

# HITSP Communicate Benefits and Eligibility Capability

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HITSP/CAP140



Healthcare Information Technology Standards Panel

*Submitted to:*

**Healthcare Information Technology Standards Panel**

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**Capabilities Team**



## DOCUMENT CHANGE HISTORY

Version Number	Description of Change	Name of Author	Date Published
0.0.1	Populate Template	Capabilities Team	September 30, 2009
0.0.2	Review Copy	Selected Perspective, Domain and/or Tiger Team reviewers	November 9, 2009
0.0.3	Review Copy	Selected Perspective, Domain and/or Tiger Team reviewers	January 18, 2010
1.0	Released for Implementation	Selected Perspective, Domain and/or Tiger Team reviewers	January 25, 2010

RELEASED FOR IMPLEMENTATION



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## 1.0 INTRODUCTION

This Healthcare Information Technology Standards Panel (HITSP) document is divided into Requirements Analysis, External Capability Options, Design Specifications and Standards sections which may be used by analysts, architects and implementers. Analysts refer to this document to determine if the Capability satisfies their requirements. Architects and system implementers refer to this document as the architectural specifications for a system design, while software developers will use a Capability as the source of the design for interoperable information exchange. The Appendix lists requirements satisfied by this Capability.

All sections may be useful to analysts and architects. However as shown in Table 1-1, different readers may find specific sections of greater interest and utility. This table is provided as an aid to readers to assist them in identifying sections to focus on. Readers are encouraged to review all sections of this document to further their understanding of HITSP's work.

**Table 1-1 Reader's Guide for Capability**

Document Section	Section Number	Intended Audience	Information Contained
Section 2.0 Requirements	2.1 Introduction	Policy Managers Policy Analysts Executive Leadership	Provides an overview of the requirements which this Capability addresses, and identifies the system roles supported by the Capability
	2.2 Requirements	Program Managers Policy Analysts Executive Leadership Architects Business Analysts	Defines the actual information exchanges supported by the Capability in terms of exchange actions and exchange content. It shows how these roles can be assigned at a higher level to real world systems, such as an EHR
Section 3.0 External Capability Options	3.1 Security and Privacy	Policy Analysts Architects Business Analysts Developers	Defines the integrated and optional Security and Privacy functions supported by the Capability
Section 4.0 Design Specification	4.1 Requirements Mapped to Constructs	Program Managers Architects Business Analysts Developers	Maps the information exchanges developed in requirements to the actual HITSP construct used by the Capability to support the exchange
	4.2 Constraints and Assumptions	Business Analysts Developers	Lists the context that is necessary to use the Capability, including constraints, assumptions, pre-conditions, post-conditions and triggers
	4.3 Specified Interfaces by System Role	Business Analysts Developers	Identifies the constructs and their interfaces assigned to each system role. It also lists the implementation conditions for use
Section 5.0 Standards	5.1 Standards Used	Program Managers Policy Analysts Architects Business Analysts Developers	Lists regulatory guidance, selected standards and informative references used by the Capability and all its supporting constructs
	5.2 Standards Gaps and Overlaps	Program Managers Policy Analysts Architects Business Analysts Developers	Identifies gaps or overlaps in standards to implement the Capability including a plan to resolve issues



## 1.1 CAPABILITY OVERVIEW

This Capability addresses interoperability requirements that support electronic inquiry and response about a patient's eligibility for health insurance benefits. The information exchanged includes the following:

- A patient's identification (e.g., name, date of birth, and the health plan's member identification number)
- Communication of a member's status of coverage and benefit information and financial liability
- Access to information about types of services, benefits and coverage for various medical care and medications

This Capability provides clinicians and healthcare providers with information about their patient's health insurance coverage and benefits.

