|  |  |
| --- | --- |
| **HL7 Attachments Working Group Meeting Minutes****Location: Phoenix, AZ** | **Date: May 5, 2014Time: 9:00 – 5:00** |
| **Facilitator** | Durwin Day | **Note taker(s)** | Penny Probst |
|  |
| **Quorum Requirements Met:** [ ]  Yes  |
|  |
| **First Name** | **Last Name** | **Affiliation** |
| William | Alfano | BCBSA |
| Tony | Benson | BCBSAL |
| Laurie | Burckhardt | WPS |
| Mary Lynn | Bushman | National Government Services |
| George | Cole | Allscripts |
| Laurie | Darst | Mayo Clinic |
| Durwin | Day | HCSC \*\*\*co-chair\*\*\* |
| Robert | Dieterle | CMS/ONC Contractor |
| Doreen | Espinoza | UHIN |
| Brian | Flynn | NADP |
| Craig | Gabron | PGBA \*\*\*co-chair\*\*\* |
| Christol | Green | Wellpoint |
| Robin | Isgett | BCBS of SC |
| Lenel | James | BCBSA |
| Chris | Johnson | BCBS of AL |
| Mary Kay | McDaniel | Cognosante |
| Debbi | Meisner | Emdeon Business Services |
| Lisa | Nelson | Life Over Time Solutions/"Janie Appleseed" |
| Michael | Nichols | BCBS of SC |
| Mark | Pilley | SHS |
| Benjamin | Plessner | Epic |
| Penny | Probst | Highmark, Inc |
| Jim | Whicker | Kaiser Pemanente |

**Agenda Topics**

1. Agenda Review
2. WEDI Webinars
3. CORE Operating Rules
4. Changes that may be needed to Supplemental Guide from C-CDA R2
5. NCVHS June 10 agenda
6. Purpose and intended use of the CDT guide
7. Advance Directive Comments (24) (1330, 415-425,598-608,331)

Supporting Documents

 ****

Minutes/Conclusions Reached:

1. Agenda Review
* There may not be a Regulatory update as OESS is not present at this meeting
* There will be a NCVHS hearing June 10. HL7 will provide testimony. X12 will not because nothing has changed
* Advance Directives will be discussed in Q4 instead of Q3 on Monday
1. Upcoming WEDI Webinars (Mary Lynn)
* Attachments 101: WEDI is looking at the second week of July to schedule this. It will include both HL7 and X12 information
* Additional webinars will be 1)more technical, 2) business impacts and 3) any other industry needs
* The webinar descriptions should be very detailed so the right audience attends
* This may present opportunities to work jointly with HL7 education and X12
* Mary Lynn requested suggestions/ideas for WEDI webinars
1. CORE Operating Rules
* Durwin presented the slides from the second CORE attachments call. This call was for CORE participants only
* There are concerns about the content of the slides presented. With the permission of CORE, the presentation was shared with the AWG members with a request to submit comments by 5/16/14 to be discussed on the 5/20/14 AWG call.
* After the comments have been discussed, HL7 can submit an official response to CORE. Durwin will get approval from John Quinn. The response will be copied to OESS and NCVHS as well.
* Issues discussed:
	+ Slide 6: COB is not clinical data and there is no HL7 template for it
	+ Slide 6: There is an artificial separation between Administrative Attachments and Additional Information as well as an overarching concern about this approach being doable.
	+ EOB subscriber and EOB attachment LOINC codes could be old codes that may have been deprecated
	+ Slide 9: There is an issue with ‘voice file’ and Infrastructure and Transmission. Concern that rules could be created based on CORE’s misunderstanding of the attachments
	+ The poll question on LOINC is very misleading. It appears CORE doesn’t understand that there is a finite list of attachment LOINCs.
	+ Slide 13: the recommendation for workflow concerning the sending of unsolicited attachments
	+ Slide 14: the comment that C-CDA is set of individual CDAs grouped in one HL7 spec is wrong.
	+ Slide 17: why is ERA workflow included in the attachments presentation?
	+ Slide 18: last bullet. Why is CARC/RARC information in this presentation?
	+ Slide 19: really think none of the above is the answer, but is not an option
1. Changes that may be needed to Supplemental Guide from C-CDA R2
* If we make changes, and they are not substantive, it will be published as a corrected version through the publication channel rather than re-balloted
* Change the title to the new C-CDA name and update version number where it occurs: Title Page, Section 1 Forward, 2.2 Acknowledgement, 3 Introduction, and 3.72 Acronyms
* There may be additional updates based on the final outcome of the Complete Document Template
* Discussed the possibility of using OIDs in X12. The available code set qualifiers would have to be reviewed. If there is none for OID, we would have to start the process to add one.
1. NCVHS June 10 agenda
* Durwin reviewed the NCVHS June 10 agenda.
* Durwin will present testimony for HL7, Bob will present testimony for esMD, unsure of other Industry Perspectives
1. Purpose and intended use of the CDT guide (see additional information on 5/8/14)
* There were recurring comments about the purpose and intent of this guide
* There was discussion about merging C-CDA and the CDT and it was determined that it not feasible in the current timeframe but may be reviewed as a future work effort
* The distinction was made that C-CDA exchanges summary of clinical data between providers and CDT exchanges summary of clinical data between providers and payers and is more comprehensive in providing what was billed for
* It was noted that the AWG made a conscious decision to work with the C-CDA so that there wouldn’t be a need for additional attachment standards. If there are two ways for the providers to send data, it is an undue burden for them
* After discussion, it was decided that section 1.2 would be modified to clarify the purpose of the document.
* The goal is to make this document required for MU
* It was noted that this was never intended to be the only guide/standard named in regulation. It was designed as an ‘addition to’. This is built so there is an option, not a requirement
* Providers make the choice to use this or not depending on payer needs
* The current C-CDA SHALL/MAY constraints are about availability. The certification cannot be changed to SHALL because it would mean that data are always available
* V3 does not having a version of code value ‘RE’ (required but empty) which has caused the need for this guide
* It was reiterated that there is no change in what providers must collect, just requiring that if it is collected, the vendor must create the ability to send it
* It was decided that a clarified purpose and new name will go a long way in making this more usable
1. Advance Directive Comments (24) (1330, 415-425,598-608,331)
* These comments were discussed in the S&I WG and Lisa requested they be pulled for further discussion
* The comments were pulled because this should be a standard that will take us forward. MU3 – HITSP sees patient generated documents as important future direction.
* The question is why Advance Directives were not included in as a SHALL
* Rationale: Because the underlying standard is MAY and there is no payer based reason for going stricter
* There was discussion as to why the Advance Directives information is important for many consumers. This information is important for the patient voice to be part of the entire medical information and allows for the sharing of the patient’s wishes and how they impact treatment
* There was the suggestion that, since templates are open anyway, the Advanced Directive rows be removed from the table and could be added back if a need is presented
* It was clarified that it was only included because there was a constraint in the C-CDA and there was no reason to leave it out.
* It was reiterated that this should be taken to SDWG as a change request, then it would be incorporated by default because the CDT cannot relax constraints in C-CDA
* Lisa made the motion to approve this block with disposition as discussed
	+ Lenel second
	+ Discussion
	+ Vote: 19 Approve, 0 Disapprove, 0 Abstain

|  |
| --- |
| Actions* **AWG:** provide feedback on CORE slides (distributed via email to attendees only) by 5/16/14
 |

|  |  |
| --- | --- |
| **HL7 Attachments Working Group Meeting Minutes****Location: Phoenix, AZ** | **Date: May 6, 2014Time: 9:00 – 5:00** |
| **Facilitator** | Durwin Day | **Note taker(s)** | Penny Probst |
|  |
| **Quorum Requirements Met:** [ ]  Yes  |
|  |
| **First Name** | **Last Name** | **Affiliation** |
| William | Alfano | BCBSA |
| Tony | Benson | BCBSAL |
| Laurie | Burckhardt | WPS |
| Mary Lynn | Bushman | National Government Services |
| Laurie | Darst | Mayo Clinic |
| Durwin | Day | HCSC \*\*\*co-chair\*\*\* |
| David | Degandi | Cambia |
| Robert | Dieterle | CMS/ONC Contractor |
| Doreen | Espinoza | UHIN |
| Craig | Gabron | PGBA \*\*\*co-chair\*\*\* |
| Christol | Green | Wellpoint |
| Robin | Isgett | BCBS of SC |
| Lenel | James | BCBSA |
| Chris | Johnson | BCBS of AL |
| Mary Kay | McDaniel | Cognosante |
| Clem | McDonald | Nat'L Library Of Medicine |
| Debbi | Meisner | Emdeon Business Services |
| Michael | Nichols | BCBS of SC |
| Mark | Pilley | SHS |
| Penny | Probst | Highmark, Inc |
| Jim | Whicker | Kaiser Pemanente |
| Sherry | Wilson | Jopari |

