

C/N Working List of Definitions

These definitions are for us in HL7 FHIR data standards and assumes no legal or regulatory meaning

Need further description of the purpose of COVERAGE resource

What is the relationship between Coverage and InsurancePlan especially in the area of type

Insurance Card ISO2410 specification/WEDI based on American National Standard, Identification Cards—Health Care Identification Cards, INCITS 284

Nomenclature /Concepts	FHIR element	Related Terms	aka	Definition	Notes/Links	Who																																																			
Policy	Coverage.contract		Contract	Typically an agreement between a policyholder(see policyholder) and an insurer to outline the terms and conditions for coverage and benefits. However, the agreement may not have been made by the policy holder, for example in the Federally Funded Exchange, a person can purchase insurance for another individual and not be directly covered by that policy.		Mary Kay																																																			
Patient	Coverage.beneficiary		beneficiary, subscriber, member, dependent	An individual who has received, is receiving or intends to receive health care services. (Health care services as defined by federal and state regulations.)		Laurie /1st Pass																																																			
Provider	Not in Coverage				Narrowed our focus to Coverage Resource	Sonja																																																			
Type of Insurance	Coverage.type			<p>Insurance Type is a high level indicator of what category of coverage will be paying for services. It could also represent payment by an individual or organization.</p> <table border="1"> <thead> <tr> <th>Type</th> <th>Description</th> <th></th> </tr> </thead> <tbody> <tr><td>Agricultural</td><td></td><td></td></tr> <tr><td>Automobile</td><td></td><td></td></tr> <tr><td>Casualty</td><td></td><td></td></tr> <tr><td>Deposit</td><td></td><td></td></tr> <tr><td>Flood</td><td></td><td></td></tr> <tr><td>Health (includes Dental, Vision)</td><td></td><td></td></tr> <tr><td>Home Owner/ Residential</td><td></td><td></td></tr> <tr><td>Liability</td><td></td><td></td></tr> <tr><td>Life & Annuity</td><td></td><td></td></tr> <tr><td>Mortgage</td><td></td><td></td></tr> <tr><td>Pet</td><td></td><td></td></tr> <tr><td>Property</td><td></td><td></td></tr> <tr><td>Reinsurance (Excessive Loss)</td><td></td><td></td></tr> <tr><td>Self</td><td></td><td></td></tr> <tr><td>Travel</td><td></td><td></td></tr> <tr><td>Worker's Compensation</td><td></td><td></td></tr> </tbody> </table>	Type	Description		Agricultural			Automobile			Casualty			Deposit			Flood			Health (includes Dental, Vision)			Home Owner/ Residential			Liability			Life & Annuity			Mortgage			Pet			Property			Reinsurance (Excessive Loss)			Self			Travel			Worker's Compensation			<p>Believe the list is a combination of programs and coverage types. Also the level of specificity is varying - for example, we have HIP for health coverage. Or HMO but is this for Commercial HMO or Medicaid HMO.</p> <p>Therefore, we recommend that the list pointed to as preferred does not meet the definition. Examples of what we believe does represent the definition is listed to the left.</p> <p>And below from NAIC https://content.naic.org/consumer.htm</p> <p>Home owners Life Auto Life Health Flood Military Long Term Sharing Economy Small Business Cybersecurity</p>	Mary Kay
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Insurance Product Type	Coverage.insuranceProductType			A product type is a high level categorization of product	<p>Possible new data element</p> <p>Possible value set below https://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-InsuranceProductTypeVS.html</p>																																																				

Policyholder	Coverage. policyHolder		<p>This is typically the individual or organization which has arranged with the insurer to provide insurance for health services for a defined group or a named list of beneficiaries. In some cases, the person insured or the custodian of the insured may be policyholder even if another entity has arranged for the insurance.</p> <p>4/20/2020: Chat comment.</p> <p>from David Riddle to everyone: https://www.healthinsuranceproviders.com/what-is-a-medical-policyholder/ from David Riddle to everyone: Interesting summary of one perspective on what is a Policyholder</p>	<p>Example where it does not work - someone buys coverage for their grandkids but the parent (custodial) is called the policy holder (even if not the person who pays for it)</p> <p>https://www.healthinsuranceproviders.com/what-is-a-medical-policyholder/</p>	Paul
Sponsor	not defined in Coverage	Subscriber (Tricare)	Organization that arranges/signs off contract with insurance company to provide one or more benefit packages to their employees/sponsored individuals		
Insured	see subscriber, beneficiary	Member, Beneficiary	The party(ies) covered by an insurance policy.		Mail/Laurie
Subscriber	Coverage. beneficiary	Member, Sponsor (Tricare)	An individual or entity that selects benefits offered by an entity, such as an employer, government, or insurance company.		Mail/1st Pass
Subscriber Id	Coverage. subscriberId		An identifier assigned to an individual or entity that selects benefits offered by an entity, such as an employer, government, or insurance company.		Mail
Dependent	Not defined in FHIR - see Subscriber or Beneficiary	Member, Beneficiary	An individual, other than the subscriber, who has insurance coverage under the benefits selected by a subscriber.		Mail/1st Pass
Dependent Id	Coverage. dependentId		An identifier assigned to an individual, other than the subscriber, who has insurance coverage under the benefits selected by a subscriber.		Mail
Member	Not defined in FHIR - see Subscriber /Beneficiary	Subscriber, Dependent	Any individual covered by the benefits offered by an entity, such as an employer or insurance company.		Laurie/1st Pass
Member Id	Not defined in FHIR - see Subscriber Id or Dependent Id		An identifier associated with any individual covered by the benefits offered by an entity, such as an employer or insurance company.		Laurie
Beneficiary	Coverage. beneficiary	Member, Insured	Any individual that selects or is covered by benefits provided by government programs		Linda
Coverage Period	Coverage. period		The time frame in which the policy is in force		Mail
Eligibility Period	Not defined in FHIR		The time frame for when an individual is allowed to enroll in coverage		
ServiceCoverage Eligibility			Is this benefit covered	Not a part of coverage	

Payer	Coverage.payer	Payer, Insurance Company, Third-party Administrator, Repricer	Public or private party which offers and/or administers health insurance plan(s) or coverage and/or pays claims directly or indirectly. Examples include: <ul style="list-style-type: none"> Insurance Company Health Maintenance Organization Medicare Third-party Administrator Repricer 		D a v i d
Class	Coverage.class			Should class be changed to something like "additional qualifiers"? Does class mean classifiers? It seems odd that an element called class has a type called class.	S e r a f i n a
- Group	Coverage.class.type		A set of individuals that have coverage under a specific insurance or policy. Note one or more groups may be tied to a specific insurance or policy.		
- Sub group	Coverage.class.type		A subset of individuals within a Group	Not on a card Example Chamber of Commerce which has members in different areas; State employee trust fund but group for example active vs retired employees	
-Plan	Coverage.class.type	Product, Program	Health Plan - written promise of coverage given to an individual, family, or group of covered individuals, where a beneficiary is entitled to receive a defined set of health care benefits in exchange for a defined consideration, such as a premium.	We question if this is used on the card? Should this refer to the Resource - Insurance Plan see work Bob Dieterle is doing. ? is this the same as benefit plan as opposed to the Plan which is used to refer to specific health plans, aka insurers 1. FHIR-27109	R o b i n
- Sub plan	Coverage.class.type		A subset of a specific suite of benefits	Not on a card ? tiering a network. X network and Y network both in plan but could differentiate benefits	
- Class	Coverage.class.type			Is this on an ID card? Should it exist or is it intended to represent all of the other items listed here ? Example: Board, Executive, General, COBRA. Maybe used for employees of plan.	
- Sub class	Coverage.class.type			See above	
- Sequence	Coverage.class.type		A sequence number associated with a short-term continuance of the coverage.	This not a commonly used concept in US healthcare	L i n d a
- Rxbin	Coverage.class.type	BIN ANSI Issuer Identification Number (IIN) Rx bin Rxbin RxIIN BIN Number	Card Issuer ID or Bank ID Number used for pharmacy network routing. Note: In version F2 and higher, this has been changed to RXIIN (RX Issuer Identification Number)	Approved by Margaret Weiker	S e r a f i n a
- Rxpcn	Coverage.class.type	Processor Control Number	Processor Control Number assigned by the processor and may be secondary identifier used in routing of pharmacy transactions.	Approved by Margaret Weiker	S e r a f i n a
- Rxid	Coverage.class.type		Insurance ID assigned to the cardholder or identification number used by the plan for pharmacy benefits	Approved by Margaret Weiker	S e r a f i n a
- Rxgroup	Coverage.class.type		ID assigned to the cardholder group or employer group for pharmacy benefits	Approved by Margaret Weiker	S e r a f i n a
-??? Payer ID	Coverage.class.type		Identifier defined by a payer and used for many purposes including for exchange of administrative and clinical data	Note: This might be considered an identifier under Payer but we feel it is an important identifier and may need to be elevated to an element under Coverage Should this be a type under class	

Program	Not currently defined in FHIR	Plan, Product	<p>A program is an organized set of activities directed toward a common purpose or goal that an agency/organization undertakes or proposes to carry out its responsibilities. A program is subject to many different contexts that may be address with a qualifier.</p> <p>The unqualified term of Program is more commonly used for federal and state programs such as Medicare, Medicaid, Tricare and VA that are administered by contracted entities.</p> <p>Commercial entities may have incentives that are referred to as programs such as wellness, smoking cessation, diabetes, etc. It is the recommendation of this subgroup that these should be explicitly qualified with a term such as Clinical Programs</p>	Not elaborated currently in FHIR Resources, should this be added since it can be on a card. Is it specified in WEDI guide for cards? Should it be ProgramCode?)	T o n y
Product		Program, Plan	see Program, Plan		
Order	Coverage.order		<p>The order of application of the insurance to health care claims relative to the other insurance policies (Coverages) which an individual may have. This order would generally follow the order convention for Coordination of Benefit and would include consideration of both health care and accident based insurance.</p> <p>Element Id Coverage.order Definition The order of applicability of this coverage relative to other coverages which are currently in force. Note, there may be gaps in the numbering and this does not imply primary, secondary etc. as the specific positioning of coverages depends upon the episode of care.</p> <p>Cardinality 0..1 Type positiveInt Requirements Used in managing the coordination of benefits.</p>	<p>? Account Coverage.priority</p> <p>Definition conflicts with Requirements</p> <p>"does not imply primary, secondary etc" and "Used in managing the coordination of benefits"</p> <p>Jira Tracker</p> <p>1. FHIR-27106</p> <p>Order versus Account Coverage.coverage.priority</p> <p>1. FHIR-27107</p>	P a u l
Network	Coverage.network		The insurer-specific identification of identifier for the insurer-defined network of providers to which the beneficiary may seek treatment which will be covered at the 'in-network' rate, otherwise 'out of network' terms and conditions apply.	Used in referral for treatment and in claims processing.	B o b
CostToBeneficiary	Coverage.CostToBeneficiary		A suite of codes indicating the cost category and associated amount which have been detailed in the policy and may have been included on the health card.	valueset below owned by FM - are descriptions good? missing any? redundant?	
-GP Office Visit Copay	Coverage.CostToBeneficiary.type		The copayment for an office visit for a general practitioner of a discipline.	(Draft) Copayment an amount of the total charge allocated to the patient.	
- Specialist Office Visit Copay	Coverage.CostToBeneficiary.type		The copayment office visit for a specialist practitioner of a discipline.		
- Emergency Copay	Coverage.CostToBeneficiary.type		The copayment for an episode in an emergency department.		
- Inpatient Hospital Copay	Coverage.CostToBeneficiary.type		The copayment for an episode of an inpatient hospital stay		
- Televisit Copay	Coverage.CostToBeneficiary.type		The copayment for a visit held where the patient is remote relative to the practitioner, e.g. by phone, computer or video conference		
- Urgent Care Copay	Coverage.CostToBeneficiary.type		The copayment for a visit to an urgent care facility - typically a community care clinic.		
- Copay Percentage	Coverage.CostToBeneficiary.type	Coinsurance	A copayment expressed as a percentage of the allowed amount for the products or services cost for which the patient is responsible	Do we need more code values to represent in network and out of network? add element for in/out of network. Time frame adding?	

- Copay Amount	Coverage. CostToBeneficiary. type		A copayment expressed as a fixed monetary amount for products or services cost for which the patient is responsible.	Do we need more codes values to represent in network and out of network?add element for in/out of network
- Deductible	Coverage. CostToBeneficiary. type		An amount the patient must pay before the coverage begins to pay in whole or in part for services. This might be done at an individual or family level based on the policy.	Do we need more codes for deductible, i.e individual deductible, family deductible, in network deductible, out of network deductible? Should there be separate ones for pharmacy? Add element for individual/family and add element for in/out of network
- Maximum Out of Pocket	Coverage. CostToBeneficiary. type		The maximum monetary amount for products or services which a patient is expected to incur, typically annually. This might be done at an individual or family level based on the policy.	Do we need additional code values for family and individual? Add element for individual/family.
- Exception	Coverage. CostToBeneficiary. exception		A suite of codes indicating exceptions or reductions to patient costs and their effective periods.	code set owned by FM - we are not sure these are used in the United States
-- Retired Exception	Coverage. CostToBeneficiary. exception. type		Retired persons have all copays and deductibles reduced.	Retired person has all copays and deductibles reduced
-- Foster Exception	Coverage. CostToBeneficiary. exception. type		Children in the foster care have all copays and deductibles waived.	Children in the foster care have all copays and deductibles waived.
Subrogation	Coverage. subrogation	Reclamation	Subrogation in this use is a flag to indicate that the coverage may need to be pursued for reimbursement for payment by another payer. When 'subrogation=true' this insurance instance has been included not for adjudication but to provide insurers with the details to recover costs.	Note: Boolean value Typically, automotive and worker's compensation policies would be flagged with 'subrogation=true' to enable healthcare payors to collect against accident claims.
Contract	Coverage. contract	Policy	Typically an agreement between a policyholder(see policyholder) and an insurer to outline the terms and conditions for coverage and benefits. However, the agreement may not have been made by the policy holder, for example in the Federally Funded Exchange, a person can purchase insurance for another individual and not be directly covered by that policy.	From a card perspective, this would not appear on an insurance card. It may be used in an internal payer system Is this perhaps intended to represent the Payer ID? (see below for notes on PayerID)
Contract ID?	Contract. identifier		Define - from contract - Unique identifier for this Contract.	Same as above
Insurance Plan	Coverage. Insurance Plan (reference)			Suggest a link to Insurance Plan to get more information about the coverage such as product and benefits.