



**X12N/TGB/WG22 Health Care Data Reporting Work Group
September 16-19, 2019
Pittsburgh, PA**

Group Leadership			
Chair Name	Company	Term End Date	Email
John Bock	UnitedHealth Group	Summer 2021	john.bock@optum.com
Christopher Gracon	Independent Health	Fall 2019	christopher.gracon@independenthealth.com
Secretary Name	Company	Term End Date	Email
Open		Appointed (Thru Season YYYY)	

Quorum Requirement Statement	
<i>This group enforces quorum requirements for group voting items.</i>	
<i>This group does not enforce quorum requirements for group voting items.</i>	X

Scheduled Meetings				
Type of Meeting	Date	Location/Conference Call	Contact	Agenda
Current Meeting	Sept. 15-19, 2019	Westin Convention Center 100 Penn Avenue Pittsburgh, PA 15222 412-281-3700	John Bock	<ul style="list-style-type: none"> BRTS work on CRs for Version 8
Next Standing Meeting	Jan. 26-30, 2020	Hilton Portland & Executive Tower 921 SW 6th Ave. Portland, OR 97204 (503) 226-1611	John Bock	<ul style="list-style-type: none"> BRTS work on CRs for Version 8 Work group will be having a hybrid meeting
Interim Meeting	1st and 3rd Fridays 11am-12:30pm	(641) 715-0874 Code: 588395#	John Bock	<ul style="list-style-type: none"> TBD
Management Meeting				<ul style="list-style-type: none">



Co-chair Election	Term End Fall 2021	Election Date: 9/17/2019			
	Candidate(s)				
Nomination	Christopher Gracon				
	Motion				
	Close nominations				
Vote	Motion Made by	2nd By	Approve	Disapprove	Abstain
	Barbara Rudolph	Jeff DeWeese	2	0	0
Election					
	Motion for election by unanimous consent				
Vote	Motion Made by	2nd By	Approve	Disapprove	Abstain
	Barbara Rudolph	Jeff DeWeese	2	0	0

Voting Item:		Vote Date: 9/16/2019			
Type	Issue Description				
BRTS	Work group approval of CR2009 BRTS				
	Motion				
	Motion to approve the BRTS for CR2009.				
Vote	Motion Made by	2nd By	Approve	Disapprove	Abstain
	Jeff DeWeese	Eric Edwards	2	0	0
Discussion	The BRTS was reviewed.				
Result	Motion approved. BRTS to be posted to WG22 iMeet space.				

Key Discussion Items
Discussion – CR 1944
<p>Loop 2320A</p> <ul style="list-style-type: none"> SBR01 code values discussed to retain. ‘U’ seems out of place for the submitter of the data but could occur. <p>Loops 2330AA and 2330AC</p> <ul style="list-style-type: none"> Should these loops need to occur under Loop 2320A since the same data would have been sent earlier in the transaction at 2010BA and 2010CA. The possibility of having a second member ID was suggested as a reason to keep the NM1 in 2330AA and 2330AC. This is not the case for 2330BA and 2330BC for which the subscriber and patient info could be different from what was sent in 2010BA and 2010CA. It was suggested that a REF segment for additional identifiers should be added to Loop ID-2010BA and to Loop ID-2010CA in which case the Loop ID-2330AA and Loop ID-2330CA with only the NM1 could be removed. Also it was suggested that the work group should consider adding a REF for Workers Compensation if the current REF Property and Casualty Claim Number does not include what is needed for Workers Compensation. <p>Loop 2330AB</p> <ul style="list-style-type: none"> What NM108 values should be included with the potential demise of XV – HPID? The generic PI – Payor Identification could work for any ID scheme, including HPID, as long as it was specified in the Trading Partner agreement. The NAIC code is available in the REF segment in this loop. <p>Front Matter</p> <ul style="list-style-type: none"> Discussed the best method of making adjustments in paragraphs 3 & 4 of Section 1.4.5.1



Decisions – CR 1944

Loop 2320A

- Change SBR01 Element Note change to: ‘The selection of this code value is similar to how CLP02 in the 835 transaction is performed.’
- Retain SBR01 code of ‘U’
- Add new SBR01 Element Note #3 ‘When sending Line Adjudication Information for this payer, the identifier sent in SVD01 (Payer Identifier) of Loop ID-2430 (Line Adjudication Information) must match this value when used.’
- Make Loop 2320A Required
- Keep the CAS segment for now. Will transition to RAS in a later version.

Loop 2330AA

- Only have the NM1 segment in this loop. This instance would be situational only where the situational rule specifies this should be sent when the value in this NM109 is different from that sent in 2010BA

Loop 2330AB

- PI – Payor Identification should be the only code available in NM108
- Add OB – State License Number to the REF Payer Secondary Identifier, and increase Segment Repeat to 5
- REF Payer Claim Control Number should be Required

Loop 2330AC

- Only have the NM1 segment in this loop. This instance would be situational only where the situational rule specifies this should be sent when the value in this NM109 is different from that sent in 2010CA

Loop 2320B

- Have Loop 2320B be Situational
- Keep the CAS segment for now. Will transition to RAS in a later version.

Loop 2330BB

- Remove REF – Other Payer Claim Adjustment Indicator, Remove REF – Other Payer Claim Control Number , REF – Other Payer Adjusted Claim Control Number, REF – Adjudicated DRG (only in 837I)

Front Matter

- Decided to combine the language in paragraphs 3 & 4 of Section 1.4.5.1 and to make two copies of this new combined paragraph with one specific to Loop ID-2320A and the other specific to Loop ID-2320B

Discussion – How to conduct next Standing Meeting

The manner of how the work group will meet during the next Standing Meeting was discussed. To accommodate co-chair availability meeting virtually or having a hybrid meeting were presented as options. The work group was given permission to have hybrid meetings when it was formed 2 years ago. Some members of the work group will definitely be in Portland, for which they could participate in a virtual meeting but a hybrid meeting might be better so that other people who are at the Standing Meeting could just drop in.

Decisions – How to conduct next Standing Meeting

The work group will conduct a hybrid meeting at the next Standing Meeting.

Discussion – Future Work

With the increase in non-claims payments to providers, especially for value-based payments, there is an industry need for a way to payers to send non-claim payment data to All Payer Claims Databases and other entities. It was suggested that we should contact Massachusetts’ APCD as they have recently started collecting this type of information to find out what they collect and what they have learned while implementing this. Were we to create a new TR3 we might use the 820.

Decisions - Future Work

The work group could consider creating a new TR3 to address this need.

Discussion



Decisions

Informational Forum or Joint Meeting Notes: N/A	
Topic	Date: Click or tap to enter a date.
Notes	