, ORC segments. • Adjusted HNET:XCN, Family Name from 25 to 25 characters. Total length of HNET:XCN changed from 247 to 257. Affects: <ul style="list-style-type: none"> • DG1: Diagnosing Clinician • IN1: Verification By • OBR: Collector Identifier, Ordering Provider, Result Copies To • OBX: Responsible Observer • ORC: Entered By, Verified By, Ordering Provider, Action By • PV1: Attending Doctor, Referring Doctor, Consulting Doctor, Admitting Doctor, Other Healthcare Provider • PV2: Referral Source Code • QRD: Who Subject Filter • TXA: Primary Activity Provider Code/Name, Originator Code/Name,

Document Modification History		
Version	Release Date	Description
		<p>Assigned Document Authenticator, Transcriptionist Code/Name, Distributed Copes</p> <ul style="list-style-type: none"> • HNET:CM5 uses HNET:XCN. HNET:CM5 changed in length from 274 to 284. Affects: <ul style="list-style-type: none"> • TXA: Authentication Person, Timestamp • Appendix C – HealthNet Supported Data Definition Tables updates: <ul style="list-style-type: none"> • HNET:0300 Namespace ID (Assigning Authorities) (affects all messages): <ul style="list-style-type: none"> • Manitoba code corrected from “MN” to “MB”. • Kansas code corrected from “KA” to “KS”. • Kentucky code “KY” added, Pennsylvania code “PA” added. • Duplicate Colorado code “CO” removed. • HNET:9945 - End Reason: <ul style="list-style-type: none"> • Removed End Reason “RQST” from list of allowable values. • HNET:9951 Record Source (affects R08 - Record Death Event): <ul style="list-style-type: none"> • Added values “PRSN”, “ORGN”, “RGCP”. • Changed “VS” to “VSTA”, “FAM” to “FMBR”, “EMP” to “EMPR”. • HNET:9931 Prior Residence Code (affects R25 - Enroll Employee, R26 Enroll Employee Dependent): <ul style="list-style-type: none"> • Added “NU” for Nanavut • Appendix F – Document Attribute Dictionary (DAD) updates: <ul style="list-style-type: none"> • Updated DAD contents, wording, business rules and examples.
2.0	Sept. 30, 1999	<p>Health Registry Standard</p> <ul style="list-style-type: none"> • Section 1 – Introduction: <ul style="list-style-type: none"> • Disallow access to R07 Update Person Address for employers. • Added section 1.7 listing change management procedures. • Section 2 – Compliance Process updates: <ul style="list-style-type: none"> • Added confidentiality undertaking wording from PharmaNet v2.4 to section 2.9.2 Hospital Emergency Department. • Added wording describing test and training environments. • Added wording describing additional available documentation. • Section 3 – Business Overview updates: <ul style="list-style-type: none"> • 3.1.1.2 – added 2 new business rules for Hospital – Emergency Departments from PharmaNet v2.4. • Moved Appendix E – PHN Reference to 3.1.6 PHN Usage Tips. • 3.1.8 – updated business rule #3 to reflect PharmaNet v2.4 wording. • 3.2 – added business rule #4 – all persons must be profiled by PHN – from PharmaNet v2.4.

Document Modification History		
Version	Release Date	Description
		<ul style="list-style-type: none"> • 3.4.1 – update business overview to reflect PharmaNet v2.4 wording. • 3.4.2 – updated business rule #5 for use of BABY BOY A, BABY GIRL A instead of simply BABY for baby first given names. • 3.4.2 – updated business rule #10 – identification using trusted evidence – to reflect PharmaNet v2.4 wording. • 3.7.2 – updated business rule #1 indicating a guessed address returned from Health Registry, selected by the user, must be stored on the sending system. • 3.7.2 – added business rule #4 indicating a comparison must be undertaken between a sending system address and Health Registry address (by software or by user). If different, the user must correct the sending system or Health Registry. This reflects PharmaNet v2.4.
		<ul style="list-style-type: none"> • Section 4 – Transaction Details updates: <ul style="list-style-type: none"> • Disallow access to R07 Update Person Address for employers. • All transactions: <ul style="list-style-type: none"> • Updated Mandatory Display/Print Standards to: <ul style="list-style-type: none"> • Indicate that error messages must be displayed for an error (rather than available for display) and transaction specific data (e.g. PHN on a R02 Record New Person) must be displayed on a successful transaction (rather than available for display). • Remove requirement to display Acknowledgement Code from MSA segment. • All error messages must be displayed on first screen (from N to Y) for errors. • Corrected Processing ID on MSH input/output. Should read Processing ID and not Processing Mode. • Error Code and Location on ERR segment: <ul style="list-style-type: none"> • Added new optional components Segment ID, Sequence, Field Position. • Updated wording for Identifier of Code Identifying Error. • Added new optional component Name of Alternate Coding System of Code Identifying Error. • R01 – Record Newborn: <ul style="list-style-type: none"> • Removed rule #1 – requirement for a search + positive action prior to R01. • R02 – Record New Person: <ul style="list-style-type: none"> • Updated rule #1 – sending system software must default prompt to “N” for each new person. • Updated rule #3 – sending system software must not allow users to set Duplicate Override Indicator. • Updated rule #5 – sending system software must not allow users to set Address Override Indicator. • Updated rule #5 – a guessed address returned from Health Registry, selected by the user, must be stored on the sending system.