## 1.2 SCOPE

A Capability enables business and policy requirements for a business need to be implemented through information exchanges specified in HITSP constructs. The objective of a Capability is to provide the bridge between the business, policy and implementation disciplines by defining a set of information exchanges at a level relevant to policy and business decisions and specifying the use of HITSP constructs sufficiently for implementation. A Capability supports stakeholder requirements and business processes and includes information content, infrastructure, security and privacy. The design of Capabilities leverages existing HITSP constructs and communication methodologies. As new constructs become available, the scope of this Capability may be extended.

## 1.3 COPYRIGHT PERMISSIONS

### COPYRIGHT NOTICE

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## 1.4 REFERENCE DOCUMENTS

A list of key reference documents and background material is provided in the table below. These documents can be retrieved from [www.hitsp.org](http://www.hitsp.org).

**Table 1-2 Reference Documents**

Reference Document	Document Description
<a href="#">HITSP Acronyms List</a>	Lists and defines the acronyms used in this document
<a href="#">HITSP Glossary</a>	Provides definitions for relevant terms used by HITSP documents
<a href="#">TN900 - Security and Privacy</a>	TN900 is a reference document that provides the overall context for use of the HITSP Security and Privacy constructs
<a href="#">TN903 - Data Architecture</a>	TN903 is a reference document that provides the overall context for use of the HITSP Data Architecture constructs
<a href="#">TN904 - Harmonization Framework and Exchange Architecture</a>	TN904 is a reference document that provides the overall context for use of the HITSP Harmonization Framework and Exchange Architecture



## 1.5 GUIDANCE FOR USE OF A CAPABILITY

NOTE: For questions related to details on HITSP Capabilities and HITSP System Roles, please refer to HITSP/TN904 Harmonization Framework and Exchange Architecture Technical Note.

To use a HITSP Capability, a HITSP Interoperability Specification or an implementation conformance statement must assign specific systems to one or more HITSP Capability System Roles and identify how the HITSP Capability Options are to be addressed. In order to assign systems to HITSP System Roles, the reader uses Table 2-3 Supported Information Exchanges to determine what systems can support the specific information exchanges required. For an example of how HITSP System Roles and systems are mapped, readers can consult a HITSP Interoperability Specification Table 3-3 Orchestration of Capabilities by System. In the case of an Implementation Guide, systems can be assigned to HITSP System Roles using a similar methodology.

The use of a HITSP Capability implies that these specific rules will be followed:

- For each HITSP Capability System Role listed in Table 2-2 Capability System Roles, the defined responsibilities of that HITSP Capability System Role are supported. Responsibilities for the HITSP Capability System Role are defined as support for the HITSP Construct interfaces listed in Section 4.3 Specified Interfaces by System Role. Support implies that the system assigned to the HITSP Capability System Role makes the associated HITSP construct interfaces available for use by other systems. For those HITSP construct interfaces in Section 4.3 that have associated content optionality, the HITSP Capability System Role must comply with the optionality condition listed in Table 4-10 Implementation Conditions.
- Responsibilities also include the constraints and assumptions associated with use of a Capability, as outlined in Table 4-3 Context. For those Capabilities with Section 3.2 options, the following additional rules apply:
  1. Each topology option listed in Table 3-2 Topology Related Options should be supported by the implementation
  1. Each content import option listed in Table 3-3 Content Import Options should be supported by the implementation
  2. Each document content option listed in Table 3-4 Document Content Options should be supported by the implementation



## 2.0 REQUIREMENTS ANALYSIS

The following table is provided as an aid to readers to assist them in identifying the parts of this section to focus on. Readers are encouraged to review all sections of this document to further their understanding of HITSP's work.

**Table 2-1 Reader's Guide for Section 2.0**

Section Reader's Guide Document Section	Section Number	Intended Audience	Information Contained
Section 2.0 Requirements	2.1 Introduction	Policy Managers Policy Analysts Executive Leadership	Provides an overview of the requirements which this Capability addresses, and identifies the system roles supported by the Capability.
	2.2 Requirements	Program Managers Policy Analysts Executive Leadership Architects Business Analysts	Defines the actual information exchanges supported by the Capability in terms of exchange actions and exchange content. It shows how these roles can be assigned at a higher level to real world systems, such as an EHR

### 2.1 INTRODUCTION

Table 2-2 summarizes the system roles of the Capability. Section 2.2 identifies how these system roles participate in the set of information exchanges.

