

# PSS for Patient Cost Transparency



**Warning:**

Do not launch ANY of the links while your are in create or edit mode. There is a good chance all of your work will be gone.

**Template Usage Information:**

- Submit template change requests to [PMO@HL7.org](mailto:PMO@HL7.org)
- For Reaffirmations, please refer to the FAQ in [HI7 Project Scope Statement Instructions](#) for a list of which sections and fields should be completed

## 1. Project Name and ID

<b>Enter the name of the project here: Patient Cost Transparency</b>							
Project ID:	1514						
Complete this section for all "Direct to Normative" ballot projects and when a project proceeds from "Informative to Normative" or "STU to Normative".							
Forward PSS to the TSC (via <a href="mailto:tscpm@HL7.org">tscpm@HL7.org</a> ); this triggers American National Standards Institute (ANSI) Project Initiation Notification (PINS) submission.							
TSC Notification: Informative/STU to Normative							
- or - Direct to Normative (no STU) (includes reaffirmations)							
Identify ISO, IEC or ISO/IEC standard to be adopted in text box below							
Enter info here if an ISO, IEC, or ISO/IEC Standard is to be adopted as an American National Standard; Enter the designation of the standard(s) to be adopted:							
Includes text from ISO, IEC or ISO/IEC standard: Check here if this standard includes excerpted text from one or more ISO, IEC or ISO/IEC standards, but is not an identical or modified adoption.					Yes	No	
Select the unit of measure used in the standard; if no measurements are in the standard, select N/A				N/A	U.S.	Metric	Both
Investigative Project (aka PSS-Lite)				Date :			
Check this box when the project is investigative or exploratory in nature, which allows limited project scope definition. Sections 1-Project Name, 2-Sponsoring Group(s)/Project Team, 3a-Project Scope, 3b-Project Need, 3e-Project Objectives/Deliverables/Target Dates, 3i-Project Document Repository, 6b-[Realm, if known], and 6d-[applicable Approval Dates] are required for Investigative Project. Investigative Project specific instructions are highlighted in yellow. An investigative project must advance in two WGM cycles, requiring a full scope statement. Otherwise the project will be closed.							

## 2. Sponsoring Group(s) / Project Team

### 2.a. Primary Sponsor/Work Group

Primary Sponsor/Work Group <b>(1 (And Only 1) Allowed)</b>	Financial Management
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### 2.b. Co-sponsor Work Group(s)

Co-sponsor Work Group(s): (Enter co-sponsor approval dates in Section 6.d Project Approval Dates)		Attachments
Indicate the level of involvement that the co-sponsor will have for this project:		
X	Request formal content review prior to ballot	WGMs
X	Request periodic project updates. Specify period	WGMs
	Other Involvement. Specify details here:	

### 2.c. Project Team

All names should have confirmed their role in the project prior to submission to the TSC.

Project facilitator <b>(1Mandatory)</b>	Robert Dieterle, Viet Nguyen
Other interested parties and their roles	Viet Nguyen and Lloyd McKenzie (technical FHIR support)
Multi-disciplinary project team (recommended)	

Modeling facilitator	Lloyd McKenzie
Publishing facilitator	Paul Knapp
Vocabulary facilitator	Viet Nguyen
Domain expert rep	Lenel James, Robert Dieterle,
Business requirement analyst	Christol Green, Mary Kay McDaniel, Linda Michaelsen, Nick Radov, Amit Shah, Mary Lynn Bushman, Durwin Day
Conformance facilitator (for IG projects)	Lloyd McKenzie
Other facilitators (SOA, etc)	

Implementers (**2Mandatory** for STU projects)

**FHIR Project Note:** The implementer requirement will be handled by the "balloting" project. Therefore work groups do not fill out the above section. However, feel free to list implementers specific to your work group's resources if you know of any.

1) CMS

2) United Healthcare

3) Anthem

### 3. Project Definition

#### 3.a. Project Scope

This PSS builds on existing implementation guides for the automation of coverage discovery (Coverage Requirements Discovery – CRD) and the Health Record Exchange Library/Framework (HREx) to provide cost information for planned or potential services/devices at the point of care when treatment decision are being made..

Payer automated capabilities that provide timely, robust patient pricing transparency between payers and providers, as well as payers and patients, is an industry priority. Robust payer pricing transparency, in the context of program benefits and patient cost, presented prior to the delivery of services will enable patients with their clinicians guidance to make informed decisions on their course of treatment and the cost to the patient.

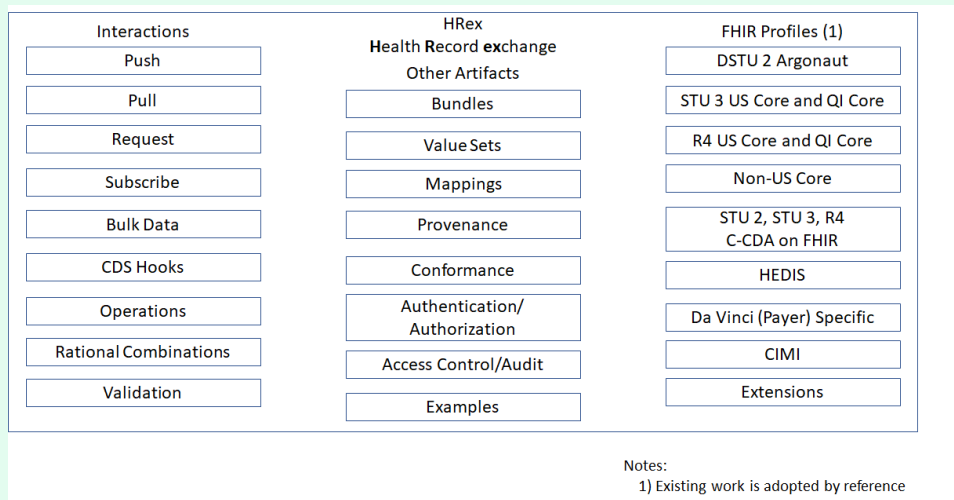
Patients need accurate, timely access to cost of medical care prior to delivery of care in order to become better stewards of their healthcare dollars. Exposing cost of services/devices and calculated Care Plan Pretreatment Estimate within an EMR workflow can lead to clinician/patient care plan decisions with increased patient adherence.

Providers need accurate, timely access to pricing transparency, on patient out-of-pocket costs, prior to and immediately after delivery of pharmaceutical /medical care to collect financial responsibility from patients at the practice check out, immediately after providing care to increase patient responsibility collection and reduce collection costs.

This IG will define a simple exchange for providers to request and receive patient cost information from payer to enable clinician and patient medical device / services / medical care conversation.

This project will utilize specific triggers and exchange methods (CDS Hooks, Pull, etc.), use of other interoperability "standards" (e.g. SMART on FHIR, CQL) and specific use of FHIR resources to effectively request cost information from the responsible payer and return it in real-time to the provider so they can use it in treatment planning conversations with their patient at point of service.

This project will reference, where possible the "standards" defined by the Health Record exchange (HREx) Library/Framework Implementation Guide which in turn will utilize prior work from Argonaut, US Core and QI Core effort for FHIR DSTU2, STU3, and R4 where appropriate. The following diagram depicts the anticipated scope of the HREx Library/Framework IG.



The ultimate goal is to support the request for cost information for specific services from the payer and return them in real-time to allow effective decision making by the patient in consultation with the "ordering" provider.

The project team plans to work with existing FHIR artifacts where possible. If changes are necessary, the project team will work with the responsible Work Group to review and implement (via tracker items or new PSS) any necessary enhancements to base FHIR resources, extensions, and/or profiles.

### 3.b. Project Need

Providers need a real-time exchange standard to support the presentation of patient cost information for planned or potential services/devices at the point of care. The need is for a FHIR-based approach to enable payer cost transparency, for patient out-of-pocket cost, information to be presented prior to the ordering/delivery of services to enable patients with their clinicians guidance to make informed decisions on their course of treatment and the cost to the patient.

This PSS builds on existing implementation guides for the automation of requests to a payer for coverage information (Coverage Requirements Discovery – CRD), definition of documentation and payer rules (Documentation Templates and Payer Rules) access to provider information (Clinical Data Exchange – CDex) and the Health Record Exchange Library/Framework (HREx).

