

# Consumer Directed Payer Data Exchange IG

## Ballot Reconciliation





# 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	235
Duplicate tickets	24
Count of tickets to resolve	211
Ticket related to Issues Resolved in Block Vote 1 (count submitted = 27; 3 are duplicates)	24
Ticket related to Issues Resolved in Block Vote 2	32
Tickets that are Terminology related (proposed as Block Vote 3)	50
Tickets that are corrections (proposed as Block Vote 4)	44
Tickets recommend deferring for R5	10
<b>Count of remaining tickets</b>	<b>51</b>

# Block Vote 3: CARIN BB VS / CS – Industry Standard - License Required

## Forwarded to Financial Management

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

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

# Block Vote 3: CARIN BB VS / CS - Industry Standard

## - License Not Required

### Forwarded to Financial Management

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

# Block Vote 3: CARIN BB VS / CS – Non-Industry Standard

## Forwarded to Financial Management

CARIN BB VS	JIRA	Notes	CARIN BB VS	JIRA	Notes
HL7			New		
Claim Type	<a href="#">FHIR-26708</a>	All EOB profiles. Request updated definitions	Payer Benefit Payment Status	<a href="#">FHIR-27002</a>	Share the same Code System, Payer Adjudication Category
Related Claim Relationship Codes	<a href="#">FHIR-26709</a>	All EOB profiles. Request additional definition	Payer Provider Network Status	<a href="#">FHIR-27003</a>	
Gender	Not required	Use as defined by HL7	Payer Payee Type Code	<a href="#">FHIR-27008</a>	
Birth Sex	Not required	Use as defined by HL7	Payer Payment Status Code	<a href="#">FHIR-27009</a>	Share the same Code System, Payer Diagnosis Type
Race	Not required	Use as defined by HL7	Diagnosis Type - Facility	<a href="#">FHIR-27010</a>	
Ethnicity	Not required	Use as defined by HL7	Diagnosis Type – Professional and Non-Clinician	<a href="#">FHIR-27011</a>	
Relationship to subscriber	<a href="#">FHIR-27021</a>	Use as defined by HL7; increase binding strength in profile	Payer Present on Admission Type	<a href="#">FHIR-27012</a>	
Adjudication CARIN BB	<a href="#">FHIR-26992</a>	Coordinate with Adjudication RTPBC	Payer Provider Role	<a href="#">FHIR-27013</a>	

# Block Vote 3: Other Terminology Tickets

JIRA	Related Issue	Description	JIRA	Related Issue	Description
<a href="#">FHIR-25600</a>	<a href="#">FHIR-26934</a>	Broken link for ICD-10 [PCS]	<a href="#">FHIR-26706</a>	Primary issue	The Terminology Section of the IG requires a major overhaul, renaming the Value Sets and Code Systems and updating links
<a href="#">FHIR-25634</a>	<a href="#">FHIR-27020</a> <a href="#">FHIR-26849</a> <a href="#">FHIR-26850</a> <a href="#">FHIR-26851</a> <a href="#">FHIR-26854</a> <a href="#">FHIR-26857</a>	All Value sets that directly reference UB-04 content need FHIR support	<a href="#">FHIR-26823</a>		My understanding is that many of the value sets listed here are out of date and require updates.
<a href="#">FHIR-26723</a>	<a href="#">FHIR-27002</a>	Indicates the in network or out of network payment status of the claim	<a href="#">FHIR-25630</a>	<a href="#">FHIR-26706</a>	Essentially all the CARIN code systems have concepts with no definitions
<a href="#">FHIR-26713</a>	<a href="#">FHIR-26925</a>	Define the various versions of DRGs (MS-DRG, AP-DRG, etc.) as an External Code System	<a href="#">FHIR-25677</a>		Missing definitions for CARIN defined code systems
			<a href="#">FHIR-26725</a>		The IG requires new non-industry standard Value Sets and Code Systems be defined
<a href="#">FHIR-26772</a>	<a href="#">FHIR-26992</a>	Review the use of adjudication category codes as this should be an extensible code system and the goal is to maintain interoperability	<a href="#">FHIR-26773</a>	<a href="#">FHIR-27010</a>	Page 11, row 6: Is E Code should not be modeled as 'diagnosis.type='
<a href="#">FHIR-26766</a>	<a href="#">FHIR-27003</a>	Pag6 6-7: It would be more efficient to have a network-status extension and use it on .careTeam	<a href="#">FHIR-26724</a>		OIDs will be required to be defined for any new Code Systems that do not have an OID assigned

# Block Vote 3: Other Terminology Tickets (continued)

JIRA	Related Issue	Description
<a href="#">FHIR-26715</a>		Define Claim Adjustment Reason Codes (CARC) as an External Code System
<a href="#">FHIR-26716</a>		Define Remittance Advice Remark Codes (RARC) as an External Code System
<a href="#">FHIR-26714</a>		Define Place of Service as an External Code System
<a href="#">FHIR-26718</a>		Define DAW product selection code, Prescription origin code, Plan reported brand-generic code as External Code Systems
<a href="#">FHIR-26711</a>	<a href="#">FHIR-25678</a>	Define NUBC data elements as an External Code System

# Defer the following requests to be considered in R5

JIRA	Related Issue	Description
<a href="#">FHIR-26722</a>		Define allowed units in the detail section of the EOB resource
<a href="#">FHIR-26720</a>		Define Claim Received Date as an EOB backbone element
<a href="#">FHIR-26721</a>		Define the various payer adjudication amount fields in the EOB adjudication section
<a href="#">FHIR-26712</a>		Define the Diagnosis Related Group (DRG) as a backbone element
<a href="#">FHIR-26719</a>		Define Provider Network Contracting Status in the adjudication section of the EOB Resource
<a href="#">FHIR-26710</a>		Define NUBC data elements as backbone data elements
<a href="#">FHIR-26717</a>		Define NCPDP data elements as EOB backbone data elements
<a href="#">FHIR-26700</a>		The current list of search parameters does not include a search parameter for insurer.
<a href="#">FHIR-26735</a>	<a href="#">FHIR-26701</a>	The base EOB does not include search parameters for name, service-date or type”



# Block Vote 4: Corrections

JIRA	Related Issue	Description
<a href="#">FHIR-25674</a>		Nav bar does not Nav to most important content; remove TOC
<a href="#">FHIR-24843</a>		Descriptions missing on Profiles page
<a href="#">FHIR-24844</a>		Please have tabs for snapshot and differential as per convention
<a href="#">FHIR-24839</a>		Recommendation for Spec navigation
<a href="#">FHIR-24841</a>	<a href="#">FHIR-26754 (BV-1)</a> <a href="#">FHIR-25673</a>	Spec layout is confusing
<a href="#">FHIR-26821</a>		Within each profile, the 'XML Template' and 'JSON Template' profile tabs do not render as expected
<a href="#">FHIR-25675</a>		Downloads does not provide link to package
<a href="#">FHIR-25701</a>	<a href="#">FHIR-26755 (BV-1)</a> <a href="#">FHIR-25699</a> <a href="#">FHIR-25700</a> <a href="#">FHIR-26795</a>	Fix [Sequence] diagram; Add numbers to diagram
<a href="#">FHIR-25582</a>	<a href="#">FHIR-25702</a>	Link to CPCDS is to Build not to 0.1 version
<a href="#">FHIR-26698</a>	<a href="#">FHIR-25584</a> <a href="#">FHIR-25585</a>	Unable to view or download CPCDS Data dictionary; Link to CPCDS to fHIR Profiles Mapping Excel worksheet does not work

JIRA	Related Issue	Description
<a href="#">FHIR-25590</a>		Not FHIR URL - Authorization, Authentication and Registration page and TBD link
<a href="#">FHIR-25594</a>		repeated words in "Available Industry Standard Code Systems"
<a href="#">FHIR-25603</a>		Typo in Example
<a href="#">FHIR-25696</a>		Add hyperlinks [to CFR reference, CMS released Blue Button 2.0, and proposed rule references]
<a href="#">FHIR-26780</a>		Remove or properly point URI TBD to content.
<a href="#">FHIR-25608</a>		Benefit to Consumers and Health Plans - Move this page to follow Background in the TOC
<a href="#">FHIR-26802</a>		delete "bi-directional" sentence
<a href="#">FHIR-25567</a>		Data may be sent, but APIs are not sent. Perhaps change "sent to" to "implemented by."
<a href="#">FHIR-25572</a>		No authors specified
<a href="#">FHIR-26804</a>		The two statements are not related - "in other word" is not appropriate
<a href="#">FHIR-26694</a>		Verbiage on external terminologies to be displayed on IG
<a href="#">FHIR-26927</a>		Recommend [creating a] Table of Profiles
<a href="#">FHIR-26762</a>		The row numbering keeps getting reset to 1 - each row should be uniquely numbered

# Block Vote 4: Corrections (page 2)

JIRA	Related Issue	Description
<a href="#">FHIR-25680</a>		if there are no extensions remove the headers and the page TOC
<a href="#">FHIR-27739</a>		Search Parameter Expression is lowercase and conflicts with case sensitivity for CARINBlueButton_ExplanationOfBenefit_Patient_SearchParameter
<a href="#">FHIR-26820</a>		EOB.addItem.detail.subDetail.adjudication and EOB.adjudication descriptions are unclear: 'Unknown reference to #ExplanationOfBenefit.item.adjudication
<a href="#">FHIR-27882</a>		All 1.. (1..1, 1..*) elements should be flagged as MS
<a href="#">FHIR-26881</a>	<a href="#">FHIR-26789</a> <a href="#">FHIR-25632</a>	Delete CARIN Blue Button SNOMEDCT Procedure Codes Value Set
<a href="#">FHIR-27057</a>		Delete Type of Service Value Set
<a href="#">FHIR-26776</a>		Page 13, Birth Sex is a standard extension
<a href="#">FHIR-26791</a>		The IG is missing a profile for Practitioner
<a href="#">FHIR-26777</a>	<a href="#">FHIR-26708</a>	Page17: The existing type codes should be used with an extension or subtype to indicate inpatient or outpatient if needed

JIRA	Related Issue	Description
<a href="#">FHIR-26767</a>		Page 8, rows 2,6,12: Why are the standard term eligible and benefit not used? Payment is not the same concept as benefit
<a href="#">FHIR-25679</a>		Wrong Definition [for identifier type]
<a href="#">FHIR-26768</a>		Page 8, row 7: What is the disallowed amount? How does this address Coordination of benefit?