2019-04-16 FM Interim Meeting

Chair: @Paul Knapp

Scribe: @MaryKay McDaniel

Call Logistics: This call is at 11 AM ET, 10 AM CT, 9 MT, 8 AM PT, join using https://join.freeconferencecall.com/fm4

Attendees - list maintained at the bottom of meeting notes.

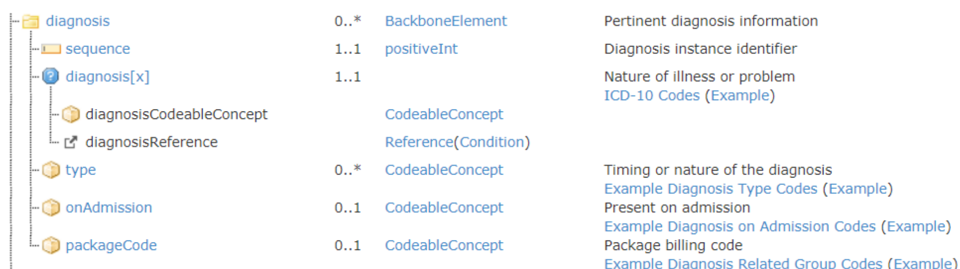
Agenda Outline	Agenda Item	Meeting Minutes from Discussion	
Weekly Call Minutes	Approve previous Minutes (04/09/2019)	**Motion to approve:**	
WGM Minutes	2019 WGM Minutes not ready for approval		
May 2019 Connectathon	May 2019 Connectathon FM Track: The proposal is at: https://confluence.hl7.org/display/FHIR/Finance It is the same contents as last time with the addition of a scenario to cater for intermediates (clearinghouses, networks) between eClaim Clients (Providers) and Servers (Payors and TPAs). Thank you Paul for continuing to do this!!!!	There will be a conference call before the meeting. The add is an intermediate in the system (validation) which will then be sent on to the payer.	
Da Vinci Updates:	**4/16: Review Updates to PDex** motion to approve expanded scope: Mark S/Rachel. 14-0-0 Alerts PSS. US Realm did not believe FM should be the Sponsor. Moved to Clinical Decision Support. Does FM want to be the co-sponsor or other interested party? the PSS is to create a FHIR based notification/alerts. STU1 ballot for September. An alternative for v2. Will allow us to exchange more than just admits and discharges. Motion to add FM as a co-sponsor: Robert Dieterle/Mark S. 14-0-0	Bob: Updated PSS, see: Added as Co sponsor to CDS PSS:	

DRGs

4/16: DRGs in general. Who do we know that knows anything about DRGs? (Australian DRGs)

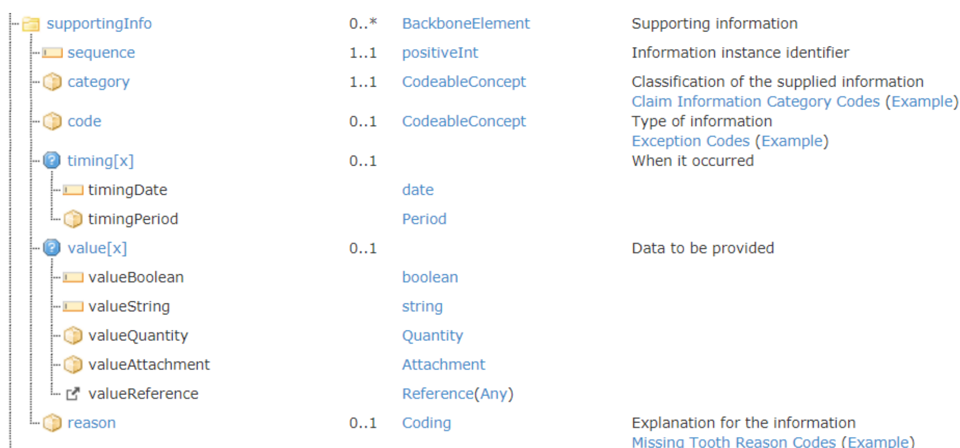
The Social Security Act created a system of payment for the operating costs associated with Medicare Part A hospital inpatient stays. This system is based on set rates and is referred to as the Inpatient Prospective Payment System (IPPS). As a part of this system, each case is categorized into a Medicare Severity — Diagnosis Related Group (MS-DRG).

Patients who have similar clinical characteristics and similar treatment costs are assigned to an MS-DRG. The MS-DRG is linked to a fixed payment amount based on the average treatment cost of patients in the group. Patients can be assigned to an MS-DRG based on their diagnosis, surgical procedures, age, and other information. Hospitals provide this information on their Medicare claim, and Medicare uses this information to decide how much the hospitals should be paid.



Name	Card.	Type	Description
diagnosis	0..*	BackboneElement	Pertinent diagnosis information
sequence	1..1	positiveInt	Diagnosis instance identifier
diagnosis[x]	1..1		Nature of illness or problem ICD-10 Codes (Example)
diagnosisCodeableConcept		CodeableConcept	
diagnosisReference		Reference(Condition)	
type	0..*	CodeableConcept	Timing or nature of the diagnosis Example Diagnosis Type Codes (Example)
onAdmission	0..1	CodeableConcept	Present on admission Example Diagnosis on Admission Codes (Example)
packageCode	0..1	CodeableConcept	Package billing code Example Diagnosis Related Group Codes (Example)

supportingInfo (R4) called information in R3.



Name	Card.	Type	Description
supportingInfo	0..*	BackboneElement	Supporting information
sequence	1..1	positiveInt	Information instance identifier
category	1..1	CodeableConcept	Classification of the supplied information Claim Information Category Codes (Example)
code	0..1	CodeableConcept	Type of information Exception Codes (Example)
timing[x]	0..1		When it occurred
timingDate		date	
timingPeriod		Period	
value[x]	0..1		Data to be provided
valueBoolean		boolean	
valueString		string	
valueQuantity		Quantity	
valueAttachment		Attachment	
valueReference		Reference(Any)	
reason	0..1	Coding	Explanation for the information Missing Tooth Reason Codes (Example)

General Research see:

DRG - Diagnosis Related Groups

Amol has been working with Paul and they are reviewing the best solution. They believe it will be the supporting info. Reviewing the need for an additional extension or resource.

PackageCode off the Diagnosis Code doesn't work.

Paul suggests we move packageCode in the long term.

To use Supporting Information now. The structure is there today. Moving packageCode means R5.

Claim

type and subType

Review changes we made for Bill type

Invitee: Lisa Nelson

Question 1: change to the cardinality. Review the use of the type and subType elements

Type of claim: institutional, oral, professional, etc. (eg. https://med.noridianmedicare.com/web/jea/topics/claim-submission/bill-types

First digit is 0 (and never sent). Only the last three digits used. (eg. 0315)

For the US the Claim Type is the 2 digit of the NUBC Bill Type (Licensed codes) (Propose subtype) (31)

The first of these digits is the facility type (3) and the second is the care type (1)

For the US the 3rd position of the bill type should be in the supporting document 'loop'. concept of Frequency (first claim, interim, last claim etc.) (5)

and then the code.

Note: professional uses the CMS place of service list: https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html rather than the NUBC Bill Type.

13.6.3 Resource Content

Structure | UML | XML | JSON | Turtle | R3 Diff | All

Structure

Name	Flags	Card.	Type	Description & Constraints
Claim	TU		DomainResource	Claim, Pre-determination or Pre-authorization Elements defined in Ancestors: id, meta, implicitRules, language, text, contained, extension, modifierExtension
identifier		0..*	Identifier	Business Identifier for claim
status	?! Σ	1..1	code	active | cancelled | draft | entered-in-error Financial Resource Status Codes (Required)
type	Σ	1..1	CodeableConcept	Category or discipline Claim Type Codes (Extensible)
subType		0..1	CodeableConcept	More granular claim type Example Claim SubType Codes (Example)
use	Σ	1..1	code	claim | preauthorization | predetermination Use (Required)

Question 2:

DRG question, where does it go?

Package Code (Diagnosis.PackageCode)

***** Continue this conversation on next week's call.**

TODO: break each of the concepts out, also the issues around vocabulary.

Thoughts on Vocabulary: have an example of one that includes vocabulary from another organization and show how to dynamically bind it it. Would be helpful for those struggling to understand how to add in IGs.

Type of Bill structure has not been modeled in the Claim or EOB appropriately.

New Fields in PID (v2.x) **Informational**	**From:** Dr D Lavanian <lavanian@gmail.com> **Sent:** Friday, April 12, 2019 9:54 PM **To:** tscissues@hl7.org; Mary Kay McDaniel <MaryKay.McDaniel@cognosante.com>; rikimerrick@gmail.com **Cc:** Dr. Lavanian <ceo@hcitconsultant.com> **Subject:** additions to fields in PID Dear Folks, WRT to Chapter 3 (V2.8), PID requires the following fields which are very relevant from an India centric view. (India has the 2nd largest population globally, the largest number of HL7 certified experts and is a big user of the HL7 standards.) 1. Father's Name (XPN): (presently only the mother's name is available) 2. Caste (HD); (Relevant as some diseases have a higher prevalence in certain castes) 3. Social Status (HD); 4. Economic Status (HD); 5. Literacy (HD); 6. Blood Gp (HD) (required in PID since it is an immutable value linked to the person/patient) 7. Identifying marks on the body (ST) other fields which are relevant from a PID perspective and could be added are: 1. Patient image (ED) 2. Patient Fingerprint (ED) The present workaround of adding this data into OBX, NTE or Z segments is not very appropriate, to say the least. Please do add to PID or suggest workarounds. With warm regards,Dr Lavanian Dorairaj MBBS, MD(AM)CEO, HCit ConsultantCertified HL7 Specialist Past Chairman, HL7 IndiaPast Vice-President - IAMIPast Deputy Director, Medical Services, IAF HL7-V2.7, CDA, MIRTH, DICOM, ICD 9 to 10 migration, HIPAA, EDI, Telemedicine and more - we do it all. Strategy, Training, manpower, implementation - at your place, at your convenience. **Our Clients**: TCS, Wipro, GE Healthcare, Hitachi, Deloitte, Cybage, CDAC, L & T, Bosch, Clinical Solutions (UK), Crimsonlogic (Singapore) – to quote a few. Office: +91-89564-45045 Mobile: +91- 9970921266 Mobile: +91- 7276889444		
Insurance Type	**Insurance type spreadsheet aka "Plan Type, Ins Type, LOB** Old version: https://confluence.hl7.org/download/attachments/30638450/PlanType_InsType_LOB%202018%2009%2004.xlsx?api=v2	Paul to send out latest updated spreadsheet to WG	
FM Standards Classification	Dear Co-chairs, At the direction of the HL7 Board, the TSC has developed a draft set of categories to classify standards. The TSC is seeking to identify a small number of work groups interested in participating a project to pilot classify existing standards using the draft set of categories. **Please sign up to participate by April 7, 2019.** To learn more or to sign up, go to https://confluence.hl7.org/display/CSP/Categorizing+Standards+Pilot+Home The draft set of categories identified by the TSC are here: https://confluence.hl7.org/display/CSP/Characteristics+of+Proposed+Standards+Categories An FAQ to assist in applying the categories to existing standards is here: https://confluence.hl7.org/display/CSP/FAQs%3A+Categorizing+Standards Work groups interested in participating in the pilot will be asked to categorize all standards published by the work group according to the categories identified in the link above. Once the TSC settles on the list work groups participating in the pilot, a meeting will be organized for the participating work group co-chairs to review the process that should be followed for the review and to answer any questions the pilot participants may have. Regards, Austin Kreisler TSC Chair **Action:** Paul to draft initial list and propose a category for review with the FM WG later in April.		
CCDA Payer Section Templates	**Moved to Wednesday's at 12ET, starting on 4/10.** **Payer Section Templates CCDA - Linda Michaelsen**	Added call on Wednesday's at 12 ET. Starting on 4/10/2019 Paul set up announcement for both Attachments and FM listservs.	

	4/2/2019 - Hospice Indicator. **** Linda will create a tracker. What more does the FM WG need to do?** Paul: Will create the extension in Coverage. Will add into current build. There is no US Core for Coverage (Core was a project). **Tracker 20361, added for R5** Need for indicators for Hospice, LTC, Disability and ESRD. There is a need to have an indicator when a particular coverage type was invoked. There is a monthly file between Medicare (IDR). Need code to indicate the type of coverage and span for when it applies. Benoit perhaps had possible business case as well. Going to add something to COVERAGE at least a dated data element. Complex element to be a code and date. For the US, will need a US CORE code set. Need code set to ID the types of subplan. If putting into coverage, will need to be included in any coverage for which it has been invoked. Will only be for the actual coverage it has been invoked. It isn't a status about the person. It won't be able to be used for things like pregnancy indicator. There are other things other than hospice and it must be invoked by the patient (or whatever the process is). There are some coverage and other member alerts that limit or impact coverage (high use individual limited to a single pharmacy). There might be other alerts that would be in a clinical sense, but that wouldn't necessarily be in coverage. This new thing is specific to patient invoked rather than limitations imposed on coverage by someone else. When will change in coverage resource be made so the Da Vinci project, when will it be available for use (R5 in 2 years), but extension can be used in the interim. FM would develop the universal extension.		
Anesthesia Billing	**Outreach update - MK** No update.		
V2 Mapping Update	Kathleen presented mapping of V2 Security labels to FHIR R4 to the OO V2-FHIR mapping project. **Action:** No action at this time.		
Open Discussion			
Next Agenda Items	**4/23: Add CARIN Alliance to agenda for 4/23**. CARIN will not be doing clinical exchange. Da Vinci is not working on the EOB.		
Adjournment	Adjourned at 12:30 ET		

ATTENDEES:

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