**Table 2-2 Capability System Roles**

System Role	System Role Definition
Clinician Care Eligibility Requestor	Communication of Clinician Care Eligibility and benefits request
Clinician Care Eligibility Responder	Communication of Clinician Care Eligibility and benefits response
Pharmacy Eligibility Requestor	Communication of Pharmacy Eligibility and benefits request
Pharmacy Eligibility Responder	Communication of Pharmacy Eligibility and benefits response
Medication Formulary and Benefits Requestor	Communication of Medication Formulary and Benefits request
Medication Formulary and Benefits Responder	Communication of Medication Formulary and Benefits response

### 2.2 REQUIREMENTS

#### 2.2.1 INFORMATION EXCHANGES

Table 2-3 defines each of the Information Exchanges supported by this Capability in terms of the Exchange Action (EA) or Exchange Content (EC) used.

**Table 2-3 Supported Information Exchanges**

Information Exchange Identifier	Exchange Action	Exchange Content
A	Request	Request for Health Plan Clinician care benefits verification
B	Respond	Health Plan Clinician care benefits response
C	Request	Request for Health Plan pharmacy benefits verification
D	Respond	Health Plan Response for pharmacy benefits
E	Request	Request for Medication Formulary and Benefits verification
F	Respond	Health Plan or intermediary response for Medication Formulary and Benefits

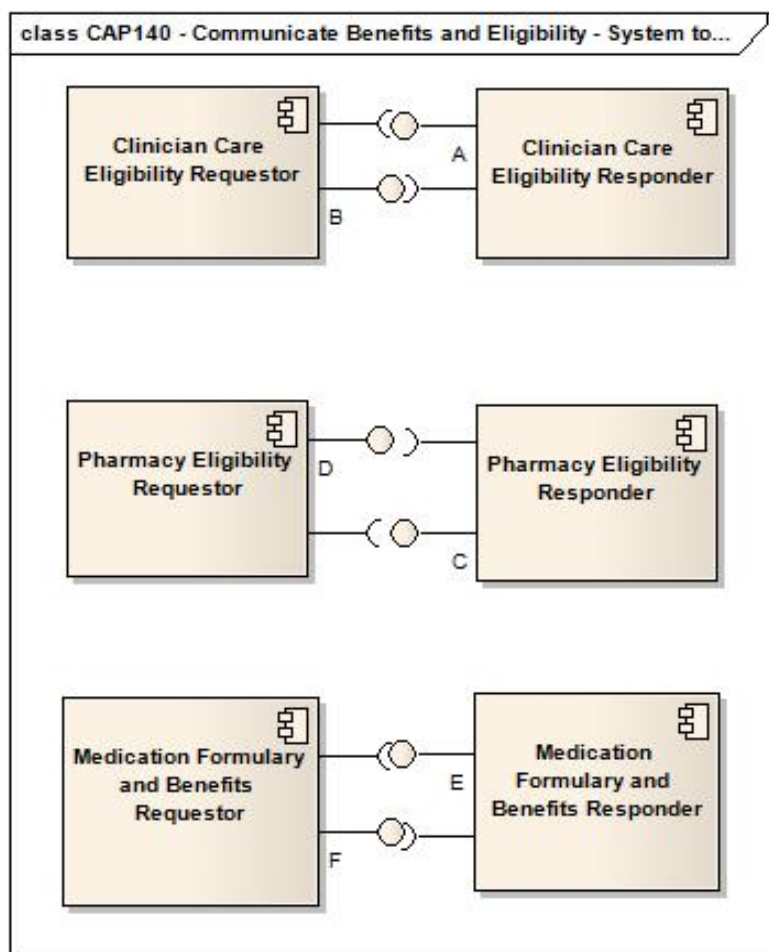
Figure 2-1 identifies how this Capability supports various system roles within multiple system architectures. For example, either an Electronic Health Record (EHR) system or a Health Information Exchange (HIE) might fill a document repository system role in an information exchange). In an





implementation architecture, system roles may be combined locally (e.g., Hospital EHR System) and in others, the system roles may be provided by multiple-distributed trusted third parties (e.g., pharmacies within an HIE).

