2022-08-23 FM Interim Meeting - DRAFT

<table>
<thead>
<tr>
<th>Chair: @Paul Knapp</th>
<th>Scribe:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Logistics:</td>
<td></td>
</tr>
<tr>
<td>This call is at 11 AM ET, 10 AM CT, 9 AM MT, 8 AM PT</td>
<td></td>
</tr>
<tr>
<td>Join Zoom Meeting</td>
<td>Passcode: 098894</td>
</tr>
<tr>
<td><a href="https://us02web.zoom.us/j/82031005986">https://us02web.zoom.us/j/82031005986</a></td>
<td></td>
</tr>
<tr>
<td>Financial Management Work Group is inviting you to a scheduled Zoom meeting.</td>
<td></td>
</tr>
<tr>
<td>Topic: FM Full WG Weekly Conference Call</td>
<td></td>
</tr>
<tr>
<td>Time: Oct 20, 2020 11:00 AM Eastern Time (US and Canada)</td>
<td></td>
</tr>
<tr>
<td>Every week on Tue, until Jan 12, 2021, 13 occurrence(s)</td>
<td></td>
</tr>
<tr>
<td>Join Zoom Meeting</td>
<td>Passcode: 098894</td>
</tr>
<tr>
<td><a href="https://us02web.zoom.us/j/82031005986">https://us02web.zoom.us/j/82031005986</a></td>
<td></td>
</tr>
<tr>
<td>One tap mobile</td>
<td></td>
</tr>
<tr>
<td>+16699006833, 82031005986# US (San Jose)</td>
<td></td>
</tr>
<tr>
<td>+12532158782, 82031005986# US (Tacoma)</td>
<td></td>
</tr>
<tr>
<td>Find your local number: <a href="https://us02web.zoom.us">https://us02web.zoom.us</a> /u/kfWlHSVu3</td>
<td></td>
</tr>
<tr>
<td>Attendees - list maintained at the bottom of the meeting notes</td>
<td></td>
</tr>
</tbody>
</table>

FAQs -

- **PSS approval flow**: Sponsoring WG, Co-sponsors, US Realm, Management Groups, Steering Division, TSC
- **UTG Process**: [https://confluence.hl7.org/display/VOC/UTG+Submitter+Documentation](https://confluence.hl7.org/display/VOC/UTG+Submitter+Documentation)  
- **FM - Ballot Reconciliation Resources**: 
  - Started a new confluence page to list all ballot reconciliation resources. If anyone has any that are not listed there, please update and let the rest of us know!!!
  - [How to Guide for Balloting using Jira - HL7 - Confluence](https://confluence.hl7.org/display/FHIR/G+-+Ballot+Specification+and+Reconciliation)
- **Steps for STU-1 publication**: 
  - [Publication Request - https://confluence.hl7.org/display/FHIR/H+-+Publication+Request](https://confluence.hl7.org/display/FHIR/H+-+Publication+Request)
  - Approval by Sponsoring WG
  - Approval by FMG
  - Enough positive votes?
  - All errors resolved on in FHIR IG?
  - Submit Checklist
  - Approval by TSC
  - Work with Lynn to publish
- **FHIR IG numbering**
  - The HL7 version naming convention is: v.b.r
  - v = published version number. Pre-publication v = 0, STU1 = 1, etc.
  - b = ballot number for this version. balloted 1 time b = 1, etc.
  - r = revision number. The IG team can use this as they wish.
  - **ID vs. IDENTIFIER**: ID - Local to the resource creator. IDENTIFIER - an identifier everyone recognizes. Independent of where the information is created or by whom