Document Modification History		
Version	Release Date	Description
		<ul style="list-style-type: none"> • Added rule #8 – a comparison must be undertaken between a sending system address and Health Registry address (by software or by user). If different, the user must correct the sending system or Health Registry. This reflects PharmaNet v2.4. • Mandatory Screen/Print Standards – removed address fields as mandatory display/print fields on a successful transaction. • Added Extended Telephone Number on ZIA input as optional field.
		<ul style="list-style-type: none"> • Section 4 – Transaction Details updates: (continued) <ul style="list-style-type: none"> • R03 – Get Person Demographics: <ul style="list-style-type: none"> • Moved rule #1 for receiving system back to receiving system (to deal with merged PHNs). • R05 – Validate Address: <ul style="list-style-type: none"> • Mandatory Screen/Print Standards – added Address if transaction successful. • R07 – Update Person Address: <ul style="list-style-type: none"> • Update rule #4 – sending system software must not allow users to set Address Override Indicator. • Updated rule #4 – a guessed address returned from Health Registry, selected by the user, must be stored on the sending system. • Added rule #5 – a comparison must be undertaken between a sending system address and Health Registry address (by software or by user). If different, the user must correct the sending system or Health Registry. This reflects PharmaNet v2.4. • Mandatory Screen/Print Standards – removed address fields as mandatory display/print fields on a successful transaction. • R25 – Enroll Employee: <ul style="list-style-type: none"> • ID of Alternate Patient ID on PID input changed from 10 to 20 characters to accommodate non BC PHNs of greater length than 10. • R26 – Enroll Employee Dependent: <ul style="list-style-type: none"> • ID of Next of Kin/Associated Party's Identifier on NK1 input changed from 10 to 20 characters to accommodate non BC PHNs of greater length than 10. • Section 6 – Security and Data Integrity <ul style="list-style-type: none"> • Added wording relating to Client Site Registration and HNSecure. • Changed wording for 6.4.2.1 HNCLIENT as a Gateway. • Appendix A – HealthNet Fixed Length Segment Definitions updates: <ul style="list-style-type: none"> • BLG segment: <ul style="list-style-type: none"> • Changed Account ID data type from HNET:CK to HNET:CX as per HL7 v2.3.1. • OBR segment: <ul style="list-style-type: none"> • Changed fixed length for Quantity/Timing from 661 to 882 (see HNET:TQ)

Document Modification History		
Version	Release Date	Description
		<p>change below) as per HL7 v2.3.1.</p> <ul style="list-style-type: none"> Added Procedure Code and Procedure Code Modifier as fields 44 and 45 to end of segment as per HL7 v2.3.1. ORC segment: <ul style="list-style-type: none"> Changed fixed length for Quantity/Timing from 661 to 882 (see HNET:TQ change below) as per HL7 v2.3.1. Added Advanced Beneficiary Notice Code, Ordering Facility Name, Ordering Facility Address, Ordering Facility Phone Number, Ordering Provider Address as fields 20 to 24 to end of segment as per HL7 v2.3.1. QRF segment: <ul style="list-style-type: none"> Changed fixed length for When Quantity/Timing Qualifier from 661 to 882 (see HNET:TQ change below) as per HL7 v2.3.1.
		<ul style="list-style-type: none"> Appendix B – HealthNet Supported Formats (HL7 Data Types) updates: <ul style="list-style-type: none"> HNET:TQ: <ul style="list-style-type: none"> Added Occurrence Duration and Total Occurrences to end of data type. Fixed length of data type increases from 661 to 882. Affect OBR, ORC, QRF segments.
		<ul style="list-style-type: none"> Appendix C – HealthNet Supported Data Definition Tables updates: <ul style="list-style-type: none"> HNET:0300 Namespace ID (Assigning Authorities) (affects all messages): <ul style="list-style-type: none"> Quebec code corrected from “QU” to “QC”. HNET:9931 Prior Residence Code (affects R25 - Enroll Employee, R26 Enroll Employee Dependent): <ul style="list-style-type: none"> Quebec code corrected from “QU” to “QC”.
		<ul style="list-style-type: none"> Appendix D – PHN Check Digit Number Routine updates: <ul style="list-style-type: none"> PHN is a 10 digit number, not 13 as previously defined (carry over from PharmaNet). Routine for implementing check digit number routine must be implemented in sending system software, not should be implemented. Note: this rule will not be tested in compliance testing.
	<p>January 2000 July 2002</p>	<ul style="list-style-type: none"> Appendix E – PHN Reference updates: <ul style="list-style-type: none"> Moved Appendix E – PHN Reference to 3.1.6 PHN Usage Tips. R42 – PHN Lookup message v1.0 added to standard as separate publication. New, version 1.0, MSP messages added to standard as separate publications: <ul style="list-style-type: none"> R43 – Reinstate Overage Dependant R44 – Reinstate Cancelled Coverage R45 – Renew Cancelled Coverage R46 – Update Premium Payment Periods

