



**WS MediPrima consultation
Cookbook
Version 2.0**

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eHealth platform

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All are free to circulate this document with reference to the URL source.

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To the attention of: “IT expert” willing to integrate this web service.



1 Document management

1.1 Document history

Version	Date	Author	Description of changes / remarks
1.0	04/01/2017	eHealth platform	First version New version of the consultation service with a new service name and including : <ul style="list-style-type: none">• New specification for Comments• Foreseen for new target groups as for Physicians
2.0	04/07/2018	eHealth platform	Second version <ul style="list-style-type: none">• Change of provider (backend) URLs• Adapt pipe to allow to new healthcare institutions (pharmacy and office of tarification) of making consultations.• Adaptation of error management

2 Introduction

2.1 Goal of the service

In the context of medical assistance, OCMW / CPAS & POD MI / SPP IS can intervene in medical costs of people experiencing financial distress or unable to pay these fees. Part of this intervention is supported by the federal state represented by the POD MI/SPP IS. In general, the workflow of medical assistance is as follows:

The person in distress applies for financial aid for the payment of medical expenses from the OCMW / CPAS that he depends on. This request should be done before granting care (in some cases urgent request for assistance may be made after the granting of aid). The OCMW/CPAS must conduct a social survey to ascertain whether the conditions for granting medical assistance are met.

The OCMW/CPAS will make a decision in determining the duration of the intervention, the level of care (only doctor, no hospitalization ...) and medical benefits covered - for example care co-payments or care not included in the nomenclature of the RIZIV INAMI. This decision will be made thanks to a medical card/chart and the system MediPrima.

Then, when the beneficiary of the medical card goes to a health care provider, the health care provider should be able to see whether the patient is covered for the care requested through the MediPrima system. If so, the invoice will be sent to the HZIV/CAAMI (how to depend on the health care provider type – see specific documentation). If the invoice is admissible, the HZIV/CAAMI will pay the part of the POD MI/SPP IS and transmit the invoice to the appropriate OCMW/CPAS so it can pay the remaining part under the terms of the electronic decision.

The goal of the MediPrima consultation web service (WS) is to give the health care providers the means to consult the financial coverage of a patient: which OCMW/CPAS is concerned, which parts are covered by POD MI/ SPP IS, which parts are covered by the OCMW/CPAS.

For hospitals, this service gives an agreement number that guarantees payment (if conditions are fulfilled). For doctors, the tariffication service must be used to have this agreement number. As the way to use this service, depends on the type of health care provider using it (doctor or hospital), a specific documentation explaining the different steps to use MediPrima and the use of the data to invoice to HZIV/CAAMI is available.

2.2 Goal of the document

This document is not a development or programming guide for internal applications. Instead, it provides functional and technical information and allows an organization to integrate and use the eHealth service.

However, in order to interact in a smooth, homogeneous and risk controlled way with a maximum of partners, eHealth partners must commit to comply with the requirements of specifications, data format and release processes described in this document.

Technical and business requirements must be met in order to allow the integration and validation of the eHealth service in the client application.

Detailed description of the business functionalities of this MediPrima consultation service, the semantics of the particular elements, interactions with the invoicing, and other general information about the services are out of the scope of this document. This kind of information can be found in the documentation provided by POD MI/ SPP IS.

In order to be able to test the MediPrima WS consultation, you need to connect to an eHealth pipe (see section 5).

Please note that this document still refers sometimes to the old name of MediPrima (eCarmed and Carmed) which is still used for some technical points.



2.3 eHealth document references

All the document references can be found on the eHealth portal¹. These versions or any following versions can be used for the eHealth service.

ID	Title	Version	Date	Author
1	Glossary.pdf	1.0	01/01/2010	eHealth
2	MediPrima_consultation_SSO.pdf	2.0	04/07/2018	eHealth
4	"request.testcases webservice.xls	2.0	22/02/2018	eHealth
5	MediPrima_STS_samlRequest.xml	1.0		eHealth
6	MediPrima_STS_samlResponse.xml	1.0		eHealth
7	MediPrima For Hospitals			POD MI/SPP IS
8	MediPrima For Doctors			POD MI/SPP IS
9	Test scenario doctor			POD MI/SPP IS
10	Test scenario hospital			POD MI/SPP IS
11	MediPrima For Pharmacists in pharmacy			POD MI/SPP IS
12	Mediprima For Offices of tarification			POD MI/SPP IS
13	Test scenario pharmacy			POD MI/SPP IS
14	Test scenario offices of tarification			POD MI/SPP IS

2.4 External document references

All documents can be found through the internet. They are available to the public, but not supported by eHealth.

If some external documentation has been modified, you should notify the eHealth service management² which will manage the maintenance of this document.

ID	Title	Source	Date	Author
1	Supplement list	POD MI/SPP IS	pm	POD MI/SPP IS
2	List error : MediPrima_error codes.xlsx	MediPrima	pm	POD MI/SPP IS BCSS/KSZ

¹ <https://www.ehealth.fgov.be/ehealthplatform>

² ehealth_service_management@ehealth.fgov.be

3 Business and privacy requirements

3.1 For issues in production

eHealth platform contact center:

- Phone: 02/788 51 55
- Mail: support@ehealth.fgov.be
- Contact Form :
 - <https://www.ehealth.fgov.be/ehealthplatform/nl/contact> (Dutch)
 - <https://www.ehealth.fgov.be/ehealthplatform/fr/contact> (French)

3.2 For issues in acceptance

Integration-support@ehealth.fgov.be

3.3 For business issues

- regarding an existing project: the project manager in charge of the application or service
- regarding a new project and other business issues: info@ehealth.fgov.be

3.4 Certificates

- In order to access the secured eHealth platform environment you have to obtain an eHealth platform certificate, used to identify the initiator of the request. In case you do not have one please consult the chapter about the eHealth Certificates on the portal of the eHealth platform

<https://www.ehealth.fgov.be/ehealthplatform/nl/ehealth-certificaten>

<https://www.ehealth.fgov.be/ehealthplatform/fr/certificats-ehealth>

- For technical issues regarding eHealth platform certificates

Acceptance: acceptance-certificates@ehealth.fgov.be

Production: support@ehealth.fgov.be

3.5 MediPrima consultation Support

- For Business issues (consultation, content of decision) : POD MI / SPP IS Contact Center
 - Phone : 02 /508 85 85 (Dutch), 02 /508 85 86 (French)
 - Mail : vraag@mi-is.be (Dutch), question@mi-is.be (French)

For Business issues (tarification, invoicing): CAAMI / HZIV Contact Center

- Phone : 02/229.34.33 (French) - 02/229.34.34 (Dutch)

- Mail : MediPrima@caami-hziv.fgov.be

- For integration with MediPrima, technical issues : Helpdesk CPAS support
 - Phone : 02 / 787 58 27 (Dutch) - 02 /787 58 28 (French)
 - Mail : ocmw-cpas@smals.be



4 Global connection overview

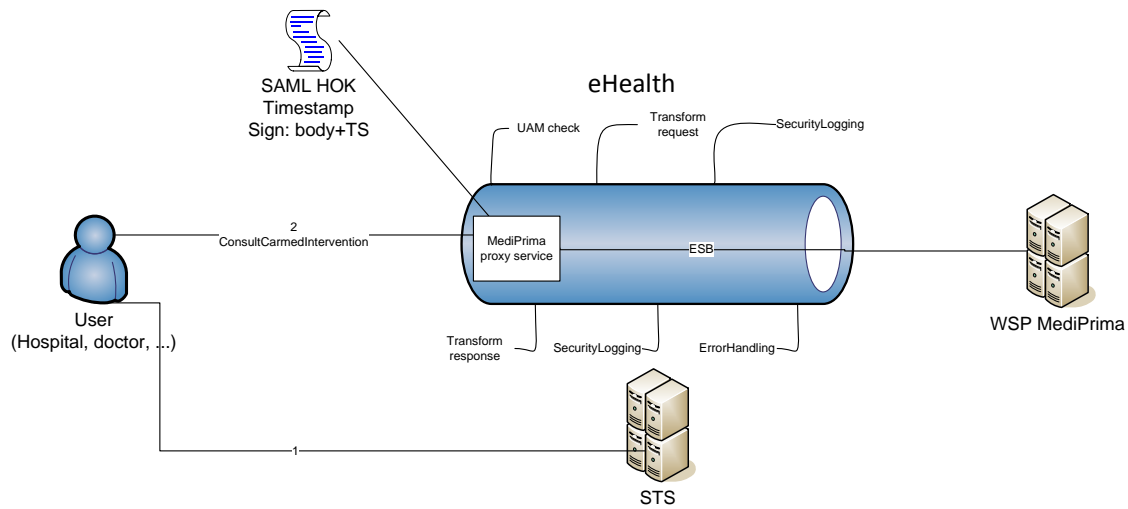


Figure 1

The MediPrima service is secured with the SAML Holder-of-Key (HOK) policy.

Therefore, prior to calling the service, a SAML token must be obtained (1) from the eHealth Secure Token Service (STS).

The obtained token must be then included with the timestamp in the header of the request message (2). The timestamp and the body must be signed with the certificate as used in the HOK profile of the SAML token (see more technical description further in the cookbook).

The body contains the MediPrima request (ConsultCarmedIntervention operation).

The eHealth ESB verifies the security (authentication, authorization, etc.) and forwards the request to the WSP. MediPrima.

5 Step-by-step

The integration of this service should be planned in a global integration approach of several interdependent WS (consultation, invoicing...). Therefore, each integrator should first contact the Federal Public Service for the Social Integration to ensure an appropriate integration (of this service with the other one). This contact point can be used to obtain information about the decision and the OCMW/CPAS work (business interpretation, what to ask to a OCMW/CPAS, which OCMW/CPAS is competent...). Then for the tarification and invoicing part, the CIN is the entry point.

Nevertheless, the technical integration of this WS covers 2 major sets of steps. The first set of steps will generate a connection to the Business service and is covered in this chapter. The second set of steps fills out a request and interprets the answer of the Business services (see chapter **Error! Reference source not found.** The business interpretation of this service – the possible answers are described in the general document (specific by health care provider).

More information on the test, evaluation and release procedure can be found in chapter 8.

5.1 Initiation

If you intend to use the “MediPrima WS consultation”, please contact **Federal Public Service for the Social Integration that will inform the eHealth integration support service of your intention and the CIN to let you connect to the other MediPrima services**. They will also provide you with test cases (person known in the MediPrima system) to allow you to test the WS.

5.2 Technical requirements

In order to test the STS service, a test case must first be created by the eHealth platform. The rules to access the MediPrima WS consultation are the same in acceptance environment as in production.

All test cases have to be configured by the integration team.

Before doing any test, request your test cases from the eHealth integration team (*«integration-support@ehealth.fgov.be»*) using the template “request testcases webservice”.

The template must be completely filled out.

In order to implement a WS call protected with a SAML token you can reuse the implementation as provided in the “eHealth connector”. Nevertheless, eHealth implementations use standards and any other compatible technology (WS stack for the client implementation) can be used instead.

- Dutch version:

<https://www.ehealth.fgov.be/ehealthplatform/nl/service-ehealth-platform-services-connectors>

- French version:

<https://www.ehealth.fgov.be/ehealthplatform/fr/service-ehealth-platform-services-connectors>

Alternatively, you can write your own implementation. The usage of the STS and the structure of the exchanged xml-messages are described in the eHealth STS cookbook.

5.2.1 Use of the eHealth SSO solution

This section specifies how the call to STS must be done to have access to the WS. You must precise several attributes in the request. The details on the identification attributes and the certification attributes can be found in the separate document *MediPrima_Consultation_SSO.pdf*.

To access the MediPrima Consultation WS, the response token must contain “true” for all of the ‘boolean’ certification attributes and a non-empty value for other certification attributes.



If you obtain “false” or empty values, contact the eHealth platform to verify that the requested test cases were correctly configured.

The documents MediPrima_STS_samlRequest.xml and MediPrima_STS_samlResponse.xml provide STS request/response examples.

5.2.2 Encryption

Encryption (ETEE) is not used in the context of this service.

5.2.3 Security policies to apply

We expect that you use SSL one way for the transport layer.

To call the WS:

- Add the business message to the soap body
- Add to the SOAP header the following elements:
 - **SAML Token:** The SAML Assertion received from the eHealth STS. This Assertion needs to be forwarded exactly as received in order to not to break the signature of the eHealth STS. The token needs to be added accordingly to the specifications of the OASIS SAML Token Profile (holder-of-key).
(link: <http://www.oasis-open.org/committees/download.php/16768/wssv1.1-spec-os-SAMLTokenProfile.pdf>).
 - **Timestamp.**
 - A **signature** that has been placed on the SOAPBody and the timestamp with the certificate of which the public key is mentioned in the SAML Assertion.
- The signature element (mentioned above) needs to contain:
 - **SignedInfo with References to the SOAPBody and the Timestamp.**
 - **KeyInfo with a SecurityTokenReference pointing to the SAML Assertion.**

See also the WSSP in the WSDL³ (also included in the documentation).

³ WSDL's can be found in the eHealth Service Registry: <https://services.ehealth.fgov.be/registry/uddi/bsc/web>

6 Web service

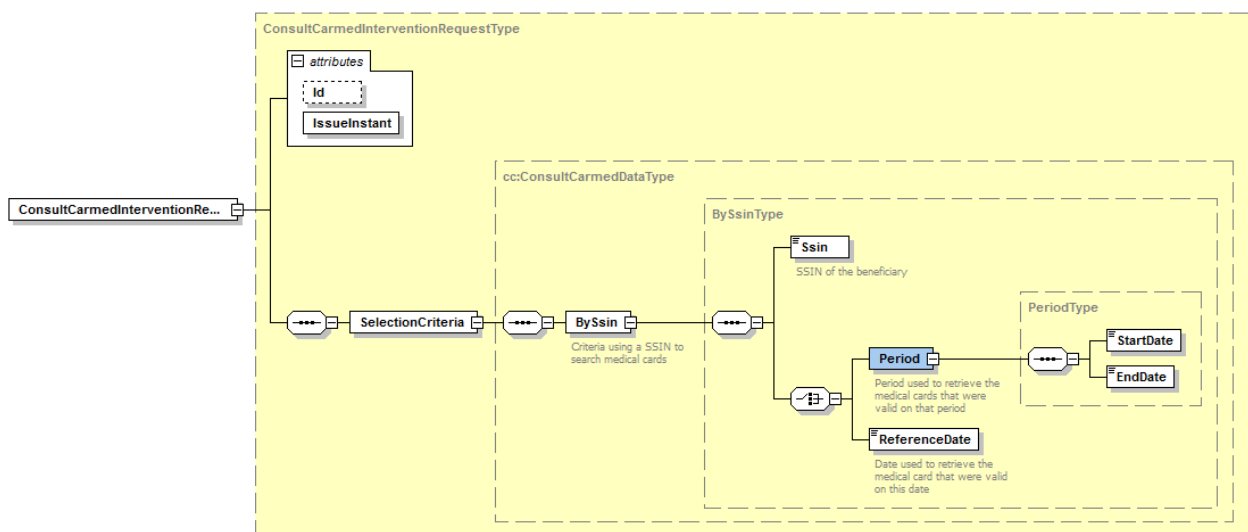
The MediPrima WS has the following endpoints:

- Acceptation environment : <https://services-acpt.ehealth.fgov.be/MediPrima/Consult/v1>
- Production environment : <https://services.ehealth.fgov.be/MediPrima/Consult/v1>

The WS contains only one operation `consultCarmedIntervention`.

