The Payers Section contains data on the patient's payers, whether "third party" insurance, self-pay, "self-pay or guarantor", or some combination of those, and is used to define which entity is responsible for the financial aspects of a patient's care. Each unique instance of a payer and all the pertinent data needed to contact, bill to, and collect from that payer should be included. Authorization information that can be used to define pertinent referral, authorization tracking number, procedure, device, or similar authorizations for the patient or provider or both should be included. At a minimum, the patient's pertinent current payment sources should be listed. The sources of payment are represented as a Coverage Activity, which identifies all of the insurance policies or government or other programs that cover any or all of the patient's healthcare expenses. Each insurance policy or government or other program is sequenced by preference. The Coverage Activity has a sequence number that represents the preference order. Each policy or program identifies the covered party with respect to the payer, so that the identifiers can be recorded.
Payer Section (V3)

- Coverage Activity (V3): Believes this repeats per encounter but not defined.
- Entry Relationship: Repeats for insurance and/or responsible party.
- Performer – Responsible Party/Payer: Where payer name and ID are located; or self-pay.
- Performer – Guarantor: Used to identify another person paying for care, example: parent.
- Participant – Patient: If Patient is subscriber all identifiers go here (ID, group, RxBin, etc.).
- Participant – Subscriber: Only present if Patient is NOT the subscriber (has subscriber ID, group, RxBin, etc.).
- Sequence Number: 1 for primary, 2 for secondary, etc.

Prior Authorization: Should likely not always be required since each visit does NOT require a prior auth (STU Comment entered).

The Questions

- How do you clearly identify a payer?
- How do you distinguish between the different identifiers from the payer?
- What do you do when there is not a Prior Authorization for the visit?
- How do you link multiple occurrences of Coverage in a CCDA document to the correct encounter?

Can we use the Payer ID used in Claims?

- Currently an ID with a root and extension: ISA*03* *00* *ZZ*1234567A *27*04112 0301011253*00501*10000002*1*.

In the particular example – the payer requires 04112 in the ISA8 which is the Interchange Receiver ID.

- While many are NAIC numbers, there is no one system for this ID.

<assignedEntity>
<id root="2.16.840.1.113883.6.300" extension="04112"/>
Will the type extension on id help distinguish between identifiers?

- Proposal to add an extension to id to allow for identifying the “type” of id. This could be used to distinguish between identifiers that belong to the same payer (root)
  - Subscriber id
  - Group id
  - RxBIN
  - RxPCN
  - RxGroup

Do you nullFlavor the Prior Authorization entryRelationship when there isn’t one?

- Since most visits do not require a prior authorization but entryRelationship is required, how do you handle now?
- STU Comment filed to request change to optional.

How do you indicate which encounter the coverage is for?

- effectiveDate in Coverage Activity?
- entryRelationship to Encounter?
ADDITIONAL RESOURCES

Paper Section (VS)

Table of Contents:

1. CoverageActivity[VS] root 2.16.840.1.1000.1.10.3.5.20.6.01 extension=20150801

Entry Relationship

Performer - Responsible Party/Payer
code
title
text

Code = 48768-6  Payment sources (LOINC)

SequenceNumber
Sequence of coverage
0..*
1..*

1..1 code from 2.16.840.1.113883.3.88.12.3221.5.2 (Health Insurance Type)
1..n translation from 2.16.840.1.114222.4.11.3591 (Payer)
1..1 code from 2.16.840.1.113883.1.11.10416 (HL7FinanciallyResponsiblePartyType)

Address, telecom, Represented Organization

AssignedEntity – where payer id is located and HL7FinanciallyResponsiblePartyType

urn:oid:2.16.840.1.113883.1.11.10416 DYNAMIC

Performer - Guarantor

1..1 code from 2.16.840.1.113883.5.110

Address, telecom

RepresentedOrganization

Participant - Member

1..1

1..1
typeCode
urn:oid:2.16.840.1.113883.5.90 (HL7ParticipationType) = COV
effectiveTime – high low

ParticipantRole

Code from 2.16.840.1.113883.1.11.18877 (Coverage Role Type), self, family, etc

0..1

Participant – Subscriber (not present if Member is subscriber)

1..1
typeCode
2.16.840.1.113883.5.90 (HL7ParticipationType) = HLD

ParticipantRole

2.16.840.1.113883.5.1002 HL7ActRelationshipType) = REFR

1..1

1..1

EntryRelationship

Prior Authorization

a. SHALL contain exactly one [1..1] @ typeCode = "REFR" Refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002 STATIC) (CONF:1198-8940).
b. The target of a policy activity with act/entryRelationship/@typeCode = "REFR" SHALL be an authorization activity (templateId 2.16.840.1.113883.10.20.1.19) OR an act, with act[@classCode = "ACT"] and act[@moodCode = "DEF"], representing a description of the coverage plan (CONF:1198-8942).
c. A description of the coverage plan SHALL contain one or more act/id, to represent the plan identifier, and an act/text with the name of the plan (CONF:1198-8943).
## Example List

A - Member is Subscriber, single insurance – Slide 10
B - Member is not Subscriber, single insurance Slide 11
C - Member has two insurance, primary Subscriber and secondary dependent Slide 12/13
D - Member has insurance but service is not covered Slide 14
E - Self Pay – Slide 15
F - Guarantor Pay (Child as example) – Slide 16

### HL7

#### A Payer Section (V3) – Single Insurance where Patient is subscriber

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>48768-6</td>
<td>Payment sources (LOINC)</td>
</tr>
</tbody>
</table>

#### B Payer Section (V3) – Single Insurance where Patient is not the Subscriber

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>48768-6</td>
<td>Payment sources (LOINC)</td>
</tr>
</tbody>
</table>

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(Continued)

D Payer Section (V3) for Insurance where Patient is Subscriber but Service is Not Covered so Guarantor Required

Entry Relationship
Performer – Responsible Party
SequenceNumber – 2
1..*
0..*

PolicyActivity (V3) root 2.16.840.1.113883.10.20.22.4.61
extension=2015-08-01
1..1
1..1
id – would be identifier for the payer (NOT the Subscriber, Dependent, Member)

1..1 code from 2.16.840.1.113883.3.88.12.3221.5.2 (Health Insurance Type)
MB Medicare

1..n translation from 2.16.840.1.114222.4.11.3591 (Payer)
1 Medicare Part B

1..1 code from 2.16.840.1.113883.1.11.10416 (HL7FinanciallyResponsiblePartyType)
GUAR

Address, telecom, Represented Organization
AssignedEntity – where payer id is located and HL7FinanciallyResponsiblePartyType
urn:oid:2.16.840.1.113883.1.11.10416 DYNAMIC

Performer – Guarantor (need guarantor to pay what is not covered)
1..1 code from 2.16.840.1.113883.5.110
Address, telecom
RepresentedOrganization

Participant – Member
1..1
1..1
typeCode
urn:oid:2.16.840.1.113883.5.90 (HL7ParticipationType) = COV

Time – high low

ParticipantRole
Id
Code from 2.16.840.1.113883.1.11.18877 (Coverage Role Type) , SELF

Repeat of Policy Activity for Guarantor information