2022-09-27 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: 098894
One tap mobile
+16699006833,,82031005986# US (San Jose)
+12532158782,,82031005986# US (Tacoma)

Find your local number: https://us02web.zoom.us/u/kfWIHSVu3

Attendees - list maintained at the bottom of the meeting notes

Agenda Item
Meeting Minutes from Discussion

Review agenda -

- Review/Approve 09/13/2022 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)
  - Block Vote Guidance (WORK IN PROCESS)
  - Block Voting Description and Process - Technical Steering Committee - Confluence (hl7.org)

- Administrative Planning for next WGM meeting
  - Mission and Charter Review
  - DMP

- Da Vinci
  - PCT Block Vote - Corey, 3rd hour
  - Da Vinci - Risk-Based Lists - 4th mtg of month - Update

- RS Work
  - [FMWG_RS_Review] Issue Navigator - Jira (hl7.org)

- Additional Items
  - October 10th is Canadian Thanksgiving, no co-chair call
  - Celine to send out doodle poll to get another date
  - RS Ballot closes 10/14
  - Next meeting 10/4/2022
  - Co-Chair Meeting Feedback

In an effort to synchronize WG Mission and Charter review timelines and ensure the accuracy of current documents, please review your Mission and Charter with your Work Group and complete the Mission and Charter tracking log here:

Use the grid to indicate the date the document was reviewed, whether or not changes were made, and add a link to the approval minutes and the updated version. When changes to mission and charters were reviewed by steering divisions in the past, they now go to TSC for review and approval.

9/27/2022
Administrative Planning/Review

- Created J/2023 WGA Agenda
- Reviewed Mission and Charter.
  - Mol to app
  - Da Vinci
  - RS
  - RS Ballot closes 10/14
- Next meeting 10/4/2022
- Co-Chair Meeting Feedback

- DMP
  - Sar\t as
  - with
  - motion
**SWOT**
- Reviewed with group, minor updates
- Motion to approve with changes

MaryKay McDaniell / Celine Lefebvre

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**Weekly Call Minutes**

**Review & Approve Interim Meeting Minutes from 9/13/2022**

**Accepted by unanimous consent.**

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**ANNOUNCEMENTS**

- Reminder - Updated Confluence pages:
  - HL7 Essentials page
  - HL7 Leadership Announcements page
  - 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)
  - [https://confluence.hl7.org/display/HL7/STUs+Expiring+in+the+Next+6+Months](https://confluence.hl7.org/display/HL7/STUs+Expiring+in+the+Next+6+Months)

- [Upcoming PSS and NIB Deadline Dates for Future Ballot Cycles](https://confluence.hl7.org/display/HL7/HL7+Calendars)

All deadline dates can be seen on the new Balloting, Content Submission, Voting, and Working Group Meeting Schedules on Confluence at:
STUs Expiring in Next 6 Months

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

8/23/2022:
Bob will update extensions to all guides except PAS.

STU Updates - published guides be extended 1 yr, unpublished guides extended for 2 yrs.

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).
[FHIR-37836] ART Patient Insurance Plan Mbr Id should be in Coverage.identifier of the appropriate plan - Jira (hl7.org)

No 9/27. Met during WGM.

Da Vinci Patient Cost Transparency - Block-Vote-7 Announcement

<table>
<thead>
<tr>
<th>Key</th>
<th>Summary</th>
<th>T Created</th>
<th>Updated</th>
<th>Due</th>
<th>Assignee</th>
<th>Reporter</th>
<th>P</th>
<th>Status</th>
<th>Resolution</th>
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<tbody>
<tr>
<td>FHIR-38127</td>
<td>GFE profiles need to require Item. net</td>
<td>Sep 05, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Corey Spears</td>
<td>=</td>
<td>RESOLVED - CHANGE REQUIRED</td>
<td>Persuasive</td>
<td></td>
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<tr>
<td>FHIR-38125</td>
<td>Remove Must Support from PreAuthRef</td>
<td>Sep 05, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Corey Spears</td>
<td>=</td>
<td>RESOLVED - CHANGE REQUIRED</td>
<td>Persuasive</td>
<td></td>
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<tr>
<td>FHIR-37516</td>
<td>Change careTeam: rendering slice on Institutional GFE to only be a Human (not Organization)</td>
<td>May 27, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Vanessa Candelora</td>
<td>=</td>
<td>RESOLVED - CHANGE REQUIRED</td>
<td>Persuasive with Modification</td>
<td></td>
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<tr>
<td>FHIR-36193</td>
<td>Plan or Coverage Entity Name and GFE Plan or Coverage Payer Name appear to be the same</td>
<td>Mar 03, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Patricia Taylor</td>
<td>=</td>
<td>RESOLVED - CHANGE REQUIRED</td>
<td>Not Persuasive with Modification</td>
<td></td>
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<tr>
<td>FHIR-35273</td>
<td>Provide means to declare an in or out of network/coverage status for AEOB</td>
<td>Jan 10, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Corey Spears</td>
<td>=</td>
<td>RESOLVED - CHANGE REQUIRED</td>
<td>Persuasive</td>
<td></td>
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<tr>
<td>FHIR-35272</td>
<td>Provide a means to specify a denial reason in AEOB</td>
<td>Jan 10, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Corey Spears</td>
<td>=</td>
<td>RESOLVED - CHANGE REQUIRED</td>
<td>Persuasive with Modification</td>
<td></td>
</tr>
</tbody>
</table>

9/13/2022 - Block Vote 7 will go out today.
Will vote on 9/27:
Corey will be available at beginning of the call!!!
FHIR-35070 was pulled. Comments added additional information. will b the next block vote
Move to approve Block vote 7. Con Spears/Paul Knap 0-1
Corey will send out Block Vote 8 toda. Vote 10/4/2022.
<table>
<thead>
<tr>
<th>Issue ID</th>
<th>Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Responsible</th>
<th>Resolution</th>
<th>Persuasive</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHIR-35254</td>
<td>compoundDru gLinkingNum needs more guidance</td>
<td>Jan 10, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Corey Spears</td>
<td>RESOLVED - CHANGE REQUIRED</td>
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<tr>
<td>FHIR-35251</td>
<td>Require Claim. subType</td>
<td>Jan 10, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Corey Spears</td>
<td>RESOLVED - NO CHANGE</td>
</tr>
<tr>
<td>FHIR-35199</td>
<td>Diagram in Overview seems to imply that the Patient could only get a response from an Intermediary</td>
<td>Jan 09, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Linda Michaelsen</td>
<td>RESOLVED - CHANGE REQUIRED</td>
</tr>
<tr>
<td>FHIR-35101</td>
<td>Edits to MRI scenario</td>
<td>Jan 07, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Celine Lefebvre</td>
<td>RESOLVED - NO CHANGE</td>
</tr>
<tr>
<td>FHIR-35095</td>
<td>Utilize Distinct FHIR Profiles for Professional and Institutional Claims</td>
<td>Jan 07, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Susan Langford</td>
<td>RESOLVED - CHANGE REQUIRED</td>
</tr>
<tr>
<td>FHIR-35088</td>
<td>Institutional and Professional profiles - NDC mapping and Value Set</td>
<td>Jan 07, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Patricia Taylor</td>
<td>RESOLVED - CHANGE REQUIRED</td>
</tr>
<tr>
<td>FHIR-35057</td>
<td>Institutional profile - add diagnosis slice, add invariants</td>
<td>Jan 06, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Patricia Taylor</td>
<td>RESOLVED - CHANGE REQUIRED</td>
</tr>
<tr>
<td>FHIR-34955</td>
<td>Network status in advanced EOB profile</td>
<td>Jan 06, 2022</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Sam Undine</td>
<td>RESOLVED - CHANGE REQUIRED</td>
</tr>
<tr>
<td>FHIR-34649</td>
<td>Modify bindings for Institutional profile claim. type, claim, subtype</td>
<td>Dec 27, 2021</td>
<td>Sep 27, 2022</td>
<td>Unassigned</td>
<td>Patricia Taylor</td>
<td>RESOLVED - NO CHANGE</td>
</tr>
</tbody>
</table>

15 issues
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
   * http://terminology.hl7.org/CodeSystem/FDI-surface

Create new Value Sets:

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

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

Carry over to the WGM

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

- FHIR-30928: In conflict with FHIR 32676. No to review, vote. Ass s 27881 w be done /27881 has been appl
- FHIR-32076: Bring bac group to review
- FHIR-3751: K to rev the reason the ticket
Jira Filter: Applied for R5 - Ballot

project = FHIR AND issuetype in ("Change Request", Comment, Question, "Technical Correction") AND status in (Applied, AND Specifictor "FHIR Core (FHIR Core) AND Work Group = fm")

Resume at 22763

Priority: DID NOT REVIEW on 8/30/2022

- [FHIR-32762] Add Trace Numbers to the base specification
- [FHIR-32797] Add values to Code System Adjudication
- [FHIR-31061] Need outcome/disposition/preAuthRef/preAuthPeriod on individual items
- [FHIR-27109] ClaimResponse chg processNote.type to coding or codeable concept
- [FHIR-31678] 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

From SEP 2022 WGM Meeting minutes:

- [FHIR-31678] - processNote.type - re-evaluated and we are looking for examples of how the code list may be extended
- [FHIR-27109] - Change "Plan" to "Benefit Plan", not an FM ticket
- [FHIR-32776] - Guidance for adjudication and supportingInfo - we want to do it as described in ticket
- [FHIR-31062] - Add elements to Account - will discuss in Q1 on Thursday, needs a vote
- [FHIR-32797] - Add Trace Numbers to the base specification

For Co-Chair Call:

- [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-32762] Claim Response - add dates at the item level - Jira (hl7.org)
- [FHIR-37588] Add adjudication quantity to ClaimResponse & EOB - Jira (hl7.org)

08/30/2022:

- [FHIR-37599] Added ticket
- [FHIR-37768] - Subscriber as organization: W
- Added Ballot Reconciliation ticket
- Ticket 38627 [FHIR-38627] Clarify use of Coverage.subscriber - Jira (hl7.org)

9/13/2022:

- Added ticket

9/27/2022:

- Standard is frozen at this end of the ballot period
  - any ball on ts en par the ne atio pro
Those tickets out there currently that show as to be applied, must have a ballot comment to be applied.

Need list of those FM tickets with status 'To Be Applied' and anything with vote and not applied.

46 unapplied, 46 unresolved?
R5 Comments that need to be added:

Currently:

- In many cases an example valueset has been provided in this release. Financial Management will be devoting effort in the preparation to Release 5 of FHIR to develop more representative example sets and to determine where global codesets exist such that some of the valuesets may be elevated in strength to extensible or required.

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>Table 1. ExpirationOfBenefit.created</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
</tr>
<tr>
<td><strong>Type</strong></td>
</tr>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td><strong>Summary</strong></td>
</tr>
<tr>
<td><strong>Comments</strong></td>
</tr>
</tbody>
</table>
R5 Work - Clarification ADJ Category vs. ADJ Reason... what is the difference between Category and Reason use

### Potential EXAMPLES:

<table>
<thead>
<tr>
<th>Category</th>
<th>Reason</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Responsibility</td>
<td>Deductible Amount</td>
<td>256.00</td>
</tr>
<tr>
<td>Patient Responsibility</td>
<td>Co-Pay Amount</td>
<td>xx.xx</td>
</tr>
<tr>
<td>Patient Responsibility</td>
<td>Co-Insurance Amount Value</td>
<td>.20</td>
</tr>
<tr>
<td>Patient Responsibility</td>
<td>Non-Par Provider Amount</td>
<td></td>
</tr>
<tr>
<td>Contractual</td>
<td>Exceeds fee schedule Amount</td>
<td>27.00</td>
</tr>
<tr>
<td>Contractual</td>
<td>Exceeds plan contractual Amount</td>
<td>98.00</td>
</tr>
<tr>
<td>Contractual</td>
<td>POS step down amount Amount</td>
<td>11.00</td>
</tr>
<tr>
<td>Other</td>
<td>Tax Not Covered Amount</td>
<td>33.45</td>
</tr>
<tr>
<td>Payer</td>
<td>Exact claim/service Amount</td>
<td></td>
</tr>
</tbody>
</table>

Category: Patient Responsibility
Reason: Deductible
Amount: 256.00

Category: Patient Responsibility
Reason: Co-Pay
Amount: xx.xx

Category: Patient Responsibility
Reason: Co-Insurance
Amount: xx.xx

Category: Patient Responsibility
Reason: Non-Par Provider

Category: Contractual
Reason: Exceeds fee schedule
Amount: 27.00

Category: Contractual
Reason: Exceeds plan contractual
Amount: 98.00

Category: Contractual
Reason: POS step down amount
Amount: 11.00

Category: Other
Reason: Tax Not Covered
Amount: 33.45

Category: Contraction
Reason: Exact claim/service

Category: Payer
Reason: Payer initiated reductions
Amount: 0.00
**R5 Work:**

- FHIR-26943 Review, awaiting CGP

**Lynn Laakso**  2022-05-13 09:03

Reverted previous resolution: Considered for future use made 2022-04-07 00:00:00.0 with vote Brett Marquard / Marti Velezis : 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>Cardinality</th>
<th>Type</th>
<th>Description &amp; Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifier</td>
<td>6.*</td>
<td>Identifier</td>
<td>string</td>
<td>As identifier intended for computation</td>
</tr>
<tr>
<td>- Id</td>
<td>0.1</td>
<td>string</td>
<td>Unique id for inter-element referencing</td>
<td></td>
</tr>
<tr>
<td>- extension-identifier/SubDepartment</td>
<td>6.*</td>
<td>Extension</td>
<td>Additional content defined by implementations</td>
<td></td>
</tr>
<tr>
<td>- extension-identifier/SubDepartment</td>
<td>0.1</td>
<td>string</td>
<td>Extensions Unordered, Open by value url</td>
<td></td>
</tr>
<tr>
<td>- extension-identifier/SubDepartment</td>
<td>0.1</td>
<td>CodeableConcept</td>
<td>Extensions</td>
<td></td>
</tr>
<tr>
<td>- extension-identifier/SubDepartment</td>
<td>0.1</td>
<td>CodeableConcept</td>
<td>Extensions</td>
<td></td>
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<tr>
<td>- extension-identifier/SubDepartment</td>
<td>0.1</td>
<td>CodeableConcept</td>
<td>Extensions</td>
<td></td>
</tr>
</tbody>
</table>

**supportingInfo Slices in existing IGs:**

**CARINBB:**

- Billing network contracting status
- admission period
- charge date
- type of bill
- provider origin
- admit type
- discharge status
- Drg
- Medical record number
- patient account number
- benefit payment status
- days supply
- days code
- refill number
- refill authorized
- brand generic indicator
- rx origin code
- compound code
- performing network contracting status
- service facility

**PAS:**

- Patient Event
- Admission Dates
- Discharge Dates
- Additional Information
- Message Text
- Institutional Encounter (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 and stakeholders, but HL7 and its participants are committed to a harassment-free environment for everyone, regardless of level of experience, professional background, gender, gender identity and expression, sexual orientation, disability, personal appearance, body size, race, ethnicity, age, religion, or nationality. Generally this should mean there is no reason for those subjects to come up with 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
- 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

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: 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+Ballet+Specification+and+Reconciliation
  - Publication Request - https://confluence.hl7.org/display/FHIR/H+Ballet+Specification+and+Reconciliation
  - 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

ATTENDEES: