

R15 - Check Beneficiary Coverage Status

1 General

Standards for messaging to and from Ministry of Health applications using HL7 are described in a series of business and technical volumes. Volumes 1, 2, 5, 6 and 7 are common for all application interfaces. Volumes 3 and 4 are customized to the requirements of particular business areas. This message specification is a component of Volume 4 – HL7 Message Specifications.

A catalogue of all supported messages and message interactions can be found in Volume 1.

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

1.1 Corrections and updates

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

1.2 R15 - Transaction Overview

This message superseded by QBP_E45. Not supported for future implementations.

Determines if a person is a beneficiary on a particular date of service. Returns a Yes or No. If the response is No, this transaction will return additional information about why the coverage was terminated and instructions that should be provided to the person.

At present, this transaction serves to verify that a person is registered in accordance with mandatory registration legislation; it does not, however, guarantee that a persons MSP fee for service claim will be paid, as there are other facilities, familiar to service providers, that are used for this purpose.

2 Sending System

2.1 R15 - Processing Rules – Sending System

The data to properly respond to beneficiary coverage status queries does not exist prior to September 1, 1965. Attempts to query prior to this date by setting the Plan Effective Date (Beneficiary Coverage Query Date) on IN1 prior to September 1, 1965 may generate unexpected results.

2.2 R15 - Minimum Display/Print Standards – Sending System

For each submission of this transaction, an indication of success or failure must be either:

- Displayed to the user, if transaction submitted on-line, or
- Printed on a paper report or logged in a file, if transaction submitted in batch.

Success or failure can be determined by using the tests below:

- **Success** = MSA segment present and Acknowledgement Code on MSA = “AA” (application accept),
- **Failure** = no MSA segment or Acknowledgement Code on MSA not = “AA” (application accept). Acknowledgement Code may be “AE” (application error) or “AR” (application reject). See ‘MSA Segment in Volume 5 for more information on acknowledgement code use..

For a transaction failure

- The following data elements must be displayed to the user, reported or logged (see above):

Information Returned by <i>healthnetBC</i>	Mandatory Display	Display on First Screen?	Segment	Field
Text Message	Y	Y	MSA	• Text Message (see segment for field decomposition rules)
All information, warning, error messages on ERR segment	Y	Y	ERR	• Error Code and Location: Identifier of Code Identifying Error, Text of Code Identifying Error

For a transaction success

- The following data elements must be displayed to the user, reported or logged (see above):

Information Returned by <i>healthnetBC</i>	Mandatory Display	Display on First Screen?	Segment	Field
Beneficiary Coverage Data, if record found, up to 15	Y	N	IN1	<ul style="list-style-type: none"> Report of Eligibility Flag - Beneficiary Coverage Status Code Plan Expiration Date - Beneficiary Coverage End Date
			ZIH	<ul style="list-style-type: none"> End Reason Client Instruction

2.3 R15 - Transaction Summary - Sending System

The following specification illustrates the structure of the HL7 transaction.

{ } denotes one or more repetitions of the enclosed segment(s)

[] denotes that the enclosed segments are optional

Refer to 'Appendix A, *healthnetBC* Fixed Length Segment Definitions' for more details on each of the segment definitions..

Input Transaction (R15)

MSH	Message Header	Required
ZHD	<i>healthnetBC</i> Message Header	Required
PID	Person Identification	Required
IN1	Insurance	Required

2.4 R15 - Transaction Segments and Fields - Sending System

MSH		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment Id	R					"MSH"
1	Field Separator	R					" "
2	Encoding Characters	R					"^~\&"
3	Sending Application	R					<ul style="list-style-type: none"> Namespace ID (15) - Business application that originated the transaction; user defined/assigned
4	Sending Facility	R					<ul style="list-style-type: none"> Namespace ID (20) - Sending Network Facility ID; <i>healthnetBC</i> assigned
5	Receiving Application	R					<ul style="list-style-type: none"> Namespace ID (15) - Business application that will accept the transaction; valid value is "RAICHK-BNF-CVST"
6	Receiving Facility	R					<ul style="list-style-type: none"> Namespace ID (20) - Receiving Network Facility ID; <i>healthnetBC</i> assigned
7	Date/Time of Message	R					Date/Time transaction was sent from sending system (24) - YYYYMMDDHHMMSS.SSSS+/-ZZZZ
8	Security	R					User ID that uniquely identifies sending system user (20)
9	Message Type	R					<ul style="list-style-type: none"> Message Type (3) - Transaction Identification; valid value is "R15" <i>Trigger Event (3) – Not Supported</i> ²
10	Message Control ID	R					Unique transaction number (20) - see MSH definition for more information
11	Processing ID	R					<ul style="list-style-type: none"> Processing ID (1) - valid values are "D", "E", "T", "P"
12	Version ID	R					HL7 version supported by <i>healthnetBC</i> (8) - valid value is "2.3"