Document Modification History		
Version	Release Date	Description
N/A	November 21, 2003	<ul style="list-style-type: none"> • Re-publication. Split original Health Registry Standard (HRS) source document into common and individual business area volumes, with separate versioning. HRS name no longer in use. The November 21 publication contains common volumes plus specifications for Client Registry messaging.
		<ul style="list-style-type: none"> • Chapter 1 replaced with Volume 1. This volume is not published with a version number, only a version date. Other changes: <ul style="list-style-type: none"> ○ Section 1.1 message matrix replaced with Transaction Dictionary. ○ Section 1.1 – removed cross-reference table to Pharmanet equivalents. ○ Addition of Message Release History showing publication date and version numbers for all supported messages. ○ Related standards, section 1.3.3: HL7 v2.3.1 and v2.4 are now supported for specific messages. ○ References updated.
		<ul style="list-style-type: none"> • Chapter 2 replaced with Volume 2, version 2.1 <ul style="list-style-type: none"> ○ Revisions to reflect current compliance testing procedures. References updated.
		<ul style="list-style-type: none"> • Chapter 3 replaced with separate business area volumes and contents updated. <ul style="list-style-type: none"> ○ Volume 3A – Client Registry Business Rules. Version 2.1 ○ R06 - Update Person Demographics <p>Added rule #10 - If the gender on the Client Registry is 'U', as displayed in the results of the R03 Get Person Demographics transaction, and a correction or a change is required to name or birthdate, the gender must also be corrected to 'M' or 'F', else the transaction will reject.</p> ○ R07 – Update Person Address <p>Updated rule #4 – Invalid Address: Indication that the address could not be validated, then Extended /Address on ZIA output will be address you submitted not 'not present or null'.</p> <p>Updated rule #5 – a comparison must be undertaken between the 'most recent address' on the sending system and the Client Registry person address record for applicable and comparable address fields, not the 'latest mailing address' on the sending system.</p>

Document Modification History		
Version	Release Date	Description
		<ul style="list-style-type: none"> • Chapter 4 replaced with Volume 4 Message Specifications and: <ul style="list-style-type: none"> ○ Each message specification produced as separate publication / downloadable file. ○ Unless otherwise noted here no substantive changes were identified that alter the functionality of the prior HRS messages. Corrections to publication errors in version 2.0 messages are listed as endnotes in the individual message specifications. ○ Message components or vocabulary marked for future release (from version 2.0) have either been removed entirely or marked as Not Supported ○ HL7 required message components that are not supported in the <i>healthnetBC</i> messages are now shown explicitly in the specifications and marked as “Not Supported”. ○ R06 - Added rule #4 - If the gender on the Client Registry is ‘U’, as displayed in the results of the R03 Get Person Demographics transaction, and a correction or a change is required to name or birthdate, the gender must also be corrected to ‘M’ or ‘F’, else the transaction will reject.
		<ul style="list-style-type: none"> • Messages Retired. The following messages were never implemented, and are no longer supported by <i>healthnetBC</i> : <ul style="list-style-type: none"> ○ R16 – Get Beneficiary Coverage Periods. ○ R21 – Get Document Summary. ○ R22 – Get Document Detail. ○ R25 – Enroll employee. ○ R26 – Enroll Employee Dependant. ○ R33 – Complete Person Information. ○ R39 – Update Account / Contract Enquiry
		<ul style="list-style-type: none"> • Chapter 5 replaced with Volume 5, version 3.0 and: <ul style="list-style-type: none"> ○ Revised publication format. Minor text corrections and updated references ○ New component usage definitions added to section 2.2.6 ○ Amended policy for “Future Release” components, section 2.27
		<ul style="list-style-type: none"> • Chapter 6 replaced with Volume 6, version 3.0 and: <ul style="list-style-type: none"> ○ Security policies and procedures updated. References updated.
		<ul style="list-style-type: none"> • Chapter 7 replaced with Volume 7, version 2.1

Document Modification History		
Version	Release Date	Description
		<ul style="list-style-type: none"> • Appendix A – HL7 Fixed Length Segment Definitions, version 3.0. <ul style="list-style-type: none"> ○ Revised format. New section added for HL7 v2.4 segment definitions. ○ The following segments are marked as no longer supported: ZIC, ZID, ZIE, ZIF, ZIG, ZII, ZIJ. ○ The following Z-segments have been added: ZIL, ZIN, ZIO, ZPY. ○ V2.3 segments added: EVN, ROL ○ V2.4 segments added: ACC, ADJ, CTD, ERR, HDR, IN2, MSA, MSH, QAK, QPD, RCP, SFT.
		<ul style="list-style-type: none"> • Appendix B – Supported Datatypes, version 3.0 <ul style="list-style-type: none"> ○ Added CE1 datatype. ○ Added CM15, CM16, CM17, CM18 composite datatypes. Used in v2.4 segment definitions.
		<ul style="list-style-type: none"> • Appendix C – Supported Data Definition Tables, version 3.0 • New Tables added: <ul style="list-style-type: none"> ○ HNET:0003 Event Reason. ○ HNET:0062 – Event Reason Code ○ HNET:0064 – Financial Class. ○ HNET:0131 – Contact Role ○ HNET:0172 – Veteran’s Military Status ○ HL7:0191 – Main Type of Reference Data ○ HNET:0204 – Organization Name Type Code ○ HL7:0206 – Segment Action Code ○ HL7:0286 PROVIDER ROLE ○ HL7:0291 SUBTYPE OF REFERENCED DATA ○ HL7:0299 ENCODING ○ HNET:0361 –NETWORK APPLICATION ID ○ HNET:0449 – CONFORMANCE STATEMENT ○ HNET:0471 – QUERY NAME ○ HNET:9000 – Error Message Number ○ HNET:9904 – ADJUSTMENT ACTION ○ HNET:9907 – PROCESSING RESULT REASON
		<ul style="list-style-type: none"> • Appendix D – PHN Check Digit Number Routine, version 2.1. Reformatted for publication.
		<ul style="list-style-type: none"> • Appendix E – Document Attribute Dictionary. Version 2.1. Reformatted for publication. Minor text corrections.

