

# 2020-03-31 PIE WG Meeting Agenda



**Facilitator:** [Durwin Day](#) [Russell Ott](#) [Christol Green](#)

**Scribe:** [Russell Ott](#)

## Attendees

Present	Name	Affiliation
X	Jean Narcisi	
X	Rachel Foerster	
X	Susan Langford	
X	Laurie Burckhardt	
X	Greg Zeller	
	Mary Lynn Bushman	
	Jeff Brown	
	Lorraine Doo	
	Sonya May	
	Sherry Wilson	
	Mike Denison	
	Lisa Nelson	
X	Durwin Day	
X	Laurie Darst	
X	Mark Krebs	
X	Amol Vyas	
X	Tony Benson	
X	Paul Knapp	
X	Reed Gelzer	
X	Gail Kocher	
X	MaryKay McDaniel	
X	Bob Dieterle	
X	Pat Taylor	
X	Linda Michaelson	
X	Chris Johnson	
X	Sonya May	

## Agenda Topics

Agenda Outline	Agenda Item	Meeting Minutes from Discussion	Decision Link
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CARIN BB open issues	<ul style="list-style-type: none"> <li>• <b>Overarching IG Challenges</b> ( need Pat Taylor on call to discuss) <ul style="list-style-type: none"> <li>• There have been 4 major issues coming from the CARIN BB effort that we're looking to bring to resolution</li> </ul> </li> </ul> <ol style="list-style-type: none"> <li>1. Beneficiary/Dependents. Subscriber vs. Beneficiary. All Member Identifiers (this topic will be addressed by <b>PIE</b>) <ul style="list-style-type: none"> <li>• ID - Local to the resource creator</li> <li>• IDENTIFIER - an identifier everyone recognizes. Independent of where the information is created or by whom</li> <li>• Developers are generally familiar with data from providers, not data from payers.</li> <li>• There are challenges in conveying the definitions of the notion of Subscriber vs. Beneficiary vs. a "Proxy" (e.g., child looking after an elderly parent)</li> </ul> </li> <li>2. Secondary Insurance implications (this topic will be addressed by <b>PIE</b>)</li> <li>3. Search criteria across IGs. US CORE vs. DV needs (this topic will be addressed by <b>FM</b> and not <b>PIE</b>) <ul style="list-style-type: none"> <li>• Searches for data from a provider will be different for searches for data from a Payer <ul style="list-style-type: none"> <li>• Searching for data from a payer generally need to be based on a Subscriber ID, not a patient identifier</li> </ul> </li> </ul> </li> <li>4. Overlaps of claim vs. clinical - Code set mismatches. Different use cases, different code sets. I.e., Pharmacy information NDC vs. RxNorm vs. HCPCS or ICD vs. SNOMED (this topic will be addressed by <b>FM</b> and not <b>PIE</b>) <ul style="list-style-type: none"> <li>• Payer financial data is generally governed by CMS/X12 and uses different value sets from clinical environments</li> <li>• We performed an analysis against the US Core codesets and found variances to what payers need</li> <li>• Additionally there are licensing obstacles for some code systems</li> <li>• New CMS Interoperability Rule requiring claims data be accessible to patient adds to the challenges resulting from these code set mismatches</li> </ul> </li> </ol> <p>Goal is for co-chairs and other key stakeholders to come together on 4/2 to discuss how we'll be chasing these issues to resolution.</p> <p>To address these outstanding issues, the PIE workgroup will begin meeting every week to have time to push through these issues.</p>	
Coverage Nomenclature - Linda Michaelsen, Optum	<p>We keep getting hung up on nomenclature specifically related to the FHIR Coverage resource</p> <ul style="list-style-type: none"> <li>• Linda has volunteered to lead an effort to come up with an inventory of terms and corresponding definitions</li> <li>• Meetings will occur at 3 CT/4 ET on Monday afternoons</li> <li>• We need representatives from the VA/DoD Tricare space</li> <li>• Interested individuals should email Linda (<a href="mailto:linda.michaelsen@optum.com">linda.michaelsen@optum.com</a>)</li> </ul>	
Cross Paradigm Storyboard - Payer Perspective, Value-Based Care	<p>1) Block vote to approve outstanding comments (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 32, 33, 35, 38, 39, 44, 45, 46, 47, 48, 49, 50, 51, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64).</p> <p><a href="#">Ballotcomments_HL7_XPARADIGM_PAYER_SB_R1_I1_2018MAY64-LJ-LRN-20200316.xls</a></p> <p><b>Moved:</b> Russ Ott</p> <p><b>Second:</b> Lenel James</p> <p><b>Vote Carries:</b> 16/0/0</p> <p>2) Vote indicating the workgroup approves the comment spreadsheet as fully reconciled</p> <p><a href="#">Ballotcomments_HL7_XPARADIGM_PAYER_SB_R1_I1_2018MAY_FULLLYRECONCILED_20200331.xls</a></p> <p><b>Moved:</b> Russ Ott</p> <p><b>Second:</b> Lenel James</p> <p><b>Vote Carries:</b> 16/0/0</p> <p>Planned votes for 4/14:</p> <p>1) Vote to approve publication request - draft publication request posted: <a href="#">Pub Request - HL7 Cross Paradigm Storyboard – Payer Perspective, Value Based Care</a></p> <p>ACTION: Russ to check with Lynn on the approval steps needed for publication (Steering Committees, Management Groups, etc.)</p>	
Adjournment	Adjourned at 3:22	

## Supporting Documents

Outline Reference	Supporting Document
Minute Approval	

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Action items

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