Benefit Integration Sharing Accumulated Dollars

Version 1.0

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1. Introduction

Healthcare plan designs have undergone significant transformation to address the growing need for affordability and efficiency in patient care. The emergence of Consumer Directed Health (CDH) models introduced innovative approaches to managing healthcare costs through strategic accumulator structures for deductibles, out-of-pocket (OOP) expenses and spending accounts such as Health Savings Account (HSA), Health Reimbursement Account (HRA) and Flexible Spending Account (FSA). Concurrently, the adoption of high-deductible health plans (HDHPs) shifted the market toward consumer-driven healthcare, supported by the Internal Revenue Service (IRS) directives.

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2. Purpose & Background

The purpose of this white paper is to outline the design philosophy, framework and practical applications of the Benefit Integration Standard©. This standard provides flexible, scalable models for integrating accumulator data across healthcare platforms without imposing operational constraints. By supporting multiple exchange modes (e.g., batch, near real-time and real-time) the standard ensures interoperability among trading partners, including payers, pharmacy benefit managers, medical insurers and other benefit administrators.

Throughout this document, readers will gain insight into:

- The foundational principles behind the Benefit Integration Standard©.
- Frameworks and models to enable efficient accumulator data exchange.
- Key use cases demonstrating its applicability in real-world scenarios.
- How the standard promotes accuracy, reduces manual intervention and enhances the consumer-driven healthcare ecosystem.

Healthcare plan designs continue to evolve into sophisticated levels to make healthcare economic and affordable for the patients. The CDH model is a set of features driving the economy of healthcare cost through innovative accumulator models by offering designs for deductible, OOP and spending accounts (e.g., HSA, HRA and FSA).

At the same time, the HSA/HRA was adopted, HDHPs became popular to help control rising healthcare costs. These plans offer tax advantages for both individuals and employers as well as changing the market to consumer-driven healthcare, based on directives set forth by the IRS. The HDHP designs require healthcare platforms to integrate their accumulator designs and adjudicate against the combined or shared accumulators.

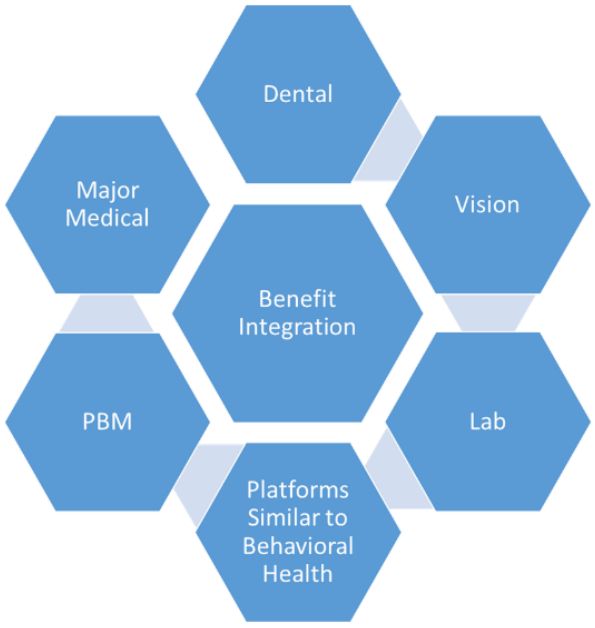

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Figure 1: Diagram depicts various stakeholders involved in the exchange of accumulators for Benefit Integration

As these models evolved, the complexity of integrating accumulators across multiple healthcare platforms became evident. To address this challenge, the National Council for Prescription Drug Programs (NCPDP) established the Benefit Integration Task Group under Work Group 1 Telecommunication, which developed the Benefit Integration Standard©, a framework designed to enable seamless exchange of accumulator data among diverse systems and stakeholders.

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3. Design Philosophy

The Benefit Integration Standard© provides frameworks, formats and models to enable healthcare platforms to integrate the accumulator data and address payer-to-payer integration with minimal effort. The standard is the result of joint designs from various healthcare platforms (e.g., pharmacy benefit managers [PBMs], major medical insurance providers, laboratories, dental and vision benefit administrators). It does not mandate how the individual platforms should operate but provides fluid formats to adopt and integrate within the existing processes.

The direct consumers for this standard are healthcare benefit providers, and the indirect consumers are the benefit providers, service providers, care providers and patients. The Benefit Integration Standard© does not have bias towards one healthcare platform over another, such as PBMs over laboratories.

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4. Framework and Model

The Benefit Integration Standard© supports the exchange of transactions in multiple frameworks. The trading partners decide the framework and the mode (e.g., batch, near real-time and real-time exchanges) best suited for their data exchange.

Examples include:

1. A trading partner using batch can integrate with a partner who uses a real-time framework.
2. A trading partner using batch can integrate with a partner who uses a batch framework.
3. The accumulator data can be integrated at both near real-time (FSA) and batch framework (deductible/OOP) simultaneously.

The standard defines two frameworks for processing protocols which can be adopted by trading partners.

1. Dual Book of Records (DBOR) – each trading partner manages their own copy of accumulators and updates each other when there is a new transaction.
2. Single Book of Records (SBOR) – a single trading partner who is the custodian of accumulator records and is the source of truth. All trading partners consume the current accumulator status from the SBOR and upon adjudication of a claim/accumulator transaction, updates the SBOR with the resulting change.

The standard can be successfully used for mixed frameworks where certain accumulators can be used through a Single Book model and the rest in a Dual Book model.

The standard provides the interface formats for all the models. The scalable interface can support integration of multiple trading partners.

While the integration model contains the minimum necessary information in the core segment, it provides flexibility for optional elements based upon trading partner agreements. The optional elements enable legacy processes to integrate with other platforms.

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5. Use Cases

The main purpose of the Benefit Integration Standard© is to exchange accumulator data between trading partners. While the standard supports this functionality, the models support additional use cases, which include (but are not limited to):

1. Initial balance for spending accounts
2. Spending accounts rollover
3. Prorating of accumulators
4. Carryover of accumulators
5. Calendar or benefit year accumulators
6. Mixed benefit period accumulators
7. Condition specific accumulators
8. Provider-Network based accumulators
9. Inter and Intra cross apply accumulators

While accumulators are exchanged often, an audit of the balances is recommended to ensure trading partners remain in sync. To support reconciling account balances in various frameworks, the Benefit Integration Standard© allows for instantaneous reconciliation, periodic batch reconciliation or re-synchronization of accumulators using electronic transactions. The reconciliation and correction can be automated and administered with minimal manual intervention.

The benefit mobilization process is another use case where the framework could be used for a seamless transition. This process helps reduce manual intervention and increases efficiency by allowing one benefit provider to exchange patient accumulator details electronically (based on trading partner agreements) with another provider when a member changes benefit providers.

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6. Conclusion

The Benefit Integration Standard© represents a pivotal advancement in enabling seamless exchange of accumulator data across diverse healthcare platforms. By providing flexible frameworks and scalable models, the standard empowers payers, processors and trading partners to integrate benefit information efficiently while preserving autonomy in their operational processes. Its adaptability to multiple exchange modes (e.g., batch, near real-time and real-time) ensures compatibility with existing systems and future innovations. Beyond core functionality, the standard supports critical use cases such as reconciliation, benefit mobilization and mixed accumulator models, reducing manual intervention and enhancing accuracy. The Benefit Integration Standard© fosters interoperability, improves administrative efficiency and strengthens the consumer-driven healthcare ecosystem, delivering tangible value to all stakeholders.

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7. Appendix A – History of Changes

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- Original Publication
- AI was used to assist in the development of the conclusion

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