



**Solicitation Information
October 12, 2012**

RFP# 7458185

TITLE: Clinical Laboratory Billing Services

Submission Deadline: November 15, 2012@ 10:00 AM (Eastern Time)

Questions concerning this solicitation must be received by the Division of Purchases at David.Francis@purchasing.ri.gov no later than **November 1, 2012 at 12:00 PM Noon (EST)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Health, is soliciting proposals from qualified firms to provide computerized billing and accounts receivable management services relative to **clinical laboratory testing and lead screening** for the Rhode Island Department of Health, State Health Laboratories, in accordance with the terms of this Request for Proposals and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.us. The initial contract period will begin approximately January 1, 2013. Contracts may be renewed for up to four additional 12-month periods based on vendor performance and the availability of funds.

This is a Request for Proposals, not an Invitation for Bid: responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).

The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253 or visit the website www.mbe.ri.gov or contact charles.newton@doa.ri.gov

SECTION 2: BACKGROUND

Authority to Bill for Services

Pursuant to Chapter 23 of the General Laws of the State of Rhode Island, the Department of Health, State Health Laboratory bills third party insurance carriers for services rendered and is authorized to collect fees for such tests.

Specific Requirements

The vendor must possess extensive prior experience in billing, particularly for clinical and/or medical services, and the management of it. Billing experience for laboratory testing and related program activities is desirable.

SECTION 3: SCOPE OF WORK

General Scope of Work

Services to provide computerized medical billing and accounts receivable management services relative to clinical testing and lead screening for the Rhode Island Department of Health, (HEALTH), State Health Laboratories (SHL) as described below. Approximately 90,000 tests are performed annually for clinical and lead screening. The clinical/lead screening tests range in price from \$8 to over \$50. Income from the clinical/lead tests generates approximately \$1,000,000 in cash receipts annually.

Specific Activities / Tasks

Clinical Testing/Lead Screening

1. The vendor will make the necessary arrangements with third party insurance carriers to begin processing claims for the HEALTH-SHL.
2. The HEALTH-SHL will provide to the vendor all information made available to the HEALTH-SHL by client(s) for use in billing for the tests. HEALTH-SHL will provide the vendor an electronic file for clinical billing in an HL7 format (an example is provided in Appendix A) containing all available service information on a weekly basis.
3. Gathering of additional information as a result of having incorrect or incomplete data will be the responsibility of the Vendor.
4. Beginning on a mutually acceptable date, the Vendor will begin processing all third party insurers, clients and patients.
5. To expedite third party payments, electronic claims transmissions, shall be utilized for all third party payers having electronic transmission capabilities.
6. The Vendor will be compensated at a fixed percentage rate of net cash receipts. The Vendor must submit a compensation formula inclusive of any volume vs. percentage thresholds. In addition, the vendor must be specific relative to the timing for compensation.
7. The State will retain the option to modify administrative decisions made relative to the management, billing of and/or receipt of payments for services rendered.
8. Explanation of Benefits (EOB's) received by the Vendor from any and all third party insurance carriers will be processed upon receipt. The Vendor shall have and perform procedures whereby all rejected claims for payment are quickly reviewed, corrected and resubmitted. Said procedures shall be provided to the HEALTH-SHL upon submission of bid proposal.
9. On a weekly basis, the Vendor will submit all payments and/or payment activities for the prior week, to the HEALTH-SHL.
10. At a minimum, the Vendor agrees to report and meet with the HEALTH-SHL on a monthly basis. The vendor shall provide, at a minimum, the following reports to the HEALTH-SHL
 - a. Systems Summary Report - shows all charges, payments and adjustments for the prior month, as well as running total of accounts receivable by Insurance Carrier and by Client.

- b. Statistical Reports to enable the (HEALTH-SHL) to improve its management of billing and collection activities.
 - c. Reconciliation Report - provides an accounting by volume of the tests performed broken down by the third party carrier and the billing for those tests.
 - d. Collection rates by CPT code and insurance carrier.
 - e. Total amounts paid by CPT code and insurance carrier.
11. The Vendor will be responsible for all costs associated with postage, insurance claim forms, client invoices and other related forms and/or correspondence.
12. The selected Vendor must have sufficient liability insurance coverage and/or be bonded.
13. Cancellation Clause: With a sixty (60) day notice, the HEALTH-SHL may cancel the contract for cause. The Vendor must perform for the duration of the contract.

SECTION 4: TECHNICAL PROPOSAL

1. Staff Qualifications – Provide staff resumes/CV and describe qualifications and experience of key staff who will be involved in this project, including their experience in the field of medical billing in general, and clinical laboratory billing in particular.
2. Capability, Capacity, and Qualifications of the Offeror - Please provide a detailed description of the Vendor's experience as a 3rd party medical billing agency, including experience in coding and billing for laboratory tests/procedures. A list of relevant client references must be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided.
- 3 Work plan - Please describe in detail, the framework within which requested billing and collection services will be performed. The following elements must be included: 1) methods used to verify demographic and insurance information from clients or health providers, 2) methods used to confirm the validity of patient and healthcare provider-generated information, 3) methods for reconciling missing or inconsistent information initially provided for billing purposes, 4) follow-up measures employed on accounts with outstanding balances, 5) methods used to maximize reimbursement rates and frequency. 6) a system of controls to identify errors, omissions and feedback to the Offeror.
- 4 Approach/Methodology – Define the methodology to be used for the submission of clinical billing information to insurers as well as the process of generating billing statements and/or fee collection from a variety of clients. What procedures will be used to ensure accurate and timely collection of fees?

SECTION 5: COST PROPOSAL

Provide a proposal for fees charged for the billing services outlined in this proposal. Fee structure may include a percentage rate charged for actual collections or a set amount to be charged on a monthly or annual basis. Please explain the basis and rationale of your fee structure. Alternative fee schedule proposals will be considered; however, you must provide an understandable fee structure and explain the benefits of the alternative approach.

SECTION 6: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 60 (85.7%) out of a maximum of 70 technical points. Any technical proposals scoring less than 60 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals achieving 60 or technical points will be evaluated for cost and assigned up to a maximum of 30 points in that category, bringing the potential maximum score to 100 points.

The Department of Health reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Staff Qualifications	15 Points
Capability, Capacity, and Qualifications of the Offeror	25 Points
Quality of the Work plan	15 Points
Suitability of Approach/Methodology	15 Points
Total Possible Technical Points	70 Points
Cost [calculated as (lowest responsive cost proposal) divided by (this cost proposal) times 30 points]	30 Points
Total Possible Points	100 Points

Points will be assigned based on the offeror’s clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal. Applicants may be required to submit additional written information or be asked to make an oral presentation before the Technical Review Committee to clarify statements made in their proposal.

SECTION 7: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP # 7458185** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7458185 Clinical Laboratory Billing Services**" to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses should include the following:

- 1 A completed and signed three-page R.I.V.I.P generated bidder certification cover sheet downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
- 2 A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
- 3 **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices) . As appropriate, resumes of key staff that will provide services covered by this request.
- 4 **A separate, signed and sealed Cost Proposal** reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
- 5 In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CDRom, diskette, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

ADDENDIX A
Project Summary Sheet

Rhode Island Department of HEALTH
Division of Laboratories

CLINICAL LABORATORY BILLING SERVICES

The purpose of this page is to provide very basic summary information about the proposal that the prospective funding source can review quickly and use for identification.

NAME OF APPLICANT AGENCY _____

ADDRESS OF APPLICANT AGENCY _____

TELEPHONE NUMBER _____

FAX NUMBER _____

CONTACT EMAIL ADDRESS _____

F.E.I.N. # _____

PROJECT TITLE _____

AMOUNT REQUESTED _____

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APPENDIX B

Transaction File Format and Message Definition

T01.DAT Billing File

The T01.DAT Billing File will be formatted as a single batch ASCII file using HL7 message type P03, Post Detail Transaction. The transfer file will not include the HL7 batch file segments: FHS, FTS, BHS and BTS.

Message Formatting

Each DFT message will be created with an HL7 MLLP envelope and with each segment separated by a carriage return, i.e.:

<SB>MSH<CR>EVN<CR>PID<CR>PV1<CR>PV2<CR>FT1<CR><EB><CR> *where*

<SB> = Start Block, 1 Byte, ASCII<VT>, DEC <11>, HEX <0x0B>. This should not be confused with the ASCII characters SOH and STX.

<EB> = End Block, 1 byte, ASCII <FS>, DEC <28>, HEX <0x1C>. This should not be confused with the ASCII characters ETX or EOT.

<CR> = Carriage Return, 1 byte, ASCII <CR>, DEC <13>, HEX <0x0D>

Detail Financial Transaction (P03)

The interface will use the DFT (P03) message to transmit billing transactions to the HIS.

Event TYPE: DFT

Event CODE: P03

<u>DFT Segment</u>	<u>Segment Name</u>	<u>Comments</u>
MSH	Message Header	
EVN	Event Type	
PID	Patient Identification	
[PV1]	Patient Visit	
[PV2]	Patient Visit Addl Info	
FT1	Financial Transaction	

Although HL7 permits multiple FT1 segments in a DFT message, this interface will send only one FT1 per DFT message.

Site Specific Customization

HL7 Segment Definitions

This section defines HL7 data segments supported for a Results interface from HNA to a non-Cerner system.

The Segment Definition Tables are populated as follows:

Heading	Contents	Values
NNN Seq	HL7 Field Sequence	Begins with '01' for each segment
HL7 Len	HL7 Maximum Bytes	Defined by HL7
Type	HL7 Data type	Defined by HL7. Also described in Unit 3 of this Specification
HL7 Req	Field Required by HL7	'R' = Required
HNA Len	HNA Max Length and Type	'C' = string 'N' = numeric 'ID' = HNA coded field 'TN' = HL7 telephone number field 'TS' = HL7 defined time stamp field 'CN' = HL7 composite ID number and name Blank denotes HNA accepts HL7 max length and type
HNA Req	Field Required by HNA	'R' = Required. Always transmitted. 'C' = Conditionally Required 'T' = Transmitted if valued in HNA 'O' = Optional. SR indicator field set to transmit if valued. 'A' = Available in HNA. Site specific customization required to implement. 'N' = Not supported by HNA
Rep	# of Repeats Accepted by HNA	Blank denotes non-repeating field r# where 'r' indicates repeat and '#' is the number of repeats accepted by HNA. r1 indicates an HL7 repeating field with only 1 repeat processed by HNA..
HL7 Elem	HL7 Field Identifier	Defined by HL7, unique identifier
Name	HL7 Field Name	Defined by HL7
HNA Elem	HNA Database Element	Data File-Data Element. Blank denotes transmitted element not stored in HNA files.
Comment	HNA Field Usage Comments	

Dark shaded rows in the tables not supported by HNA. Light shaded rows in the tables require indicator or customization to send. White shaded rows are required, conditionally required, or transmitted if valued. Components of composite fields are shown in *italics*.

0A.1 The MSH Segment - Message Header

0A.1.1 Segment Layout

MSH Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Elem	Name	HNA Element	Comments
01	01	ST	R		R		00001	Field Separator		Field separator. Must be printable character that will never be included in transmitted data. Recommended value is ‘ ’ - ASCII (124).
02	04	ST	R		R		00002	Encoding Characters		Used to separate data field components, repeating data elements, and text control characters. Must be printable characters that will never be included in transmitted data. Recommended values: Pos 1: Component Separator ‘^’ - ASCII(94) Pos 2: Repetition Separator ‘~’ - ASCII(126) Pos 3: Escape ‘\’, ASCII(92) Pos 4: Sub-Component ‘&’ - ASCII(38) The Universal Interface supports limited use of HL7 escape sequences. See Unit 3.
03	15	ST			O		00003	Sending Application		Site defined description of sending application. Not validated.
04	20	ST			O		00004	Sending Facility		Site defined description of sending facility. Not validated
05	30	ST			O		00005	Receiving Application		Site-defined description of receiving application. Recommended value: HNA or ‘Net’ e.g. RadNet
06	30	ST			O		00006	Receiving Facility		Site-defined description of receiving facility. Recommended value: Cerner client mnemonic e.g., ‘CERN_MO’
07	26	TS			O		00007	Date/Time of Message		System date and time the message was formatted in sending system..
08	40	ST			N		00008	Security		Not used
09	07	CM	R		R		00009	Message Type		Specific HL7 message type and event triggering the message.

MSH Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Elem	Name	HNA Element	Comments
09.1			R		R			Type		HL7 table 0076 e.g. ORM
09.2			R		R			Event		HL7 table 0003. e.g. 001, 002
10	20	ST	R		O		00010	Message Control ID		Unique. Sender generated. HNA returns value in ACK message in MSA;2
11	01	ID	R		O		00011	Processing ID		Status of the interface. Valid values for HNA applications: 'T'-Training/Testing Environment; 'P' - Production Environment. Cross environment processing is not supported.
12	08	ST	R		O		00012	Version ID		HL7 version. Set to '2.2'
13	15	NM			C		00013	Sequence Number		Required if using HL7 sequence number protocol
14	180	TX			N		00014	Continuation Pointer		Value indicating a single logical message transmitted using more than one physical message. HL7 continuation functionality not supported by UI for messages to HNA
15	2	ID			N		00015	Accept acknowledgment type		Not used
16	2	ID			N		00016	Application Acknowledgment type		Not used.
17	2	ID			N		00017	Country Code		Not used

0A.1.2 Processing Notes:

The MSH segment defines the characteristics of the message. The sending and receiving applications are identified. The encoding characters used as delimiters for the message are also indicated. The MSH message type is used to indicate the type of message being transmitted.

0.2 The EVN Segment - Event Type

0.2.1 Segment Layout

EV N Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Elem	Name	HNA Element	Comments
01	03	ID	R		R		00099	Event Type Code		Three-character EVENT code which "triggered" the message. Same as MSH;9.2.
02	26	TS	R		R		00100	Date/Time of Event		The 'triggering' system's date and time that the event is recorded to have taken place. Valued by sending system.
03	26	TS			N		00101	Date/Time Planned Event		Not used
04	03	ID			N		00102	Event Reason Code		Not used
05	05	ID			N		00103	Operator ID		Not used

0.2.2 Processing Notes

The EVN segments communicate the "event trigger" information to the receiving application. The supported ADT events were described previously and are from HL7's Event Type Code Table 0003. This segment is required for all ADT messages.

0A.3 The PID Segment - Patient Identification

0A.3.1 Segment Layout

PID Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Elem	Name	HNA Element	Comments
01	04	SI			R		00104	Set ID- PID		Sequential counter within a message to indicate the sequence and number of the PID segment.
02	16	CK			A		00105	External Patient ID		Only with site specific customization
02.1		ST			A			Patient ID		Only with site specific customization
02.2		NM			A			Check Digit		Only with site specific customization
02.3		ID			A			Check Digit Scheme		Only with site specific customization
02.4		ST			A			Assigning Facility ID		Only with site specific customization
03	20	CM	R		R	r1	00106	Internal Patient ID		Composite field. See Unit 5 for options Example: I000000123456789^^^000011
03.1		NM		C15	R			Patient ID	(PR05-MED-NBR6)	Medical Record Number
03.2		NM			A			Check Digit		Only with site specific customization
03.3		ID			A			Check Digit Scheme		Only with site specific customization
03.4		ST		ID5	C			Assigning Facility ID	(PR05-CLIENT6)	Client number stored as N5.
03.5		ID			N			Type ID		Not used.
04	12	ST			N		00107	Alternate Patient ID		Not used.
05	48	PN	R	C40	R		00108	Patient Name	(PR05-NAME3) (MPI01-NAME3)	HL7 name stored in a single field HNA name. e.g., HNA Stored: Last Name, the rest of the name
06	30	ST		C15	A		00109	Mother's Maiden Name	(PR05-MAIDEN-NAME)	HNA does not have Mother's Maiden Name field.
07	26	TS		TS	C		00110	Date of Birth	(PR05-BIRTHDATE) (MPI01-PAT-BIRTHDATE)	HL7 date stored as HNA internal date. Required for HNA order-admit logic.
08	01	ID		ID1	C		00111	Sex	(PR05-SEX) (MPI01-PAT-SEX)	Valid values "M", "F", or "U". Required for HNA order-admit logic.
09	48	PN			N	R	00112	Patient Alias		
10	01	ID		ID1	A		00113	Race	(PR05-RACE), (MPI01-PAT-RACE)	Valid values defined on the SR0510 Race table.
11	106	AD			A	R3	00114	Patient Address		HL7 provides for 3 repeats. The Universal Interface can only post first repeat.
11.1				C25	A			Address Line 1	(MPI01-PAT-ADDRESS1) (PB06-PAT-ADDR1)	

PID Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Elem	Name	HNA Element	Comments
11.2				C25	A			Address Line 2	(MPI01-PAT-ADDRESS2) (PB06-PAT-ADDR2)	
11.3				C25	A			City	(MPI01-PAT-CITY) (PB06-PAT-CITY)	
11.4				ID2	A			State	(MPI01-PAT-STATE) (PB06-PAT-STATE)	
11.5				C9	A			Zip Code	(MPI01-PAT-ZIP) (PB06-PAT-ZIP)	
11.6				C5	A			Country	(MPI01-PAT-COUNTRY) (PB06-PAT-COUNTRY)	
11.7					N			Type		Not Used
11.8				C10	A			Other Geographic Designation	(MPI01-PAT-COUNTY) (PB06-PAT-COUNTY)	Recommended location for county in HL7 V2.2
12	04	ID			A		00115	County Code	(MPI01-PAT-COUNTY) (PB06-PAT-COUNTY)	Not Recommended for V2.2. Used for backwards compatibility only.
13	40	TN		TN	A	r3	00116	Home Phone Number	(MPI01-PAT-HOME-PHONE) (PB06-PAT-PHONE1)	HNA expects TN type data. Stored in HNA as C10 field. HL7 provides for 3 repeats. Universal Interface can post only first repeat.
14	40	TN		TN	A	r3	00117	Business Phone Number	(MPI01-PAT-BUS-PHONE) (PB06-EMPLR-PHONE)	HNA expects TN type data. Stored in HNA as C10 field. HL7 provides for 3 repeats. Universal Interface can post only first repeat.
15	25	ST		ID3	A		00118	Language - Patient	(MPI01-PAT-LANGUAGE).	Valid values defined on the HNA SR0277 <i>Language</i> table. No free text overrides.
16	01	ID		ID1	A		00119	Marital Status	(MPI01-PAT-MARITAL-STATUS)	Valid values are defined on the HNA SR0275 <i>Marital Status</i> table. No free text
17	03	ID		ID3	A		00120	Religion	(PR05-RELIGION) (MPI01-PAT-RELIGION)	Valid values are defined on the HNA SR0278 <i>Religion</i> table. No free text
18	20	CK			R		00121	Patient Account Number		Composite field. See Unit 5 for options. Example field: 123456789^^^01
18.1		ST		C15	R			Patient Account #	(PR05.FNBR2)	
18.2		NM			A			Check Digit		Only with site specific customization
18.3		ID			A			Check Digit Scheme		Only with site specific customization
18.4		ST		ID2	C			Assigning Facility ID	(PR05-HIS-INSTITUTION) and (PR05-INST)	HNA Institution. Can be derived from SR8500 if interface represents a single institution

PID Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Elem	Name	HNA Element	Comments
19	16	ST		C9	A		00122	SSN - Patient	(PR05-SOCSEC) (MPI01-PAT-SOCSEC-NBR) PB06-PAT-SOCSEC)	
<i>19.1</i>	<i>6</i>			<i>C6</i>	<i>R</i>		<i>?</i>	<i>CLIENT NUMBER</i>	<i>PB06_01.CLIENT</i>	<i>ID NUMBER OF CLIENT (FROM TABLE 008)</i>
20	25	CM			N		00123	Driver's License Nbr		Not used
21	20	CK			N		00124	Mother's Identifier		Not used
22	1	ID			N		00125	Race		Not used
23	25	ST			N		00126	Birth Place		Not used
24	2	ID			N		00127	Multiple Birth Indicator		Not used
25	2	NM			N		00128	Birth Order		Not used
26	3	ID			N	r	00129	Citizenship		Not used
27	60	CE			N		00130	Veterans Military Stat		Not used

0A.3.2 Processing Notes

The PID segment identifies the patient associated with the order. Three fields are required to uniquely identify a Cerner patient encounter or visit. All three are provided within the PID segment. Other patient demographic information is also provided. The Universal Interface will provide the option to use quick-admit functionality when an order is received on a patient without an existing HNA encounter. This order-admit logic provided by the core interface program (HPCOE) will update only a limited number of Patient Registration (PR) fields and no Patient Billing (PB) fields. As previously stated, the Universal Interface will ignore HL7 fields transmitted but not used.

0A.4 The PV1 Segment - Patient Visit

0A.4.1 Segment Layout

PV1 Seq	Max Len	Type	HL7 Req	HN A Len	HN A Req	Rep	HL7 Elem	Name	HNA Element	Comments
01	04	SI			O		00131	Set ID- PV1		Sequential.
02	01	ID	R	ID1	O		00132	Patient Class	System Reference value only	Defined on HNA SR0150, Patient Type table
03	12	CM			C		00133	Patient Location		See Unit 6 for options. Required to use Order-admit logic
03.1	4			ID4	C			Location/Nurse Station	(PR05-NURSE-STA)	Validated on SR0100 table
03.2	4			ID4	C			Patient Room	(PR05-ROOM)	Validated on SR010 Room table
03.3	2			ID2	C			Patient Bed	(PR05-BED)	Validated on SR010 Room table
03.4	2			ID2	C			Facility ID		Matches SR0100 location prefix
03.5					N			Bed Status		Not used
04	02	ID		ID2	A		00134	Admission Type	(PR05-ADMIT-TYPE)	Validated on SR0283.
05	20	ST			N		00135	Pre-Admit Number		Not used
06	12	CM			N		00136	Prior Patient Location		Not used
07	60	CN		CN	O		00137	Attending Doctor	(PR05-DOCTOR(x))	Only one doctor posted with order-admit. See Unit 5 Physician Id, Type T All Doctor Codes are ID7 All free text doctor names stored as C25
08	60	CN		CN	A		00138	Referring Doctor	(PR05-DOCTOR(x))	See Unit 5 Physician Id, Type R
09	60	CN		CN	A	r5	00139	Consulting Doctor	(PR05-DOCTOR(x))	See Unit 5 Physician Id, Type C
10	03	ID		ID3	A		00140	Hospital Service	(PR05-TYPE-OF-SERVICE)	Validated in SR0050
11	12	CM			N		00141	Temporary Location		Not used
12	02	ID			N		00142	Pre-Admit Test Ind		Not used
13	02	ID			N		00143	Re-Admission Indicator		Not used
14	03	ID		ID5	A		00144	Admission Source	(PR05-ADMIT-SOURCE)	Validated in SR0280
15	02	ID		ID1	A	r1	00145	Ambulatory Status	(PR05-ADMIT-MODE)	Validated in SR0280.
16	02	ID		ID1	A		00146	VIP Indicator	(PR05-VIP-IND).	Y=Secured, N=Nonsecured. ProNet only.
17	60	CN		CN	O		00147	Admitting Doctor	(PR05-DOCTOR(x))	Only one doctor posted with order-admit. See Unit 5 Physician Id, Type A.

PV1 Seq	Max Len	Type	HL7 Req	HN A Len	HN A Req	Rep	HL7 Elem	Name	HNA Element	Comments
18	02	ID		ID1	C		00148	Patient Type	(PR05-PAT-TYPE)	Validated on the HNA <i>SR0150</i> . ORM: required for order-admit logic
19	15	NM		C12	O		00149	Visit Number	(PR05-VISIT-NBR)	With ORM NW or NA, UI provides option to store visit number with the order (PO).
20	50	CM		ID3	A	r45	00150	Financial Class	(PB06-FIN-CLASS(x))	code^description HNA ignores description Option provided to use 1 or all repeats in place of IN1 fin class.
21	02	ID		ID1	A		00151	Charge Price Indicator	(PB06-P-C-IND)	Bill patient/client indicator. C = bill client.; P or space = bill patient.
22	02	ID			N		00152	Courtesy Code		Not used
23	02	ID			N		00153	Credit Rating		Not used
24	02	ID			N	r	00154	Contract Code		Not used
25	08	DT			N	r	00155	Contract Effective Date		Not used
26	12	NM			N	r	00156	Contract Amount		Not used
27	03	NM			N	r	00157	Contract Period		Not used
28	02	ID			N		00158	Interest Code		Not used
29	01	ID			N		00159	Trnsf to Bad Debt Code		Not used
30	08	DT			N		00160	Trnsf to Bad Debt Date		Not used
31	10	ID			N		00161	Bad Debt Agency Code		Not used
32	12	NM			N		00162	Bad Debt Transfer Amt		Not used
33	12	NM			N		00163	Bad Debt Recvery Amt		Not used
34	01	ID			N		00164	Delete Account Ind		Not used
35	08	DT			N		00165	Delete Account Date		Not used
36	03	ID		ID2	A		00166	Discharge Disposition	(PR05-DISCHARGE-DISPOSITN)	Validated on <i>SR0272</i> HNA interface derives deceased indicator
37	25	CM			A		00167	Discharge To Location		

PV1 Seq	Max Len	Type	HL7 Req	HN A Len	HN A Req	Rep	HL7 Elem	Name	HNA Element	Comments
37.1				ID5	A			Code	(PR05-DSCH-LOCATION)	Validated on SR0288
37.2					N			Description		Not used
38	02	ID			N		00168	Diet Type		Not used
39	02	ID			N		00169	Servicing Facility		Not used
40	01	ID			N		00170	Bed Status		Not used
41	02	ID		ID2	A		00171	Account Status	(PR05-ADMIT-STATUS)	Validated on SR0287
42	12	CM			N		00172	Pending Location		Not used
43	12	CM			N		00173	Prior Temporary Locatn		Not used
44	26	TS		TS	C		00174	Admit Date/Time	(PR05-ADM) (PR05-ADM-TIME)	HNA expects TS data type but will store HNA internal date and time values. ORM Required for order-admit logic.
45	26	TS		TS	A		00175	Discharge Date/Time	(PR05-DISCHG) (PR05-DISCHG-TIME)	HNA expects TS data type but will store HNA internal date and time values
46	12	NM			N		00176	Current Patient Balance		Not used
47	12	NM			N		00177	Total Charges		Not used
48	12	NM			N		00178	Total Adjustment		Not used
49	12	NM			N		00179	Total Payments		Not used
50	20	CM			N		00180	Alternate Visit ID		Not used

0A.4.2 Processing Notes

The PV1 segment provides visit or encounter specific information. In the ORM message, the PV1 segment is optional. The Universal Interface requires a PV1 segment only to use order-admit (quick-admit) logic or to save visit number with order for return to sender. With quick-admit functionality, the Universal Interface posts only a few required PR fields.

Use of this segment is optional.

0.5 Patient Visit 2 - PV2 Segment

0.5.1 Segment Layout

PV2 Seq	Max Len	Type	HL7 Req	HNA Len	HN A Req	Rep	HL7 Element	Name	HNA Element	Comments
01	12	CM			N		00181	Prior Pending Location		Not used
02	60	CE		ID1	O		00182	Accommodation Code	(PR05-PAT-ACCOMMODATION)	SR0273
03	60	CE		CE	O		00183	Admit Reason	PR05-DIAG-CODE(1) PR05-ADM-DIAGNOSIS(1)	C07 First diag code C30 First diag description
04	60	CE			N		00184	Transfer Reason		Not used
05	25	ST			N		00185	Patient Valuables		Not used
06	25	ST			N	r0	00186	Patient Valuables Location		Not used
07	2	ID		ID1	O		00187	Visit User Code	PR05-ISOLATION-CODE	SR0426
08	8	DT		DT	O		00188	Expected Admit Date	PR05-ADM	Future admit date stored as HNA internal date. Same field will later contain actual admit date.
09	8	DT			N		00189	Expected Discharge Date		Not used

0.5.2 Processing Notes

The PV2 segment contains additional visit specific information to the information contained in PV1.

Use of this segment is optional.

**7.12 The FT1 Segment - Financial Transaction
Segment Layout**

FT1 Seq	Max Len	Type	HL7 Req	HN A Len	HN A Req	Rep	HL7 Element	Name	HNA Element	Comments
01	4	SI			O		00355	Set Id Financial Transaction		Sequential
02	12	ST			R		00356	Transaction ID		Assigned by sending system
03	10	ST			O		00357	Transaction Batch ID		
04	8	DT	R		T		00358	Transaction Date		Performed date
05	8	DT			T		00359	Transaction Posting Date		Billing date
06	8	ID	R		R		00360	Transaction type		Literal "charge" or "credit"
07	20	CE	R		R		00361	Transaction Code		Billing Code
08	40	ST			N		00362	Transaction Description		Not used
09	40	ST			N		00363	Transaction Description – Alternate		Not used
10	4	NM			T		00364	Transaction Quantity		Quantity to be charged
11	12	NM			N		00365	Transaction Amount – Extended		Not Used
12	12	NM			C		00366	Transaction Amount - Unit		Price of single unit
13	16	CE			T		00367	Department Code		Performing Department
14	8	ID			O		00368	Insurance Plan ID	PB06-PLAN-ID(01)	The first Plan Id sent in.
15	12	NM			N		00369	Insurance Amount		Not Used
16	12	CM			T		00138	Assigned Patient Location		Current pat loc
16.1					T			<i>Nursing Station</i>	<i>(PR05-NURSE-STA)</i>	
16.2					T			<i>Room</i>	<i>(PR05-ROOM)</i>	
16.3					T			<i>Bed</i>	<i>(PR05-BED)</i>	
16.4					T			<i>Facility</i>		<i>Matches SR0100 location prefix</i>
16.5					N			<i>Bed Status</i>		<i>Not used</i>
17	1	ID			N		00370	Fee Schedule		Not Used
18	2	ID			T		00148	Patient Type	PR05-PAT-TYPE	
19	8	CE			C	Y	00371	Diagnosis Code		ICD9 Code (1-4)
20	20	CN			O		00372	Performed by Code		
21	60	CN			T		00373	Ordered by Code	PO01-ORD-DOCTOR	Doctor code of ordering MD
22	12	NM			C		00374	Unit cost		
23	75	CM			T		00217	Filler order number	PO01-ACCESSION4	Accession Number

0A.6 The FHS Segment – File Header

0A.6.1 Segment Layout

FHS Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Elem	Name	HNA Element	Comments
01	01	ST	R		R		00001	Field Separator		Field separator. Must be printable character that will never be included in transmitted data. Recommended value is ‘ ’ - ASCII(124).
02	04	ST	R		R		00002	Encoding Characters		Used to separate data field components, repeating data elements, and text control characters. Must be printable characters that will never be included in transmitted data. Recommended values: Pos 1: Component Separator ‘^’ - ASCII(94) Pos 2: Repetition Separator ‘~’ - ASCII(126) Pos 3: Escape ‘\’, ASCII(92) Pos 4: Sub-Component ‘&’ - ASCII(38) The Universal Interface supports limited use of HL7 escape sequences. See Unit 3.
03	15	ST			O		00003	Sending Application		Site defined description of sending application. Not validated.
04	20	ST			O		00004	Sending Facility		Site defined description of sending facility. Not validated
05	30	ST			O		00005	Receiving Application		Site-defined description of receiving application. Recommended value: HNA or ‘Net’ e.g. RadNet
06	30	ST			O		00006	Receiving Facility		Site-defined description of receiving facility. Recommended value: Cerner client mnemonic e.g., ‘CERN_MO’
07	26	TS			O		00007	Create Date/Time		System date and time the message was formatted in sending system..
08	40	ST			N		00008	Security		From Security field – 8705 table.
09	20	ST	R		R		00009	File ID		From File Id field - 89YY table.
10	80	ST	R		O		00010	File Header Comment		From File Header Comment #1 & 2 – 89YY Table.
11	20	ST	R		O		00011	File Control ID.		Not Used.
12	20	ST	R		O		00012	File Reference ID		Not Used.

0A.6.2 Processing Notes:

The FHS segment defines the start of the file transmission. The sending and receiving applications are identified. The encoding characters used as delimiters for the message are also indicated. The FHS message type is used to indicate the type of file being transmitted.

Use of this segment is optional.

0A.7 The BHS Segment – Batch Header

0A.7.1 Segment Layout

BHS Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Elem	Name	HNA Element	Comments
01	01	ST	R		R		00001	Field Separator		Field separator. Must be printable character that will never be included in transmitted data. Recommended value is ‘ ’ - ASCII(124).
02	04	ST	R		R		00002	Encoding Characters		Used to separate data field components, repeating data elements, and text control characters. Must be printable characters that will never be included in transmitted data. Recommended values: Pos 1: Component Separator ‘^’ - ASCII(94) Pos 2: Repetition Separator ‘~’ - ASCII(126) Pos 3: Escape ‘\’, ASCII(92) Pos 4: Sub-Component ‘&’ - ASCII(38) The Universal Interface supports limited use of HL7 escape sequences. See Unit 3.
03	15	ST			O		00003	Sending Application		Site defined description of sending application. Not validated.
04	20	ST			O		00004	Sending Facility		Site defined description of sending facility. Not validated
05	30	ST			O		00005	Receiving Application		Site-defined description of receiving application. Recommended value: HNA or ‘Net’ e.g. RadNet
06	30	ST			O		00006	Receiving Facility		Site-defined description of receiving facility. Recommended value: Cerner client mnemonic e.g., ‘CERN_MO’
07	26	TS			O		00007	Create Date/Time		System date and time the message was formatted in sending system..
08	40	ST			N		00008	Security ID		From Security field – 8705 table.
09	20	ST	R		R		00009	Batch ID		Not Used.
10	80	ST	R		O		00010	Batch Header Comment		Not Used.
11	20	ST	R		O		00011	Batch Control ID.		Batch Number being used (From 8022)
12	20	ST	R		O		00012	Batch Reference ID		Not Used.

0A.7.2 Processing Notes:

The BHS segment defines the start of the batch series. The sending and receiving applications are identified. The encoding characters used as delimiters for the message are also indicated. The BHS message type is used to indicate the type of batch being transmitted.

Use of this segment is optional.

0A.8 The FTS Segment – File Trailer

0A.8.1 Segment Layout

FTS Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Elem	Name	HNA Element	Comments
01	10	ST	R		R			Batch Count		Number of Batches sent.
02	80	CM	R		R			File Trailer Comment		Option “S” - Total Number of Records - Total Number of Charge Records - Total Number of Credit Records Option “H” - Same as “S” without Textual Identifiers.

0A.8.2 Processing Notes:

The FTS segment defines the end of the file transmission. A number of totals (User Defined) are identified.

Use of this segment is optional.

0A.9 The BTS Segment – Batch Trailer

0A.9.1 Segment Layout

BTS Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Elem	Name	HNA Element	Comments
01	10	ST	R		R			Message Count		The Batch Number being sent.
02	80	ST	R		R			Batch Trailer Comment		Not Used.
03	100	CM						Batch Totals		<ul style="list-style-type: none"> - Number of Records in Batch - Number of Charge Records in Batch - Total Amount of Charges in Batch - Number of Credit Records in Batch - Total Amount of Credits in Batch

0A.9.2 Processing Notes:

The BTS segment defines the end of the file transmission. A number of totals (User Defined) are identified.

Use of this segment is optional.

7.1 The DG1 Segment - Diagnosis

7.1.1 Segment Layout

DG1 Seq	Max Len	Type	HL7 Req	HN A Len	HN A Req	Rep	HL7 Element	Name	HNA Element	Comments
01	04	SI	R		R		00375	Set ID - DG1		Sequential
02	02	ID	R		O		00376	Diagnosis Coding Method		Not validated
03	08	ID		C7	O		00377	Diagnosis Code	(PR05-DIAG-CODE(x))	
04	40	ST		C30	O		00378	Diagnosis Description	(PR05-ADM-DIAGNOSES(x))	
05	26	TS			N		00379	Diagnosis Date/Time		
06	02	ID	R		N		00380	Diagnosis/DRG Type		Not used
07	60	CE			N		00381	Major Diagnosis Category		Not used
08	04	ID			N		00382	Diagnosis Related Group		Not used
09	02	ID			N		00383	DRG Approval Indicator		Not used
10	02	ID			N		00384	DRG Grouper Review Code		Not used

11	60	CE			N		00385	Outlier Type		Not used
12	03	NM			N		00386	Outlier Days		Not used
13	12	NM			N		00387	Outlier Cost		Not used
14	04	ST			N		00388	Grouper Version and Type		Not used
15	2	NM		N1	O		00389	Diagnosis/DRG Priority		Processing parameter '1' = primary '2' = secondary
16	60	CN			N		00390	Diagnosing Clinician		Not used

7.1.2 Processing Notes

The DG1 segment contains patient diagnosis information. The Universal Interface will accept three DG1 segments for posting to the HNA Patient Registration file. Note however that if the Admit Reason (PV2;3) is valued, the Universal Interface will use the Admit Reason as the first PR diagnosis description and will process only two DG1 segments.

7.2 HNA can also post diagnosis data identified to the HNA Patient Information (PI). Note: Customization GT1 - Guarantor

7.2.1 Segment Layout

GT1 Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Elem	Name	HNA Element	Comments
01	4	SI	R		O		00405	Set Id -Guarantor		Only 1 GT1 accepted by HNA
02	20	CK		C20	C		00406	Guarantor Number	(PB06-ACCT-NBR)	If not valued, PID;18.1 will be used
03	48	PN	R	C25	O		00407	Guarantor Name	(PB06-ACCT-NAME)	
04	48	PN			N		00408	Guarantor spouse Name		Not used
05	106	AD			O		00409	Guarantor address		
05.1				C25	O			Address Line 1	(PB06-ACCT-ADDRESS)	
05.2				C25	O			Address Line 2	(PB06-ACCT-ADDRESS2)	
05.3				C25	O			City	(PB06-ACCT-CITY)	
05.4				ID2	O			State	(PB06-ACCT-STATE)	
05.5				C9	O			Zip	(PB06-ACCT-ZIP)	
05.6				C5	O			Country	(PB06-ACCT-COUNTRY)	
05.7					O			Type		Future release: Universal Interface will use to prioritize address fields and map to HNA fields.
05.8				C10	O			Other Designation	(PB06-ACCT-COUNTRY)	

GT1 Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Elem	Name	HNA Element	Comments
06	40	TN			N	Y	00410	Guarantor Phone number - Home		Not used
07	40	TN		TN	O	Y/1	00411	Guarantor Phone number - bus	(PB06-ACCT-PHONE)	HL7 provides for 3 instances. Universal Interface can post only first instance. HNA expects TN but stores as C10
08	8	DT			N		00412	Guarantor date of birth		Not used
09	01	ID			N		00413	Guarantor Sex		Not used
10	2	ID			N		00414	Guarantor Type		Not used
11	02	ID		ID1	O		00415	Guarantor Relationship	(PB06-GUAR-REL)	SR0670
12	11	ST		C9	O		00416	Guarantor SSN	(PB06-ACCT-SOCSEC)	
13	8	DT			N		00417	Guarantor Date - Begin		Not used
14	8	DT			N		00418	Guarantor Date - End		Not used
15	02	NM			N		00419	Guarantor Priority		Not used
16	45	ST		C25	O		00420	Guarantor Employer Name	(PB06-EMPLR-NAME)	
17	106	AD			O		00421	Guarantor Employer Address		
17.1				C25	O			Address Line 1	(PB06-EMPLR-ADDR1)	
17.2				C25	O			Address Line 2	(PB06-EMPLR-ADDR2)	
17.3				C25	O			City	(PB06-EMPLR-CITY)	
17.4				ID2	O			State	(PB06-EMPLR-STATE)	
17.5				C9	O			Zip	(PB06-EMPLR-ZIP)	
17.6				C5	O			Country	(PB06-EMPLR-COUNTRY)	
17.7					O			Type		Not used
17.8				C10	O			Other Designation	(PB06-EMPLR-COUNTY)	
18	40	TN		C10	O	Y/1	00422	Guarantor Employer Phone Nbr	(PB06-EMPLR-PHONE)	HL7 provides for three instances. Universal Interface can post only one PB work phone. Option provided to use PID;14 or GT1;18.
19	20	ST			N		00423	Guarantor Employee ID Number		Not used
20	2	ID			N		00424	Guarantor Employment Status		Not used
21	60	ST			N		00425	Guarantor Organization		Not used

7.2.2 Processing Notes

The GT1 segment contains guarantor (e.g. person with financial responsibility for payment of a patient account) data for patient and insurance billing applications

7.3 IN1 Insurance Information

7.3.1 Segment Layout

IN1 Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Element	Name	HNA Element	Comments
01	04	SI	R	N1	R		00426	Set Id Insurance		Used to determine priority
02	08	ST	R	ID3	R		00427	Insurance Plan ID	(PB06-FIN-CLASS)	SR0290 and SR0650
03	06	ST	R		N		00428	Insurance Comp ID		Not used
04	45	ST			N		00429	Insurance Comp Name		Not used
05	106	AD			N		00430	Insurance Comp Address		Not used
06	48	PN			N		00431	Insurance Comp Contact Person		Not used
07	40	TN			N	Y	00433	Insurance Comp Phone Number		Not used
08	12	ST		C20	O		00434	Group Number	(PB06-GRP-NBR)	
09	35	ST			N		00435	Group Name		Not used
10	12	ST			N		00435	Insured's Group Employee ID		Not used
11	45	ST			N		00436	Insured's Group Employee Name		Not used
12	8	DT		DT	O		00437	Plan effective date	(PB06-ISSUE-DATE)	Stored in internal date format
13	8	DT		DT	O		00438	Plan Expiration Date	(PB06-EXPIRATION-DATE)	Stored in internal date format
14	55	CM			N		00439	Authorization Information		Not used
15	2	ID			N		00440	Plan Type		Not used
16	48	PN		C20	O		00441	Name of Insured	(PB06-PAT-ID)	
17	02	ID			N		00442	Insured's Relationship to Patient		Not used
18	08	DT			N		00443	Insured's Date of Birth		Not used
19	106	AD			N		00444	Insured's Address		Not used
20	02	ID			N		00445	Assignment of Benefits		Not used
21	02	ID			N		00446	Coordination of Benefits		Not used
22	02	ST			O		00447	Coordination of Benefits Prior	Internal processing only	Used to determine primary, secondary, etc. If not valued, set id will be used
23	02	ID			N		00448	Notice of Admission Code		Not used

IN1 Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Element	Name	HNA Element	Comments
24	08	DT			N		00449	Notice of Admission Date		Not used
25	2	ID			N		00450	Report of Eligibility Code		Not used
26	8	DT			N		00451	Report of Eligibility Date		Not used
27	02	ID			N		00452	Release Information Code		Not used
28	15	ST			N		00453	Pre-admit cert (PAC)		Not used
29	26	TS			N		00454	Verification Date/Time		Not used
30	60	CN			N		00455	Verification By		Not used
31	02	ID			N		00456	Type of Agreement Code		Not used
32	02	ID			N		00457	Billing Status		Not used
33	04	NM			N		00458	Lifetime Reserve Days		Not used
34	04	NM			N		00459	Delay Before Life Reserve Day		Not used
35	08	ID		C20	O		00460	Company Plan Code	(PB06-PLAN-ID)	
36	15	ST		C20	O		00461	Policy Number	(PB06-POLICY-NBR)	
36.1	08	ST	R	ID3	R		00427	INSURANCE PLAN ID	PB06_2.FIN_CLASS	THIS DUPLICATES ELEMENT 02 ABOVE WHICH DOES NOT APPEAR IN ACTUAL DATA FILE
36.2		ID		C20	R		00461	COMPANY PLAN CODE	PB06_2.PLAN_ID	THIS DUPLICATES ELEMENT 35 ABOVE WHICH TRUNCATES >8 CHARACTERS. UP TO 20 CHARACTERS OF DATA ARE STORED AND MUST BE INCLUDED IN DATA FILE.
37	12	NM			N		00462	Policy Deductible		Not used
38	12	NM			N		00463	Policy Limit - Amount		Not used
39	4	NM			N		00464	Policy Limit - Days		Not used
40	12	NM			N		00465	Room Rate - Semi-Private		Not used
41	12	NM			N		00466	Room Rate - Private		Not used
42	60	CE			N		00467	Insured's Employment Status		Not used
43	01	ID			N		00468	Insured's Sex		Not used
44	106	AD			N		00469	Insured's Employer Address		Not used
45	02	ST			N		00470	Verification Status		Not used

IN1 Seq	Max Len	Type	HL7 Req	HNA Len	HNA Req	Rep	HL7 Element	Name	HNA Element	Comments
46	08	ID			N		00471	Prior Insurance Plan ID		Not used

7.3.2 Processing Notes

The IN1 segment contains insurance policy coverage information necessary to produce properly pro-rated and patient and insurance bills. The Universal Interface can accept up to 5 IN1 segments. *RI Dept. of Health data will often contain multiple IN1 segments.*

Note: To assure correct updates to multiple insurance data occurs, if the foreign system changes one insurance record, HNA requires transmission of all insurance records.