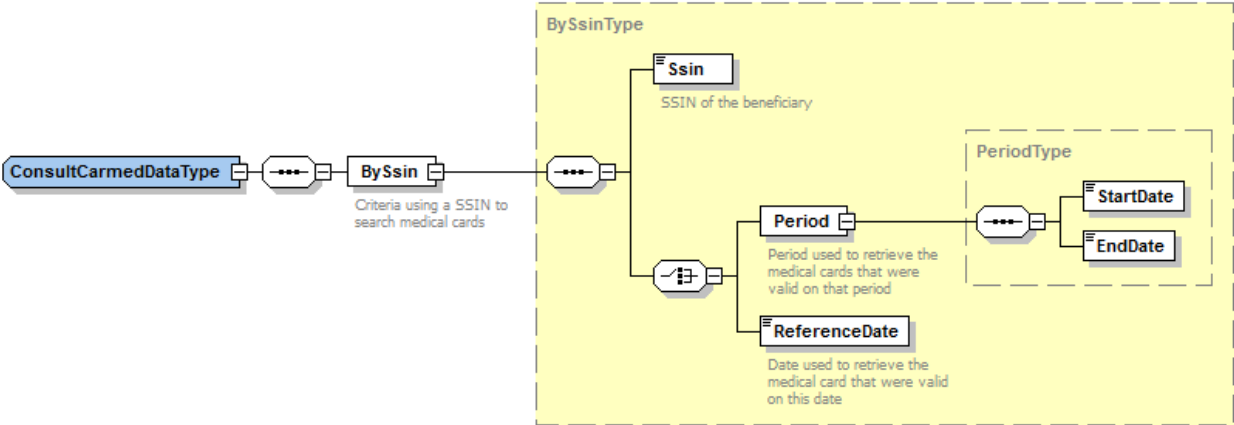
The remainder of this section describes the structure of the request and the response messages. §6.1 describes the request and §6.2 describes the response message.

6.1 ConsultCarmedInterventionRequest



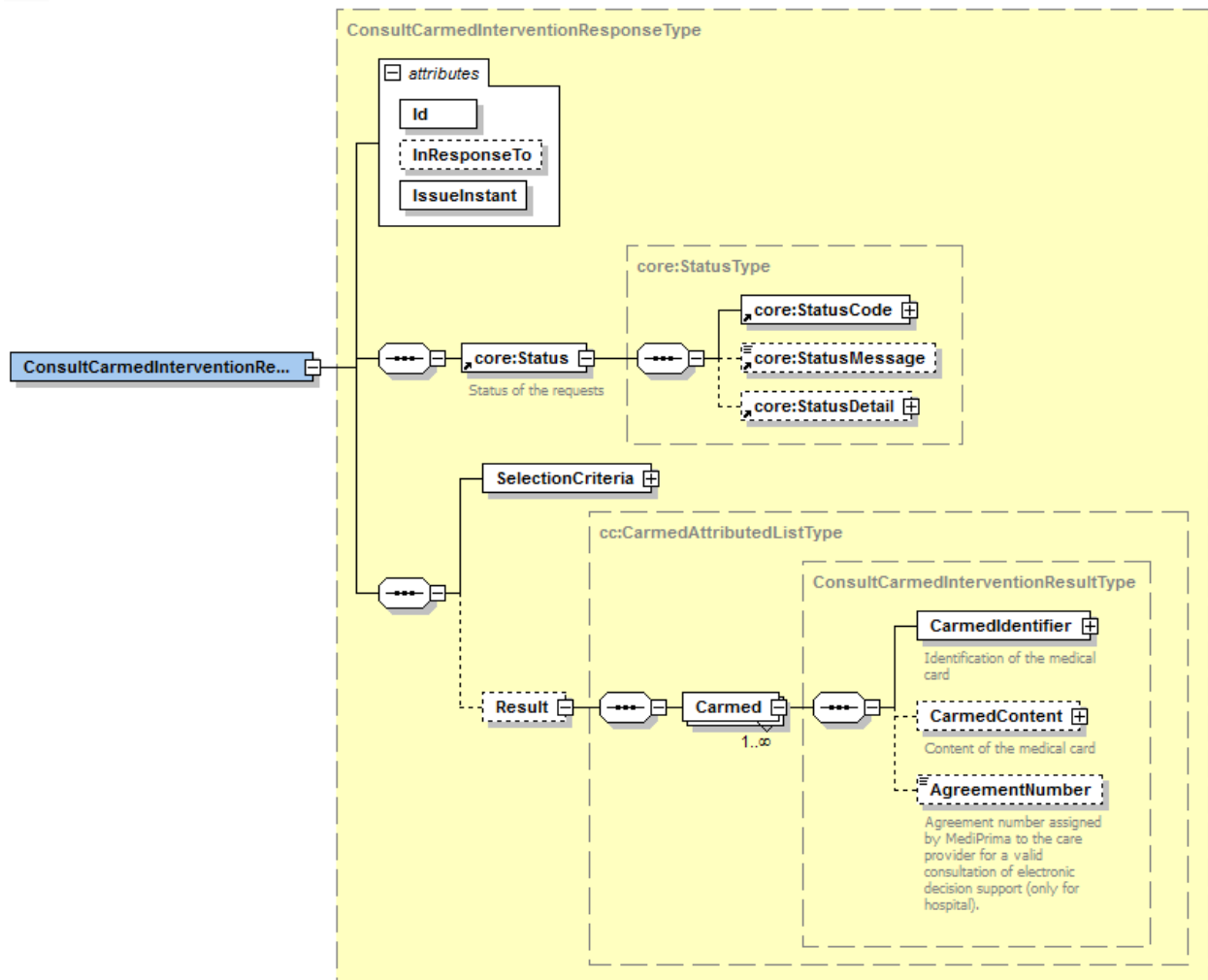
Field name	Descriptions
Id	Optional Id defined by the web service consumer.
IssueInstant	Instant message sending
SelectionCriteria	See §6.1.1: ConsultCarmedDataType

6.1.1 ConsultCarmedDataType



Field name	Descriptions
BySsin	<p>This field should always contain the patient SSIN (11-digits number) in combination with a Period or a ReferenceDate.</p> <p>The Period or ReferenceDate contains the period or the date when the care should be provided.</p>

6.2 ConsultCarmedInterventionResponse



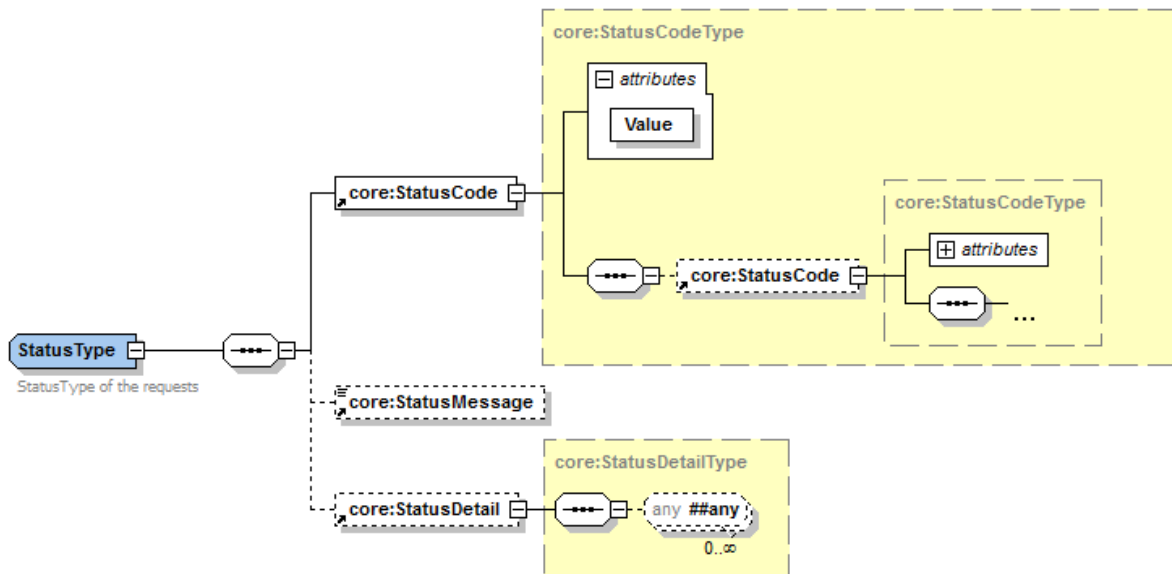
The response returns the eventual active decision that met the search criteria. The content of the decision is limited to the different coverages and interventions supported by the POD MI/SPP IS. The POD MI/SPP IS can also limit the coverages further down to the list provided by the OCMW/CPAS.

