AWG Agenda/Minutes 2019 May (Montreal)

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Day	Date	Time		Room	Event	Host	joining	Chair	Scribe	Notes
Saturday	04 May 2019	9AM -5PM	Q1		FHIR Connectathon	Christol/ Durwin	Architect: Henry Meyne			
			Q2		FHIR Connectathon	Christol/ Durwin	Henry Meyne			
			Q3		FHIR Connectathon	Christol/ Durwin	Henry Meyne			
			Q4		FHIR Connectathon	Christol/ Durwin	Henry Meyne			
Day	Date	Time		Room	Event	Host	joining	Chair	Scribe	Notes
Sunday	05 May 2019	9AM-5PM	Q1		FHIR Connectathon	Christol/ Durwin	Henry Meyne			
			Q2		FHIR Connectathon	Christol/ Durwin	Henry Meyne			
			Q3							
			Q4							
Day	Date	Time		Room	Event	Host	joining	Chair	Scribe	Notes
Monday	06 May 2019	9 -10: 30 AM	Q1	Salon A	Agenda/wk overview Project detailing and alignment - SBob Dieterle (What do we need to review in this WGM for the DV Project- MK/Paul) C-CDA Payer Section, Linda M. Need to add to one of the joint session. See: Payer Section C-CDA - Wednesday Q1 FM has CRD ballot items that need final resolution, need to add to FM Agenda **GOAL:** Finalize Agenda items and required participants for all quarters Project Detailing and Alignment - Bob D	AWG	FM			

Minutes:

Q1 - Reviewed the Financial Management agenda. See agenda and minutes on FM Confluence page. Paul Knapp went over the project scope statements that the two workgroups have in common. There was a discussion about AMA, ADA and AHA terminologies that must be registered in HL7 Vocabulary.

Re-arranged AWG agenda topics to accommodate Da Vinci presentations and Financial Management's availability.

Bob asked for approval of two new additions to the drug formulary. Vote was 23 approvals, no objections and 1 abstention.

	11 -12: 30 PM	Q2	Salon A	HL7 Updates Connectathon Readout HIMSS	AWG					

Minutes:

Q2

HL7 updates – Russ Ott will represent AWG with Electronic services and tools. In the TSC administrative meeting, there were nominations for HL7 board. May ballots are closed so now there will be reconciliations of comments.

Connectathon – CAT21 Report. 23 tracks. See summaries. DTR Documentation Templates and Rules. What are rules for asking for information as example. Testing. sit in on meeting Tuesday. discovery

URL for google summary of the connectathon. , template. Standards for "cards" CDShooks? Payer could respond to a CRD request. Standardized cards. CRD use case: CARD". User interface example.

CONMAN in Confluence. Da Vinci/CDex. Communication request. HSCP tool front end screen so provider can just click on patient provider payer date,etc. Built request for CDex see track in confluence. Had provider and payer server. Use LOINC code to request something. HSPC sandbox, a testing environment. Partnered with Da Vinci. HSPC was already set up for providers. Da Vinci now has an n environment. Spent hour and a half to get everyone set up on the sandbox. As lesson learned, sign up people ahead of time. See supporting Da Vici document "Unlocking Payer Information to Improve Care". Cigna working on document templates. EHR vendors will be in Jacksonville to work with Da Vinci. Alex Goss to put together process steps invo

HIMSS – Da Vinci got a booth at HIMSS. Lenel, high level flow diagram. Business flow in da Vinci has detailed steps. Proof of concept showed that multiple payers could converse with one provider. The booth was very popular. Go to Hims19payer data to find Da Vinci stuff. Open to the public to do only a Da Vinci 5 or 6 tracks conectathon. See YouTube HIMS Viet presentation for unlocking payer information. Because of ONC and CMS NPRM use cases should expand to include

	1:45 - 3 PM	Q3	Salon A	PSS Cross paradigm Payer Health Story - final Reconciliation	Lenel, Lisa Nelson					