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### Agenda Item

**Review agenda -**

- Review/Approve 08/16/2022 Interim Meeting Minutes
- Announcements
  - HL7 Antitrust Policy can be found at the bottom of the Agenda
  - HL7 Code of conduct can be found at the bottom of the Agenda
  - Ballot Review (How To)
  - How to Guide for Balloting using Jira - HL7 - Confluence
- Block Vote Guidance (WORK IN PROCESS)
  - Block Voting Description and Process - Technical Steering Committee - Confluence (hl7.org)
- Sep 2022 Ballot - Ballot is open
- R5 final content deadline is shifting to midnight Eastern, Sunday Sept. 4
- STUs Expiring in Next 6 Months, see below - all are IGs
- CARIN Block Vote #7 to announce, vote 8/23/2022
- V2 Work, all tickets for V2.9.1
  - Review GH Updates
- Da Vinci
  - Vocabulary Questions (Corey/Kathleen)
  - Adjudication Code System/Value Set
  - Da Vinci - Risk-Based Lists - 4th mtg of month - Update
- R5 update planning
  - "Aug 19 is new content deadline date"  
  - EOB, make sure we allow reason codes as 0..* not 0..1. (Claim adj codes and Reason Codes)
  - TO DO: List all "supportingInfo" slices in IGs (Claim, EOB) - see row below for a start
  - [FMWG_R5_Review] Issue Navigator - Jira (hl7.org)
- Additional items
  - Add to 8/30 Agenda: [FHIR-37828] Add .payment backbone to .item (EOB) - Jira (hl7.org): Need to review and approve in WG
  - Add to 8/30 & 9/6 - GH IG - review
### Weekly Call Minutes

**Review & Approve Interim Meeting Minutes from 8/16/2022**

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**ANNOUNCEMENTS**

- Reminder - Updated Confluence pages:
  - HL7 Essentials page
  - HL7 Leadership Announcements page
  - [https://confluence.hl7.org/display/HDH (Documentation and Help) page](https://confluence.hl7.org/display/HDH)
- Timing of R5 ballots: (see [https://www.hl7.org/fhir/versions.html](https://www.hl7.org/fhir/versions.html))

**Monthly Reminders to Co-Chairs:**

[https://confluence.hl7.org/display/HL7/ANSI+Standards+approaching+expiration](https://confluence.hl7.org/display/HL7/ANSI+Standards+approaching+expiration)

**STUs Expiring in the Next 6 Months**

[https://confluence.hl7.org/display/HL7/STUs+Expiring+in+Next+6+Months](https://confluence.hl7.org/display/HL7/STUs+Expiring+in+Next+6+Months)

**Upcoming PSS and NIB Deadline Dates for Future Ballot Cycles**

All deadline dates can be seen on the new Balloting, Content Submission, Voting, and Working Group Meeting Schedules on Confluence at:

[https://confluence.hl7.org/display/HL7/HL7+Calendars](https://confluence.hl7.org/display/HL7/HL7+Calendars)

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### STUs Expiring in Next 6 Months

**STU Extension Request Approval Policy - Technical Steering Committee - Confluence (hl7.org)**

<table>
<thead>
<tr>
<th>STU_Name</th>
<th>STU_Code</th>
<th>Start_DT</th>
<th>End_DT</th>
<th>Wks</th>
<th>Extend</th>
<th>Renew_Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>HL7 PRF® Implementation Guide: Unstructured Event Notification (Alerts)</td>
<td>1F489 IG_ALERTSGS_R5_STU1_2023030CT</td>
<td>16/03/2023</td>
<td>10/03/2023</td>
<td>Infrastructure and Message</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>HL7 PRF® Implementation Guide: FHIR Expects (FXEs), Release 1 - US Realm</td>
<td>1F489 IG_EXPS_R1_STU1_20230702</td>
<td>12/10/2023</td>
<td>12/10/2023</td>
<td>Financial Management</td>
<td>Yes</td>
<td>Ballot</td>
</tr>
</tbody>
</table>
View the WG Health and PBS Metrics Reports:
The links to the interim work group health and PBS metrics reports are here: https://confluence.hl7.org/display/TSC/2022Sep+Interim+Reports

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**Da Vinci - Risk-Based Lists**

4th Meeting of the month Agenda (regularly), 10-15 minutes for Risk-Based Lists:

Risk Adjustment - Da Vinci - Confluence (hl7.org)

PSS: PSS for Risk Based Contract Member Identification (Updated) - Financial Management - Confluence (hl7.org)

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Tickets added by FM Co-chairs:

[FHIR-37835] ATR Patient SSN using the wrong value type. Using SS should be SB - Jira (hl7.org).
ATR Patient SSN using the wrong value type. Using SS should be SB

[FHIR-37836] ART Patient Insurance Plan Mbr Id should be in Coverage.identifier of the appropriate plan - Jira (hl7.org)
ATR Patient Insurance Plan Mbr Id should be in Coverage.identifier of the appropriate plan
CARIN BB
Block Vote #7.
11 Tickets

