

Insurance Plan Object Enhancement Document

Question 1 :

How should we represent insurance product exclusions in the insurance plan object?

Possible Options :

1. Introduce a new field (True/False) at the coverage level to indicate benefit exclusions. This would serve as a direct indicator of whether a particular benefit is excluded.
2. Set `Coverage.type` to included/excluded in the `type` CodeableConcept.
3. Set `Coverage.benefit.limit.value` to -1 to denote exclusions.
4. Add two arrays under the `Coverage` element: one for inclusions and another for exclusions.

Recommendation :

We recommend enhancing `Coverage.benefit.limit.value` and setting it to -1 for exclusions. This should be applied at the coverage level within the insurance plan object to maintain granularity and flexibility.

Question 2 :

Should informational messaging be provided at the coverage level, similar to how it exists at the plan level?

Recommendation :

Including informational messages at both the coverage and plan levels can improve user understanding. Messages should offer context-specific explanations, such as clarifications on exclusions, detailed coverage definitions, or guidance on coverage limitations. This would help beneficiaries better comprehend their coverage details.

Question 3 :

How can benefit codes (e.g., SNOMED codes) be integrated into the insurance plan object?

1. Benefit standard codeset can be added to Coverage.benefit.type and Plan.specific.cost.benefit.type field
2. We could also think of introducing a new attribute Plan.benefit.code is another option for adding the codes.

Recommendation :

Benefit codes should be integrated at both the plan and coverage levels, depending on how the benefit is structured, to ensure consistent mapping and retrieval of information.

Question 4 :

How should non-traditional treatments (e.g., Ayurveda, Ayush) be mapped in the plan object?

Recommendation:

Non-traditional treatments can be mapped under `[Coverage.type](#)` at the coverage level. Additionally, a separate category could be created at both the coverage and plan levels to map benefits related to treatments like Ayurveda or Ayush.

Question 5 :

Should we introduce qualifiers for conditional cost variations (e.g., age over 60, pre-existing conditions like diabetes)?

This remains an open question for further discussion.

Question 6 :

Should there be fields for specifying waiting periods for certain cost coverages, such as for pregnancy or specific procedures, at either the coverage or plan level?

Currently, there are no designated fields for this. Should we add this functionality?

This is also an open question for further consideration.

Question 7:

FHIR version 6.0.0 has introduced enhancements by splitting the InsurancePlan profile into two distinct components: [InsurancePlan](#) and [InsuranceProduct](#). This separation creates a more

structured and cleaner design for representing insurance plans and products. Should we enhance the HCX InsurancePlan implementation to adopt this new structure?

Recommendation:

Yes, we recommend enhancing the HCX InsurancePlan to align with the updated FHIR v6.0.0 structure. Adopting this design will provide a cleaner and more modular approach, separating product-specific details from plan details, which could improve flexibility and scalability in managing complex insurance products.