**Figure 2-1 Information Exchanges Between System Roles**



## 3.0 EXTERNAL CAPABILITY OPTIONS

The following table is provided as an aid to readers to assist them in identifying the parts of this section to focus on. Readers are encouraged to review all sections of this document to further their understanding of HITSP's work.

**Table 3-1 Reader's Guide for Section 3.0**

Document Section	Section Number	Intended Audience	Information Contained
Section 3.0 External Capability Options	3.1 Security and Privacy	Policy Analysts Architects Business Analysts Developers	Defines the integrated and optional Security and Privacy functions supported by the Capability

This section is primarily for architects, engineers and analysts. It allows those who consider using this Capability to evaluate and/or constrain the options that are externally made available for the Capability implementers.

Interoperability among system roles defined by this Capability often requires the selection of consistent options.

### 3.1 SECURITY AND PRIVACY

The application of Security and Privacy is highly influenced by the privacy and security policies. The HITSP Security and Privacy Technical Note (HITSP/TN900) provides a detailed discussion of the security and privacy constructs, including consideration and appropriate context for needed security and privacy related policy decisions. Security and privacy constructs are integrated comprehensively into the Service Collaborations. The actual constructs used and the way in which the constructs are used is dependent on the policies and physical setting. Conformance claims are against the security and privacy constructs that are chosen to enforce the policies.



## 4.0 DESIGN SPECIFICATION

The following table is provided as an aid to readers to assist them in identifying the parts of this section to focus on. Readers are encouraged to review all sections of this document to further their understanding of HITSP's work.

**Table 4-1 Reader's Guide for Section 4.0**

Document Section	Section Number	Intended Audience	Information Contained
Section 4.0 Design Specification	4.1 Requirements Mapped to Constructs	Program Managers Architects Business Analysts Developers	Maps the information exchanges developed in requirements to the actual HITSP construct used by the Capability to support the exchange
	4.2 Constraints and Assumptions	Business Analysts Developers	Lists the context that is necessary to use the Capability, including constraints, assumptions, pre-conditions, post-conditions and triggers
	4.3 Specified Interfaces by System Role	Business Analysts Developers	Identifies the constructs and their interfaces assigned to each system role. It also lists the implementation conditions for use

### 4.1 REQUIREMENTS MAPPED TO CONSTRUCTS

#### 4.1.1 CONSTRUCTS

Table 4-2 defines the mapping of the Information Exchanges supported by this Capability in terms of the Exchange Action (EA), Exchange Content (EC) and any Constraints applied to the Information Exchange with specific initiating and/or responding system interfaces. This provides the traceability of constructs to the information exchanges identified in Section 2.0 above. Content modules and terminology components are not listed here because they are referenced by other constructs, but do not provide an interface. HITSP/TN903 discusses how content modules and terminology components are referenced by other constructs.

**Table 4-2 Information Exchanges Mapped to Constructs**

Information Exchange Identifier	Exchange Type	Construct Identifier	Description
A, B, C, D, E, F	Action	HITSP/SC114 – Administrative Transport to Health Plan	Provides the electronic communication (transport mechanism) for conducting administrative transactions with health plans
A - Request for Health Plan Clinician care benefits verification	Content	HITSP/T40 – Patient Generic Health Plan Eligibility Verification	Provides the status of a health plan covering an individual along with details regarding patient liability for deductible, co-pay and co-insurance amounts
B -- Health Plan Clinician care benefits response	Content	HITSP/T40 – Patient Generic Health Plan Eligibility Verification	Provides the status of a health plan covering an individual along with details regarding patient liability for deductible, co-pay and co-insurance amounts
C -- Request for Health Plan pharmacy benefits verification	Content	HITSP/TP46 – Medication Formulary and Benefits Information	Performs an eligibility check for a specific patient's pharmacy benefits
D -- Health Plan Response for pharmacy benefits	Content	HITSP/TP46 – Medication Formulary and Benefits Information	Performs an eligibility check for a specific patient's pharmacy benefits
E - Request for Medication Formulary and Benefits verification	Content	HITSP/TP46 – Medication Formulary and Benefits Information	Performs an eligibility check for a specific patient's medication formulary and benefit information



