Federal Health Architecture Program

Federal Health Information Model (FHIM)

EnrollEligCOB Model

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EnrollEligCOB

Subscriber, PolicyHolder, Contract Holder, Card Holder, and Enrollee, are synonymous

Insured-Or-Member is synonymous for Member, Beneficiary, Recipient, and Covered Person. In other words, this person is the patient. But, not all Insured-Or-Members are necessarily ever patients, only those that have actually been treated are. Note that the Insured-Or-Member may be a 'dependent', or may be the subscriber (i.e., 'self')

XOR

XOR

i.e., 'self'
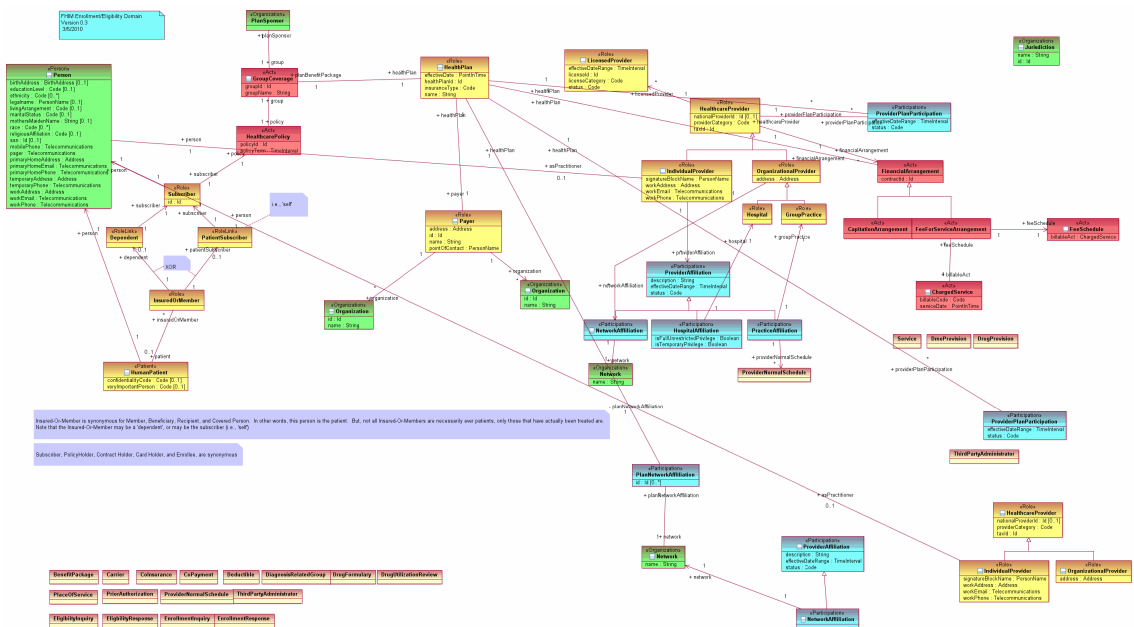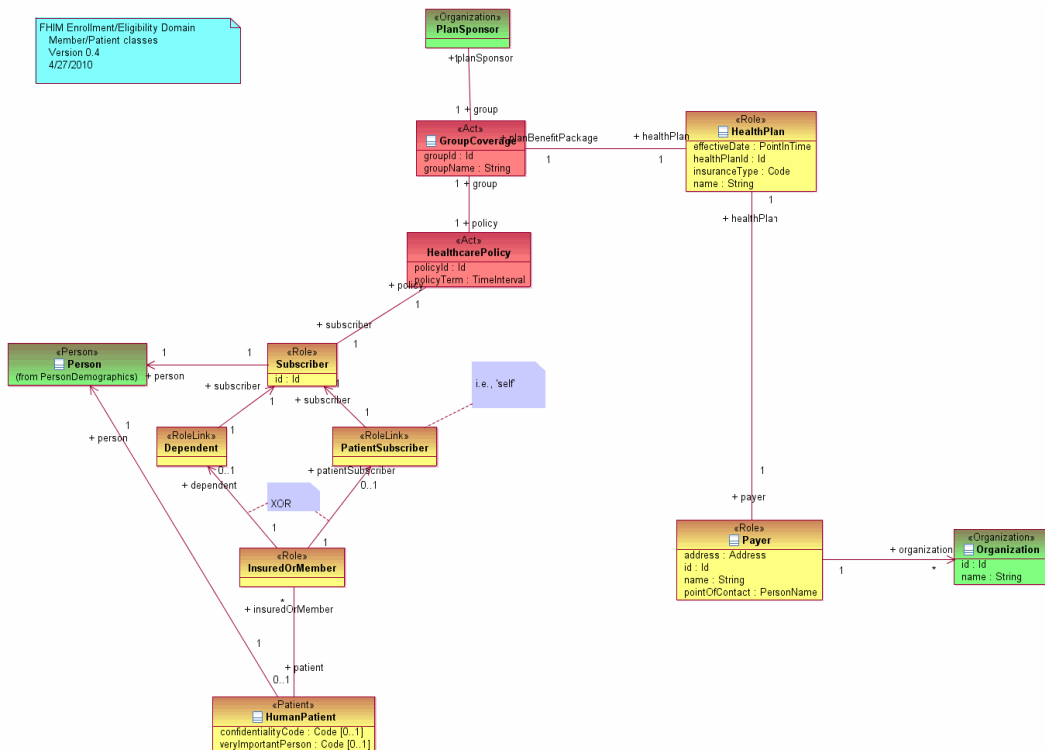
Enrollment, Eligibility, and Coordination of BenefitsDomain

_EECOB All Classes

Figure _EECOB All Classes

_EECOB Member

Figure _EECOB Member
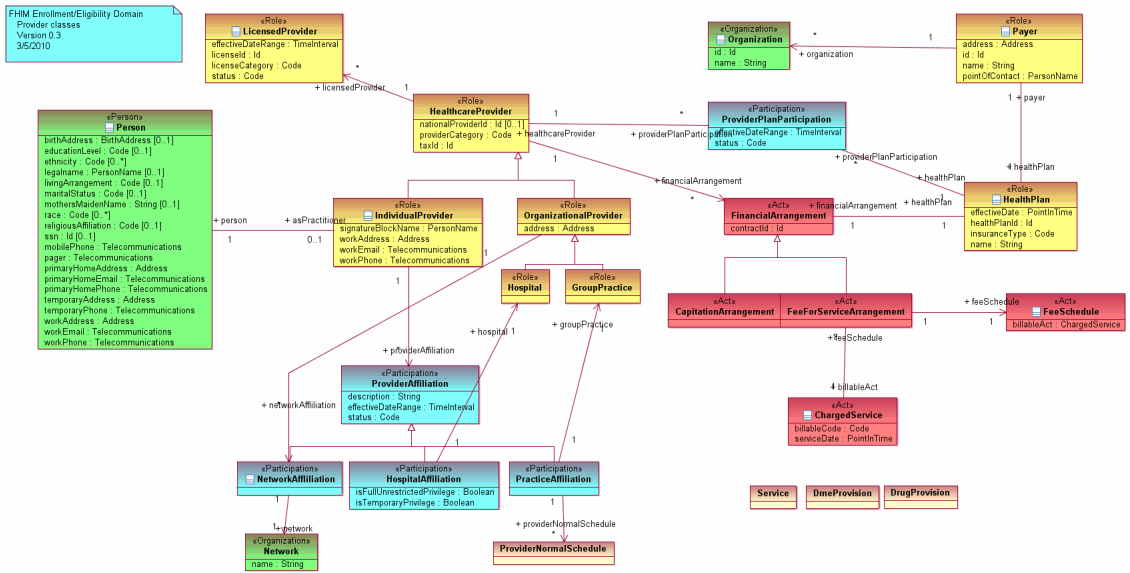
_EECOB Provider

Figure _EECOB Provider

_EnrollEligCOB

FHIM Enrollment/Eligibility Domain
Version 0.3
 3/5/2010

📄 _EECOB All Classes

📄 _EECOB Member

📄 _EECOB Provider

📄 _HealthPlan

📄 _ParkingLot

Figure _EnrollEligCOB

_HealthPlan
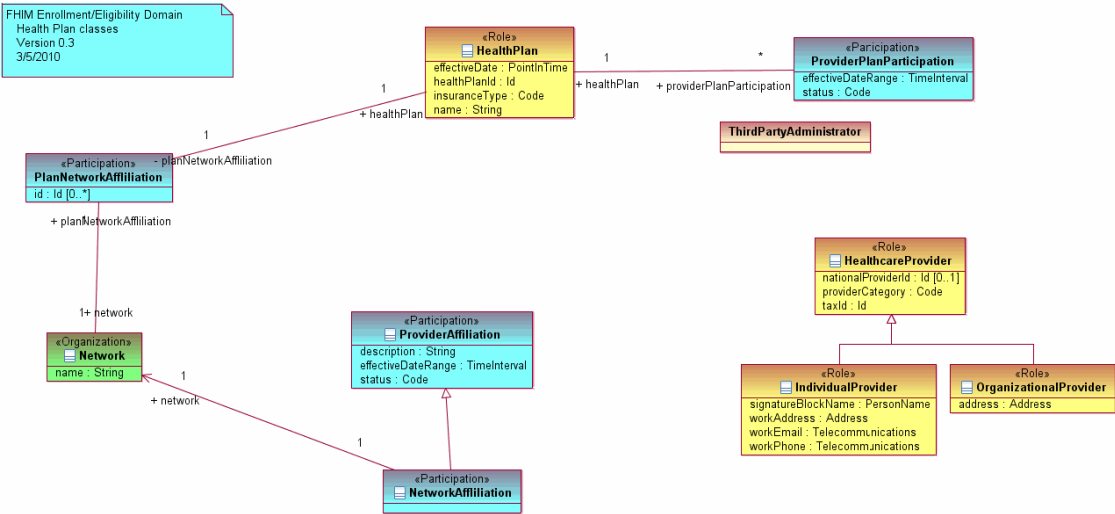
Figure _HealthPlan

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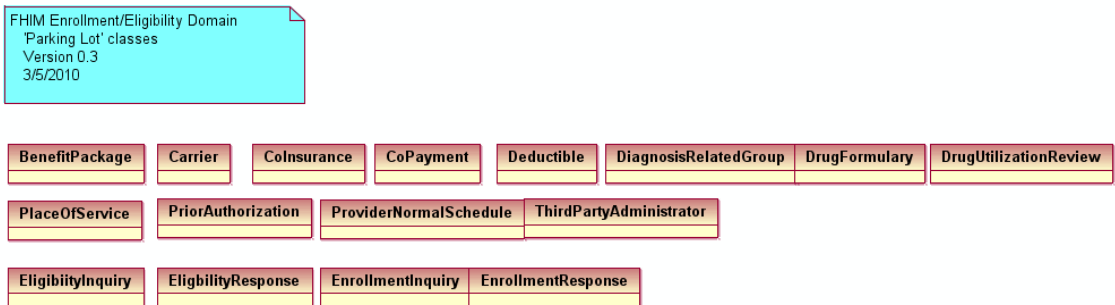
Figure _ParkingLot

Class: BenefitPackage

'A description of what services the insurer or health plan offers to those covered under the terms of a health insurance contract.' -eHealthInsurance.org

«Act» Class: CapitationArrangement

'A method of paying for medical services on a per-person rather than a per-procedure basis. Under capitation, an HMO pays a doctor a fixed amount each month to take care of HMO members, regardless of how much or how little care each member needs. ' -eHealthInsurance.org

Class: Carrier

'Usually a commercial insurer contracted by the Department of Health and Human Services to process Part B claims payments. ' -eHealthInsurance.org

Class: CoInsurance

The co-insurance percentage is typically found in a fee for service environment and is based on a percentage of the total amount the provider would be paid for the service(s). This amount is the patient's responsibility. - derived from X12 270/271 IG

Class: CoPayment

Co-Payment represents the patient's portion of responsibility for a benefit. The co-payment amount is typically a fixed amount and is customarily collected upon receipt of service (however the requirements may vary from plan to plan). - derived from X12 270/271 IG

Class: Deductible

'The amount of money you must pay each year to cover your medical care expenses before your insurance policy starts paying.' -eHealthInsurance.org

Class: DiagnosisRelatedGroup

'A method of classifying inpatient hospital services. It is used as a method of determining financing to reimburse various providers for services performed.' -eHealthInsurance.org

Class: DrugFormulary

'List of preferred pharmaceutical products to be used by a managed care plan's network physicians. Formularies are based on evaluations of the efficacy, safety, and cost-effectiveness of drugs.' -eHealthInsurance.org

Class: DrugUtilizationReview

'A method for evaluating or reviewing the use of drugs in order to determine the appropriateness of the drug therapy.' -eHealthInsurance.org

«Act» Class: FeeForServiceArrangement

Fee Schedule: 'A list of maximum fees for providers who are on a fee-for-service basis.' -eHealthInsurance.org Fee-for-Service: 'A payment system for health care where the provider is paid for each service rendered rather than a pre-negotiated amount for each patient.' -eHealthInsurance.org

«Act» Class: FeeSchedule

'A list of maximum fees for providers who are on a fee-for-service basis.' -eHealthInsurance.org

«Act» Class: FinancialArrangement

Describes the nature of the financial arrangement or contract between a healthcare provider and a health plan. Financial Arrangements are commonly based on Fee Schedules, Capitation arrangements, or some kind of combination of the two.

«Act» Class: GroupCoverage

'Coverage of a number of individuals under one contract. The most common 'group' is employees of the same employer.' eHealthInsurance.org

Attribute 'GroupCoverage.groupId' of type ' Id' with cardinality of [1]

A unique identifier that the payer or information source uses to identify a specific Group OR an Identifier assigned by the health plan to be used as a key to the group's contractual benefits.

«Role» Class: HealthPlan

'This refers to any kind of plan that covers health care services such as HMOs, insured plans, preferred provider organizations, etc.' eHealthInsurance.org This class represents a product offering that may be very closely associated with the organization that offers it, nonetheless, the organization is a separate concept (herein called Payer). The term Health Plan includes not only Private Insurance Plans, but also Public Health Plans, Military Health Programs, and State Health Insurance Programs. These capitalized terms were modeled as subclasses, but were removed on 5/25.

Attribute 'HealthPlan.effectiveDate' of type ' PointInTime' with cardinality of [1]

The date the plan is activated for providing services to the patient.

Attribute 'HealthPlan.healthPlanId' of type ' Id' with cardinality of [1]

A unique identifier that the payer or information source uses to identify the Plan.

Attribute 'HealthPlan.insuranceType' of type ' Code' with cardinality of [1]

Such as HMO, PPO, Medicare, etc.

Attribute 'HealthPlan.name' of type ' String' with cardinality of [1]

The name of the Plan as assigned by the Payer. Should this be 'description' instead of 'name'?

«Role» Class: InsuredOrMember

An insured individual or member is a subscriber or dependent who has been enrolled for coverage under an insurance plan. Dependents of a Subscriber who have not been individually enrolled for coverage are not included in Insured or Member DOD: The person who receives care either because of their status as the person enrolled directly to a benefits program or because of their relationship to such a person. Known as an 'enrollee'.

«Role» Class: Payer

The public or private organization that is responsible for payment for health care expenses. Payers may be insurance companies or self-insured employers.

Attribute 'Payer.address' of type ' Address' with cardinality of [1]

The full address of the organization (e.g. 112 Main St, Suite 23, Cambridge, MA, 02140-3314, USA) it is broken down into its constituent parts (street address line 1, street address line 2, city name, state or province code, postal code, country code)

Attribute 'Payer.id' of type ' Id' with cardinality of [1]

A unique identifier that is used to identify the payer. For example Medicare assigns an identifier to a payer, Blue Cross/Blue Shield assigns an identifier to a payer. 270/271 p 343, 358 example

Attribute 'Payer.name' of type ' String' with cardinality of [1]

The name of the organization (e.g. Harvard Pilgrim Health Care)

Class: PlaceOfService

'This designates where the actual health services are being performed, whether it be home, hospital, office, clinic, etc. ' -eHealthInsurance.org

«Organization» Class: PlanSponsor

The company or organization that assumes financial responsibility for an insured group 'An entity that sponsors a health plan. Employer, Union' - Medicare

«Participation» Class: ProviderAffiliation

Represents information about the association between an Individual Healthcare Provider and an Organizational Healthcare Provider.

Attribute 'ProviderAffiliation.effectiveDateRange' of type ' TimeInterval' with cardinality of [1]
The date range during which the license is valid.

«Role» Class: Subscriber

A person who is named as a beneficiary of a plan, such as an insurance plan. Enrollee: 'An eligible individual who is enrolled in a health plan - does not include an eligible dependent.' -eHealthInsurance.org Subscriber: 'This term has two meanings _ first, it refers to a person or organization who pays the premiums, and second, the person whose employment makes him or her eligible for membership in the plan.' -eHealthInsurance.org DOD: if the person is active duty, he is automatically enrolled into the 'direct care' program as a subscriber. If he is a retiree, he is eligible to enroll in several programs such as Tricare for life. If he does, he's still considered a subscriber. 'sponsor' and 'subscriber' are sometimes used interchangeably.

Attribute 'Subscriber.id' of type ' Id' with cardinality of [1]
A unique identifier that the payer or information source can use to identify the person as a Policy Holder.

Class: ThirdPartyAdministrator

'A firm which provides administrative services for employers and other associations having group insurance policies.' -eHealthInsurance.org

«Role» Class: xxx

Covered Person: 'A person who pays premiums into the contract for the benefits provided and who also meets eligibility requirements.' -eHealthInsurance.org Member: 'Anyone covered under a health plan

(enrollee or eligible dependent).' -eHealthInsurance.org The FHIM CoveredPerson is synonymous with 'member', 'Beneficiary', and 'Recipient'. Note that the covered person may be a policy holder or a dependent of the policy holder. Note that the CoveredPerson may or may not be a 'cardholder', as some insurers issue cards to dependents and some do not.

Attribute 'xxx.id' of type ' Id' with cardinality of [*]

A unique identifier that the payer or information source can use to identify the person as a Policy Holder.