Currently, no FHIR implementation guide exists to standardize the method of requesting and exchanging cost transparency information at the point of decision making. This implementation guide will provide a standard for adoption by both providers and payers to support cost transparency goals.

### 3.c. Security Risks

Will this project produce executable(s), for example, schemas, transforms, style sheets, executable program, etc. If so the project must review and document security risks. Refer to the Cookbook for Security Considerations for additional guidance, including sample spreadsheets that may be used to conduct the security risk assessment.		Yes
	X	No
		Unknown

### 3.d. External Drivers

National priorities on cost transparency for consumers/members/patients

### 3.e. Project Objectives / Deliverables / Target Dates

Within each row, enter the explicit work product(s) / objective(s). Indicate their target date at the right in WGM/Ballot Cycle format. Include the project end date as the last objective (for standards projects, the end date will be the projected ANSI approval date).	Target Date (in WGM or ballot cycle format, e.g. '2017 Sept WGM' or '2017 Jan Ballot')
Standard For Trial Use (First Ballot Cycle)	2019 September Ballot
Complete STU Reconciliation	2020 January
Request STU Publication	2020 January WGM
Submit for STU 2 Ballot (Second Ballot Cycle)	2021 May Ballot
Complete STU 2 Reconciliation	2021 Aug
Request STU 2 Publication	2021 Sept WGM
STU 2 Period	2021 Sept -2023 May
Submit for Normative Ballot	2023 May Ballot
Complete Normative Reconciliation	2023 Sept WGM
Submit Publication Request	2023 Oct
Project End Date (all objectives have been met)	2023 Dec

### 3.f. Common Names / Keywords / Aliases

Da Vinci, Cost Transparency

### 3.g. Lineage

n/a

### 3.h. Project Dependencies

Coverage Requirements Discovery  
Documentation Templates and Rules  
Health Record Exchange Library/Framework

### 3.i. HL7-Managed Project Document Repository Location

Projects must adhere to the [TSC's guidelines](#) (which were approved on [20 16-04-04](#) and summarized in [Appendix A](#)).

A template to create a Project Page on the HL7 Wiki is available at: [http://wiki.hl7.org/index.php?title=Template:Project\\_Page](http://wiki.hl7.org/index.php?title=Template:Project_Page).

Enter the SPECIFIC URL of the HL7-MANAGED SITE where supporting project documents, deliverables, ballot reconciliation work and other project information will be kept.

<https://github.com/HL7/davinci-pcost>

### 3.j. Backwards Compatibility

Are the items being produced by this project backward compatible?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input checked="" type="checkbox"/>	X	<input type="checkbox"/>	N/A
If you check 'Yes' please indicate the earliest prior release and/or version to which the compatibility applies:										
For V3, are you using the current data types?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input checked="" type="checkbox"/>	X	<input type="checkbox"/>	N/A
(Refer to <a href="#">TSC position statement on new projects using R2B</a> for more information on the current V3 data types)										
If you check no, please explain the reason:										
If desired, enter additional information regarding Backwards Compatibility.										

### 3.k. External Vocabularies

Will this project include/reference external vocabularies?	<input checked="" type="checkbox"/>	X	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	N/A	
If Yes, please enter the vocabularies: HCPCS, SNOMED, CPT, ICD, RxNorm, LOINC										

### 4. Products (check all that apply)

<input type="checkbox"/>	Arden Syntax	<input type="checkbox"/>	V2 Messages – Administrative
<input type="checkbox"/>	Clinical Information Modeling Initiative (CIMI)	<input type="checkbox"/>	V2 Messages - Clinical
<input type="checkbox"/>	Clinical Context Object Workgroup (CCOW)	<input type="checkbox"/>	V2 Messages - Departmental
<input type="checkbox"/>	Domain Analysis Model (DAM)	<input type="checkbox"/>	V2 Messages – Infrastructure
<input type="checkbox"/>	Electronic Health Record (EHR) Functional Profile	<input type="checkbox"/>	V3 Domain Information Model (DIM / DMIM)
<input checked="" type="checkbox"/>	FHIR Extensions	<input type="checkbox"/>	V3 Documents – Administrative (e.g. SPL)