20220816 - CARIN ...Jira Tickets.pdf
V2 Modifications for 2.9.1 Update

see: V2 Work, From Agendas for review - Financial Management - Confluence (hl7.org)

CREATED
V2-25379: SOGI: Add the Gender Harmony segments to chapters 6 & 16
V2-25380: SOGI: Update Co-Chairs listed in chapters 6 & 16

V2.9.1 Changes from Beat Heggl 8/15/2022:

V29.1_CH06_FinancialMgmt.docx  V29.1_CH16_eClaims.docx

VOCABULARY: Adjudication - Code System/Value Set
VOCABULARY: New Code System needed for Surface Codes:

Existing: HL7.TERMINOLOGY:Surface Codes - FHIR v4.0.1

CREATE a new Code System

1. Create a new code system
   - with the values below and add F, Facial, The surface of a tooth facing the lips.
   - Yes there are 2 codes with the same definition. F is used in the US only, V is used in all other countries.
     - Countries that follow ISO or FDI use "V"

2. Create a US value set that includes all except the "V"
3. Create a FDI value set that includes all except the "F"
4. The existing code system will then be deprecated
5. Will there need to be a naming system entry created? Question for Vocab

   - research OIDS

Create new Value Sets:

Existing EXAMPLE VS: HL7.TERMINOLOGY:Surface Codes - FHIR v4.0.1 URL: http://terminology.hl7.org/ValueSet/surface urn:oid:2.16.840.1.113883

From ADA Standard No 1084_May2019.pdf: Surface Code (2.16.840.1.113883.4.642.1.316)

From the OID registry:

From the new V2+ web version:

HL7.TERMINOLOGY:bodySiteModifier - FHIR v4.0.1 Official URL: http://terminology.hl7.org/CodeSystem/v2-0495

VOCABULARY: Coverage.type

Replacing the v3 ActCoverageTypeCode Value Set

***We have SEVERAL R5 tickets around this value set: 13024, 14127, 24916, 20361 (these are linked and in FMWG-Discussion Grouping)
R5 COVERAGE TO BE REVIEWED. MUST BE COMPLETED 8/9 OR MOVE

- **FHIR-30333** - Change cardinality of claim.item.productOrService from 1..1 to 0..1  
  - **RESOLVED - CHANGE REQUIRED**

- **Re-Open** review the description changes and
- **Add**: item detail and item subdetail to the list of changes

- FM Coverage changes to be reviewed and completed for inclusion in R5. MUST BE DONE TODAY OR WAIT FOR RNext

<table>
<thead>
<tr>
<th>Issue</th>
<th>Triage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHIR-32966</td>
<td>TRIAGED Persuasive</td>
<td>Coverage: Add additional elements to convey the network, family and term for deductibles</td>
</tr>
<tr>
<td>FHIR-31896</td>
<td>TRIAGED Unresolved</td>
<td>Incorrect description of MCO code</td>
</tr>
</tbody>
</table>
R5 JIRA TICKET Priorities:

- Priority:
  - [FHIR-37828] Add .payment backbone to .item (EOB) - Jira (hl7.org): Need to review and approve in WG
  - All Coverage, Resolved - Change Required

<table>
<thead>
<tr>
<th>T</th>
<th>Key</th>
<th>Status</th>
<th>Resolution</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FHIR-3374</td>
<td>RESOLVED - CHANGE R..</td>
<td>Persuasive with Modification</td>
<td>HL7v2 mapping for IN1-2 should be to Coverage.class.value, not Coverage.identifier</td>
</tr>
<tr>
<td></td>
<td>FHIR-30928</td>
<td>RESOLVED - CHANGE R..</td>
<td>Persuasive with Modification</td>
<td>Clarification of Coverage Responsibilities</td>
</tr>
<tr>
<td></td>
<td>FHIR-27881</td>
<td>RESOLVED - CHANGE R..</td>
<td>Not Persuasive with Modification</td>
<td>Consider renaming Coverage.payer to Coverage.payer</td>
</tr>
<tr>
<td></td>
<td>FHIR-27109</td>
<td>RESOLVED - CHANGE R..</td>
<td>Persuasive</td>
<td>Coverage.class.value set needs to change plan to benefit plan</td>
</tr>
<tr>
<td></td>
<td>FHIR-27106</td>
<td>RESOLVED - CHANGE R..</td>
<td>Persuasive with Modification</td>
<td>Coverage.order has conflict between description and requirement</td>
</tr>
<tr>
<td></td>
<td>FHIR-25548</td>
<td>RESOLVED - CHANGE R..</td>
<td>Not Persuasive with Modification</td>
<td>Coverage.identifier definition (and name?) are misleading</td>
</tr>
<tr>
<td></td>
<td>FHIR-24667</td>
<td>RESOLVED - CHANGE R..</td>
<td>Persuasive</td>
<td>Create reference from Coverage to InsurancePlan</td>
</tr>
<tr>
<td></td>
<td>FHIR-24541</td>
<td>RESOLVED - CHANGE R..</td>
<td>Persuasive</td>
<td>Update Coverage.class to identifier</td>
</tr>
</tbody>
</table>

- [FHIR-3674] Add Organization to Claim & EOB .Facility allowed references
  - APPLIED

Add Organization to Claim & EOB .Facility allowed references

- [FHIR-32762] Claim Response - add dates at the item level - Jira (hl7.org)
  - TRIAGED

- [FHIR-37588] Add adjudication quantity to ClaimResponse & EOB
  - TRIAGED

Add adjudication quantity to ClaimResponse & EOB

FHIR-37588

Review

- [FHIR-28311] Change cardinality of Claimresponse.addItem.detail.adjudication from 1..* to 0..*
- [FHIR-26601] Add .returnedAmount to PaymentReconciliation and kind, issuerType codes
- [FHIR-37920] Add Patient, Person and RelatedPerson as choices in PaymentIssuer
- [FHIR-22662] Need outcome/disposition/preAuthRef/preAuthPeriod on individual items
R4 comments guidance

the definition and the comments don't seem to make sense.

Is it the date the resource was created?

<table>
<thead>
<tr>
<th>Claim.created</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Element ID:</strong> Claim-created</td>
</tr>
<tr>
<td><strong>Definition:</strong> The date this resource was created.</td>
</tr>
<tr>
<td><strong>Cardinality:</strong> 1..1</td>
</tr>
<tr>
<td><strong>Type:</strong> dateTime</td>
</tr>
<tr>
<td><strong>Summary:</strong> This field is independent of the date of creation of the resource as it may reflect the creator date of a source document prior to digitization. Typically for claims all services must be completed as of this date.</td>
</tr>
</tbody>
</table>

R5 Work - Clarification ADJ Category vs. ADJ Reason... what is the difference?

<table>
<thead>
<tr>
<th>ClaimResponse itens.adjudication.category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Element ID:</strong> ClaimResponse itens.adjudication.category</td>
</tr>
<tr>
<td><strong>Definition:</strong> A code to indicate the information type of this adjudication record. Information types may include the value submitted, maximum values or percentages allowed or payable under the plan, amounts that the patient is responsible for in aggregate or pertaining to this item, amounts paid by other coverages and, the benefit payable for this item.</td>
</tr>
<tr>
<td><strong>Cardinality:</strong> 1..1</td>
</tr>
<tr>
<td><strong>Terminology:</strong> Adjudication Value Codes (Example)</td>
</tr>
<tr>
<td><strong>Type:</strong> CodeableConcept</td>
</tr>
<tr>
<td><strong>Summary:</strong> None</td>
</tr>
<tr>
<td><strong>Comments:</strong> For example codes and categories: Co-pay, deductible, eligible, benefit, tax, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ClaimResponse itens.adjudication.reason</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Element ID:</strong> ClaimResponse itens.adjudication.reason</td>
</tr>
<tr>
<td><strong>Definition:</strong> A code supporting the understanding of the adjudication result and explaining variance from expected amount.</td>
</tr>
<tr>
<td><strong>Cardinality:</strong> 0..1</td>
</tr>
<tr>
<td><strong>Terminology:</strong> Adjudication Reason Codes (Example)</td>
</tr>
<tr>
<td><strong>Type:</strong> CodeableConcept</td>
</tr>
<tr>
<td><strong>Summary:</strong> None</td>
</tr>
<tr>
<td><strong>Comments:</strong> For example codes and categories: Co-pay, deductible, eligible, benefit, tax, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ExplanationOfBenefit itens.adjudication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Element ID:</strong> ExplanationOfBenefit itens.adjudication</td>
</tr>
<tr>
<td><strong>Definition:</strong> If this item is a group then the values here are a summary of the adjudication of the detail items. If this item is a simple product or service then this is the result of the adjudication of the item.</td>
</tr>
<tr>
<td><strong>Cardinality:</strong> 0..1</td>
</tr>
<tr>
<td><strong>Summary:</strong> None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ExplanationOfBenefit itens.adjudication.category</th>
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<tr>
<td><strong>Element ID:</strong> ExplanationOfBenefit itens.adjudication.category</td>
</tr>
<tr>
<td><strong>Definition:</strong> A code to indicate the information type of this adjudication record. Information types may include: the value submitted, maximum values or percentages allowed or payable under the plan, amounts that the patient is responsible for in aggregate or pertaining to this item, amounts paid by other coverages and the benefit payable for this item.</td>
</tr>
<tr>
<td><strong>Cardinality:</strong> 1..1</td>
</tr>
<tr>
<td><strong>Terminology:</strong> Adjudication ValueCodes (Example)</td>
</tr>
<tr>
<td><strong>Type:</strong> CodeableConcept</td>
</tr>
<tr>
<td><strong>Summary:</strong> None</td>
</tr>
</tbody>
</table>
| **Comments:** For example codes and categories: Co-pay, deductible, eligible, benefit, tax, etc.
R5 Update