**Agenda Topics**

1. Placed Orders Ballot Comments (41,351,352,283,293,338,339,299)
2. Name ballot comments
3. Transportation comments (184,289,129,667)
4. Additional Documentation comments (121,182, 287, 332)
5. NullFlavor value sets

Supporting Documents

See spreadsheet attached above

Minutes/Conclusions Reached:

1. Placed Orders Ballot Comments (41,351,352,283,293,338,339,299)
* Brett pulled comment 41, others were pulled by Craig
* These were pulled because this is a new section and this WG is not familiar with it. Since the AWG will be the owners of this document after it is published, we need to understand it.
* Bob provided background: the purpose is to have a place for orders instantiated by provider. There is no place to preserve orders that have been completed. Active order can only have 2 statuses (Active (which is unusual) and Complete) Austin told them to include both. This is evidence of a provider’s authorization to third party to bill for something. This section will become much thinner after these changes. Brett and George are ok with this approach
* Clem asked for clarification. This section is created when the order is complete but there is no result at the time of the submission. He thinks there is another section of narrative to indicate unfilled orders
* There was discussion about how this would impact providers and how it would be implemented.
* Placed Orders same entry level as plan of treatment except for moodcode (RQO) and status (A and C). There are 8 types of orders
* There was further discussion about trying to use this guide to ‘sneak’ policy through the standards. Even though it was presented as help for providers, when really they have to use this to get paid. And further, if this standard is truly to satisfy a policy requirement, that should be included in the Purpose.
* Bob requested a ruling from HL7 on whether Standards include policy. If they don’t, then this should not be discussed.
* There was further discussion on what should/will be included in the purpose.
* Bob agreed that the format used in C-CDA would be used to explain the sections
* There was discussion about whether the HIPAA Administrative Simplification rule that electronic cannot be more onerous than paper exists. Bob doesn’t think it exists. Doreen will look for it.
* Bob made the motion to adopt dispositions for placed orders as noted in the spreadsheet (comments 351,352,283,293,338,339,299 and 265)
	+ Mark second
	+ Discussion: The comments were quickly reviewed. The discussion went off topic on document/section/element constraints
	+ Vote: 14 Approve, 0 Disapprove, 0 Abstain
1. Name ballot comments
* On Friday’s S&I call a number of options were discussed and rejected: ‘Administrative’ (SDWG previously opposed this), ‘Additional Attachments’ (AWG opposed), ‘Complete’ met with negative comments that other templates are incomplete, DME (it is not that limited), forensic (not really accurate), Comprehensive (may receive similar opposition to ‘complete’).
* Today’s suggested title: Additional Administrative Attachment Template
* Laurie made motion to name this document Additional Administrative Attachment Template
	+ Lenel second
	+ Discussion: Durwin suggested we wait for Liora since she was opposed to Administrative. This was tabled until the Wednesday meeting with SDWG
* The names of the individual templates will be ‘AAA’ whatever Template. We will vote after the document name is approved
* Encounter Template: intended to describe a visit/ambulatory between provider and patient. H&P, consult and progress note
* Procedure Template: describes a procedure
* Op Note Template: describes only op notes
* Hospitalization Template: combines everything on Admit and Discharge. H&P, Discharge Summary
* Time Boxed: describes ongoing items/activities for Hospitalization not included in above templates. Example: nursing notes.
* There was discussion as to how this is relevant to payment. It was noted that today, this type of info is included in the paper process today
1. Transportation comments (184,289,129,667)
* This was added as affirmation that transportation occurred or was ordered, not documentation of the transportation itself
* Comments requested consideration of IHE constructs to document transportation. Agreed to incorporate some of coding. OIDS pointing to IHE constructs. Bob will work with Corey and George to make these changes
* It was noted that extensive work was done so that all Ambulance information is in the claim. It appears this is not the case.
* This may be related more to fraud and abuse/payment errors than claims
* It was requested that additional information be included as explanation for adding this section. Bob will do so as part of Thomas Kuhn’s comment (667)
* Bob moved accept dispositions as documented on the spreadsheet for comments 129, 184, 289, 667
	+ Christol second
	+ Discussion: none
	+ Vote: carried unanimously with 16 votes
1. Additional Documentation comments (121,182, 287, 332)
* Background: information in EHRs that does not necessarily fit into current C-CDA sections. Example: CMS requires that prior to delivering Home Health Services, narrative must be created by the physician documenting home bound status. The existing LOINC code doesn’t differentiate if there are multiples. The new version of Documentation section includes a LOINC code that indicates purpose. If there is different home in CDA, this is not to be used
* A derivation of the entry level template will allow a LOINC code to be specified instead of assigned. This is a new template because it relaxes constraints of C-CDA, which can’t be done.
* Bob will work with AWG/Regenstrief to determine implementation of LOINCs
* Laurie made the motion to accept dispositions as documented on the spreadsheet for comments 121,182, 287, 332
	+ Doreen second
	+ Discussion: comment 182: need to change disposition to add more information as to why this was added. It was suggested that the text in the disposition ‘this section is for documentation that is not supported by any other section defined in the C-CDA or this IG’ be included
	+ Laurie withdrew the motion
* Laurie made the motion to accept dispositions as documented on the spreadsheet for comments 121, 287, 332
	+ Doreen second
	+ Discussion: none
	+ Vote: carried unanimously 13 votes
* Laurie made a motion to change the disposition for comment 182 from Not Persuasive to Not Persuasive with Mod, making the update to section 6.1 using verbiage from Disposition comment
	+ Doreen second
	+ Discussion: none
	+ Vote: carried unanimously 13 votes
1. NullFlavor value sets
* This started with 5 values, and then cut down to 2, with the other 3 optional
* After discussion, it was decided that there is no reason for more specificity than the 2 (NA and NA) provide.
* Bob made motion that with regard to NullFlavors, limit the value set to NI and NA only and include this in the proposed dispositions for comments related to NullFlavors for voting in next block
	+ Laurie second
	+ Discussion: none
	+ Vote: 11 approve , 0 disapprove,1 abstain