Information Exchange Identifier	Exchange Type	Construct Identifier	Description
F - Health Plan or intermediary response for Medication Formulary and Benefits	Content	HITSP/TP46 – Medication Formulary and Benefits Information	Performs an eligibility check for a specific patient's medication formulary and benefit information

## 4.2 CONSTRAINTS AND ASSUMPTIONS

Table 4-3 specifies the context that must be provided in order to use the Capability, identifying any assumptions, pre-conditions, post-conditions, and triggers relevant for use of the Capability.

**Table 4-3 Context**

Assumptions, Pre-conditions, Post-conditions, and Triggers	Type of Context
Patient Identities (name, demographics etc.) are known and are consistent with policies. In this regard, it is expected that the Health Plan's member ID is known and related to the Provider's Finance & Administration System accordingly	Pre-condition
Health Information Exchange (HIE) can serve as intermediary for data in many implementation variants. The various alternative options are not shown	Assumption
Entities have pre-established a business relationship to exchange information	Pre-condition
Authentication service to authenticate requestors and/or data submissions from various locations	Pre-condition
Security and Privacy policies, procedures and practices are commonly implemented to support acceptable levels of consumer/patient Security and Privacy	Pre-condition

## 4.3 SPECIFIED INTERFACES BY SYSTEM ROLE

This section specifies the HITSP Capability interfaces in terms of the System Roles identified in Table 2-2 Capability's System Roles.

Table 4-4 below specifies interfaces for the first system role as defined in Table 2-2.

**Table 4-4 Clinician Care Eligibility Requestor System Role Mapped to HITSP Construct Interfaces**

Construct Interface	Interface Type	T/TP/SC or Content	T/SC/Content Optionality
Eligibility Information Receiver	Request	Administrative Transport to Health Plan (HITSP/SC114)	R
		Patient Health Plan Eligibility Verification (HITSP/T40)	C140 [101]

Optionality Legend: "R" for Required, "O" for Optional, or "C" for Conditional

Table 4-5 below specifies interfaces for the second system role as defined in Table 2-2.

**Table 4-5 Clinician Care Eligibility Responder System Role Mapped to HITSP Construct Interfaces**

Construct Interface	Interface Type	T/TP/SC or Content	T/SC/Content Optionality
Eligibility Information Source	Respond	Administrative Transport to Health Plan (HITSP/SC114)	R
		Patient Health Plan Eligibility Verification (HITSP/T40)	C140 [101]

Optionality Legend: "R" for Required, "O" for Optional, or "C" for Conditional

Table 4-6 below specifies interfaces for the third system role as defined in Table 2-2.



**Table 4-6 Pharmacy Eligibility Requestor System Role Mapped to HITSP Construct Interfaces**

Construct Interface	Interface Type	T/TP/SC or Content	T/SC/Content Optionality
Eligibility Information Receiver	Request	Administrative Transport to Health Plan (HITSP/SC114)	R
		Medication Formulary Benefits Information (HITSP/TP46)	C140 [103]

Optionality Legend: “R” for Required, “O” for Optional, or “C” for Conditional

Table 4-7 below specifies interfaces for the fourth system role as defined in Table 2-2.