X	FHIR Implementation Guide (enter FHIR product version below)	V3 Documents – Clinical (e.g. CDA)
X	FHIR Profiles (enter FHIR product version below)	V3 Documents - Knowledge
?	FHIR Resources	V3 Foundation – RIM
	Guidance (e.g. Companion Guide, Cookbook, etc)	V3 Foundation – Vocab Domains & Value Sets
	Logical Model	V3 Messages - Administrative
	New/Modified/HL7 Policy/Procedure/Process	V3 Messages - Clinical
	New Product Definition (please define below)	V3 Messages - Departmental
	New Product Family (please define below)	V3 Messages - Infrastructure
	Non Product Project - (Educ. Marketing, Elec. Services, etc.)	V3 Rules - GELLO
	White Paper	V3 Services – Java Services (ITS Work Group)
	Creating/Using a tool <u>not</u> listed in the <a href="#">HL7 Tool Inventory</a>	V3 Services – Web Services (SOA)

**If you checked New Product Definition or New Product Family, please define below:**

**For FHIR IGs and FHIR Profiles, what product version(s) will the profiles apply to?**  
**R4, STU3, DSTU2**

## 5. Project Intent (check all that apply)

<input type="checkbox"/>	Create new standard	<input type="checkbox"/>	Supplement to a current standard
<input type="checkbox"/>	Revise current standard (see text box below)	<input checked="" type="checkbox"/>	Implementation Guide (IG) will be created/modified
<input type="checkbox"/>	Reaffirmation of a standard	<input type="checkbox"/>	Project is adopting/endorsing an externally developed IG:
<input type="checkbox"/>	New/Modified HL7 Policy/Procedure/Process	<input type="checkbox"/>	Specify external organization in Sec. 6 below;
<input type="checkbox"/>		<input type="checkbox"/>	Externally developed IG is to be (select one):
<input type="checkbox"/>	White Paper (select one):	<input type="checkbox"/>	Adopted - OR - <input type="checkbox"/> ? <input type="checkbox"/> Endorsed
<input type="checkbox"/>	<input type="checkbox"/> Balloted Informative OR <input type="checkbox"/> Non-balloted WG White Paper	<input type="checkbox"/>	N/A (Project not directly related to an HL7 Standard)

**If revising a current standard, indicate the following:**

- **Name of the standard being revised:**
- **Date it was published (or request for publication, or ANSI designation date)**
- **Rationale for revision**
- **The relationship between the new standard and the current standard (is it designed to replace the current standard, a supplement to the current standard, etc.)**

### 5.a. Ballot Type (check all that apply)

<input type="checkbox"/>	Comment (aka Comment-Only)	<input type="checkbox"/>	Joint Ballot (with other SDOs)
<input type="checkbox"/>	Informative	<input type="checkbox"/>	N/A (project won't go through ballot)
<input checked="" type="checkbox"/>	STU to Normative - OR - <input type="checkbox"/> Normative (no STU)	<input type="checkbox"/>	

**If necessary, add any additional ballot information here. If artifacts will be jointly balloted with other SDOs, list the other groups.**

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## 5.b. Joint Copyright

Check this box if you will be pursuing a joint copyright. Note that when this box is checked, a Joint Copyright Letter of Agreement must be submitted to the TSC in order for the PSS to receive TSC approval.

Joint Copyrighted Material will be produced?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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## 6. Project Logistics

### 6.a. External Project Collaboration

<b>Include SDOs or other external entities you are collaborating with, including government agencies as well as any industry outreach. Indicate the nature and status of the Memorandum of Understanding (MOU) if applicable.</b>			
For projects that have some of their content already developed:			
How much content for this project is already developed?	0%		
Was the content externally developed ? :	Y	Da Vinci	
Is this a hosted (externally funded) project? (not asking for amount just if funded)	X	Yes	No

### 6.b. Realm

<input type="checkbox"/> Universal	- OR -	<input checked="" type="checkbox"/> Realm Specific
Check here if this standard balloted or was previously approved as realm specific standard		
U.S.	<b>Includes vocabulary and profiles that are specific to the US healthcare system</b> <b>Support US Healthcare workflows</b>	

### 6.c. Stakeholders / Vendors / Providers

This section must be completed for projects containing items expected to be ANSI approved, as it is an ANSI requirement for all ballots

	Stakeholders	Vendors	Providers
X	Clinical and Public Health Laboratories	Pharmaceutical	X Clinical and Public Health Laboratories
	Immunization Registries	X EHR, PHR	X Emergency Services
X	Quality Reporting Agencies	Equipment	Local and State Departments of Health
X	Regulatory Agency	X Health Care IT	X Medical Imaging Service
	Standards Development Organizations (SDOs)	X Clinical Decision Support Systems	X Healthcare Institutions (hospitals, long term care, home care, mental health)
X	Payors	X Lab	X Other (specify in text box below)
X	Other (specify in text box below)	HIS	N/A
	N/A	Other (specify below)	
		N/A	
<b>Other: Federal Healthcare Agencies (e.g. CMS), Providers (e.g. Physicians)</b>			

## 6.d. Project Approval Dates

Click here to go to [HL7 Project Scope Statement Instructions#Appendix A](#) for more information regarding this section.  
 Approvals are by simple majority vote of the approving body

Sponsoring Work Group Approval Date:	<b>WG Approval Date</b>	2019-03-12														
<b>Administrative review – in parallel with Work Group Approval</b>																
Co-Sponsor Group Approval Date	<b>Attachments</b>	2019-03-12														
Family Management Group Approval Date(s)																
CIMI Projects: <a href="#">CIMI Management Group</a>	<b>CIMI MG Approval Date</b>	N/A														
CDA Projects: <a href="#">CDA Management Group</a>	<b>CDA MG Approval Date</b>	N/A														
FHIR Projects: <a href="#">FHIR Management Group</a>	<b>FMG Approval Date</b>	2019-03-20														
V2/Publishing Projects: <a href="#">V2 Management Group</a>	<b>V2 MG Approval Date</b>	N/A														
US Realm Projects: US Realm Steering Committee Approval (Email WG approved PSS to: <a href="mailto:tscpm@HL7.org">tscpm@HL7.org</a> )	<b>USRSC Approval Date</b>	2019-03-26														
Affiliate Specific Projects: Affiliate Approval Date	<b>Affiliate Approval Date</b>	N/A														
<b>Submit PSS to Steering Division after all of the above approvals are received</b>																
Steering Division (of Primary Sponsor WG) Approval Date:	<b>SD Approval Date CCYY-MM-DD</b>	2019-03-26														
<table border="1"> <tr> <td>Last <a href="#">PBS Metrics Score</a>:</td> <td><input checked="" type="checkbox"/></td> <td>Green</td> <td><input type="checkbox"/></td> <td>Yellow</td> <td><input type="checkbox"/></td> <td>Red</td> </tr> <tr> <td><a href="#">PBS Metrics Reviewed?</a> (required for SD Approval if not green)</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>			Last <a href="#">PBS Metrics Score</a> :	<input checked="" type="checkbox"/>	Green	<input type="checkbox"/>	Yellow	<input type="checkbox"/>	Red	<a href="#">PBS Metrics Reviewed?</a> (required for SD Approval if not green)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Last <a href="#">PBS Metrics Score</a> :	<input checked="" type="checkbox"/>	Green	<input type="checkbox"/>	Yellow	<input type="checkbox"/>	Red										
<a href="#">PBS Metrics Reviewed?</a> (required for SD Approval if not green)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>											
<b>ARB and Steering Division approval may be in parallel</b>																
<a href="#">Architectural Review Board</a> Approval Date: (required for externally developed content)	<b>ARB Approval Date</b>	N/A														
<b>TSC Approval</b>																
If applicable, TSC has received a Joint Copyright/Distribution Agreement (containing the verbiage outlined within the SOU), signed by both parties.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A															
Technical Steering Committee Approval Date: (Email SD WG approved PSS to: <a href="mailto:tscpm@HL7.org">tscpm@HL7.org</a> )	<b>TSC Approval Date</b>															