		Minutes: Q3 Lisa Nelson. Accept ballot work as completed motion from Lisa Rachel seconded. 8-0-1 abstain. Then published.acceptance of the ballot package and vote to have it published document as well.									
		3:30 - 5 PM	Q4	Salon A	US Market Needs / Business Level Processing Eligibility (Coverage Validation, Coverage Discovery, Benefits Determination), Prior Auth). High level discussion, what are these things - what is the activity? Define the business intention /requirements. **GOAL:** Business level activity name definition and high level content for US provider/payer financial exchanges	AWG	FM				
		Minutes: Q4 US Market Needs / Business Level Processing Eligibility (Coverage Validation, Coverage Discovery, Benefits Determination), Prior Auth). High level discussion, what are these things? What is the activity? Define the business intention/requirements. **GOAL:** Business level activity name definition and high level content for US provider/payer financial exchanges NOTES: Joint meeting between Attachments and Financial Management. Paul Knapp – vocabulary with respect to X12 in Q1. Not all code sets in X12 need to be in FHIR. Start back on eligibility on spreadsheet. Paul will send the spreadsheet out. Prior authorization is different from predetermination. Discussion: Some payers like Medicaid or VA may have funds reserved. Within the scope of eligibility, predeterminations and auths. Predetermination includes an amount that will be paid. Prior auth clinical decision, but no payment. The FHIR resource would use. Follow-up from this morning: Pharmacy would like to be the lead on the formulary. Bob makes a motion that PDex drug formulary id and FM will be secondary. PSS stays the same. Mary Kay seconded. 11- 0- 8 abstain. Q3/Q4 tomorrow, continue on spreadsheet.									
		5:15-8:30 PM	Q5		Co-chair dinner and ASD meeting						
Day	Date	Time		Room	Event	Host	joining	Chair	Scribe	Notes	
Tuesday	07 May 2019	9 -10:30 AM	Q1	Salon A	Dental Discussions in Attachments HL7 **(MOVED from Q2)** Proposed ADA Technical Report No. 1084: Reference Core Data Set for Communication Among Dental and other Health Information Systems	Russ Ott, Jean Narcisi and Nancy Orvis					
		Minutes: Q1 • Change in schedule. DTR not going to meet. Will cover content reconciliation on a conference call. • Received Gold stars for workgroup health, but need to reconcile old projects in the HL7 attachments in second QTR. • • DENTAL – Common record standard core reference core dataset for communication among dental and other health information systems, SEE document. Should this be a CDA and/or FHIR. We have periodontal, but need for dental. CCD already have that pilot in attachments. A good project Rachel moves sherry seconds to adopt ada standard implementation guide file a PSS as a project. The military IS INTERESTED. Because they are combining the dental record with the medical record. Will attachments sponsor this as a project? Discussion, what is next step. Frame the project scope statement. During calls. 15-0-0 vote. Jean will send the final version. RUSS – current active project of orthodontic attachment. It was reconciled, but there is a problem. Block vote was a long time ago.primary care doctor would not be doing dental. Participation function static binding. Cannot be changed. There is no dental related for value set. Function code is not required.can put in the dentist information as a performer, but skip the function code. Already is optional Rachel makes motion to remove from the example, jean seconded. Vote: 15-0-0. Russ new disposition racel and jean comment #3 of the reconciliation. 15-0-0.we will remove the service event perfpormer function code from the example.as resolution. There are 4 comments left in the ortho reconciliation. Russ will send out document in about a week so can be sent to publishing. REBALLOT – hope to implement periodontal and orthodontic at the same time. Reballot the periodontal guide along with the orthodontic one. Reapply design principles from the ortho into the periodontal. SEE document of periodontal IG revisions. Russ will put a package together for a vote. Not ready to be normative but as an stdu. If both are to be in the same guide, then the project scope statement will have to be redone. Group would have to approve the new PSS and close out the other two (periodontal & ortho). • NEW NAME – based on the voting #5 was the most popular. Based on comments, Payer and Provider Data exchange discussion. Rachel makes a motion seconded. Discussion all agree on Payer /Provider Information Exchange. 13-0-0. PPIE. Send back to the tsc send to Mary kay. • Some people did not get all the comment on the new name. Get with Dave Hamill regarding the Listserv issue of reply vs reply all. ACTION.									
		11 -12:30 PM	Q2	Salon A	CDS joining Attachments **(NEW)** AWG name change					DTR at CDS Ballot Review (attachments are co-sponsors)	

Minutes:

Q2

- HL7 Attachments/projects. There are 24 projects. Need to close the projects. Vote to publish, then send to Dave Hamill. Start with old ones first.
  - #964 Project summary or consents (3 types) – CDA R2. This depended on a regulation coming out. Was never moved to C-CDA. Can send unstructured if not addressed fro c-cdaNeed to close
  - #1005 - CDA section for digital signatures. We cosponsor with structured docs. Need to close it.
  - #1048 supplement to C-CDA can be closed.
  - #1058 Fhir repository process and requirements phase I (ONC grant). Need to close.
  - #1212 HL7 Attachments Supplemental Guide. Can be closed.
  - #1274 – See notes on periodontal dental. See above. leave open.
  - #1345 Validated Healthcare directory IG. Awg is cosponsor. Ask bob if this is complete. Ask for status. Leave open get an update form bob.
  - #1347 – cross paradigm. Cosponsor. Lisa nelson got approval from the group foe reconciliation. Leave it open.
  - #1352 podiatry profile of HER s functional model. We are cosponsor. Leave open.
  - #1373 – Simple XML Body for CDA (XDoc), double check with Rick. Believe it is complete. Was this something included in our implementation guide.
  - #1389 – ACP Attachment collaboration projects complete. Close.
  - #1402 orthodontic. Leave open.
  - #1415 – Frequently asked questions. Leave open.
  - #1489 PDx open Under ONC rule, previous insurance must send 5 years of patient data to new payer if requested? USCDI Mention to bob to update this. Is it because of ONC
  - #1490 - open
  - #1493 - open
  - #1494 - open
  - #1495 – open
  - #1513 – open
  - #1514 – open
  - #1515 – open Payer Coverage Decision Exchange.
  - #1516 – da Vinci steering for value based care. Open
  - #1517 – Risk BasedContract member. We are secondary. Discussion about incentives from the payer for physicians to take the risk per Marcy. Is there a pss for this? Project started but no pss yet? Some PSSs Under Financial Management PSSs. open
  - #last one consolidated CDA STU 2019 Update. In sync with us cdi. open
  - Project Insight moved to Confluence?
  - Do each of the PSSs ones we are cosponsor. Does the pss say periodic updates. Box is checked for periodic updates. Verified that all that we are secondary on have it, so yes.

- ADMINISTRATIVE STEERING COMMITTEE find meeting minutes in Confluence/ASD page to get updates.
  - Mary Kay Seeking someone to cochair for steering committee.
  - Several workgroups under Administrative steering committee.
  - Go over more of tsc retirements and seeking new people. Christol will go over more tomorrow.
  - New process for submitting PSSs.
- Work group health chart
- Modifications to steering committee decision making. There is a link in the minutes to review.

1:45 - 3:00	Q3	Salon A	PSS work with Financial Mgmt FHIR - Overview / Financial Resources and how they fit		FM			

Minutes:

Q3

Meet with Financial Management at 1:45

Nat intermediary doing prior auths and real time benefit requests. Claim response suggested-alternative extension. Use case ncpdp is used by payers. See fm wg in confluence for document. Not using FHIR today. Alternatives have not been published yet by NCPDP. Alternative medications and or locations. Carin alliance also has a real time benefits."cover my meds" RTBP is the same ncpdp fhir resource. Fm suggested collaborating with NCPDP. Benwa – bob – patint transparencies. Bob has spoken with margeret about drug formularies and said carin alliance also has a initiative under patient transparency. Paul – medication knowledge and .next steps outreach to pharmacy workgroup, then talk to FM again. Bob said talk to john detoeu.

PAUL – adjudication back to the spreadsheet. Request for pending, payments, request for processing status check. Responses.

FHIR Overview/welcome to FHIR R4. There are other versions. Versions are frozen in order to use in the connectathon. Whatever is in current will become version 5.trying for an 18 month (two year). Must know which versions is being used when someone says they are using FHIR. Transport, their own version of REST. Send a content model. Operation is request/response. SEE DOCUMENT. Datatypes page. Clusters of datatypes are modeled.fhir has individual data models. Patient resource, provider resource, claim. Resources are the fundamental. Flexible to support multiple use cases. Profiles have required fields for specific use cases. Extensions allow you to create an object and stick it in a resource. An example is that religion is an extension. Must create a US profile if data fields are missing. Click on “financial” there is a glossary of terms. Custom use cases claim is a good place to start. Claim resource with a type of dental claim hospital claim. Patient story. Business activity with resource. Resource claim – content, examples, mappings, profiles and extensions, operations, r3 conversions. Example name – id-Xml or json. The implementation guides pull all the profiles together. Resource content. Claim resource. Click on elements to see more detail. Click on the fields for details. There is also a brief description on the right. There are trees that drill down. Fhir is looking to give a view of underlying complexity for a better view/diagram.identifier, type field. What type of identifier. Code – code system, value set by clicking on fields. Viewed the UML diagram which showsnalln fields on the resource that is claim.

3:30-5 PM	Q4	Salon A	Financial Resources To address the Eligibility, Coverage Validation, Prior Auth **GOAL:** from each US based activity, named and documented FHIR pattern		FM			

Minutes:

Q4

That will be outside of the HL7 realm. Bob stated the resolutions to the issues below.

Mary Kay mentioned a meeting to discuss two issues

1. X12 will publish mapping of 275 and 278 to FHIR
2. Operation point on the provider side discussion.

Paul – On FHIR page, Business Activity/request resource/response resource. 5 types of claims – institutional, professional, dental, pharmacy, ?. Claim response can come back with errors, or pending or claim has been adjudication. There were some discussion about claims adjudication in US may need specific profiles that look like what US is familiar with. To find mapping. There is no one to one mapping. CLAIM/link to mapping to other claim specifications. Pointes to confluence, then to WIKI link. Went over CMS 1500 mapping. Where to find it. FM in confluence. Examples of tasks. Fhir currently can use as a workflow. FHIR can create, delete, retrieve, and search. SEE FM minutes for the QTR. Went over addeditemdetail similar to the 835 remit showing original lines. There is a patient focused explanation of benefits in UML view. Since claim and adjudication are both on the eob. This is why this is used in blue button.

US CORE bind extensions to a base to create a profile. Must support means you must receive and return it. Patient resource has cardinality that mostly optional. The profile has required fieleds.1..1 you must have, but 0..1 is optional.. Red box with an S.base resources are relaxed. A profile contains minimum needed. USCDI from ONC so now they re is US CORE profiles. The implementation guides will include the profiles.

Now that we have an overview of FHIR resources can be used to help with the spreadsheet. Action – must map/fill in the spreadsheet. Attachments can take a crack at it .confluence to get to spreadsheet. Most current is in FM meeting notes. If something is not found it can be added.

Revised agendas to add the spreadsheet review.

Day	Date	Time		Room	Event	Host	joining	Chair	Scribe	Notes
Wednesday	08 May 2019	9-10:30 AM	Q1	Salon A	LOINC Attachments HIPAA Tab Review ▪ BCBSAL new codes ▪ Mary Lynn's codes from last WGM		Swapna Abhyankar, MD			

Minutes:

Q1

Dan from Regenstrif

LOINC attachments HIPAA tab review. To add the codes to, loinc.org/contactRelated to contenYou must login in order to use the form.

Closes in 2 weeks. Updates are done in June and December. The awg must review any new codes.

Mary Lynn's list

11503-0 medical records. No IG exists

19002-5 rehab physical therapy is on the tab. A flag is set to say no IG tag exists valid as a request but not response. Do not add to HIPAA tab.

188 42-5 discharge summary. Is on the hipaa tab Under documents with IG guide

18682-5 ambulance claim attachment. Change to record not attachment Should appear under documents without IG guide

11514-7 Chiropractic records total encounter. no IG exists. Change encounter to episode of care.

11485-0 anesthesia records. No IG exists.

11526-1 pathology study. No ig exists.

Use 52039-5 for skilled nursing facility (SNF) record

Tony's list also contained codes that were on Mary Lynn's list.