See also: [FHIR-37588 - Add adjudication quantity to ClaimResponse & EOB](#)

Add adjudication quantity to ClaimResponse & EOB

**Details**
- **Type:** Change Request
- **Priority:** Medium
- **Specification:** FHIR Core (FHIR)
- **Raised in Version:** R4B
- **Work Group:** Financial Mgmt
- **Related Artifact(s):** ClaimResponse ExplanationOfBenefit
- **Grouping:** FMWG-Discussion FM_R5_Review

**Description**
Add an adjudication quantity to all applicable FM Resources and ‘adjudication’ backbone elements.

```
.adjudication
  .item.adjudication
  .item.detail.adjudication
  .item.detail.subdetail.adjudication
  .detail.adjudication
  .subdetail.adjudication
```

<table>
<thead>
<tr>
<th>Field</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>itemSequence</td>
<td>positiveInt</td>
<td>Claim item instance identifier</td>
</tr>
<tr>
<td>noteNumber</td>
<td>positiveInt</td>
<td>Applicable note numbers</td>
</tr>
<tr>
<td>adjudication</td>
<td>BackboneElement</td>
<td>Adjudication details</td>
</tr>
<tr>
<td>category</td>
<td>CodeableConcept</td>
<td>Type of adjudication information</td>
</tr>
<tr>
<td>reason</td>
<td>CodeableConcept</td>
<td>Explanation of adjudication outcome</td>
</tr>
<tr>
<td>amount</td>
<td>Money</td>
<td>Monetary amount</td>
</tr>
<tr>
<td>value</td>
<td>decimal</td>
<td>Non-monetary value</td>
</tr>
<tr>
<td>detailSequence</td>
<td>positiveInt</td>
<td>Claim detail instance identifier</td>
</tr>
<tr>
<td>noteNumber</td>
<td>positiveInt</td>
<td>Applicable note numbers</td>
</tr>
<tr>
<td>adjudication</td>
<td>see adjudication</td>
<td>Detail level adjudication details</td>
</tr>
<tr>
<td>subtotal</td>
<td>BackboneElement</td>
<td>Adjudication for claim sub-details</td>
</tr>
</tbody>
</table>
R5 Work:

- **FHIR-26943** Review, awaiting CGP

**Lynn Laakso**  2022-05-13 09:25

Reverted previous resolution: Considered for Future Use made 2022-04-07 00:00:00 with vote Brett Marquard / Marti Velczis : 13-0-0//Impact: null; Category: null; Version: null//We will look at this for a post-5.0.0 version of US Core.

in PAS created a new datatype to include the information: **PASIdentifier**

existing Identifier with 2 add'l extensions:

<table>
<thead>
<tr>
<th>Name</th>
<th>Flags</th>
<th>Count</th>
<th>Type</th>
<th>Description &amp; Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifier</td>
<td>0,1</td>
<td></td>
<td>Identifier</td>
<td>Any identifier intended for computation</td>
</tr>
<tr>
<td>-alo Id</td>
<td></td>
<td></td>
<td>string</td>
<td>Unique ID for inter-element referencing</td>
</tr>
<tr>
<td>-alo Status for extension</td>
<td>0,7</td>
<td></td>
<td>Extension</td>
<td>Additional content defined by implementations</td>
</tr>
<tr>
<td>-alo extension-identifierSubDepartment</td>
<td>0,1</td>
<td></td>
<td>string</td>
<td>Extension</td>
</tr>
<tr>
<td>-alo extension-identifierJurisdiction</td>
<td>0,1</td>
<td></td>
<td>CodeableConcept</td>
<td>Extension</td>
</tr>
</tbody>
</table>

**supportingInfo Slices in existing IGs:**

**CARINBB:**

- Billingnetworkcontractingstatus
- admissionperiod
- clmrecvdate
- typeofbill
- pointoforigin
- admtype
- discharge-status
- drg
- medicalrecordnumber
- patientaccountnumber
- benefitpaymentstatus
- dayssupply
- dawcode
- refillNum
- refillAuthorized
- brandgenericindicator
- noriginCode
- compoundcode
- performingnetworkcontractingstatus
- servicefacility

**PAS:**

- PatientEvent
- AdmissionDates
- DischargeDates
- AdditionalInformation
- MessageText
- InstitutionalEncounter (information about a hospital claim being requested)

**VA:**

- Initial Placement (dental claim)
HL7 Antitrust Policy - Updated 10/2021

- The HL7 Antitrust Policy was approved as part of the last GOM Revision
- Section 05 Antitrust Compliance
- The following statement must be added to the minutes for each meeting:
  - Professional Associations, such as HL7, which bring together competing entities are subject to strict scrutiny under applicable antitrust laws. HL7 recognizes that the antitrust laws were enacted to promote fairness in competition and, as such, supports laws against monopoly and restraints of trade and their enforcement. Each individual participating in HL7 meetings and conferences, regardless of venue, is responsible for knowing the contents of and adhering to the HL7 Antitrust Policy as stated in 05.01 of the Governance and Operations Manual (GOM).
- Co-Chair Handbook has been updated: Co-Chair Handbook - Co-Chair Handbook - Confluence (hl7.org)

HL7 Code of Conduct

HL7 is a community where we can always ask searching questions about technical matters and how our decisions might impact our various communities of level of experience, professional background, gender, gender identity and expression, sexual orientation, disability, personal appearance, body size, race, regard to any specific individual.

Co-chairs are asking our WG participants periodically review the HL7 Code of Conduct.

FM Co-Sponsoring:

Human Services WG:


3/29/2022: Motion that FM be a co-sponsor. Approved. 16-0-0

Da Vinci:

- Burden Reduction IGs - CRD STU2 -
  - FM Primary Sponsor
- Burden Reduction IGs – PAS STU2
  - FM Primary Sponsor
- Pdex STU2
  - FM Primary Sponsor
- Patient List
  - FM Sponsor
  - Risk Adjustment - Da Vinci - Confluence (hl7.org)
- PSS: PSS for Risk Based Contract Member Identification (Updated) - Financial Management - Confluence (hl7.org)
- National Directory (we are co-sponsors): HL7.FHIR.US.FHIR-DIRECTORY-EXCHANGE/Home - FHIR v4.0.1
  - PA Sponsor
  - FM/PIE Co-sponsors

Primary Sponsor:

- KSA
- DV CRD
- DV PAS
- DV Pdex
- DV Patient Cost Transparency
- DV PCDE
- DV Member Attributin
- DV Plan Net
- CARIN for Blue Button

Co-Sponsor:

- National Directory (w/ PA)
- Gender Harmony (w/Vocabulary)
- CARIN Digital ID Card (w/PIE)
- DAM UDI (w/O&O)
- Validated Healthcare Directory R1 (w/PA)
- Human Service Resource and Provider Directories (w/Human Resources)

Withdrawn (FM was sponsoring):

- V3 Accounting & Billing R2
- V3 Claims and Reimbursement R4

Miscellaneous

- Uniform Elements for Prior Authorization

ATTENDEES: