Patient Cost Transparency
Ballot Reconciliation
5/20/2022
Antitrust Statement (HL7 GOM §05.02):

Professional Associations, such as HL7, which bring together competing entities are subject to strict scrutiny under applicable antitrust laws. HL7 recognizes that the antitrust laws were enacted to promote fairness in competition and, as such, supports laws against monopoly and restraints of trade and their enforcement. Each individual participating in HL7 meetings and conferences, regardless of venue, is responsible for knowing the contents of and adhering to the HL7 Antitrust Policy as stated in §05.01 of the Governance and Operations Manual (GOM).


Updated 10/2021
Agenda
1. Discussion Topic Tickets
2. Move Tickets to Block Vote

Meeting Objective
- Continue to make progress addressing ballot tickets.
On Institutional and Professional profiles, remove the extension gfeBillingProviderLineItemCtrlNum. Mark item.sequence as MS.

• What purpose does the provider assigned Line Item Control Number provide for this Use Case
  – This is commonly used for the provider to track back to source provider system
  – Do payers need this information to create an estimate?
  – If providers get the information back, what purpose could it serve?
  – Are there other tracking purposes needed for PCT?

• If it is useful for the patient or provider, shouldn’t it be included in the AEoB?
In electronic and paper Patient EOBs there is a column for 'Description of Services" or "Provided Service". This column contains a Payer generated description of what the line 'payment' was for.

• This is a description to be specified by the provider because according to the law the GFE must “provide a notification (in clear and understandable language) of the good faith estimate of the expected charges for furnishing…”

• What is the proper place to put the description?
  – item.productOrService.text - A CodeableConcept.text which is defined as a "Plain text representation of the concept"
    • Code System specific code description is populated in item.productOrService.coding.display
    • This would only cover the productOrService and not elements such as modifiers, location, or other details
  – Create a new extension
    • Id: ItemDescription
    • Title: Item Description
    • Description: Plain language description of a product or service.
    • Simple extension of valueString cardinality 1..1
    • Extension to be included under Claim.item , Cardinality 1..1 MS, for davinci-pct-gfe-professional and davinci-pct-gfe-institutional profile
Da Vinci Patient Cost Transparency - Discussion

- **FHIR-35145** - Practitioner Profile - add NUCC Value Set to .qualification
- **FHIR-35222** - PCT GFE Institutional - Claim.CareTeam:operating - PCT Practitioner, fix NUCC
- **FHIR-35223** - PCT GFE Professional - careTeam:referring, references s/b PCT, NUCC qualification

On the Practitioner profile, bind qualification.code to the Value Set US Core Provider Role (NUCC) bind as (required)

- Should NUCC Codes be included for all Practitioner and CareTeam?
- For CareTeam, which has multiple provider roles, does this Code System apply for all roles (e.g. rendering, referring, operating, etc.)
  - Currently there is a required binding for all slices of careTeam
  - Does the binding differ (required vs extensible) across care team roles?
## Da Vinci Patient Cost Transparency - Review

<table>
<thead>
<tr>
<th>Issue Key</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHIR-34794</td>
<td>Define Servicing Facility reference resource as an organization, not a location</td>
</tr>
<tr>
<td>FHIR-36640</td>
<td>Define Institutional Servicing Facility reference resource as an organization, not a location</td>
</tr>
<tr>
<td>FHIR-34983</td>
<td>Remove the Location Profile</td>
</tr>
<tr>
<td>FHIR-35225</td>
<td>PCT Location - Add Identifier slice for NPI 1..1</td>
</tr>
<tr>
<td>FHIR-34900</td>
<td>PCT Practitioner - Add explicit identifier slice for Tax ID</td>
</tr>
<tr>
<td>FHIR-34902</td>
<td>Institutional profile - update procedure slice and Value Set</td>
</tr>
<tr>
<td>FHIR-35218</td>
<td>PCT GFE Institutional - Other Procedure, correct VS, ICD-10 PCT</td>
</tr>
<tr>
<td>FHIR-34906</td>
<td>PCT GFE Institutional supportingInfo:typeOfBill .code</td>
</tr>
<tr>
<td>FHIR-35147</td>
<td>Remove Code Systems defined for testing purposes</td>
</tr>
<tr>
<td>FHIR-34946</td>
<td>use of the term &quot;near real time&quot;</td>
</tr>
<tr>
<td>FHIR-35097</td>
<td>Could payers reasonably produce an AEOB in 5 minutes?</td>
</tr>
<tr>
<td>FHIR-34984</td>
<td>Remove PractitionerRole Profile</td>
</tr>
</tbody>
</table>