Eligibility Response Fhir Resource Proposal
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EligibilityResponse

Owning committee name
Financial Management

Contributing or Reviewing Work Groups
- Patient Administration

FHIR Resource Development Project Insight ID
994

Scope of coverage
Represents more or less granular information verifying whether or not a patient is enrolled in a public health program or private health insurance policy for which premiums are to be or have been paid, and for which types or specific healthcare services are covered. It includes verification of coverage for humans as well as animals.

RIM scope
Observation class with classCode of VERIF and moodCode of EVN.

Resource appropriateness
Eligibility Response is a determination by a public health program or private health insurer, or a designate that a specific insurance policy is in effect on a specific date for a specific individual, which is used to verify a patient’s eligibility for health services. It does not imply that a particular service and/or product will be covered and/or paid if submitted to a public health program or private health insurer.

Expected implementations
Referenced by CCDA in situations where coverage has is not yet effective, is effective, or has lapsed.

Content sources
- v2 IN1, IN2, IN3 segments
- v3 Eligibility and Coverage models
- X12 270, 271, 834, 820
- NCPDP

Example Scenarios
Payor verification of patient’s coverage in response to provider Eligibility query.

Resource Relationships
Eligibility Response is associated to Eligibility, Coverage, Patients as covered parties, and RelatedPersons or Organizations as policy holders. Eligibility Response is referenced by Claim.

Timelines
Part of initial DSTU.

gForge Users
N/A