**Table 4-7 Pharmacy Eligibility Responder System Role Mapped to HITSP Construct Interfaces**

Construct Interface	Interface Type	T/TP/SC or Content	T/SC/Content Optionality
Eligibility Information Source	Respond	Administrative Transport to Health Plan (HITSP/SC114)	R
		Medication Formulary Benefits Information (HITSP/TP46)	C140 [103]

Optionality Legend: “R” for Required, “O” for Optional, or “C” for Conditional

Table 4-8 below specifies interfaces for the fifth system role as defined in Table 2-2.

**Table 4-8 Medication Formulary and Benefits Requestor System Role Mapped to HITSP Construct Interfaces**

Construct Interface	Interface Type	T/TP/SC or Content	T/SC/Content Optionality
Medication Formulary and Benefits Retriever	Request	Administrative Transport to Health Plan (HITSP/SC114)	R
		Medication Formulary Benefits Information (HITSP/TP46)	C140 [102]

Optionality Legend: “R” for Required, “O” for Optional, or “C” for Conditional

Table 4-9 below specifies interfaces for the sixth system role as defined in Table 2-2.

**Table 4-9 Medication Formulary and Benefits Responder System Role Mapped to HITSP Construct Interfaces**

Construct Interface	Interface Type	T/TP/SC or Content	T/SC/Content Optionality
Medication Formulary and Benefits Source	Respond	Administrative Transport to Health Plan (HITSP/SC114)	R
		Medication Formulary Benefits Information (HITSP/TP46)	C140 [102]

Optionality Legend: “R” for Required, “O” for Optional, or “C” for Conditional

Table 4-10 specifies optionality conditions referenced in Table 4-4 through Table 4-9 above.

**Table 4-10 Implementation Conditions**

Condition ID	Condition Description
C140 [101]	<b>SHALL</b> be supported if a Clinician Care system Exchange content is HITSP/T40
C140 [102]	<b>SHALL</b> be supported if the HITSP/TP46 exchange content option used to obtain pharmacy benefits information is NCPDP Formulary and Benefit Standard Implementation Guide
C140 [103]	<b>SHALL</b> be supported if the HITSP/TP46 exchange content option used to obtain pharmacy benefits information is X12N 270/271 or NCPDP Telecommunications Standard Implementation Guide



## 5.0 STANDARDS

The following table is provided as an aid to readers to assist them in identifying the parts of this section to focus on. Readers are encouraged to review all sections of this document to further their understanding of HITSP's work.

**Table 5-1 Reader's Guide for Section 5.0**

Document Section	Section Number	Intended Audience	Information Contained
Section 5.0 Standards	5.1 Standards Used	Program Managers Policy Analysts Architects Business Analysts Developers	List regulatory guidance, selected standards and informative references used by the Capability and all its supporting constructs
	5.2 Standards Gaps and Overlaps	Program Managers Policy Analysts Architects Business Analysts Developers	Identifies gaps or overlaps in standards to implement the Capability including a plan to resolve issues

### 5.1 STANDARDS USED

#### 5.1.1 REGULATORY GUIDANCE

Table 5-2 lists any regulatory guidance that determines or constrains use of standards.

**Table 5-2 Regulatory Guidance**

Regulation	Description
Health Insurance Portability and Accountability Act (HIPAA) -- Administrative Simplification	A listing of national standards plus rules adopted by federal regulation for electronically communicating specified administrative and financial healthcare transactions, and protecting the security and privacy of healthcare information, as applied to the three types of defined covered entities: health plans, healthcare clearinghouses, and healthcare providers who conduct any of the specified healthcare transactions. For more information see the Code of Federal Regulations, Title 45, Parts 160, et. Seq
Medicare Prescription Drug Improvement and Modernization Act of 2003 (Pub.L. 108-173, 117 Stat. 2066, also called Medicare Modernization Act or MMA)	The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) initiated improvements in the Medicare system. The legislation provided a voluntary program for prescription drug coverage under Medicare. Additionally, the MMA allows a tax deduction to individuals for amounts contributed to health savings security accounts, provides the disposition of unused health benefits in cafeteria plans and flexible spending arrangements. For more information visit <a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a>

#### 5.1.2 SELECTED STANDARDS

Table 5-3 lists the standards selected as relevant to this Capability.

**Table 5-3 Selected Standards**

Standard	Description
Accredited Standards Committee (ASC) X12 270 and 271 Transaction Standards Version 4010, using the Insurance Subcommittee (X12N) Addenda 004010X92A1	Many of the version X12N 004010 Implementation Guides, including all of those adopted under HIPAA, have Addenda that contain updates -- only -- to the original Implementation Guides. These Addenda are identified as version 004010A1. Implementation Guide 004010X092A1 describes transactions for Health Care Eligibility Benefit Inquiry and Response. Implementation Guides are published by Washington Publishing Company. For more information visit <a href="http://www.wpc-edi.com">www.wpc-edi.com</a>



Standard	Description
Accredited Standards Committee (ASC) X12 270 and 271 Transaction Standards Version 4010, using the Insurance Subcommittee (X12N) Implementation Guides Version Reference Numbers 004010X92	Detailed Implementation Guides based on release 004010 of the X12 standards. These Implementation Guides provide details on the use of X12 standards to accomplish specific transaction functions. Some of the version 004010 Implementation Guides, but not all, have been adopted as Implementation Specifications under HIPAA. Implementation Guides are published by Washington Publishing Company. For more information visit <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a>
Accredited Standards Committee (ASC) X12 270 Transaction Version Standards Release 004010	The objective of the Health Care Eligibility or Benefit Inquiry (270) is to provide for the exchange of eligibility inquiry to individuals within a health plan. This transaction can be used by health care providers to request coverage and payment information on the member/insured in a batch environment where real time processing is not required. This transaction is also used to provide additional patient eligibility information to support administrative reimbursement for health care products and services. This standard is required by HIPAA
Accredited Standards Committee (ASC) X12 271 Transaction Version Standards Release 004010	The objective of the Health Care Eligibility, Coverage, or Benefit Information (271) is to provide for the response to eligibility inquiries about individuals within a health plan. This transaction can be used to receive coverage and payment information on a member/insured in a batch environment where real time processing is not required. This transaction is also used to provide additional patient eligibility information to support administrative reimbursement for health care products and services. This standard is required by HIPAA
Council for Affordable Quality Health Care (CAQH) Committee on Operating Rules for Information Exchange (CORE) Phase I Operating Rules	Provide agreed-upon business rules and guidelines for using and processing eligibility inquiry and response transactions between providers and health plans; in particular those that have been adopted under HIPAA. For more information visit <a href="http://www.cagh.org">www.cagh.org</a>
Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Phase II #258 Normalizing Last Name Rule v2.0.0	Provides agreed-upon business rules and guidelines for using and processing eligibility inquiry and response transactions between providers and health plans; in particular those that have been adopted under HIPAA. For more information visit <a href="http://www.cagh.org">www.cagh.org</a>
Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Phase II #259 AAA Error Code Reporting Rule v2.0.0	Provides agreed-upon business rules and guidelines for using and processing eligibility inquiry and response transactions between providers and health plans; in particular those that have been adopted under HIPAA. For more information visit <a href="http://www.cagh.org">www.cagh.org</a>
Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Phase II #260 Eligibility Data Content Rule v2.0.0	Provides agreed-upon business rules and guidelines for using and processing eligibility inquiry and response transactions between providers and health plans; in particular those that have been adopted under HIPAA. For more information visit <a href="http://www.cagh.org">www.cagh.org</a>
National Council for Prescription Drug Programs (NCPDP) Formulary and Benefits Standard Implementation Guide	Provides a standard means for pharmacy benefit payers (including health plans and Pharmacy Benefit Managers) to communicate formulary and benefit information to prescribers via technology vendor systems. The service enables technology vendors to receive a range of formulary and benefit information through the service: formulary status, preferred alternatives, benefit coverage and copay information. For more information visit <a href="http://www.ncdp.org">www.ncdp.org</a>
National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Implementation Guide Version 5.1	Provides prescription claim transactions between Providers and Adjudicators, and between Adjudicators (aka Payer-to-Payer). The Telecommunication Standard Implementation Guide supports the following processes: <ul style="list-style-type: none"> <li>• Eligibility Verification</li> <li>• Claim</li> <li>• Service</li> <li>• Information Reporting</li> <li>• Prior Authorization</li> <li>• Predetermination of Benefits</li> </ul> For more information visit <a href="http://www.ncdp.org">www.ncdp.org</a> . Note: Version 5.1 of this document was named in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. It should be noted that the industry has requested Version D.0 for use in the next round of HIPAA



### 5.1.3 INFORMATIVE REFERENCE STANDARDS

Table 5-4 includes reference standards that inform the overall semantic interoperability.

**Table 5-4 Informative Reference Standards**

Standard	Description
No applicable informative reference standards	

## 5.2 **STANDARDS GAPS AND OVERLAPS**

Table 5-5 identifies the information exchange requirements and known standards gaps, along with the recommended resolutions to the gaps.

**Table 5-5 Information Exchange Requirements (IER) and Associated Standards Gaps**

IER Gap Description	Responsible HITSP TC	Design Approach	Required Standards Now Unavailable for Constructs	SDO Working on Unavailable Standards	Expected Availability
None					

Table 5-6 lists any standards overlaps and describes plans to resolve each of the overlaps.

**Table 5-6 Information Exchange Requirements (IER) and Associated Standards Overlaps**

Requirement Number	Summary Description	Standard Overlap	Recommended Resolution
None			





## 6.0 APPENDIX

This section may include additional materials referenced throughout this document, such as requirements analysis tables and figures. If the Capability is yet to be implemented, it may contain the candidate standards, for Tier 2 evaluations.

The following legacy Interoperability Specifications were used to derive this Capability:

- HITSP/IS04 Emergency Responder Electronic Health Record
- HITSP/IS07 Medication Management
- HITSP/IS08 Personalized Healthcare
- HITSP/IS09 Consultations and Transfers of Care
- HITSP/IS77 Remote Monitoring

This Capability also addresses eligibility and benefits requirements received from ONC in the 2009 Medication Gaps and Extensions requirements. Table 6-1 describes the functional requirements from the 2009 Medication Gaps document which are incorporated in this Capability.

**Table 6-1 Functional Requirements**

Functional Requirement	Information Exchange Identifier	Data Requirements	Analysis
Plan Formulary for Medication Orders Query for plan formulary information	B		HITSP/CAP140 includes Pharmacy Medication Formulary and Benefits Response (HITSP/TP46). <b>No changes seen for HITSP/CAP140</b>
New information requirements relative to benefits checking. may provide both pharmacy and non-pharmacy benefits	A, B	Routing, standardized organization identifiers, formulary information	Specific benefit check may include support for drug utilization review check
For LTC, need to know status at facility. Pharmacy tells facility who the payer is. Prescriber needs to get the LTC status from the LTC Facility	GAP	LTC status data element values set should include (Part A stay, Inpatient stay, etc)	The perceived GAP is not related to an eligibility transaction. Eligibility Transaction is specifically looking for benefit information. This is out of scope for this Capability.



## 7.0 DOCUMENT UPDATES

This section provides the history of changes made to this document.

### 7.1 SEPTEMBER 30, 2009

No changes. This is the first published version of the document.

### 7.2 NOVEMBER 9, 2009

Updated System Role Definition in Table 2-3.

Removed HITSP/SC114 from Exchange Content column of Table 2-4

### 7.3 JANUARY 18, 2010

Updated to HITSP Capability Template Version 2.3

Implements disposition decisions for comments 8224, 8226, 8227, 8765, and 8937

The full text of the comments along with the Technical Committee's disposition can be reviewed on the [HITSP Public Web Site](#).

### 7.4 JANUARY 25, 2010

Upon approval by the HITSP Panel on January 25, 2010, this document is now Released for Implementation.

