2022-08-30 FM Interim Meeting - DRAFT

Chair: @Paul Knapp  Scribe:

Call Logistics:
This call is at 11 AM ET, 10 AM CT, 9 AM MT, 8 AM PT
Join Zoom Meeting https://us02web.zoom.us/j/82031005986  Passcode: 098994

Financial Management Work Group is inviting you to a scheduled Zoom meeting.

Topic: FM Full WG Weekly Conference Call
Time: Oct 20, 2020 11:00 AM Eastern Time (US and Canada)
Every week on Tue, until Jan 12, 2021, 13 occurrence(s)
Join Zoom Meeting https://us02web.zoom.us/j/82031005986  Passcode: 098994

One tap mobile
+16699006833,,82031005986# US (San Jose)
+12532158782,,82031005986# US (Tacoma)
Find your local number: https://us02web.zoom.us/u/kfWlHSVu3

Attendees - list maintained at the bottom of the meeting notes

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
- US CORE Variance: US Core Variance Request Process
- FM - Ballot Reconciliation Resources: 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

- Steps for STU-1 publication:
  - Ballot Reconciliation: https://confluence.hl7.org/display/FHIR/G+-Ballot+Specification+and+Reconciliation
  - 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

Agenda Item

Review agenda -

- Review/Approve 08/23/2022 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
- SEP WGM - Wed Q1 Invite to BPM+ Health Joint Session
- SEP WGM - WG Health - not green, projects need updating
- SEP WGM - Need to create general session slides
- V2 Work, all tickets for V2.9.1
  - Review GH Updates, new files from Beat 8/24, see below
- CARINBB FHIR-34916
- GHIG Review, Pre-Ballot Look: FHIR.GENDER.HARMONY/Home - FHIR v4.0.1
- Da Vinci
  - Vocabulary Questions (Corey/Kathleen)
  - Adjudication Code System/Value Set
  - Da Vinci - Risk-Based Lists - 4th mtg of month - Update
- R5 Work
  - [FMWG_R5_Review] Issue Navigator - Jira (hl7.org)
  - Additional items
**ANNOUNCEMENTS**

- Reminder - Updated Confluence pages:
  - [HL7 Essentials](https://confluence.hl7.org/display/HDD/HL7%20Leadership%20Announcements)
  - [Documentation and Help](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:**

- [Timing of R5 ballots](https://www.hl7.org/fhir/versions.html)

**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)

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**SEP WGM Wednesday Q1 Invite:**

Co-chairs,

BPM+ Health wants to broaden the invitation to join the Wednesday Q1 Session. See below, and distribute to your work groups as you see fit.

FHIR has and continues to play a transformational role in how healthcare data is represented, accessed, and shared. In the context of healthcare delivery, what has happened before now, and how that data is consumed and used to impact care decisions, care planning, and interventions is where the “before r” specific care plans, involving additional activities such as clinical decision support.

On Wednesday Q1, a joint session between several HL7 working groups and the BPM+ Health (Business Process Management) community is set to intersect with respective communities can complement to realize better quality and more seamless care delivery toward achieving Learning Health Systems and High Re Baltimore.

Wednesday Q1 in particular is targeted as the first “joint” session between the communities, with an intent on level-setting key activities going on in each potential interest to this audience. In attendance will be all BPM+ workgroups, with specific invitations being extended to HL7 Patient Care, HL7 Learning + subject. (Note that all BPM+ Health events in Baltimore are open to HL7 WGM attendees).
WG Health

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

<table>
<thead>
<tr>
<th>Standard/Document Name</th>
<th>Pt ID</th>
<th>Notes/Action to be Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop FHR resources for Financial Management</td>
<td>954</td>
<td>Next Milestone Date: 2021 May WGM/Eballi Determinate when the next deliverable will be the tgl date</td>
</tr>
<tr>
<td>Targeted industry survey regarding US coverage requirements discovery for Durable Medical Equipment (PSS)</td>
<td>1488</td>
<td>Next Milestone Date: 2019 May WGM/Eballi Determinate when the next deliverable will be the tgl date</td>
</tr>
<tr>
<td>Patient Cost Transparency (Da Vinci project; PSS in Confluence)</td>
<td>1514</td>
<td>Next Milestone Date: 2022 Sep WGM/Eballi Determinate when the next deliverable will be the tgl date</td>
</tr>
<tr>
<td>Tracking Payments and Statement (Jira)</td>
<td>1013</td>
<td>Next Milestone Date: 2021 May WGM/Eballi Determinate when the next deliverable will be the tgl date</td>
</tr>
<tr>
<td>KSA Healthcare Financial Services implementation Guide (PSS in Confluence)</td>
<td>1635</td>
<td>Next Milestone Date: 2021 May WGM/Eballi Determinate when the next deliverable will be the tgl date</td>
</tr>
<tr>
<td>2021 Blue Button (PSS in Confluence)</td>
<td>1938</td>
<td>Next Milestone Date: 2021 May WGM/Eballi Determinate when the next deliverable will be the tgl date</td>
</tr>
<tr>
<td>Risk Based Contract Member Identification (Da Vinci project; PSS in Confluence)</td>
<td>1517</td>
<td>Next Milestone Date: 2021 May WGM/Eballi Determinate when the next deliverable will be the tgl date</td>
</tr>
</tbody>
</table>

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)

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 $S should be $B

[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
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 8/24/22 updates:

CARINBB - FHIR-34916 - Network indicator for Pharmacy EOB

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:2.16.840.1.113883.4.642.3.546

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 JIRA TICKET Priorities 8/30/2022:

Review applied changes (check indicates "YAY COMPLETED"

- FHIR-19424  Amend Financial Module language and update the graphics to include Contract
- FHIR-28311  Change cardinality of adjudication from 1..* to 0..*
- FHIR-26601  Expand PaymentReconciliation to support patient payments
- FHIR-31366  In Account add a search for relatedAccount.account.
- FHIR-31367  Add an optional base or reference currency to Account.
- FHIR-20170  Change patient health Record to Personal Health Record in the claim introduction.
- [FHIR-37920] Add Patient, Person and RelatedPerson as choices in PaymentIssuer - Jira (hl7.org)
- [FHIR-33201] Encounter should be added at the header level to the next version of the Claim, ClaimResponse, and ExplanationOfBenefit resources
- [FHIR-30928] Clarification of Coverage Responsibilities - Jira (hl7.org)
- [FHIR-37523] Add 'identifier' as a choice to Claim & EOB.supportingInfo.value[x] - Jira (hl7.org)
- [FHIR-35205] Claim.careTeam.qualification seems to really be asking for specialty - Jira (hl7.org)


- [FHIR-32966] Coverage: Add additional elements to convey the network, family and term for deductibles - Jira (hl7.org)
- [FHIR-37595] Need to add an end-of-range code to productorservice in Claim, ClaimResponse, and EOB - Jira (hl7.org)

Approved changes, need clarification from WG:

- FHIR-22659  Preauthorization claims for procedures need a reference to a ServiceRequest

8/30/2022: The following were not review and clarified. Will NOT be included in R5 initial ballot. Could be added during reconciliation.

- FHIR-22662  Need outcome/disposition/preAuthRef/preAuthPeriod on individual items
- FHIR-31061  Add a resource level error.
- FHIR-31678  ClaimResponse chg processNote.type to coding or codeable concept
- FHIR-27109  Coverage.class value set needs to change plan to benefit plan
- FHIR-32776  Add more guidance on the expected use of adjudication and supportingInfo
- FHIR-31368  Add guarantor responsibility and related elements to Account
- FHIR-31062  Create a "Dates" Backbone element
- FHIR-32797  Add Trace Numbers to the base specification
- FHIR-30502  Add values to Code System Adjudication