75325-1 symptom. Ask tony why he has this. Would it no be included on the claim?

80565-5 medication administrative record no ig exist add

11502-2 laboratory report (remove total encounter from description). add

46212-7 Pre-operative photo add

28011-5 Emergency room medical record Add

28633-6 polysomnography (sleep study) add

28629-4 parametric study (eye study) -add

28636-9 initial evaluation note to be determined with structured docs.

57828-6 prescription list add

34118-0 patient's home initial evaluation note – too be determined

67716-1 vendor device model -? As to context

54522-8 functional status, use 47420-5 functional status assessment note.

57073-9 prenatal events narrative. Change narrative TO RECORDs. Section under labor/delivery. add

76641-0 - add

24338-6 add

80792-5 add

15508-5 add

88363-7 Medical equipment or product note – ask tony

18780-7 ordering practioner identifier ask tony

ACTION put the list together and get the official communication to regenstrif.

You cannot use relma to download all the loinc codes. . How to make it easily download the codes from the hipaa tab for use. Fhir terminology server for apis will provide the list in JSOHN. Have not built it for just retrieving/downloading the list. It gets complicated when you need to know the CDA version. New version of relma comes out in June 2019. Moving away from relma to web based.

Terms should be consistent. Can some be retired? 1) Proposal for lower level terms to be retired. 2) 4 class type…Lab, clinical, survey, attachments. May want to30 UPDATE the complex terminology, deprecate and disassociate children.

11 -12: 30 PM	Q2	Salon A	Mapping of Financial Domain for Attachments Mapping of Fields to FHIR claim 824 Discussion US Realm Update		PPIE WG Lisa N MaryLynn Christol				

Minutes:

Q2

Joint meeting with Financial Management. Mapping claim fields PAT - LISA nelson is working with carin and blue button are working the EOB mapping instead of the claim. Mark scrimshire's work. The goal of carin is to make these publically available. If hl7 publishes the mapping there will be no disparity. But carin data elements listed are for eob and would be published on the carin web site.

Data elements from Lisa nelsons spreadsheet mapped to fhir SEE SPREADSHEET IN Financial management minutes. Care team, role for attending, in identifier field. It can go 3 places. Bob wanted to know if the Medicare blue button mapping was taken into consideration.

Line level. Item/ adjudication/ category. is "contracting status indicator" can use practitioner role ARE Claim service location and site provider ID the same?. Patient paid amount could be that the patient paid some amount at the time if service? This is different from the patient responsibility. Confirm that is is the amount collected. The pharmacy amount is most likely the copay. Should be considered at point of service. EOB/supporting information/category/code/value quantity for the money amount. Payment amount – total amount paid to the provider or due for the service. Should be at the line level. benefit field in adjudication. Categories are available for copay, deductible etc. On the line, it goes in the benefit amount. The total payment adjudication/payment/amount much discussion regarding line level (item) vs claim (adjudication) level. Group ID and Name Item /coverage/ insurance/class/type/group#, plan code etc. Lisa will cover the rest in a conference call.

1:45-3 PM	Q3	Salon A	Determine time for 2nd FM call to discuss DV projects Da Vinci Prior Auth Support		FM				

Minutes:

Q3

Continue joint session with Financial Management. Look at four tracked r items. Paul announced there will be a Birds of a feather discussion Tuesday evening on blockchain in Atlanta conference. Nick synapsis health alliance are building a block chain based provider directory. Add to the discussion. CRD based tracker items related but not on the ballot. 16 18 19 and 20.

1. #16 Drop "supplyrequest" from CRD because it is not patient specific, it is an order. DO not drop it. Bob makes a motion to find that this is not persuasive. FM guy with glasses seconded. VOTE: 22-0-2 abstain. No change.
2. #18 3 proposed hooks have been added. Changes from this spec need to be made in the hooks specification and visa versa. Harmonize the two. Andy moves, benwa seconds. Substantive VOTE: 22-0-0
3. #19 need to refer to specific versions of CDS hooks. Persuasive.susstantive. Benwa makes motion. Mary kay seconds. VOTE: 22-0-0.
4. #20 current menu only shows a limited set of pages in the specification. Can now include drop downs. Bewa bob VOTE:22-0-0

3 NIBS is the noticenotice of intent to ballot must be19th is sign up. Pdex, prior auth and directory. Bob motion and christol seconds. Vote: 22-0-0

DA VINCI update – Bob

SEE SLIDES. Work on the implementation guide and reference implementation. The exchange can be tested by a middleman "touchstone" between EHR. First slide is a background. Second slide above blue is implementation guides have been balloted and scheduled. CRD uses CDShooks. DTCR – payer rules using CQL to embody those rules. More work to be done in Jacksonville at the end of the month. Terrence had a question regarding member request directed to third party then to payer. Because of CMS NPRM , one pss has turned into 3 imp guides. Access to Mitre resources, for formulary and directory. Lesser version of ADT, but added extra alerts to the Care team. Figure out what is needed over the next couple of months. Argonaut is changing pharmacy. Da Vici is coordinating with Argonaut. Assume that all this will be in the final rule and that the time to implement will be extended. Upcoming Meetings will be on the Da Vinci Confluence page and HL7 web site. Sherry - there is a huge problem with HIT vendors. The blocks in black are not as high a priority. Work is in process. Bob will make sure it is on Confluence.

3:30-5 PM	Q4	Salon A	PSS work with Financial Mgmt Da Vinci PA Support, CRD, DTR, HRx		FM				

Minutes:

Q4

Continuation of Da Vinci updates – Bob.

Breakdown – Work Breakdown to Support CMS NPRM slide. Carin and NCPDP are also working on NPRM stuff. Payer to member & provider to payer. Left side contains list of data, sub type, resource profile. Middle column contains who is building it.

Timeline – ballot schedule. Connectathons. Since most people will be unable to go to Australia in Jan 2020, there may be a HL7 meeting in Canada again to meet out of cycle.

Paul wants to have a meeting because they have questions on the PDx profile. Newly re-balloted points to US Core. FM needs to add an additional call to speak on only Da Vinci. Tuesday 11:00 is FM. Wednesday is joint call with attachments. Starting 05/15/19, Wednesday at 12:00 – 1:30 EST for next 4 weeks. Bob is mostly worried about Validated health care Directory and prior auth may not be ready for ballot.

Prior Authorization Support May 3, 2019 slides – Calls are on Friday 3:00 EST meetings. Questionnaire, attestation and missing data. Will convert smart on FHIR resources to a 278/275 and sent to the payer. Patient event and service level will be supported. Too much detail would require too many FHIR extensions. A bundle of FHIR resources. Mapped to the 278 and building the base 64 in 275. No loss. The goal is to send both 278/275, but can do just 278. Request that binary payload base 64 or a FHIR bundle. C-CDA on FHIR by structured docs. CRD is already done. DTR is soon done. Focusing on prior auth. The biggest deal is making sure the mapping is done. The mapping will not be posted. Mapping should be done to be ready for the ballot. Goal is to easily automate the 60 to 70% that are structured of prior auths that can be automated. See slide CRD + DTR + Authorization Support, needs to be updated. 4 modes of prior auth: 1 CRD request, 2 payer side.3) questionnaire missing data, can send the Qu back. In future eventually support all modes. Goal is to get an auth number assigned in real time. Various questions and comments. Payer can have questionnaire based on their rules. EHR can set restrictions to control the amount of data that can retrieve/sent out on the prior auth. Providers may adopt this at different stages as resources allow. Gives providers another option. AMA perspective low tech to high tech. gives the provider control to send the minimum amount of data needed. Future FHIR enabled Solution slide . there is a survey on the Da Vinci confluence site for another week. Send directly to BOB. Friday is the PDex call to go over directory and formulary.

Phone calls with FM will be set up be set up and include phone number. nibs must be done by FM alone.

R4 COVERAGE resource profile – member ID must go in the "identifier". the US would not use policy holder filed. What you want to require can be formatted to "fit" the rules of the payer. Question came up about why a person would be "Self Pay" to be tabled for later. Question about group number – class will be group.

Day	Date	Time		Room	Event	Host	joining	Chair	Scribe	Notes
Thursday	09 May 2019	9-10:30 AM	Q1	Salon A	Re-structure the Confluence page with folder to be user friendly		Josh P			

Minutes:

Q1

Josh is here to answer questions regarding Confluence. Register workgroup migration space.type/space/search for register/style sheet outline. Add call information. EDIT/cut and paste call information and paste above Leadership. Then update. The home page everything that was on the stylesheet. Josh showed how to edit the meeting agenda and just edit and update with the meeting minutes. Learned space tools content tools create template for Russ or create a parent site. Reorder table of contents list. For Durwin the macro will not let you sort. Cut and paste to move things around. The table of contents should resort itself. Always save and update.

Documents and presentations – Rachel

Web sockets, cannot connect, how to set up her on spaces Marcy that is the recently used list. Go to search bar and then go to space. Marcy cannot check herself in for attachments attendance. Key the @ sign and a person son name to get drop down of their name.

Russ need the admin rights to rearrange the links on the left nav bar. Links to point to financial management notes or PSSs. There is a list of all project scope statements will be working on the future with statuses and workgroups. In pilot. Russ rearranged the trees on the left to be better organized.

HL7/events/conference calls/

11 -12: 30 PM	Q2	Salon A	PSS with EHR Attachments FAQs US Realm Update		Lenel All Christol			

Minutes:

Q2

Joint session with EHR regarding a PSS co-sponsor. Michael did not have a presentation. Update in what is 2016 podiatry profile that we are co-sponsor. Conformance criteria on wounds. When wounds are covered. Sept connectathon to exchange what is needed for wounds. Use protocols with PDex. Demonstrate that the wound is healing or treatment needs to change. FJHIR packages for advanced wound care. Asking for carriers/payers would come to connectathoin with Friday !212:15 EST for calls. need use cases, examples. What are payers needing for wounds care? Extending to include an IG. Questions: Rachel. Additional information for prior auth request for wound care. Tracking Da Vinci to make sure they have all the data elements. He is part of da Vinci. Richard adama is mapping and working on the IG. Conversations with Lisa nelson. Groundwork as to what goes in the IG that meets the needs of all involved workgroups. FHIR profiles are being created. Structured data in an observation resource. Ageis is the testing body. Brody? Is Michaels last name? in Atlanta we will attend a quarter in the HER workgroup to discuss podiatry profiles.

Updates to US realm – see agenda. Administrative steering meeting. The new co-chair voting process. They are proposing that only vote for co-chairs in July, then become co-chair in January. Feedback may not support it.

FAQ – Until the final rule comes out, it is hard to complete the FAQ. What should button name be on the HL7 home page? May use the title of the regulation. Have approval to add a button, just need to figure out a name. The button will point key reference for implementing attachments. Must update the ACP paper. Also for the FAQs, think about what questions would be asked and the corresponding answer. Change e-mail address payer/provider information exchange. A news release to educate. ACTION: Who to talk to, to find out how we will be alerted when a question is asked in the FAQ.

How do we get new name in News and Announcements on the HL7 home page. How do the answers get posted? Write in the answer and then hit submit button to keep the answer. Added the question" what is the new workgroup name for attachment? Go through old FAQ that could be added. Added is there a list of HL7 attachment reference materials. Answer yes, "key references for implementing attachments". There were issues with the format of the FAQ. Rules for the table in order to put in the answers. Added all the relevant questions from the old FAQ document. action regular agenda item is to add questions to the FAQ and to update them as regulations change.

Russ – The PSS for attachments for dental up for re-ballot. It is 90% done. Vote to approve dental PSS: 8-0-0

1:45-3 PM	Q3	Salon A	PSS work with Financial Mgmt Da Vinci Chronic Illness Risk Assessment, Patient Transparency, Alerts, Payer Coverage Decision Exchange (SEP 2019 ballot) PDex - split into 3 IGs.		FM			Sept Ballot as STUs - Alerts, Payer Coverage Determination, Documentation Templates and Coverage Rules

Minutes:

Q3

Joint meeting with Financial Management. Just starting with the prior auth alerts to notify a care team. Provided the ability to adopt future versions. Alerts/notifications PSS. Back to back calls on Friday. Part of ONC/CMS USCDI continuity of treatment or care. If ongoing treatment, continue the treatment. Do not redo the entire prior auth. Ongoing support for members/patients. Medicaid managed care plans have written into their contracts. Individuals based on diagnosis or existing treatment. The provider is required to have a new plan within so many days. When switching plans, there should be no interruption in care. Also depends on state regulations. Portability across all plans such as from Medicaid to Medicare, etc. Preamble to be able to exchange between plans. Led by one of the UM physicians on the Friday call. Building the IG for payer to payer coverage call is just before prior auth. Work on alerts and payer to payer coverage determination. Will follow Argonaut's lead on prescriptions, but they are not fully in line with FHIR. Event based prescription model in FHIR works, per Da Vinci. Da Vinci work and Argonaut work should collaborate. There is a push problem for EHR notifications, but no prescriptions. May be calls on Wednesday???

Risk based contract member identification – automate and be in Jan ballot.

Gaps in care – how to alert providers that there is a gap in care or the payer is not informed. Notify provider on demand, CDS hooks to trigger. Incorporate in the EHR as a task. Closes the gap. Use as a concurrent patient care process. See NCQA digital summit for more info.

Health record exchange: patient data exchange. Send text to patient for feedback to a DME supplier that the device was received and that it works. For Jan ballot, start these first week of August. Have a standard instead of all the current patient alerts. Minimum is the questionnaire.

Chronic illness documentation for risk adjustments - must have a valid risk statement/document before you can adjust it. The goal is to make sure there is a document there to adjust.

Patient cost transparency – the goal is when a treatment is ordered, the patient needs to know what they are going to always pay. Alternatives that are more complicated like negotiated costs. What is the copay, coinsurance, have I met my cap? Can WEDI file exchange process to make this happen. Define what to exchange and how to do it. The new PSSs were based on the ONC/CMS NPRM.

A company can propose something to Da Vinci, go into a que, steering would decide if it will create a PSS. Atlanta will be the important meeting in regard to Da Vinci. Ballot reconciliation will start long before Atlanta, soon as the ballot closes. The six before Atlanta. AWG scheduled every 3rd QTR or 4th as joint meeting with FM in Atlanta. ONC meeting and x12 are scheduled for end of Jan. HL7 is in Feb in 2020. Bob will repost slides in Confluence.

FM needs to post spreadsheet for mapping on confluence plus dial in number for the calls.

3:30-5 PM	Q4	Salon A	PSS work with Financial Mgmt Ballot Recon Schedule for next meeting		FM				

Minutes:

Q4

Review Paul's spreadsheet for mapping. Split into two calls FM Tues 11:00 EST Wednesday 12:00 joint with FM and AWG for ballot reconciliation. Start joint call on next wed. 5/15/19.

The TSC approved of the new name and prefer the acronym be pronounced pie. PPIE – pronounced pie. Use math pi symbol? FM uses $ sign, so can PPIE use pi symbol?

ACTION make sure list serv has new e-mail for new name. will no longer be ASIG. DRG will be an extension in R4 and an element in r5.

Agenda Q1 for Thursday, click on link to coverage type spreadsheet. Plantype/insurance plan – data elements and code sets in v2 and v3 and fhir as they are updated. Insurance type /insurer type/plan type/self funded. Header category, enough criteria to determine code type the code is PAY, the definition ind or org paying directly…seems like self pay. See document. ERISA is a law so should not be a plan type. Take column out of the spreadsheet. FHIR directory profiles for insurance plan. Plan types. Definitions for contract, coverage, coverage type. V3 was used for some of these definitions. Some code sets are just wrong for us. 144.103, 160.103. Mike Cabral was working on regulations 161.03 defines plan types etc. 45cfr . See Mary Kay's notes for coverage type, plan type network definitions of issuer insure plan product. See spreadsheet. Mary Kay will send to list. Sent to ASIG list. Mary Kay will build a table.

Day	Date	Time		Room	Event	Host	joining	Chair	Scribe	Notes
Friday	10 May 2019	9 -10:30 AM	Q1		No Meetings for our WG on Friday					