For interventions, a registration number is provided. The Id attribute and the Status content can be used in case you are communicating errors to our helpdesk.

Field name	Descriptions
Id	Identifier of the response
InResponseTo	Contains the corresponding request Id (if provided in the request)
IssueInstant	Sending instant response
Status	Contains the status of the call: success or not. See §6.2.1: StatusType
SelectionCriteria	Contains the same info as sent in the request

Result	Contains data of the MediPrima decisions See §6.2.2 : CarmedAttributedListType
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6.2.1 StatusType



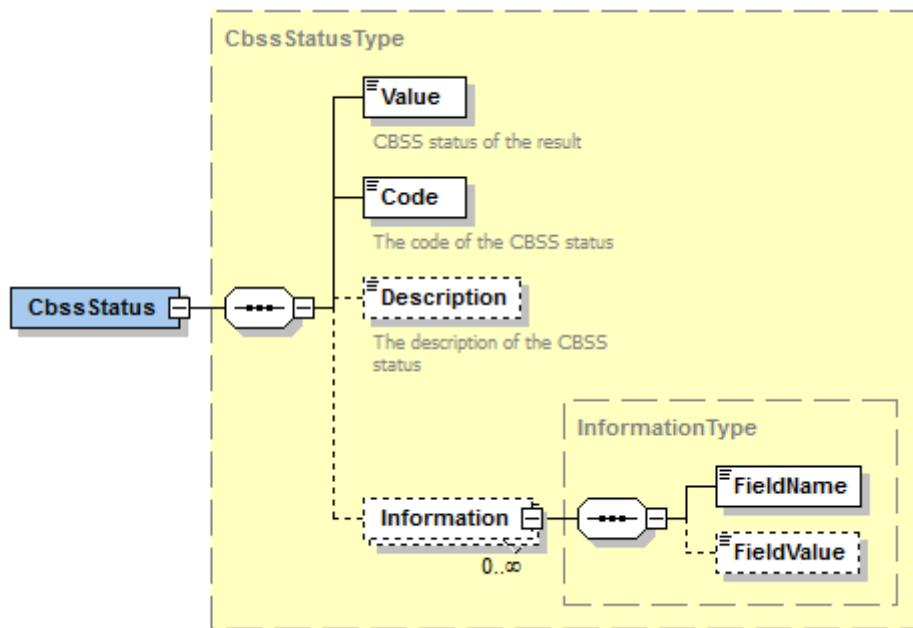
Status is used to indicate the status of the completion of the request. The status is represented by a StatusCode and optionally the StatusMessage describing the status. Additional StatusDetail gives extra information on the encountered business errors returned by the target service.

The possible values for the Level 1 StatusCode are:

- *urn:be:fgov:ehhealth:2.0:status:Success* (everything OK)
- *urn:be:fgov:ehhealth:2.0:status:Requester* (error caused by client (consumer))
- *urn:be:fgov:ehhealth:2.0:status:Responder* (error caused by provider)

In StatusDetail, you may find: CbssStatus (see §6.2.1.1 CbssStatus) and/or MedicalCardRegistryStatus (see §6.2.1.2 MedicalCardRegistryStatus).

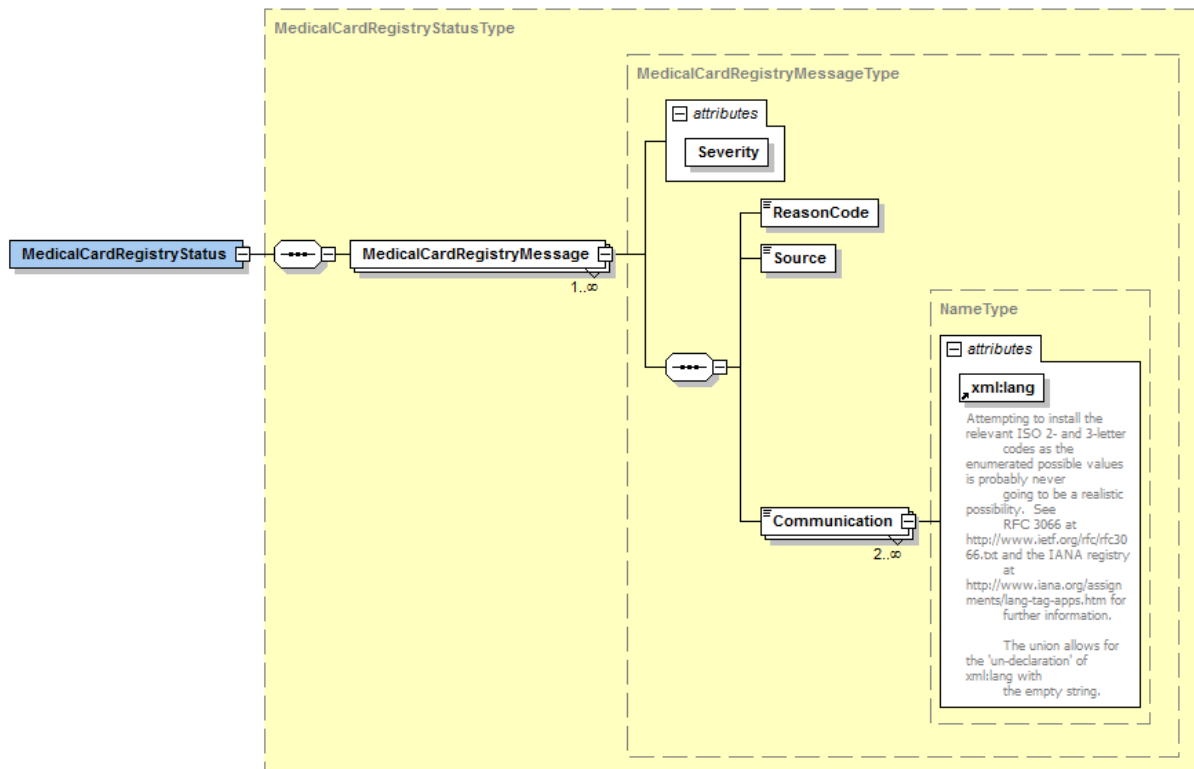
6.2.1.1 CbssStatus (CbssStatusType)



Field name	Descriptions								
Value	CBSS status of the result.								
	<table border="1"> <thead> <tr> <th>status/value</th> <th>Signification</th> </tr> </thead> <tbody> <tr> <td>DATA_FOUND</td> <td>Requested information was found.</td> </tr> <tr> <td>NO_DATA_FOUND</td> <td>The requested information was not all found: See the <i>information</i> field for more info.</td> </tr> <tr> <td>NO_RESULT</td> <td>The request could not be handled: See the <i>description</i> field for more info.</td> </tr> </tbody> </table>	status/value	Signification	DATA_FOUND	Requested information was found.	NO_DATA_FOUND	The requested information was not all found: See the <i>information</i> field for more info.	NO_RESULT	The request could not be handled: See the <i>description</i> field for more info.
	status/value	Signification							
	DATA_FOUND	Requested information was found.							
NO_DATA_FOUND	The requested information was not all found: See the <i>information</i> field for more info.								
NO_RESULT	The request could not be handled: See the <i>description</i> field for more info.								
Code	The code of the result. (See tab CBSSInfo in MediPrima_error_codes.xlsx for extra information)								
Description	A short description of the status. Only present if value is equal to 'NO_RESULT' or 'NO_DATA_FOUND'. When error comes from the service CBSS : English description of the status When error comes from the service MediPrima: The values can be: ERROR[n], WARNING[n'] or INFORMATION[n''] where n, n' and n'' > 0.								
Information	Additional information in case the value is equal to 'NO_DATA_FOUND' or 'NO_RESULT'. When error comes from the service CBSS : FieldName = type of information FieldValue = information value (for example new ssin). When error comes from the service MediPrima : fieldName can have the following values: ERROR, WARNING or INFORMATION. fieldValue is a code generated by the backend: xxxx-xx (more information can be found in the BackendMessages)								

6.2.1.2 MedicalCardRegistryStatus (MedicalCardRegistryStatusType)

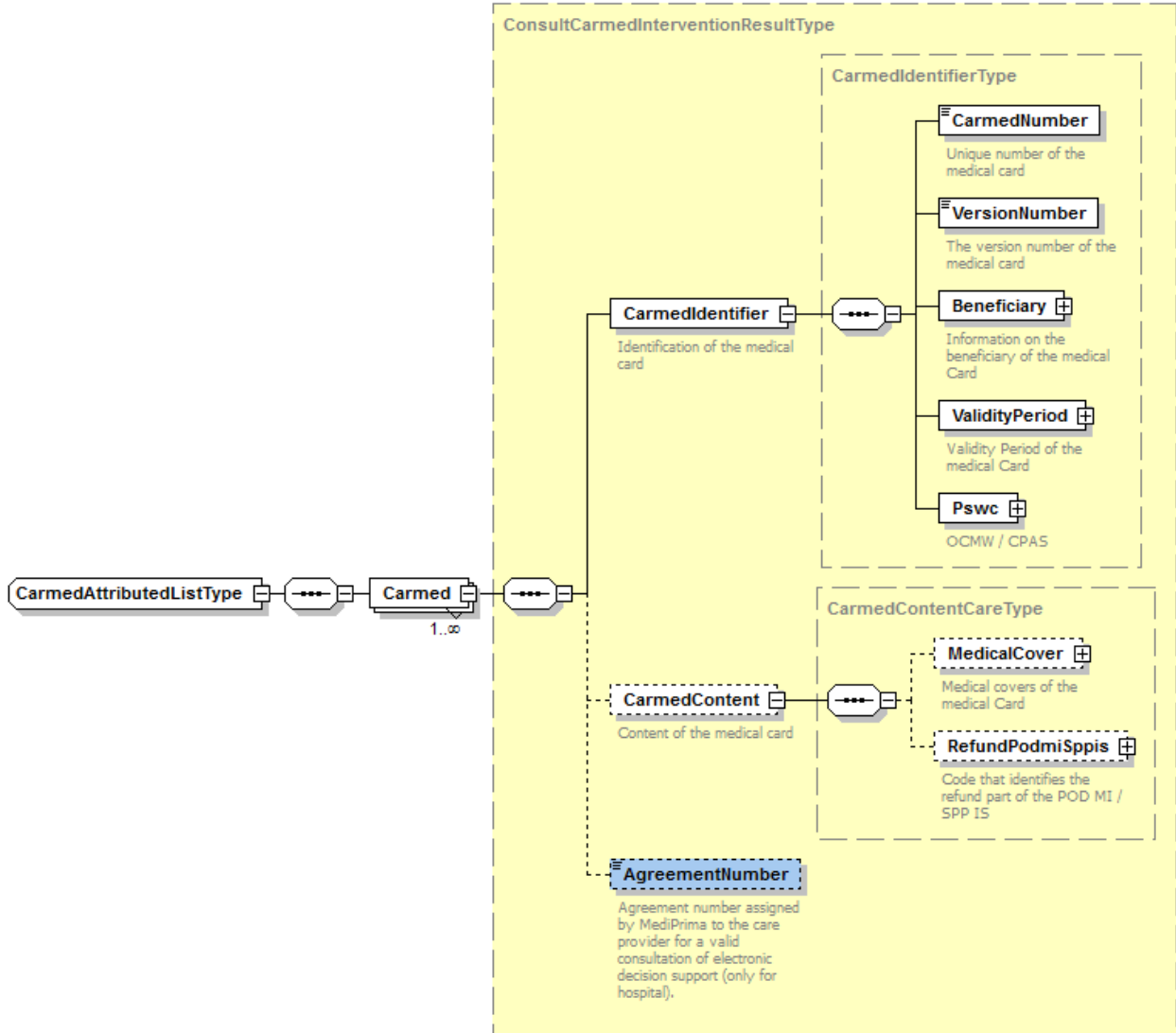
MedicalCardRegistryStatus will be present if there is at least one error or warning returned by the WSP business backend.



Field name	Descriptions						
Severity	Severity of the message.						
	<table border="1"> <thead> <tr> <th>MedicalCardRegistryMessage/Severity</th> <th>Signification</th> </tr> </thead> <tbody> <tr> <td>WARNING</td> <td>No information exists for this beneficiary (no result). Or a decision exists (OCMW / CPAS agree to cover care for this person) but for at least one reason the health care provider cannot be paid for the care (the reason is explained in the message). Limited data on the decision (decision number, identification data, validity period, competent CPAS) are also provided</td> </tr> <tr> <td>ERROR</td> <td>There is an error – no result should be mentioned.</td> </tr> </tbody> </table>	MedicalCardRegistryMessage/Severity	Signification	WARNING	No information exists for this beneficiary (no result). Or a decision exists (OCMW / CPAS agree to cover care for this person) but for at least one reason the health care provider cannot be paid for the care (the reason is explained in the message). Limited data on the decision (decision number, identification data, validity period, competent CPAS) are also provided	ERROR	There is an error – no result should be mentioned.
	MedicalCardRegistryMessage/Severity	Signification					
WARNING	No information exists for this beneficiary (no result). Or a decision exists (OCMW / CPAS agree to cover care for this person) but for at least one reason the health care provider cannot be paid for the care (the reason is explained in the message). Limited data on the decision (decision number, identification data, validity period, competent CPAS) are also provided						
ERROR	There is an error – no result should be mentioned.						
ReasonCode	The code of the message : format xxxx-xx (See tab MedicalCardRegistryInfo in MediPrima_error_codes.xlsx for extra information))						
Source	Always ECARMED						

Communication	A user-readable communication (available in French and in Dutch) giving explanation on the error/warning.
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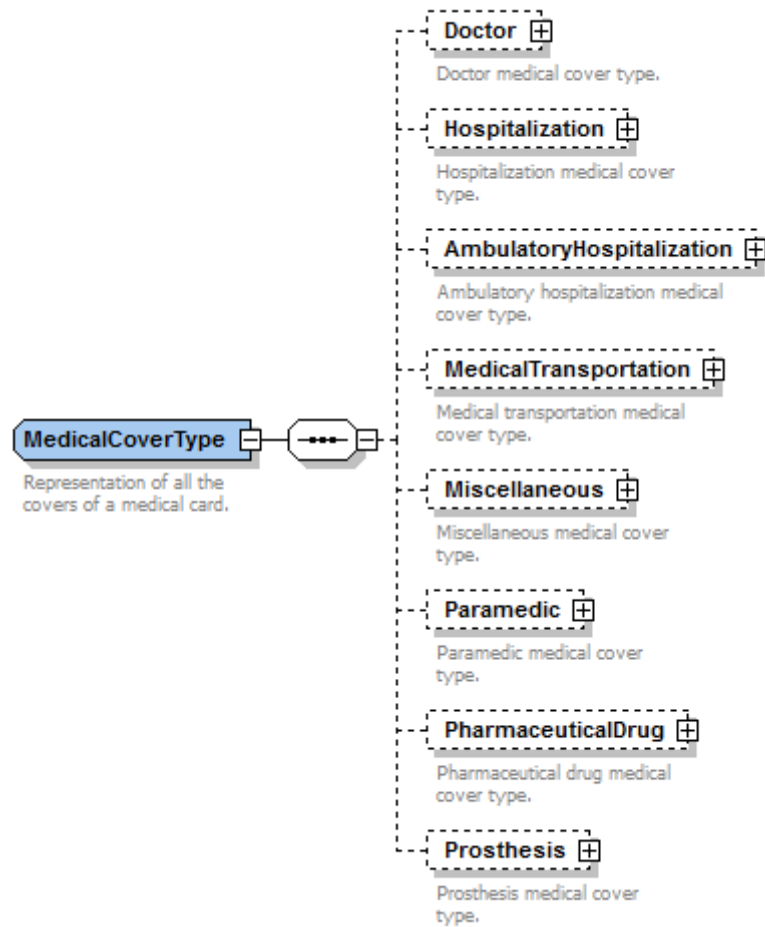
6.2.2 CarmedAttributedListType



Field name	Descriptions
CarmedIdentifier	Number given by the system MediPrima to identify the decision Always present even if no intervention
VersionNumber	Number identifying the information about this decision Always present even if no intervention
Beneficiary	Identification of the beneficiary: SSIN, last name, first name, birthdate, death date and sex. Always present even if no intervention
ValidityPeriod	Validity period of this decision

	Always present even if no intervention
Pswc	<p>Identification of the OCMW/CPAS (company number, Dutch and French name of this municipality)</p> <p>The OCMW/CPAS is the owner of this decision. In case, you don't have enough right to make a bill, you can contact him to add right.</p> <p>Always present even if no intervention</p>
MedicalCover	<p>Medical covers of the medical Card -Explanation of what the CPAS has agreed to support:</p> <ul style="list-style-type: none"> - Which type of care (cover) - The eventual intervention of the OCMW/CPAS - If limitation by the OCMW/CPAS, the list of health care provider where intervention is possible. <p>See § 6.2.3</p> <p>Only mention when intervention possible</p>
RefundPodmiSppis	<p>Code that identifies the refund part of the POD MI / SPP IS</p> <p>See §6.2.6</p> <p>Only mention when intervention possible</p>
AgreementNumber	<p>Agreement number assigned by MediPrima to the care provider for a valid consultation of electronic decision support.</p> <p>Only mention for hospital when intervention possible</p>

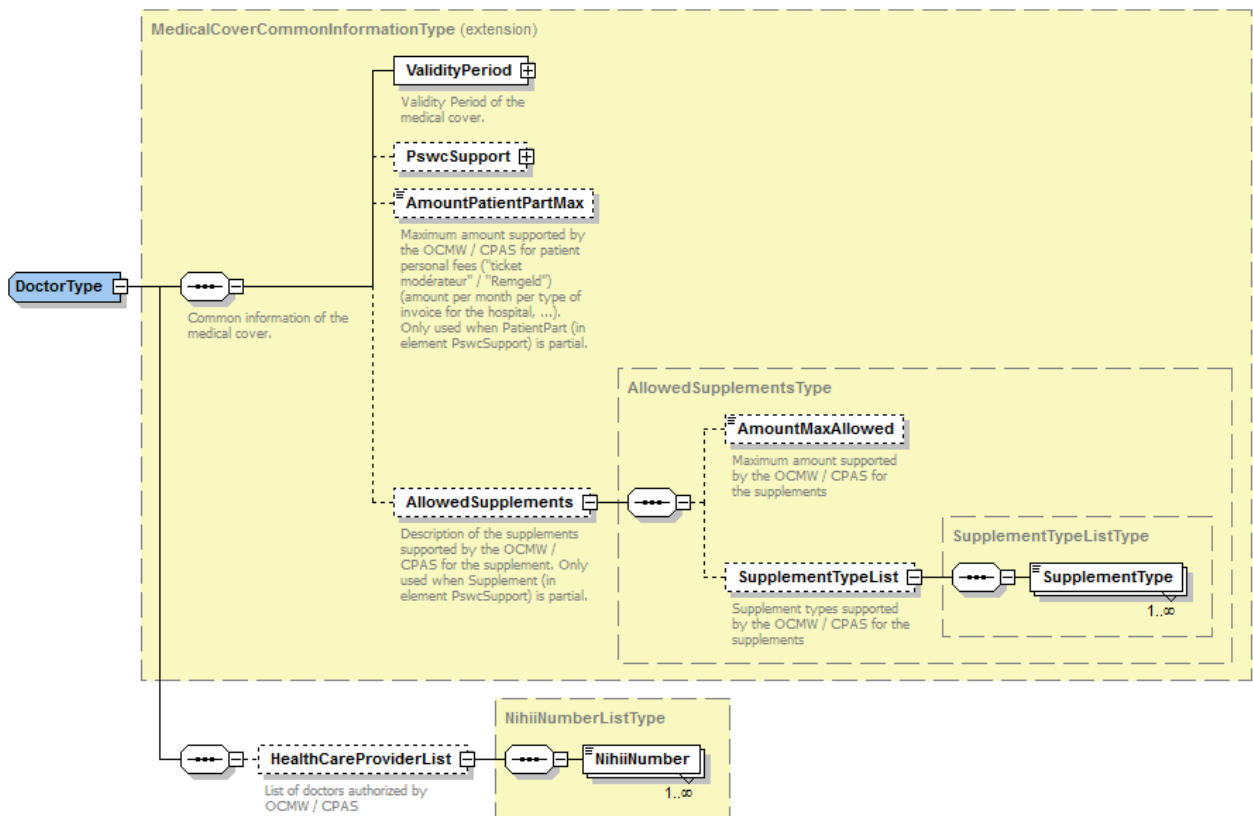
6.2.3 MedicalCoverType



Field name	Descriptions
Doctor	<p>Doctor medical cover type</p> <p>See §6.2.4</p> <p>Use for the representation of payment's guarantee for care by a general practitioner</p>
Hospitalization	<p>Hospitalization medical cover type</p> <p>See §6.2.5</p> <p>Use for the representation of payment's guarantee for hospitalization care</p>
AmbulatoryHospitalization	<p>Ambulatory hospitalization medical cover type</p> <p>See §6.2.5</p> <p>Use for the representation of payment's guarantee for ambulatory hospitalization care</p>
MedicalTransportation	<p>Medical transportation medical cover type</p> <p>Use for the representation of payment's guarantee for medical transportation (No use for the moment)</p>
Miscellaneous	<p>Miscellaneous medical cover type</p>

	Use for the representation of payment's guarantee for miscellaneous (No use for the moment)
Paramedic	Paramedic medical cover type Use for the representation of payment's guarantee for paramedic care : nurse,.. (No use for the moment)
PharmaceuticalDrug	Pharmaceutical drug medical cover type Use for the representation of payment's guarantee for drugs in pharmacy (No use for the moment)
Prosthesis	Prosthesis medical cover type Use for the representation of payment's guarantee for prosthesis(No use for the moment)

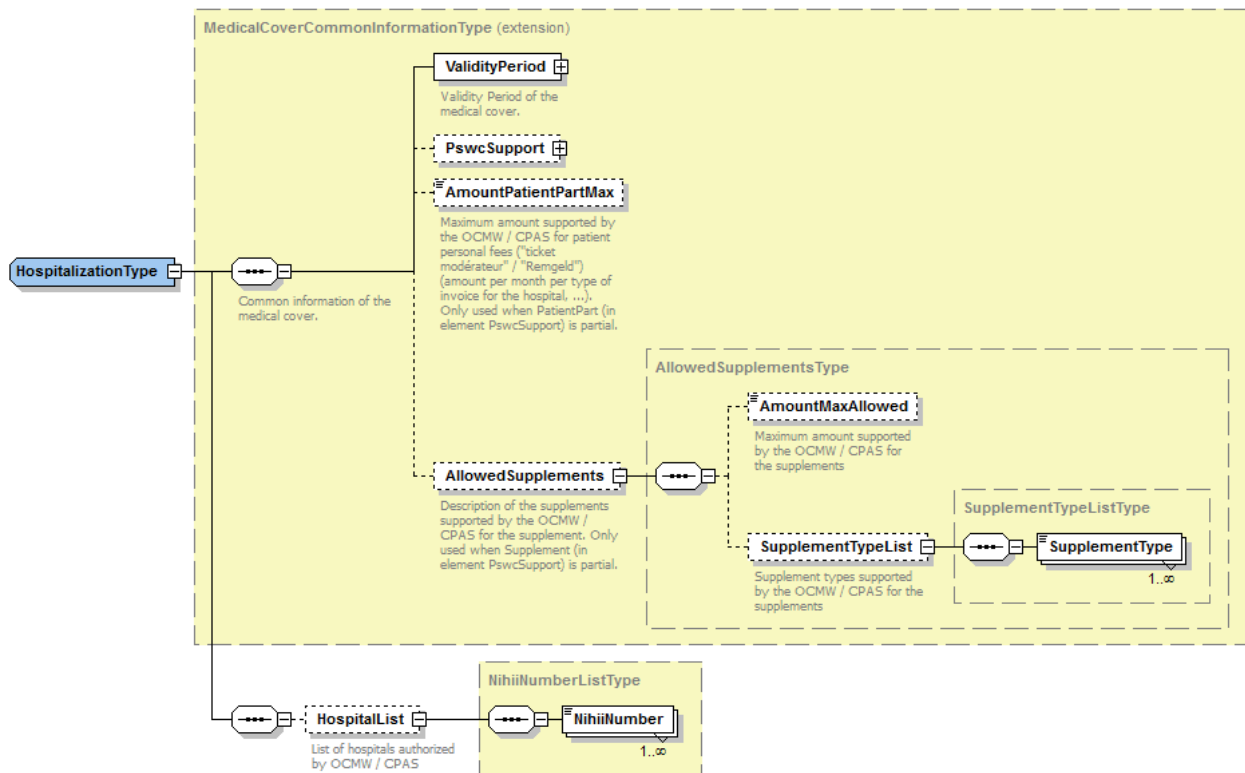
6.2.4 DoctorType



Field name	Descriptions
ValidityPeriod	Validity's period of this cover – when refund can be made for general practitioner care
PswcSupport/ZivAmiPart	ZIV/AMI part (part normally supported by ZIV/AMI) covered by the CPAS / OCMW. The values can be "NOTHING", "FULL" or "PARTIAL".

PswcSupport/PatientPart	Patient part (part normally supported by the patient : "remgeld" / "ticket modérateur") covered by the CPAS / OCMW. The values can be "NOTHING", "FULL" or "PARTIAL".
PswcSupport/Supplement	Supplements supported by the CPAS / OCMW. The CPAS / OCMW indicates if it agrees to cover the supplements. The values can be "NOTHING", "FULL" or "PARTIAL".
PswcSupport/Convention	If there is a convention between the OCMW / CPAS and the healthcare provider, use this convention to fix the agreement Never used
PswcSupport/Prescription	The OCMW / CPAS agrees to pay the care only when there is a prescription. Never used
AmountPatientPartMax	Maximum amount supported by the OCMW / CPAS for patient personal fees ("remgeld" / "ticket modérateur") (amount per month per type of invoice for the hospital, ...). (only used when PatientPart = partial) Never used
AllowedSupplements/AmountMaxAllowed	Maximum amount supported by the OCMW / CPAS for the supplements Never used
AllowedSupplements/SupplementTypeList	Supplement types supported by the OCMW / CPAS for the supplements Never used
HealthCareProviderList	Restricted list of healthcare providers INAMI/RIZIV identifiers authorized by OCMW / CPAS

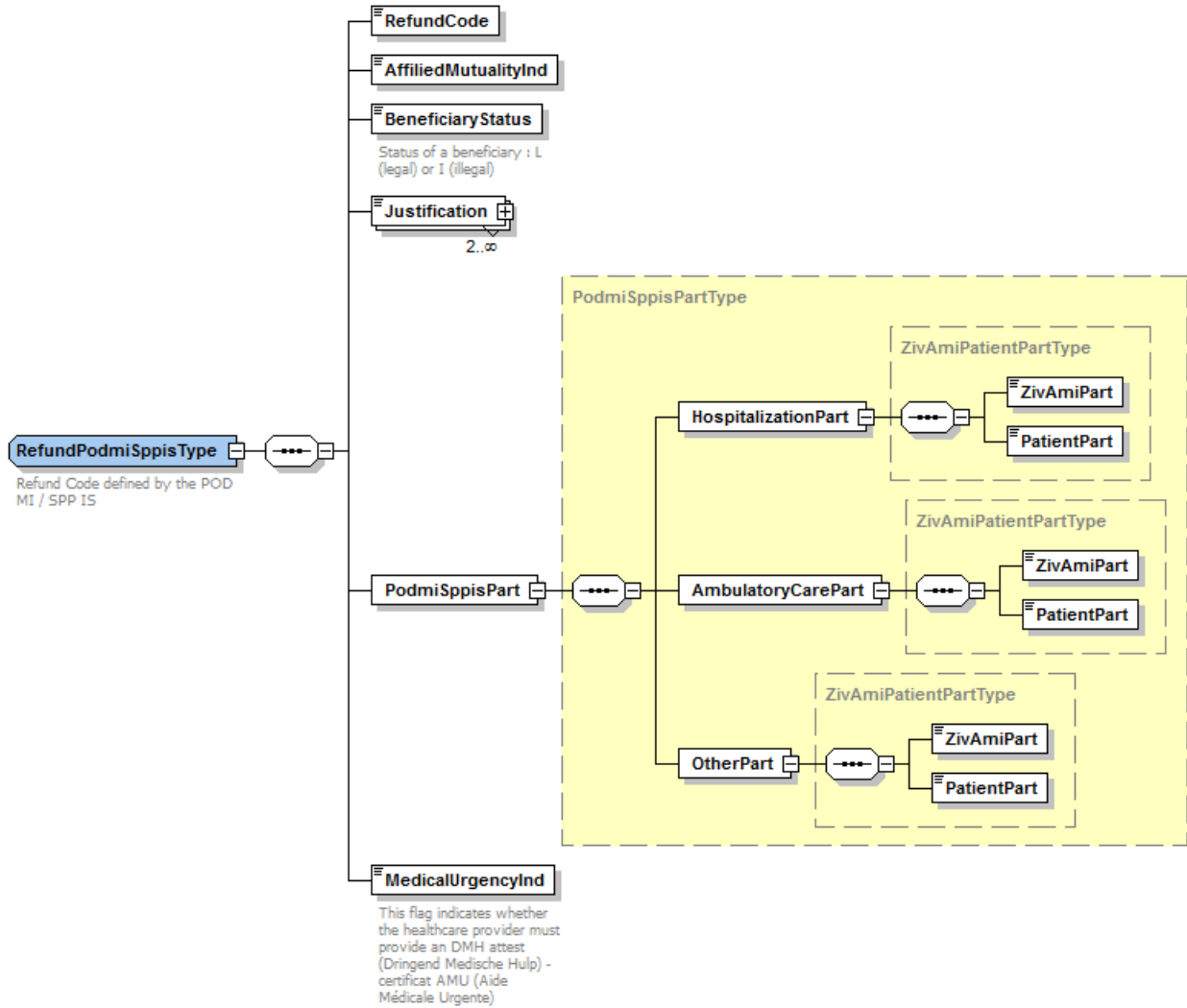
6.2.5 HospitalizationType



Field name	Descriptions
ValidityPeriod	Validity period of this cover – when refund can be made for hospitalization/ambulatory hospitalization
PswcSupport/ZivAmiPart	ZIV/AMI part (part normally supported by ZIV/AMI) covered by the CPAS / OCMW. The values can be "NOTHING", "FULL" or "PARTIAL".
PswcSupport/PatientPart	Patient part (part normally supported by the patient: remgeld - ticket modérateur) covered by the CPAS / OCMW. The values can be "NOTHING", "FULL" or "PARTIAL".
PswcSupport/Supplement	Supplements supported by the CPAS / OCMW. The CPAS / OCMW indicates if it agrees to cover the supplements. The values can be "NOTHING", "FULL" or "PARTIAL".
PswcSupport/Convention	If there is a convention between the OCWM / CPAS and the hospital, use this convention to fix the agreement
PswcSupport/Prescription	The OCMW / CPAS agrees to pay the care only when there is a prescription.
AmountPatientPartMax	Maximum amount supported by the OCMW / CPAS for patient personal fees ("ticket modérateur" / "Remgeld") (amount per month per type of invoice for the hospital, ...) (only used when PatientPart = partial)
AllowedSupplements/AmountMaxAllowed	Maximum amount supported by the OCMW / CPAS for the supplements

AllowedSupplements/ SupplementTypeList	Supplement types supported by the OCMW / CPAS for the supplements – list type available : Supplement list
HospitalList	Restricted list of hospital INAMI/RIZIV identifiers authorized by OCMW / CPAS

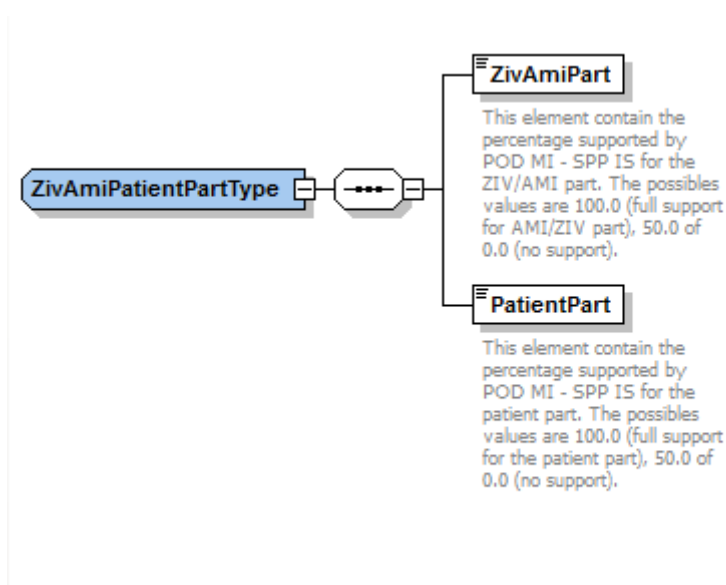
6.2.6 RefundPodmiSppis



Field name	Descriptions
RefundCode	The RefundCode is the code that expresses the percentage of reimbursement of medical fees by the POD MI / SPP IS. RefundCodes value is between 0 and 9999.
AffiliatedMutualityInd	For information, this indicator (boolean : Y/N) indicates the existence of a mutuality at the moment of the card creation - Always NO for the moment
BeneficiaryStatus	Status of a beneficiary : L (legal) or I (illegal)
Justification	Human readable description of the refund code in French and Dutch

PodmiSppisPart/HospitalizationPart	This element contains the percentage supported by POD MI - SPP IS when hospitalization (see also what available in hospitalization cover). See §6.2.7
PodmiSppisPart/AmbulatoryCarePart	This element contains the percentage supported by POD MI - SPP IS when ambulatory care - in hospital (see also what available in AmbulatoryHospitalization cover). See §6.2.7
PodmiSppisPart/OtherPart	This element contains the percentage supported by POD MI - SPP IS when cares outside hospital (see also what available in doctor, paramedic, medicalTransportation, miscellaneous, prosthesis, pharmaceuticalDrugs covers). See §6.2.7
MedicalUrgencyInd	This flag indicates whether the healthcare provider must provide an DMH attest (Dringend Medische Hulp) - certificat AMU (Aide Médicale Urgente)

6.2.7 ZivAmiPatientPartType



Field name	Descriptions
ZivAmiPart	This element contains the percentage supported by POD MI - SPP IS for the ZIV/AMI part. The possible values are 1.00 (full support for AMI/ZIV part), 0.50 of 0.00 (no support).
PatientPart	This element contains the percentage supported by POD MI - SPP IS for the patient part. The possible values are 1.00 (full support for the patient part), 0.50 of 0.00 (no support).

7 Risks and security

7.1 Security

7.1.1 Business security

In case the development adds an additional use case based on an existing integration, the eHealth platform must be informed at least one month in advance with a detailed estimate of the expected load. This will ensure an effective capacity management.

In case of technical issues on the web service, the partner may obtain support from the contact center that is responsible for this service.

In case the eHealth platform finds a bug or vulnerability in its software, the partner is advised to update his application with the newest version of the software within 10 business days.

In case the partner finds a bug or vulnerability in the software or web service that eHealth delivered, he is obliged to contact and inform eHealth immediately and he is not allowed to publish this bug or vulnerability in any case.

7.1.2 Web service

WS security used in this manner is in accordance with the common standards. Your call will provide:

- SSL one way
- Time-to-live of the message: one minute.
- Signature of the timestamp, body and binary security token. This will allow eHealth to verify the integrity of the message and the identity of the message author.
- No encryption on the message.

7.1.3 The use of username, password and token

The username, password and token are strictly personal and are not allowed to transfer.

Every user takes care of his username, password and token and is forced to confidentiality of it. Every user is also responsible of every use which includes the use by a third party, until the inactivation.

8 Test and release procedure

8.1 Initiation

If you intend to use the “WS MediPrima consultation”, please contact **Federal Public Service for the Social Integration** *that will inform the eHealth integration support service of your intention*.

They will help you during your test process (with test data and support) and give you the additional materials if needed (presentation made to software packet,).

8.2 Test, evaluation and release

The test and evaluation process is not made with individuals’ service, but for all the MediPrima webservices needed for the health care provider concerned (hospital or doctor): consultation to the invoicing.

For each integration in a software packet, specific connection tests are provided with the eHealth integration team. You should also be able to demonstrate the different test cases for consultation, tarification (only for doctor) and invoicing and when available the service AMU-attest.

For hospitals: when your tests are finished, please contact the Federal Public Service with the results of your tests and a successful evaluation will allow the release in production of the software to every Health actor.

For doctors: each software packet have the opportunity to evaluate the appropriate integration of this web service in a module MediPrima organized by MCM and the federal public service. A successful evaluation allows the release in production of the software to every Health actor.

For Pharmacy and Office of tarification: By end 2018: each software packet will have the opportunity to evaluate the appropriate integration of this web service in a module organized by MCM and the federal public service. A successful evaluation will allow the release in production of the software to every Health actor.

8.3 Test cases

The following business test cases should be applied:

- Doctors : see specific document
- Hospital : see specific document
- Pharmacy : see specific document
- Office of tarification : see specific document



9 Error and failure messages

There are different possible types of response:

- If there are no technical errors, responses as described in 6.2 are returned.
- If there are no technical errors and if the Level 1 StatusCode is not *'urn:be:fgov:ehhealth:2.0:status:Success'*
 - If there are CBSS errors, you will find the details in CBSSInfo element (see §6.2.1.1 CbssStatus)
 - If there are business errors or business warning, you will find the details in MedicalCardRegistryStatus (see §6.2.1.2 MedicalCardRegistryStatus)
- In the case of a technical error, a SOAP fault exception is returned (see table below).

Table 1: Description of the possible SOAP fault exceptions.

Error code	Component	Description	Solution/Explanation
SOA-00001	Not determined	Service error	This is the default error sent to the consumer in case no more details are known.
SOA-01001	Consumer	Service call not authenticated	From the security information provided, <ul style="list-style-type: none"> • or the consumer could not be identified • or the credentials provided are not correct
SOA-01002	Consumer	Service call not authorized	<ul style="list-style-type: none"> • The consumer is identified and authenticated, but is not allowed to call the given service.
SOA-02001	Provider	Service not available. Please contact service desk	<ul style="list-style-type: none"> • An unexpected error has occurred • Retries will not work • eHealth Contact Center may help with root cause analysis
SOA-02002	Provider	Service temporarily not available. Please try later	<ul style="list-style-type: none"> • An unexpected error has occurred • Retries should work • If the problem persists, call the eHealth Contact Center
SOA-03001	Consumer	Malformed message	This is default error for content related errors in case no more details are known.
SOA-03002	Consumer	Message must be SOAP	Message does not respect the SOAP standard
SOA-03003	Consumer	Message must contain SOAP body	Message respects the SOAP standard, but body is missing
SOA-03004	Consumer	WS-I compliance failure	Message does not respect the WS-I standard
SOA-03005	Consumer	WSDL compliance failure	Message is not compliant with WSDL in Registry/Repository
SOA-03006	Consumer	XSD compliance failure	Message is not compliant with XSD in Registry/Repository
SOA-03007	Consumer	Message content validation failure	From the message content (conform XSD): <ul style="list-style-type: none"> • Extended checks on the element format failed • Cross-checks between fields failed