Consumer Directed Payer Data Exchange IG

Ballot Reconciliation

Creating Access to Real-time Information Now through Consumer-Directed Exchange

Agenda 6/29

- Status of CARIN BB WG ballot reconciliation
- Returning focal and reference resources as a bundle. Recommend defining an OperationDefinition resource in the IG. (FHIR-26702; FHIR-26693)
- Recommend defining the following as Block-Vote-3:
  - PDex vs CARIN – FHIR-26699; FHIR-26733, FHIR-24842
  - Terminology and other tickets.
  - Type Claim definition FHIR-26777; FHIR-26708
  - Value Set – Data Absent Reason

Status of CARIN BB WG Ballot Reconciliation

Below is a status of the tickets submitted for the CARIN BB IG.

	Count
CARIN BB JIRA ticket count	233
Duplicate tickets	26
Count of tickets to resolve	207
Ticket related to Issues Resolved in Block Vote 1	54
Ticket related to Issues Resolved in Block Vote 2*	29
Count of tickets proposed as Block Vote 3	64
Count of remaining tickets	**60**

*The FM co-chairs began reviewing the block vote items and discovered some discrepancies. Some due to the quirks of the new balloting tool. These will be reviewed individually (vs. a block vote) on the FM call Tuesday, 6/30.

Returning focal and reference resources as a bundle. (FHIR-26702; FHIR – 26693)

- These tickets are included in Block-Vote-2; however, the solution of returning as if the request was _include=* is being revisited. Recommend updating the disposition to define a custom resource, OperationDefinition

CARIN BB API

The EOB Resource is the focal Consumer-Directed Payer Data Exchange (CDPDE) Resource. Several Reference Resources are defined directly/indirectly from the EOB: Coverage, Patient, Organization (Payer ID), Practioner, Organization (Facility), PractionerRole, Location.

RESTful Capabilities by Resource/Profile

A server will support an "$assemble-eob" operation which will return for the specified patient all EOB resources matching the search request along with all the reference resources in the response bundle. Bundle.total will show a count of the EOB.

Returning focal and reference resources as a bundle. (FHIR-26702; FHIR – 26693) continued

- Some custom code would likely be required by the server, but this would also be required if _include=* was implied. If a payer is using a reference server, e.g. Smile, HAPI, Vonk, Aidbox then a custom operation will likely be supported out of box, but some coding would be involved to create this bundle.
- JSON examples of the OperationDefinition are available.

  - For reference, the following pages provide information on FHIR custom operations:
    http://hl7.org/fhir/operations.html
    https://smilecdr.com/hapi-fhir/docs/server_plain/rest_operations_operations.html

    Da Vinci Data Exchange for Quality Measures (DEQM) defines some custom operations at
    https://build.fhir.org/ig/HL7/davinci-deqm/
    US Core also defines one custom operation US Core Fetch DocumentReferences at
    https://build.fhir.org/ig/HL7/US-Core-R4/OperationDefinition-docref.html

Payer Provisioning of Claims / Clinical data

- FHIR-26699: There is clear overlap between this implementation guide and the DaVinci payer data exchange and clinical data exchange implementation guides
- FHIR-26733: Clinical FHIR artifacts should be mentioned in this guide
- FHIR-24842: CARIN BB versus DaVinci payer exchange

- Proposed resolution: Add the following language to the IG: Include in Block-Vote-3:

  CMS Guidance defines two sets of data be made available by payers in the Patient Access API: 1) Claims and Encounter Data and 2) Clinical data. They provide links to specific implementations guides for the Patient Access API to provide guidance. Use of these implementation guides is not required, but if used these guides will provide information payers can use to meet the requirements of the policies being finalized.

  The CARIN BB IG defines how Claims and Encounter Data are to be provided; the DaVinci payer data exchange and US Core IGs define how Clinical Data is to be provided. DaVinci and CARIN will be providing additional guidance on how the three IGs could be used by payers to meet the requirements of CMS Patient Access.

Terminology and Other Tickets

The Financial Management Workgroup is addressing terminology value set / code system requirements. In response to their request, 32 tickets were forwarded to them. In preparation for the first release of a draft IG, dispositions have been proposed. There are several other tickets related to the 32; dispositions have been proposed for them.

We recommend these and other tickets for whom dispositions have been proposed be approved by the CARIN BB Workgroup and be included in Block-Vote-3: Reference the Appendix for details.

	Count
JIRA tickets forwarded to FM Workgroup; dispositions are defined	32
JIRA Tickets Related to Those Submitted to FM; dispositions are defined	15
Tickets not provided to FM, but proposed dispositions are defined	7
Ticket related to Issues Resolved in Block Vote 2	2
Other tickets to be addressed in the next build of the IG	8
Total	64

FHIR-26777 The existing type codes should be used with an extension or subtype to indicate inpatient or outpatient if needed

FHIR-26708 Update HL7 Claim Type Definitions

FHIR-26777 proposed resolution: Claim Type codes will not be defined as inpatient or outpatient

FHIR-26708 proposed resolution: HL7 Type Claim descriptions for institutional, pharmacy and professional be updated (These are part of the 55 recommend for inclusion in Block-Vote-3)

Code	Display	Current Definition	Requested Revised Definition
institutional	Institutional	Hospital, clinic and typically inpatient claims.	Claims submitted by clinics, hospitals, skilled nursing facilities, and other institutional providers
pharmacy	Pharmacy	Pharmacy claims for goods and services.	Claims submitted by retail pharmacies
professional	Professional	Typically, outpatient claims from Physician, Psychological, Chiropractor, Physiotherapy, Speech Pathology, rehabilitative, consulting.	Claims submitted by physicians, suppliers, and other non-institutional providers

Oral and Vision remain as defined

If a Value Set code cannot be assigned, include the data absent reason code set FHIR-26706

All required or must-support fields in the CarinBB IG will be bound with “Required” strength

When the payer’s data does not include a value from the Value Set and (i.e., a Plan assigned code for a procedure code) and a value is required [due to cardinality or must-support] the code “unknown” from the HL7 Code System, https://www.hl7.org/fhir/codesystem-data-absent-reason.html will be used.

Proposed disposition: Add the “unknown” code to each applicable Value Set.

If this proposed resolution is adopted, the CARIN team would identify the applicable Value Sets to which this applies. For example, Claim Type would not permit a data absent reason code.

Appendix: Terminology tickets

CARIN BB VS / CS – Industry Standard - License Required

Forwarded to Financial Management

CARIN BB VS	JIRA	Notes
NUBC		
Point of Origin for Admission or Visit (FL-15)	FHIR-27020	Inpatient and Outpatient Facility
Priority (Type) of Admission or Visit (FL-14)	FHIR-26849	Inpatient and Outpatient Facility
Type of Bill (FL-4)	FHIR-26850	Inpatient and Outpatient Facility
Revenue Code UB-04 (FL-42)	FHIR-26851	Inpatient and Outpatient Facility
Patient Discharge Status (FL-17)	FHIR-26854	Inpatient and Outpatient Facility
Present on Admission (FL-67)	FHIR-26857	Inpatient Facility Only
NCPDP		
Dispensed As Written (DAW)/Product Selection Code (field # 408-D8)	FHIR-26863	Pharmacy
Prescription Origin Code (field # 419-DJ)	FHIR-26864	Pharmacy
Brand Generic Code (field # 686)	FHIR-26871	Pharmacy
Compound Code (field # 406-D6)	FHIR-27835	Pharmacy (NDC + Compound Code)
Reject Code (field # 511-FB)	FHIR-27838	Pharmacy

CARIN BB VS	JIRA	Notes
NUCC		
Provider Taxonomy	FHIR-27014	Professional and Non-Clinician
CPT		
CPT (HCPCS I) Procedure Codes	FHIR-26880	Inpatient and Outpatient Facility, Professional and Non-Clinician; CPT+HCPCSII
CPT (HCPCS I) Modifier Codes	FHIR-26891	Inpatient and Outpatient Facility, Professional and Non-Clinician; CPT+HCPCSII
X12		
Claim Adjustment Reason Codes (CARC)	FHIR-26907	Inpatient and Outpatient Facility, Professional and Non-Clinician; CARC + RARC

CARIN BB VS / CS - Industry Standard - License Not Required

Forwarded to Financial Management

CARIN BB VS	JIRA	Notes
	CMS	
HCPCS II Procedure Codes	FHIR-26880	Inpatient and Outpatient Facility, Professional and Non-Clinician; CPT + HCPCS
HCPCS II Modifier Codes	FHIR-26891	Inpatient and Outpatient Facility, Professional and Non-Clinician; CPT + HCPCS
Remittance Advice Remark Codes (RARC)	FHIR-26907	Inpatient and Outpatient Facility, Professional and Non-Clinician; CARC + RARC
Diagnosis Related Group (DRGs) (MS, AP, etc.)	FHIR-26925	Inpatient Facility
Place of Service	FHIR-26926	Professional and Non-Clinician
ICD-10-PCS Procedure Codes	FHIR-26934	Inpatient Facility
	FDA	
National Drug Code (NDC) NCPDP field # 407-D7	FHIR-26908	Pharmacy
	NCHS-CDC	
The ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification)	FHIR-26928	Inpatient and Outpatient Facility, Professional and Non-Clinician

CARIN BB VS / CS – Non-Industry Standard

Forwarded to Financial Management

CARIN BB VS	JIRA	Notes
HL7		
Claim Type	FHIR-26708	All EOB profiles. Request updated definitions
Related Claim Relationship Codes	FHIR-26709	All EOB profiles. Request additional definition
Gender	Not required	Use as defined by HL7
Birth Sex	Not required	Use as defined by HL7
Race	Not required	Use as defined by HL7
Ethnicity	Not required	Use as defined by HL7
Relationship to subscriber	FHIR-27021	Use as defined by HL7; increase binding strength in profile
Adjudication CARIN BB	FHIR-26992	Coordinate with Adjudication RTPBC

CARIN BB VS	JIRA	Notes
New		
Payer Benefit Payment Status	FHIR-27002	Share the same Code System, Payer Adjudication Category
Payer Provider Network Status	FHIR-27003	
Payer Payee Type Code	FHIR-27008	
Payer Payment Status Code	FHIR-27009	
Diagnosis Type - Facility	FHIR-27010	Share the same Code System, Payer Diagnosis Type
Diagnosis Type – Professional and Non-Clinician	FHIR-27011	
Payer Present on Admission Type	FHIR-27012	
Payer Provider Role	FHIR-27013	

Related to The Terminology Tickets Forwarded to FM

Count = 15

JIRA	Related Issue	Description	JIRA	Related Issue	Description
FHIR-25600	FHIR-26934	Broken link for ICD-10 [PCS]	FHIR-26706	Primary issue	The Terminology Section of the IG requires a major overhaul, renaming the Value Sets and Code Systems and updating links
FHIR-25634	FHIR-27020 FHIR-26849 FHIR-26850 FHIR-26851 FHIR-26854 FHIR-26857	All Value sets that directly reference UB-04 content need FHIR support	FHIR-26823	FHIR-26706	My understanding is that many of the value sets listed here are out of date and require updates.
FHIR-26723	FHIR-27002	Indicates the in network or out of network payment status of the claim	FHIR-25630		Essentially all the CARIN code systems have concepts with no definitions
FHIR-26713	FHIR-26925	Define the various versions of DRGs (MS-DRG, AP-DRG, etc.) as an External Code System	FHIR-25677		Missing definitions for CARIN defined code systems
FHIR-26777	FHIR-26708	Page17: The existing type codes should be used with an extension or subtype to indicate inpatient or outpatient if needed	FHIR-26725		The IG requires new non-industry standard Value Sets and Code Systems be defined
FHIR-26772	FHIR-26992	Review the use of adjudication category codes as this should be an extensible code system and the goal is to maintain interoperability	FHIR-26773	FHIR-27010	Page 11, row 6: Is E Code should not be modeled as 'diagnosis.type=
FHIR-26766	FHIR-27003	Pag6 6-7: It would be more efficient to have a network-status extension and use it on .careTeam	FHIR-26768	FHIR-26992	Page 8, row 7: What is the disallowed amount? How does this address Coordination of benefit?
			FHIR-26767	FHIR-26992	Page 8, rows 2,6,12: Why are the standard term eligible and benefit not used? Payment is not the same concept as benefit

Tickets not provided to FM

Count = 7

JIRA	Related Issue	Description
FHIR-26881	Primary issue	Delete CARIN Blue Button SNOMEDCT Procedure Codes Value Set
FHIR-26789	FHIR-26881	Correct SNOMEDCT to SNOMED CT
FHIR-25632		CARINBBSNOMEDCTProceduCodes is incorrectly defined
FHIR-27057	No related issue	Delete Type of Service Value Set
FHIR-26724	No related issue	OIDs will be required to be defined for any new Code Systems that do not have an OID assigned
FHIR-25679	No related issue	Wrong Definition [for identifier type]
FHIR-26776	No related issue	Page 13, Birth Sex is a standard extension

Tickets Related to Issues Resolved in Block Vote 2

Count = 2

JIRA	Related Issue	Description
FHIR-26761	FHIR-26816 FHIR-25605	Row 22: The primary payer would be the first Coverage.payor ->Organization instance in .insurance where .subrogation=false
FHIR-25686	FHIR-26704	Related-Person Where is memberid used

Tickets to be Addressed in the next build of the IG

Count = 8

JIRA	Related Issue	Description
FHIR-25674		Nav bar does not Nav to most important content; remove TOC
FHIR-24843		Descriptions missing on Profiles page
FHIR-24844		Please have tabs for snapshot and differential as per convention
FHIR-24839		Recommendation for Spec navigation
FHIR-24841		Spec layout is confusing
FHIR-26821		Within each profile, the 'XML Template' and 'JSON Template' profile tabs do not render as expected
FHIR-25675		Downloads does not provide link to package
FHIR-24836		Building on HL7 FHIR standard