ZHD	Required						
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment Id	R					"ZHD"
1	Business Event Date/Time	R					Date/Time business event occurred that "created" this transaction (19) - YYYYMMDDHHMMSS+/-ZZZZ
2	Business Organization	R			HNE T:XO N		Business organization that originated the transaction; <i>healthnetBC</i> assigned <ul style="list-style-type: none"> • Organization Name – Not Supported ³ • Organization Name Type code – Not Supported ³ • ID Number (20) - Organization ID; required
3	Business User Group	R					Service Permission Group that user belongs to (30)
7	Software Version Number	R					Latest version number of sending application software that has been compliance tested by <i>healthnetBC</i> (15).

PID		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R					"PID"
2	External Patient ID ³	R			HNE T:CX		Personal Health Number (PHN) <ul style="list-style-type: none"> • ID (10) - Personal Health Number (PHN); required • <i>Check Digit – Not Supported</i> ³ • <i>Code Identifying the Check Digit Scheme Employed – Not Supported</i> ³ • Namespace ID of Assigning Authority (5) - Identifier Issuing Jurisdiction; required; valid value is "BC" • Identifier Type Code (2) - required; valid value is "PH"
3	Internal Patient ID	-					<ul style="list-style-type: none"> • <i>Not Supported</i> ²
5	Patient Name	-					<i>Not Supported</i> ²

IN1		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R					"IN1"
1	Set ID - IN1	-					<i>Not Supported</i> ²
2	Insurance Plan ID	-					<i>Not Supported</i> ²
3	Insurance Company ID	-					<i>Not Supported</i> ²
12	Plan Effective Date	R		1			Beneficiary Coverage Query Date (8)

3 Receiving System

3.1 R15 - Processing Rules – Receiving System

1. Beneficiary coverage information on output is contained on both the IN1 and ZIH segments (IN1/ZIH pairs). The Transaction Segment Count (Quantity) on ZTL in the output transaction will indicate the number of IN1/ZIH segment pairs that were returned. The Transaction Segment Count (Quantity) on ZTL will be set to 1 if there are no periods to return, as there will be at least one IN1/ZIH pair returned in this situation.

For each returned period, the Set ID - IN1 on IN1 and Set ID - ZIH on ZIH will be set to the same number, starting from 1 and incrementing by 1 for each period that is returned, up to the maximum that can be returned by the transaction.

If the number of records found is greater than the maximum for this transaction (15), then the Transaction Segment Count (Quantity) on ZTL will be set to the maximum (15), an error message will be returned in the ERR segment and the first 15 records of application data will be returned.
2. Report of Eligibility Flag (Beneficiary Coverage Status Code) on IN1 will be present on the first IN1 returned (where Set ID - IN1 on IN1 = 1). This will not be repeated on any of the other IN1 segments that may/may not be returned.

3.2 R15 - Transaction Summary – Receiving System

The following specification illustrates the structure of the HL7 transaction.

{ } denotes one or more repetitions of the enclosed segment(s)

[] denotes that the enclosed segments are optional

*healthnetBC*Refer to 'Appendix A, *healthnetBC* Fixed Length Segment Definitions' for more details on each of the segment definitions.

Output Transaction (R15)

MSH	Message Header	Required
MSA	Message Acknowledgement	Required
[{ ERR }]	Error	Optional, Repeats, minimum 0, maximum 10 ⁴ -
[Optional, If transaction processed by receiving application, then Required.
ZTL	<i>healthmetBC</i> Control	Required
[{		Optional, If person found, then Required, Repeats minimum 0, maximum 15. ⁵ -
IN1	Insurance	Required
[ZIH]	<i>healthmetBC</i> Insurance Extension	Optional
}]		
]		

3.3 R15 - Transaction Segments and Fields - Receiving System

MSH		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment Id	R					"MSH"
1	Field Separator	R					" "
2	Encoding Characters	R					"^~\&"
3	Sending Application	R					= Receiving Application on MSH input, "HNCLIENT", "HNGATE" <ul style="list-style-type: none"> For more information on "HNCLIENT", "HNGATE" values, see 'No Response from the Network' in Volume 5.

MSH		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
4	Sending Facility	R					= Receiving Facility on MSH input or Network Facility ID of "HNCLIENT", "HNGATE" if Sending Application on MSH – "HNCLIENT" or "HNGATE". • For more information on "HNCLIENT", "HNGATE" values, see 'No Response from the Network' in Volume 5.
5	Receiving Application	R					= Sending Application on MSH input
6	Receiving Facility	R					= Sending Facility on MSH input
7	Date/Time of Message	R					Date/Time transaction was sent from receiving system (24) - YYYYMMDDHHMMSS.SSSS+/-ZZZZ
8	Security	O					= Security on MSH input
9	Message Type	R					• Message Type (3) - Transaction Identification; valid values is "R15". • <i>Trigger Event (3) – Not Supported</i> ² See also, 'No Response from the Network' in Volume 5.
10	Message Control ID	R					Unique transaction number (20) - see MSH definition for more information
11	Processing ID	R					= Processing ID on MSH input
12	Version ID	R					= Version ID on MSH input

MSA	Required						
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R					"MSA"
1	Acknowledgement Code	R					Indication of success/failure of transaction (2) - valid values are "AA", "AE", "AR"; receiving applications will set "AA" for successful completion and "AE" for application errors; "AR" is set by the infrastructure for invalid transactions or transactions that cannot make it through to the receiving application.
2	Message Control ID	R					= Message Control ID on MSH input (20)
3	Text Message	R					Error code (8) + English message text (72) - Format of error code is AMMMnnnZ where A is an application identifier, MMM is a module or sub-system identifier, nnn is a sequential number and Z is either "E" = error, "W" = warning, "I" = Information

ERR							
Optional, Repeats - minimum 0, maximum 10 ⁴							
Seq	Field	Req/ Opt	# of Repeats	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R					"ERR"
1	Error Code and Location	R	1-1	1			Refer to 'Error Handling' in Volume 5 for more information on error message formats. <ul style="list-style-type: none"> Segment ID (3) – optional; segment where error occurred Sequence (4) – optional; occurrence of segment in transaction where error occurred Field Position (4) – optional; field in segment where error occurred Identifier of Code Identifying Error (8) – Message Number; required; reference table HNET:9000 for valid values; ERR segments are returned in "E", "W", "I" order Text of Code Identifying Error (72) – Message Text; required Alternate Identifier of Code Identifying Error (15) – Alternate Message Number; optional; must be logged if present in transaction Alternate Text of Code Identifying Error (255) – Alternate Message Text; optional; must be logged if present in transaction Name of Alternate Coding System of Code Identifying Error (8) – optional; name of system that generated Alternate Identifier of Code Identifying Error

Reference Transaction Summary - Receiving System for more information on following segments
 Optional, If transaction processed by receiving application, then Required.

ZTL							
Required							
Seq	Field	Req/ Opt	# of Repeats	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R					"ZTL"
1	Transaction Segment Count	R		1			Quantity (3) - Number of records that matched the search criteria; required; valid values are 0 to 15 Units (2) - required; valid value is "RD"

Reference Transaction Summary - Receiving System for more information on following segments
 Optional, If person found, the Required, Repeats minimum 0, maximum 15 ⁵

IN1		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R					"IN1"
1	Set ID – IN1	R		1			(3) – Valid values are 1 through 15; equals Set ID – ZIH on ZIH for same period; refer to Processing Rules for information on how this field is set/used
2	Insurance Plan ID	-					<i>Not Supported</i> ²
3	Insurance Company ID	-					<i>Not Supported</i> ²
13	Plan Expiration Date	O					Beneficiary Coverage End Date (8)
25	Report of Eligibility Flag	O		2			Beneficiary Coverage Status Code (1) – valid values are "Y", "N"

ZIH		Optional					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R					"ZIH"
15	End Reason	O					Beneficiary Coverage End Reason (4) - valid values are "OO", "CHAR", "CHAF", "CHAP", "DEAD", "OOPM", "RESQ", "ADMN", "LOSC", "ELIG", "OOLR"
16	End Date	O					Exclusion Period End Date (8)
17	Client Instruction	O					Beneficiary Coverage Client Instruction (255); mixed case allowed
18	Set ID - ZIH	R		1			(3) - Valid values are 1 through 15; equals Set ID - IN1 on IN1 for same period; refer to Processing Rules for information on how this field is set/used



DOCUMENT MODIFICATION HISTORY		
VERSION	RELEASE DATE	DESCRIPTION
2.0	September 1999	Original single document
2.1	January 9, 2004	<ul style="list-style-type: none"> • Message specification published as separate document. • Added 'General Introduction' • Added reference 'Data Type' and 'Table' columns into segment tables • Corrections to published specification, as described below. Unless otherwise noted, these corrections do not reflect changes to the supported message specification. (New and superseded messages are described in Volume 1.) • Message components or vocabulary marked for future release (from version 2.0) have either been removed entirely or marked as Not Supported. Any substantive changes to these specifications in future will be released as new messages in order to provide for backward compatibility.

Corrections and Update Notes

¹ 02/Nov/27 – example of correction

² This HL7 required component is not supported in this message.

³ This component of the complex data type is not supported. Noted here for clarity.

⁴ Minimum cardinality on ERR segment corrected to read 0, instead of 1. This optional segment may not be present in some messages

⁵ Minimum cardinality on group corrected to read 0, instead of 1. This optional group may not be present in some messages