|  |
| --- |
| Actions * **Doreen**: find HIPAA Administrative Simplification rule about electronic not being more onerous than paper
 |

|  |  |
| --- | --- |
| **HL7 Attachments Working Group Meeting Minutes****Location: Phoenix, AZ** | **Date: May 7, 2014Time: 9:00 – 5:00** |
| **Facilitator** | Durwin Day | **Note taker(s)** | Penny Probst |
|  |
| **Quorum Requirements Met:** [ ]  Yes  |
|  |
| **First Name** | **Last Name** | **Affiliation** |
| Tony | Benson | BCBSAL |
| Keith | Boone | GE Healthcare |
| Laurie | Burckhardt | WPS |
| Mary Lynn | Bushman | National Government Services |
| Laurie | Darst | Mayo Clinic |
| Durwin | Day | HCSC \*\*\*co-chair\*\*\* |
| David | Degandi | Cambia |
| Robert | Dieterle | CMS/ONC Contractor |
| Doreen | Espinoza | UHIN |
| Craig | Gabron | PGBA \*\*\*co-chair\*\*\* |
| Christol | Green | Wellpoint |
| Robin | Isgett | BCBS of SC |
| Chris | Johnson | BCBS of AL |
| Vinayak | Kulkarni | Siemens |
| Mary Kay | McDaniel | Cognosante |
| Debbi | Meisner | Emdeon Business Services |
| Tim | Mickol | Cambia |
| Michael | Nichols | BCBS of SC |
| Mark | Pilley | SHS |
| Penny | Probst | Highmark, Inc |
| Walter  | Suarez | Kaiser Permanente |
| Amol | Vyas | Cambia (BCBS OR, WA, ID, UT) |
| Jim | Whicker | Kaiser Pemanente |
| Sherry | Wilson | Jopari |

**Agenda Topics**

1. NCVHS questions for June 10 meeting
2. Blue Button Plus (Keith Boone)
3. Joint meeting with SDWG (Q3)

Supporting Documents

 None

Minutes/Conclusions Reached:

1. NCVHS questions for June 10 meeting
	* What is the status of development of attachments standards?
		+ Because of the number of standards involved, recommend an NPRM instead of IFR. NCVHS has recommended this but we can do so as well to reinforce it
		+ Bob suggested making everything required (because a requirement can’t be added after comment) and back off if comments indicate to do so.
		+ Response: Complete, balloted and published: HL7 C-CDA R1 IHE Health Story, HL7 supplemental Attachment guide
	* Have there been any significant changes since the committee issued its recommendations – in terms of clinical data standard, enveloping/wrapper, transport/connectivity?
		+ Response:
			- HL7 Standards – HL7 C-CDA R2 Clinical Notes balloted and reconciliation is in progress (name additional document types) , HL7 Digital Signature and Delegation of Rights
			- Envelope – X12 275, but allows for other
			- Transport – agnostic
	* Has there been any message content changes or additions (new data sections, new codification of templates) needed to be incorporated into the standard?
		+ new document templates – new C-CDA types
		+ new section templates – list of new CDT sections
	* What are perspective with respect to alternative attachment standards being considered for balloting and approval
		+ Response:
		+ FHIR – future development not ready for Attachments
			- FHIR – not sure it is interoperable. May not want to include it as an alternative so we don’t muddy waters. Should mention it but indicate that it not ready for use but may be considered for future use
		+ Direct/pdf, CDT template
		+ Discussion:
			- The question is not clear and we are unsure if CDT is considered an alternative
			- It was noted that we should comment on the need to include digital signature and data provenance.
			- Walter indicated that ‘alternative’ really means additional, which would be the CDT and FHIR, concept of Direct/pdf, etc
	* How are clinical data and administrative data exchanges taking place to help drive the quality and cost improvement and facilitate population health goals?
		+ Walter clarified that this is a general question about perception of convergence of clinical and administrative data to create document going to payer. What opportunities for improvements do payers see?
		+ A workflow would be helpful
	* There was discussion as to whether unsolicited attachments should be in the regulation or not. Also, should CORE be allowed to write operating rules that would impact payer policy?
	* Walter clarified that the next hearing is to understand all of the changes that have occurred since the last hearing. NCVHS has expanded the recommendation to include other transactions. It is now call health care attachments standard. The goal is to have the most structured data in attachments to be processed by payers.
	* Mary Kay would like the request a provider summit to include technical and office staff who send attachments today so that they can understand the options so that they can make a good decision. This should be unbiased. Find the right venue and educators. It was noted that their opinion is great, but this was created based on policy. If this is the case, a better understanding of the policy is needed to determine that this is the best way to meet that need.
2. Blue Button Plus (Keith Boone)
	* The AWG is working with S&I to add EOB information to BlueButton+
	* The challenge is harmonizing administrative and clinical data
	* Keith outlined the options to create the standard
	* IG on CDA is quick and easy
		+ There are HL7 financial models (FM) (based on RIM) for dealing with financial information and are the source of truth for EOB information. Policy is covered in CDA. The challenge may be in InvoiceElement. This really doesn’t meet FM requirements
	* V3
		+ To build a standard to be consistent with FM, can’t start with CDA. It would be a V3 EOB document. This would require joint effort with Finance, and they don’t have the resources, plus V3 is almost dead
	* FHIR
		+ Data Needs:
			- Payer – Organization. Sends EOB\*
			- Provider – practitioner and/or organization including contact info
			- Patient - one of each per EOB
			- \*Plan and Coverage – one of each per EOB. Neither currently in FHIR
			- \*Plan and Coverage – Pharmacy
			- Service, , visits, DME, procedure code (covered under med/observation/encounter/supply resources) etc and notes associated with them
			- Service – Dental
			- Claim
			- Financial
			- Charge, plan agreed amount, deductible – no invoice resource. Maybe use observation?
			- DX – not on EOB
		+ \*FHIR has an ‘other’ resource that can be defined
			- Could build a profile on FHIR to represent EOB. Least painful and can get support from FHIR group. However, there will be the same issue with InvoiceElement (i.e. amounts)
			- We would have to create a PSS to say we’d like to build FHIR resource(s) to support EOB. Get FM to co-sponsor (or let them sponsor)
			- Go to S&I and let them know we are doing this in FHIR (with OtherResources) and then prototype test it
			- There are no requirements to do FHIR through HL7 process.
		+ Only groups involved: FM (Paul Knapp, Kathleen Connor), FHIR (activity of HL7 through Infrastructure and Messaging WG?)
	* Durwin will talk to Nayan about the S&I info
	* Keith will help us
	* This is a great opportunity
	* We need to find the AWG FHIR liaison
	* We will talk to Mary Kay about working with the Finance group

|  |
| --- |
| Actions * none
 |

**Joint Meeting with SDWG**

|  |  |  |
| --- | --- | --- |
| **First Name** | **Last Name** | **Affiliation** |
| Liora | Alschuler | Alschuler Associates |
| Tony | Benson | BCBSAL |
| Keith | Boone | GE Healthcare |
| Laurie | Burckhardt | WPS |
| Mary Lynn | Bushman | National Government Services |
| Laurie | Darst | Mayo Clinic |
| Durwin | Day | HCSC \*\*\*co-chair\*\*\* |
| David | Degandi | Cambia |
| Robert | Dieterle | CMS/ONC Contractor |
| Doreen | Espinoza | UHIN |
| John  | Feikema | ONC |
| Craig | Gabron | PGBA \*\*\*co-chair\*\*\* |
| Christol | Green | Wellpoint |
| Masaaki | Hirai | HL7 Japan |
| Lindsey | Hoggle | Academy of Nutrition & Dietetics |
| Robin | Isgett | BCBS of SC |
| Lenel | James | BCBSA |
| Suzanne | Maddux | American Society of Clinical Oncology |
| Brett | Marquard | Lantana Consulting Group |
| Sean | McIlvenna | Lantana Consulting Group |
| Debbi | Meisner | Emdeon Business Services |
| Tim | Mickol | Cambia |
| Lisa | Nelson | Life Over Time Solutions/"Janie Appleseed" |
| Michael | Nichols | BCBS of SC |
| Russell | Ott | DoD/Deloitte |
| David | Parker | Evolvent |
| Mark | Pilley | SHS |
| Penny | Probst | Highmark, Inc |
| Erik | Pupo | DoD/Deloitte |
| Matt | Rahn | ONC |
| Sadamu | Takasaka | HL7 Japan |
| Daniel | Vreeman | Regenstrief Institute, Inc |
| Jim | Whicker | Kaiser Pemanente |
| Derek | White | Humana |

**Agenda Topics**

1. Renaming Complete Document Template

Supporting Documents

 none

Minutes/Conclusions Reached:

1. Renaming Complete Document Template
* Durwin shared the suggested new name of ‘Additional Administrative Attachment Template’ and offered to listen to other suggestions
* There was discussion about the need for the use of the word ‘Additional’. It is confusing and provides no value
* There was discussion about separating ‘Clinical’ vs ‘Administrative’ which was determined to be too limiting
* The guide is trying to address 1) C-CDA focused on representation of summaries of clinical information to support care delivery and 2) C-CDA does not focus on the reason why a service was delivered. Designed addition documents and removed optionality so there was a home for everything.
* Keith was adamant about not understanding why this was created because he isn’t aware of new requirements for Attachments. He further added that there are options that would not require 2 documents.
* Bob Dieterle made the motion that we call this IG ‘Administrative Templates’
	+ Keith Boone second
	+ Discussion: It was noted that only 1 payer needs this and the rest of the industry doesn’t have a current need. It was further noted that others payers may have a use in the future for care coordination (clinical), which makes this not only Administrative Keith moved to call the vote
	+ Vote: Approve 11, Disapprove 11, Abstentions 3. Durwin, as the facilitator, broke the tie with a Disapprove vote. The guide is still named ‘Complete Document Template’
* Brett indicated that the SDWG is very interested in this guide and requested that this be discussed further in a joint meeting. Liora requested that her comment on this topic be addressed in a joint SDWG/AWG meeting as well.