Document Modification History		
Version	Release Date	Description
N/a	January 9, 2004	<ul style="list-style-type: none"> • Added Volumes for MSP messaging, reformatted for publication, with corrections and updates. Unless otherwise noted below these revisions do not represent changes to the functionality of these messages • added Volume 3B – MSP Business Rules. • Added Volume 4 message specifications for MSP from former HRS publication with the following revisions: <ul style="list-style-type: none"> ○ R35 – payer cancel code addition, not previously published, from February 2003. ○ R36 – payer cancel code addition, not previously published, from February 2003. ○ R38 – telecommunication use code on ZIA.17 restricted to “PRN”. ○ R40 – usage notes amended on NK1.24 to show conditions when Student indicator is required. ○ R42 - Correction to v 1.0: Repeating Group {nk1,zia} on response message changed to optional. • New Messages not previously published: <ul style="list-style-type: none"> ○ E45 – Query Eligibility. ○ R43_Z29 - Reinstate Overage Dependent ○ R44_Z28 - Reinstate Cancelled Coverage ○ R45_Z27 - Renew Cancelled Coverage ○ R46_Z26 - Update Premium Payment Periods ○ R49_Z20 - Covered Parties Enquiry ○ R50_Z03 – Enroll Permanent Subscriber with PHN ○ R50_Z04 – Enroll Permanent Subscriber without PHN ○ R50_Z05 - Enroll Visa Resident without PHN ○ R50_Z06 – Enroll Visa Resident with PHN ○ R51_Z25 – Extend Visa Resident Cancel Date ○
	January 9, 2004	<ul style="list-style-type: none"> • Appendix A, version 3.1. Updates to support MSP messages released on same date. • Appendix C, version 4.0. Updates to support MSP messages released on same date.

1 General Information

This document and the companion volumes contain the **Professional and Software Compliance Standards for HL7 Messaging** between the BC Ministry of Health and external clients. These standards are used for the exchange of information with various business areas within the Ministry including: the Client Registry (patient/client demographics), Medical Services Plan (beneficiary coverage), Medical Services Plan Employer Services (enrolment of employees and dependants), Primary Health Care (patient rostering) and Continuing Care (client demographics and history).

1.1 Corrections and updates

Corrections and updates to this volume can be found at the end of the document. A vertical line in the outside boarder denotes corrections within the document. ¹

1.2 Who is the audience?

This document is intended for use by:

- a) Software Support Organizations (SSO) who wish to develop software that is compliant with the BC standard for the exchange of business area data encompassing Client Registry, Medical Services Plan (MSP), Primary Health Care, Continuing Care and other Ministry supported transactions.
- b) Providers, administrators, health care professionals and MSP Benefits administrators (public and private employers) who are responsible for the implementation of compliant software in their organizations.

2 Overview

The Health Registry Standard (HRS) was developed by the BC Ministry of Health (MoH) during the Registry Application Infrastructure (RAI) project in 1998/1999. The standard provided access to the Ministry's Client Registry and Medical Services Plan ² applications through a series of HL7 transactions. Since that original project the Ministry has added messaging support for Primary Health Care and Continuing Care transactions. Other projects are underway that will add to this suite of transactions.

Access to the Ministry applications is available either through:

- HNSecure in an Integrated Application, similar to the PharmaNet model
- or -
- MOH Web Interface. The web option provides end user's access to selected applications via a browser interface and supporting web server.

This publication describes the minimum standards required for sending system software to be considered compliant with the *professional* requirements established by the appropriate governing body (e.g. College of Physicians and Surgeons of BC - CPSBC), as well as *functional* requirements established by the Ministry of Health (e.g. Client Registry). To be considered compliant the software must meet all mandatory professional and technical standards documented herein.

Each SSO (Software Support Organization) will determine which optional components of the standard will be included in their software. Where an SSO provides optional functionality, all mandatory requirements for that option must be met.

Connection of sending system software to *healthnetBC* is conditional on the use of compliant software, as determined by the requirements described in this publication. In addition to being compliant, the following requirements must be met before any sending system software can connect to *healthnetBC*:

- a) MoH approval and scheduling in conjunction with appropriate regulatory bodies
- b) Training
- c) Confidentiality undertakings where applicable
- d) Telecommunications lines
- e) Adequate hardware and software.

2.1 Document Structure: the Volumes

The specifications for messaging to and from BC Ministry of Health applications are described in a series of business and technical volumes.

All documentation is available on the *healthnetBC* web site
<http://healthnet.hnet.bc.ca/catalogu/tech/compdocs.html>

Volume 1 – Introduction to the Professional and Software Compliance Standards

This volume provides an overview of the compliance volumes, a history of the standard and a catalogue of supported messages and message interactions. Volume 1 is a common volume for all users and all implementations.

Volume 2 – Compliance Process

Volume 2 is a common volume for all implementations and describes how software is evaluated and certified for use with *healthnetBC* services.

Volume 3 – Business Rules

Volume 3 is published in separate editions for each business area. These volumes contain the *implementation requirements* and the *business rules* related to the use of specific transactions.

- Volume 3a – Client Registry Business Rules
- Volume 3b – Medical Services Plan (MSP) Business Rules
- Volume 3c – Primary Health Care Business Rules (not available at this time)
- Volume 3d – Continuing Care Business Rules (not available at this time)

Volume 4 – HL7 Message Specifications

Technical specifications for HL7 Messages are published as individual documents (one per message or message/response pair). Collectively, they are referred to as Volume 4 of the Software Compliance Standard.

Developers should refer to the requirements in the Volume 3 publications and/or the terms of the client's Service Level Agreements to determine which message specifications they need to download from the web site.

The technical specifications for HL7 messaging are published as MSWord documents. Additional formats may be made available on the web site from time to time.

Volume 5 – Network Transmissions and Response

This is a common volume for all implementations. It describes:

- Network Transmission and Response protocols
- Transaction Structures
- Message Construction Rules
- Transaction Usage

Volume 6 – Security

This is a common volume for all implementations. It describes security objectives, requirements and guidelines and a framework for developing policies and implementing local security controls. It also describes the HNSecure product used for secure network communications.

Volume 7 – Glossary

A glossary of terms persistent throughout *healthnetBC* .

Appendix A – HL7 Fixed Length Segment Definitions

This appendix contains the definitions for all of the HL7 segments adapted for use by *healthnetBC* along with locally defined 'Z' segments.

Appendix B - Supported Formats (HL7 Data Types)

Complete description of HL7 data types and customizations adopted by *healthnetBC*.

Appendix C - Supported Data Definition Tables

Code tables used in *healthnetBC* messaging.

Appendix D - PHN Check Digit Number Routine

Algorithm for checking PHN numbers.

Appendix E - Document Attribute Dictionary

For each type of document used for recording information in Trusted Evidence transactions, the Document Attribute Dictionary (DAD) contains details for mandatory and optional data entry. Information on the structure of the DAD is in Appendix E. The full DAD word file can be down loaded from the Compliance Standards Documentation website

2.2 Document Conventions

This document is intended for use by software support organizations (SSOs) as a reference when developing and maintaining sending system software for

agencies connected to or wanting to connect to *healthnetBC*. The following conventions are used in this publication:

- a) “Must” or “will” or “minimum” or “mandatory” indicates a mandatory requirement.
- b) “May” or “should” indicates an optional, or recommended requirement.
- c) Acronyms are used throughout. The first time an acronym appears it is accompanied by the full name. Refer to the Glossary (volume 7) for acronym definitions.
- d) Underlined text specifies the minimum standards for acceptance of this software as compliant with the professional requirements established by the appropriate regulatory body and/or indicates the source of the wording.

Accompanying subscript text identifies the regulatory body. *Sample*

Mandatory requirements that are not underlined may be assumed to be requirements of the Ministry of Health (MoH).

The term *healthnetBC* is used in this document when referring to services and data provided by the MoH as well as professional or technical standards required by the MoH.

2.3 Related Standards

healthnetBC, PharmaNet, and these Compliance Standards are based on:

- a) The Health Level Seven (HL7) Standard for electronic data exchange (version 2.3, 2.3.1 and 2.4).³

Appendices A, B, and C contain specific interpretations of these standards. If not specified in this document, then the prevailing interpretation of HL7 is to be used.

The HL7 reference site on the Web is maintained at the following URL:
<http://www.hl7.org>

- b) The document titled “*Security and Privacy Guidelines for Health Information Systems*” published by COACH, Canada’s Health Informatics Association.
- c) The Freedom of Information and Protection of Privacy Act (FOIPP Act)
- d) As *healthnetBC* standards are based on electronic data interchange standards, communication between the sending system (“client”) and the receiving system (“server”) is simply data in a predetermined standardized

format. Refer to *Volume 5 – Network Transmissions and Responses* for more information of transaction flows.

This is different from the “host-based screens” technologies of the previous decades. As a result, the Ministry of Health (MoH) and its stakeholders have limited influence on how sending system software is designed. Sending system software must satisfy all mandatory requirements specified within this Compliance publication, but subjects such as screen layouts, navigation between screens, functionality, and ease of use are mostly under the control of the SSO and their users. This fact must be remembered when contacting the Help Desk or other areas of the Ministry, as Ministry staff may not be familiar with the characteristics of an SSO’s product.

2.4 Document Updates

Document updates are released on an as needed basis. Implementers are encouraged to check the *healthnetBC* web site for changes to this Volume or any of its companion publications.

<http://healthnet.hnet.bc.ca/catalogu/tech/compdocs.html>

2.5 Document Versioning ⁴

Volume 1 does not have a version number, only a publication date. All additions and changes to the Software Compliance Standards are reflected in the *Document Modification History* and in the *reference tables* in this volume. Thus, this volume is re-published whenever there are changes to the standard. Only current copies of Volume 1 are maintained on the *healthnetBC* website.

All volumes and appendices - with the exception of volumes 1 and 4 - are given version numbers (N.n) where:

.n = minor technical corrections or text changes. The changes do not materially affect the functional definition of existing specifications.

N. = new content, not previously published.

Volume 4 message specifications are given individual version numbers (N.n) where:

.n = minor technical corrections or text changes. The changes do not materially affect the message definition and required behaviour.

N. = new OPTIONAL content (segments, fields or code values) added to an existing specification.

Note that messages are not re-issued with new 'Required' content. Should the need arise, an entirely new message will be created so as not to conflict with existing production versions.

3 Contacting Technical Support

3.1 Technical Support

- a) Software Compliance Standards
- b) Compliance Evaluation Scheduling;
- c) Access to software development, testing, production & training databases;
- d) Business Development Team
- e) Requests for documentation, bulletins, etc.
- f) Technical support for HNSecure/Infrastructure
- g) Post-implementation support

The Software Support Organization (SSO) Coordinator is the first point of contact in the Ministry of Health for technical software development support.

Email: HLTH.HnetSSOSupport@gems3.gov.bc.ca

Telephone: 1-250-952-3531

3.2 Connections Support

Email: HLTH.HnetConnection@gems1.gov.bc.ca

Telephone: 1-250-952-1234

3.3 Help Desk

Some transaction business rules state that participants are required to contact the *healthnetBC* Help Desk to resolve issues. The *healthnetBC* Help Desk line is NOT the first contact point for Vendors.

Help Desk telephone 1-250-952-1234

4 Disclaimer

The Ministry of Health has taken all reasonable care but we cannot guarantee the accuracy of this document's contents. By proceeding to the information beyond this notice, each user waives and releases the Province of British Columbia to the full extent permitted by law from any and all claims related to the usage of material or information made available. In no event shall the Province of British Columbia be liable for any incidental or consequential damages resulting from the use of this material.

5 BC Health Information Standard

Version 2.0 of the *healthnetBC* Professional and Software Compliance Standards, on which these standards are based, is a provincial health information standard recommended by the BC Health Information Standards Council (BCHISC), and approved by the Deputy Minister. The BCHISC has a “focus on the identification of standards and guidelines that enable, facilitate, and promote effective and efficient health information sharing”. More information may be found on the Council's web page at http://healthnet.hnet.bc.ca/hds/stds_council_general_info/index.html

6 Transaction Dictionary

The following matrix describes which messages and transactions are currently supported by the Ministry of Health and are applicable to various *healthnetBC* participants. The list includes some specifications which have not yet been published:

- R - Recommended; this transaction should be included in the *healthnetBC* participant's software.
- O - Optional; this transaction is optional and may be included in the *healthnetBC* participant's software.
- X - Not Permitted: this transaction should not be provided for use in the *healthnetBC* participant's software.

List of Transactions by Business Area, and recommended usage, by type of Client										
Web 1	Transactions		Participants							
	Sender's Inbound Message	Receiver's Response Message(s)	Hospital Admitting	Hospital Emergency Department	Medical Practice	Lab & LTS Participant	Employer	Primary Health Care Project	Continuing Care Provider	Pharmacare Registration
Business Area: Common										
Y	R20 – Record Document	R20 Acknowledgement ⁴	R ²	R ²	R ²	R ²	R ²	O		
N	ZSD^Z01 – Send Document	ZSR^Z02 – Send Document Response								
Business Area: Client Registry										
Y	R01 – Record Newborn	R01 Response	R ³	O ³	O					
Y	R02 – Record New Person ³	R02 Response	R	R	R	R		O		
Y	R03 - Get Person Demographics	R03 Response	R	R	R	R	R	O		

1 Available through MoH Web Interface

2 Required when implementing R06

3 Midwives may also use R01- Record Newborn

List of Transactions by Business Area, and recommended usage, by type of Client										
Web 1	Transactions		Participants							
	Sender's Inbound Message	Receiver's Response Message(s)	Hospital Admitting	Hospital Emergency Department	Medical Practice	Lab & LTS Participant	Employer	Primary Health Care Project	Continuing Care Provider	Pharmaceutical Registration
Y	R05 – Validate Address	R05 Response	O	O	O	O	O	O		
Y	R06 – Update Person Demographics	R06 Acknowledgement ⁴	R	R	R	R	R	O		
Y	R07 – Update Person Address	R07 Response	R	R	R	R	R	O		
Y	R08 – Record Death Event ³	R08 Acknowledgement ⁴	R	R	O		R			
Y	R09 – Search for Person	R09 Response	R	R	R	R	R	O		
Business Area: Medical Services Plan										
Y	E45 – Query Eligibility	E45 – Eligibility Query Response								
Y	R15 – Check Beneficiary Coverage Status	R15 Response	R	R	R	R				
Y	R30 - Establish Payer Relationship	R30 Acknowledgement ⁴					R			
Y	R31 - Establish Payer Relationship for Dependent	R31 Acknowledgement ⁴					R			
Y	R32 - Get Contract Periods	R32 Response					R			
Y	R34 - Update Employee Number and/or Department	R34 Acknowledgement ⁴					R			
Y	R35 - End Payer Relationship	R35 Acknowledgement ⁴					R			
Y	R36 - End Payer Relationship for Dependent	R36 Acknowledgement ⁴					R			
Y	R37 - Get Account/ Contract Address	R37 Response					R			

⁴ Functionally equivalent to an HL7 "ACK" message.

List of Transactions by Business Area, and recommended usage, by type of Client										
Web 1	Transactions		Participants							
	Sender's Inbound Message	Receiver's Response Message(s)	Hospital Admitting	Hospital Emergency Department	Medical Practice	Lab & LTS Participant	Employer	Primary Health Care Project	Continuing Care Provider	Pharmaceutical Registration
Y	R38 - Update Account/ Contract Address	R38 Acknowledgement ⁴					R			
Y	R40 - Account/Contract Inquiry	R40 Response					O			
Y	R41 - New Payer Inquiry	R41 Response	R	R			R			
Y	R42 - PHN Lookup	R42 Response					R			
Y	R43_Z29 - Reinstate Overage Dependent	ACK - Acknowledgement					R			
Y	R44_Z28 - Reinstate Cancelled Coverage	ACK - Acknowledgement					R			
Y	R45_Z27 - Renew Cancelled Coverage	ACK - Acknowledgement					R			
Y	R46_Z26 - Update Premium Payment Periods	ACK - Acknowledgement					R			
N	R49_Z20 - Covered Parties Enquiry	R49_Z20 Response								R
Y	R50_Z03 – Enroll Permanent Subscriber with PHN	ACK – Acknowledgement					R			
Y	R50_Z04 – Enroll Permanent Subscriber without PHN	R50_Y00 Enroll Subscriber Response					R			
Y	R50_Z05 - Enroll Visa Resident without PHN	R50_Y00 Enroll Subscriber Response					R			
Y	R50_Z06 – Enroll Visa Resident with PHN	ACK - Acknowledgement					R			
Y	R51_Z25 – Extend Visa Resident Cancel Date	ACK - Acknowledgement					R			
Y	R52_Z07 – Enroll Permanent Dependant without PHN	R52_Y01 Enroll Dependant Response					R			
Y	R52_Z08 – Enroll Permanent Dependant with PHN	ACK - Acknowledgement					R			

List of Transactions by Business Area, and recommended usage, by type of Client										
Web 1	Transactions		Participants							
	Sender's Inbound Message	Receiver's Response Message(s)	Hospital Admitting	Hospital Emergency Department	Medical Practice	Lab & LTS Participant	Employer	Primary Health Care Project	Continuing Care Provider	Pharmaceutical Registration
Y	R52_Z09 – Enroll Visa Dependant without PHN	R52_Y01 Enroll Dependant Response					R			
Y	R52_Z10 - Enroll Visa Dependant with PHN	ACK - Acknowledgement					R			
Y	R53 – Employee Lookup	R53 Response					R			
Y	R54 Extend Visa Dependent Cancel Date	ACK - Acknowledgement					R			
Y	R55 Group Member List Request	ACK - Acknowledgement					R			
Business Area: Continuing Care										
N	R77^Q01 – Continuing Care Client Query	DSR^Q01 - Continuing Care Client Query Response							R	
Business Area: Primary Health Care										
Y	R70_Z50 – Request PHC Patient Registration data	R70_Z50 Response					R			
Y	R70_Z51 – Intent to add Patient Registration	R70_Z33 – Accept intent to Add Patient Registration R70_Z31 – Intent to Add Patient Registration, rejection.					R			
Y	R70_Z52 – Intent to end patient registration	R70_Z34 – Accept intent to End Patient Registration R70_Z31 – Intent to End Patient Registration, rejection.					R			

List of Transactions by Business Area, and recommended usage, by type of Client										
Web 1	Transactions		Participants							
	Sender's Inbound Message	Receiver's Response Message(s)	Hospital Admitting	Hospital Emergency Department	Medical Practice	Lab & LTS Participant	Employer	Primary Health Care Project	Continuing Care Provider	Pharmaceutical Registration
Y	R70_Z53 – Intent to Change Patient Registration	R70_Z32 – Intent to Change Patient Registration, rejection. R70_Z35 – Accept intent to Change Patient Registration						R		
Y	R71_Z54 – Add Patient Registration	ACK - Acknowledgement						R		
Y	R72_Z55 – De-register Patient	ACK - Acknowledgement						R		
Y	R73_Z56 – Change Patient Registration	ACK - Acknowledgement						R		
Y	R74_Z57 – Request Pending Patient Registrations / De-registrations	R74_Z57 Response						R		
Y	R74_Z60 – Intent to Stop Pending Registration Event	R74_Z36 - Intent to Stop Pending Registration Event, rejection R74_Z37- Accept Intent to Stop Pending Registration Event						R		
Y	R75_Z62 – Override Pending Registration	ACK - Acknowledgement						R		
Y	R75_Z63 – Override Pending De-registration	ACK - Acknowledgement						R		
Y	R76_Z64 – Query PHC Reports	ACK - Acknowledgement						R		

7 Message Release History

This table contains the publication history of all message specifications that are part of this standard.

Message ID	Version #	Status	Release Date	Remarks
ACK	2.0	Superseded	Sept. 30, 1999	
ACK	2.1	Current	November 21, 2003	New publication format.
DSR_Q01	1.0	Superseded	Oct-02	Draft
DSR_Q01	2.0	Current	Apr – 03	Implementation version
QBP^E45	2.0	Superseded	Nov-00	EHSC version 2.0
E45	3.0	Superseded	Feb-01	Adapted for MSP operations. Internal publication.
E45	4.0	Current	January 4, 2004	Corrections to v 3.0 and new publication format.
R01 – R09	2.0	Superseded	Sept. 30, 1999	HRS Standard
R01, R02, R03, R05, R06, R07, R08, R09	2.1	Current	November 21, 2003	Minor corrections to v2.0. New publication format.
R15	2.0	Deprecated	Sept. 30, 1999	Not supported for future implementations.
R15	2.1	Deprecated	<version date>	Minor corrections to v2.0. New publication format.
R16	2.0	Withdrawn	Sept. 30, 1999	Never implemented
R20	2.0	Superseded	Sept. 30, 1999	HRS Standard
R20	2.1	Current	November 21, 2003	Minor corrections to v2.0. New publication format.
R21	2.0	Withdrawn	Sept. 30, 1999	Never implemented
R22	2.0	Withdrawn	Sept. 30, 1999	Never implemented
R25	2.0	Withdrawn	Sept. 30, 1999	Never implemented.
R26	2.0	Withdrawn	Sept. 30, 1999	Never implemented.
R30 – R34	2.0	Superseded	Sept. 30, 1999	HRS Standard
R30	2.1	Current	January 9, 2004	Minor corrections to v2.0. New publication format.
R31	2.1	Current	January 9, 2004	Minor corrections to v2.0. New publication format.
R32	2.1	Current	January 9, 2004	Minor corrections to v2.0. New publication format.
R33	2.0	Withdrawn	Sept. 30, 1999	Never implemented.

Message ID	Version #	Status	Release Date	Remarks
R34	2.1	Current	January 9, 2004	Minor corrections to v2.0. New publication format.
R35,R36	2.0	Superseded	Sept. 30, 1999	HRS Standard
R35 - R36	3.0	Superseded	February 2003	Code additions. Not published.
R35 – R36	3.1	Current	January 9, 2004	New publication format.
R37 - R38	2.0	Superseded	Sept. 30, 1999	HRS Standard
R37 – R38	2.1	Current	January 9, 2004	Minor corrections to v2.0. New publication format.
R39	2.0	Withdrawn	Sept. 30, 1999	Never implemented.
R40 – R41	2.0	Superseded	Sept. 30, 1999	HRS Standard
R40 – R41	2.1	Current	January 9, 2004	Minor corrections to v2.0. New publication format.
R42	1.0	Superseded	January 2000	
R42	2.0	Current	January 9, 2004	Correction to v1.0. Changes to publication format.
R43 – R46	1.0	superseded	12-jul-02	Internal publication only
R43_Z29	1.1	Current	January 9, 2004	Minor corrections to v1.0. New publication format.
R44_Z28	1.1	Current	January 9, 2004	Minor corrections to v1.0. New publication format.
R45_Z27	1.1	Current	January 9, 2004	Minor corrections to v1.0. New publication format.
R46_Z26	1.1	Current	January 9, 2004	Minor corrections to v1.0. New publication format.
R49_Z20	1.0	Superseded	25-nov-02	Internal publication only.
R49_Z20	1.1	Current	December 2002	Internal publication only.
R50_Z03, Z04, Z05, Z06	1.0	Superseded	July 2003	Internal publication only.
R50_Z03, Z04, Z05, Z06	2.0	Current	January 9, 2004	Revisions to in-house version. New publication format.
R51	1.0	Superseded	July 2003	Internal publication only.
R51	2.0	Current	January 9, 2004	Revisions to in-house version. New publication format.
R52_Z07, Z08, Z09, Z10	1.0	Current	July 2003	Internal publication only
R52_Z07, Z08, Z09, Z10	2.0	Pending	tba	Revisions to in-house version. New publication format.
R53	1.0	Pending	Tba	

Message ID	Version #	Status	Release Date	Remarks
R54	1.0	Pending	tba	
R55	1.0	Pending	tba	
R70 – R75	1.0	Current	08-jul-02	Internal publication
R76	1.0	Current	28-nov-02	Internal publication
R77	1.0	Superseded	Oct-02	
R77	2.0	Current	Apr-03	Production version. (v1.0 not implemented.)
ZFG, ZFP, ZPN	n/a	Current	Sept. 30, 1999	Reserved. No current implementations.
ZSD^Z01	1.0	Current	Jul - 02	
ZSR^Z02	1.0	Current	Jul - 02	



¹ 02/Nov/27 – example of correction

² In earlier publications referred to as Registration & Premium Billing (R&PB).

³ The earlier HRS v2.0 standard was based upon HL7 v2.3. Recent messages have been developed for *healthnetBC* that are based upon these later versions of the HL7 standard.

⁴ New versioning policy as of November 2003