

R46_Z26 – UPDATE PREMIUM PAYMENT PERIODS

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 R46_Z26 - Transaction Overview

This message is related to establishment and maintenance of insurance premium payment contracts.

This transaction will enable an employer to update premium payment information for an employee and his/her dependents. This version supports the changes to premium payment start and end dates.

2 Sending System

2.1 R46_Z26 - Processing Rules – Sending System

1. If the Sender is making a change to the premium payment Effective Date, the Sender must indicate both the existing Effective Date that is to be replaced, as well as the replacement value. This is done through repetition of the ZIN segment and in each instance valuing the ZIN.4 Segment Action Code to distinguish between the existing and new Effective Dates.
 - a) First instance of ZIN segment:
 - ZIN.1 Premium Payment Effective Date is set to an existing Coverage Effective Date and
 - ZIN.4 Segment Action Code is set to “D”
 - b) Second instance of ZIN segment;
 - ZIN.1 Premium Payment Effective Date is set to new Coverage Effective Date and
 - ZIN.4 Segment Action Code is set to “U”
2. If the Sender is making a change to the Premium Payment Cancel Date, the Sender must indicate both the existing Cancellation Date that is to be replaced, as well as the replacement value. This is done through repetition of the ZIN segment and in each instance valuing the ZIN.4 Segment Action Code to distinguish between the existing and updated Cancellation Dates.

First instance of ZIN segment:

- ZIN.2 Premium Payment End Date is set to an existing Cancellation Date and
- ZIN.4 Segment Action Code is set to “D”

Second instance of ZIN segment;

- ZIN.1 Premium Payment End Date is set to new Cancellation Date and
- ZIN.4 Segment Action Code is set to “U”

2.2 R46_Z26 - 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). Refer to '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
No additional data elements have been determined at this time.				

2.3 R46 - 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 (R46)

MSH	Message Header	Required
ZHD	<i>healthnetBC</i> Message Header	Required
PID	Person Identification	Required
IN1	Insurance	Required
{ ZIN }	<i>healthnetBC</i> Insurance Payment Extension	Required. Repeats minimum 1, maximum 2..

2.4 R46_Z26 - Transaction Segments and Fields - Sending System

MSH	Required						
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment Id	R	1		HL7:S I		"MSH"
1	Field Separator	R	1		HL7:S T		" "
2	Encoding Characters	R	1		HL7:S T		"^~\&"
3	Sending Application	R	1		HNET :ID		<ul style="list-style-type: none"> Namespace ID (15) - Business application that originated the transaction; user defined/assigned
4	Sending Facility	R	1		HNET :ID		<ul style="list-style-type: none"> Namespace ID (20) - Sending Network Facility ID; <i>healthnetBC</i> assigned
5	Receiving Application	R	1		HNET :ID		<ul style="list-style-type: none"> Namespace ID (15) - Business application that will accept the transaction; valid value is "RAIUPT-PREMCOV"

MSH							
Required							
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
6	Receiving Facility	R	1		HNET :ID		<ul style="list-style-type: none"> Namespace ID (20) - Receiving Network Facility ID; <i>healthnetBC</i> assigned
7	Date/Time of Message	R	1		HNET :TS		Date/Time transaction was sent from sending system (24) - YYYYMMDDHHMMSS.SSSS+/-ZZZZ
8	Security	R	1		HL7:ST		User ID that uniquely identifies sending system user (20)
9	Message Type	R	1		HL7:CM4		<ul style="list-style-type: none"> Message Type (3) - Transaction Identification; valid value is "R46" Trigger Event (3) - required; valid values is "Z26"
10	Message Control ID	R	1		HL7:ST		Unique transaction number (20) - see MSH definition for more information
11	Processing ID	R	1		HL7:PT	HNET :0103	<ul style="list-style-type: none"> Processing ID (1) - valid values are "D", "E", "T", "P" ²
12	Version ID	R	1		HL7:ID	HL7:0104	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	1		HL7:SI		"ZHD"
1	Business Event Date/Time	R	1		HNET :TS		Date/Time business event occurred that "created" this transaction (19) - YYYYMMDDHHMMSS+/-ZZZZ
2	Business Organization	R	1		HNET :XON		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 ID Number (20) - Organization ID; required

ZHD		Required					
Seq	Field	Req/ Opt	# of Reqs	Proc Rule	Data Type	Table	Field Notes
3	Business User Group	R	1		HL7: ST		Service Permission Group that user belongs to (30)
7	Software Version Number	R	1		HL7: ST		Latest version number of sending application software that has been compliance tested by <i>healthnetBC</i> (15)

PID		Required					
Seq	Field	Req/ Opt	# of Reqs	Proc Rule	Data Type	Table	Field Notes
-	Segment Id	R	1		HL7: SI		"PID"
2	External patient ID	R	1		HNET : CX		Personal Health Number (PHN) <ul style="list-style-type: none"> • ID (10) – Personal Health Number (PHN); required • Namespace ID of Assigning Authority (5) – Identifier Issuing Jurisdiction; required; valid value is "BC" • Identifier Type Code (2) – required; valid value is "PH"
3	<i>Patient ID – (Internal ID)</i>	-					<i>Not Supported</i> ⁴
5	<i>Patient Name</i>	-					<i>Not Supported</i> ⁴

IN1		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R	1		HL7: SI		"IN1"
1	Set ID – IN1	-					Not Supported ⁴
2	Insurance Plan ID	-					Not Supported ⁴
3	Insurance Company ID	-					Not Supported ⁴
8	Group Number	R	1		HL7: ST		Group Number (7)

ZIN		Required. Repeats, minimum 1, maximum 2.					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R	1		HL7: SI		"ZIN"
1	Premium Payment Start Date	O	1	1	DT		Coverage Start Date (8). Start date for the party paying all or part of the premiums for the beneficiary's plan.
2	Premium Payment End Date	O	1	2	DT		Coverage Cancel Date (8).). End date for the party paying all or part of the premiums for the beneficiary's plan.
4	Segment Action Code	R	1	1,2	ID	HL7:0 206 ⁵	Indicates the action to be carried out using the contents of this segment (add / insert, update or delete).

2.5 R46_Z26 - Processing Rules – Receiving System

The Receiving System will respond to this message with an ACK Message.



DOCUMENT MODIFICATION HISTORY		
VERSION	RELEASE DATE	DESCRIPTION
1.0	July 2002	Original document
1.1	January 9, 2004	<ul style="list-style-type: none"> • Added 'General Introduction' • 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 in previous version 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 Typo correction. Previously listed as ID, reflecting the datatype of the first component of MSH.11. Note that the second component of the PT datatype, "Processing Mode", is not supported in this message.

³ Not Supported' components added for complex datatype to clarify the component structure. No functional change.

⁴ This HL7 required component is not supported for this message.

⁵ Table source correction. This field uses an HL7 table, not an HNET defined one, as shown previously. Table number has not changed.