|  |  |
| --- | --- |
| **HL7 Attachments Working Group Meeting Minutes****Location: Phoenix, AZ** | **Date: May 8, 2014Time: 9:00 – 12:00** |
| **Facilitator** | Durwin Day | **Note taker(s)** | Penny Probst |
|  |
| **Quorum Requirements Met:** [ ]  Yes  |
|  |
| **First Name** | **Last Name** | **Affiliation** |
| Mary Lynn | Bushman | National Government Services |
| Durwin | Day | HCSC \*\*\*co-chair\*\*\* |
| Robert | Dieterle | CMS/ONC Contractor |
| Craig | Gabron | PGBA \*\*\*co-chair\*\*\* |
| Christol | Green | Wellpoint |
| Robin | Isgett | BCBS of SC |
| Lenel | James | BCBSA |
| Michael | Nichols | BCBS of SC |
| Mark | Pilley | SHS |
| Penny | Probst | Highmark, Inc |
| Jim | Whicker | Kaiser Pemanente |

**Agenda Topics**

1. Complete Document Template
2. How To Guide
3. Meeting Wrap Up

Supporting Documents



Minutes/Conclusions Reached:

1. Complete Document Template
* The Appendix D.2 Purpose will be combined with the document Purpose at the beginning and will be removed from this appendix
	+ Bob will update the ballot comment dispositions related to this with the change
	+ Bob made a motion that in response to comments related to purpose of this document move D.2 purpose, including box, removing duplication, to Purpose section and remove from D.2
		- Mark second
		- Discussion: There was clarification as to the process
		- Vote: approve 11, 0 disapprove , 0 abstain
* Craig proposed solution that would give Bob what he needs and give industry what it needs. However, it puts more onus on the vendors, while not negatively impacting providers. He suggested Additionally Constrained Attachments – each section would be additionally constrained. When vendors build EHRs and payers are asking for information, the request should be driven by a LOINC modifier that asks for the additionally constrained sections
	+ Bob noted that this is a violation of what the providers have already done in the EHR system and added that they are not asking for sections, they asking for documents. He also asked how this is testable.
	+ Craig and Bob discussed the implementability and testability of Craig’s proposal. Bottom line Bob says it does not meet their need.
* The name ‘Additional Documentation Templates A1’ was suggested.
	+ Straw Poll: group approves it. We will take it to SDWG
1. How To Guide
* Craig plans to get a reading list of documents to be posted to the AWG wiki
* It was suggested, in light of revenue challenges, HL7 charge for How To documents. There should be two paths – business and technical
* It was suggested that this document be coordinated with X12. It was requested that Durwin, Craig and John reach out the Margaret, Stacey and Laurie.
* It was suggested that the Minimum Necessary section should be removed because it is regulation and we shouldn’t speak to it.
* Laurie made the motion to remove the Minimum Necessary section from the How To guide
	+ Bob second
	+ Discussion: none
	+ Vote: unanimous, 12 votes
1. Meeting Wrap Up
* The 5/6/14 block vote will be held on the next AWG call
* AWG calls will be scheduled as follows: 5/20/14, 5/27/14, 6/17, July – every Tuesday, August every Tuesday, 9/2 and 9/9 then WGM week of 9/15
* The intent is to have all ballot comments done before the September WGM. Bob’s goal is to have it done by mid-July
* In Chicago, HL7 is planning on having a venue for payers. Notify Craig and Durwin if you have topics of interest. HL7 will distribute announcement to be shared with your organization

Adjourned 11:38 PT

|  |
| --- |
| Actions * **AWG Co-Chairs**: take proposed new name ‘Additional Documentation Templates A1’ to SDWG for input
 |
| Next Meeting / Preliminary Agenda Items5/20/14 2:30 – 3:30 ET Phone Number: +1 770-657-9270, Participant Passcode: 8632591* WGM Follow-up
* CDT ballot comment block vote
* CORE Attachments presentation comments
 |