Priority: DID NOT REVIEW on 8/30/2022

- [FHIR-37828] Add .payment backbone to .item (EOB) - Jira (hl7.org): Need to review and approve in WG
  - 8/16/2022 FM Meeting minutes, FHIR-37828: Passed, too time consuming. If we have time will address 8/30.
  - 8/30/2022: Ran out of time
- [FHIR-37588] Add adjudication quantity to ClaimResponse & EOB - Jira (hl7.org)
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>Element ID</th>
<th>Claim.created</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>The date the resource was created.</td>
</tr>
<tr>
<td>Cardinality</td>
<td>1..1</td>
</tr>
<tr>
<td>Type</td>
<td>dateTime</td>
</tr>
<tr>
<td>Requirements</td>
<td>Need to record a timestamp for use by both the recipient and the issuer.</td>
</tr>
<tr>
<td>Summary</td>
<td>true</td>
</tr>
<tr>
<td>Comments</td>
<td>The field is independent of the date of creation of the resource as it may reflect the creation date of a source document prior to digitalization. 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>Element ID</th>
<th>ClaimResponse.item.adjudication.category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>A code to indicate the information type of this adjudication record. Information types may include the value submitted, maximum values or percentages allowed or possible 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>Cardinality</td>
<td>1..1</td>
</tr>
<tr>
<td>Terminology</td>
<td>Adjudication Value Codes (Example)</td>
</tr>
<tr>
<td>Type</td>
<td>CodeableConcept</td>
</tr>
<tr>
<td>Requirements</td>
<td>Needed to enable understanding of the context of the other information in the adjudication.</td>
</tr>
<tr>
<td>Summary</td>
<td>false</td>
</tr>
<tr>
<td>Comments</td>
<td>For example codes include: Co-Ins, deductible, eligible, benefit, tax, etc.</td>
</tr>
</tbody>
</table>

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<tr>
<th>Element ID</th>
<th>ClaimResponse.item.adjudication.reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>A code supporting the understanding of the adjudication result and explaining variances from expected amount.</td>
</tr>
<tr>
<td>Cardinality</td>
<td>0..1</td>
</tr>
<tr>
<td>Terminology</td>
<td>Adjudication Reason Codes (Example)</td>
</tr>
<tr>
<td>Type</td>
<td>CodeableConcept</td>
</tr>
<tr>
<td>Requirements</td>
<td>To support understanding of variance from adjudication expectations.</td>
</tr>
<tr>
<td>Summary</td>
<td>false</td>
</tr>
<tr>
<td>Comments</td>
<td>For example may indicate that the funds for this benefit type have been exhausted.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Element ID</th>
<th>ExplanationOfBenefit.item.adjudication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>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 this item.</td>
</tr>
<tr>
<td>Cardinality</td>
<td>0..*</td>
</tr>
<tr>
<td>Requirements</td>
<td>The adjudication results convey the insurer’s assessment of the item provided in the claim under the terms of the patient’s insurance coverage.</td>
</tr>
<tr>
<td>Summary</td>
<td>false</td>
</tr>
</tbody>
</table>

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<td>Definition</td>
<td>A code to indicate the information type of this adjudication record. Information types may include: the value submitted, maximum values or percentages allowed or possible 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>
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</tr>
<tr>
<td>Summary</td>
<td>false</td>
</tr>
<tr>
<td>Comments</td>
<td>For example, codes indicating: Co-Ins, deductible, eligible, benefit, tax, etc.</td>
</tr>
</tbody>
</table>
R5 Work:

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

[Image information]

Reverted previous resolution: Considered for Future Use made 2022-04-07 00:00:00.0 with vote Brett Marquard / Marti Velcis : 13-0-0/0 (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>Profile</th>
<th>Code</th>
<th>Type</th>
<th>Description &amp; Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>id</td>
<td>0..1</td>
<td>string</td>
<td>Identifier</td>
<td>An identifier intended for computation</td>
</tr>
<tr>
<td>- ext</td>
<td>0..*</td>
<td>Extension</td>
<td>Identifier</td>
<td>An identifier intended for computation</td>
</tr>
<tr>
<td>- extension-identifierSubDepartment</td>
<td>0..1</td>
<td>string</td>
<td>Extension</td>
<td>Additional content defined by implementations</td>
</tr>
<tr>
<td>- extension-identifierJurisdiction</td>
<td>0..1</td>
<td>CodeableConcept</td>
<td>Extension</td>
<td>Additional content defined by implementations</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
- rxoriginCode
- 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 law is 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 at a level of experience, professional background, gender, gender identity and expression, sexual orientation, disability, personal appearance, body size, race regardless 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 Attribution
- 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: