



## 2024-2025 Interoperability *Matters Payer-to-Payer FHIR® API Implementation* *Workgroup Charter*

### Purpose

The Sequoia Project Interoperability Matters Payer-to-Payer FHIR® API Implementation Workgroup charge is to develop actionable business, inter-organizational governance, and operational best practices to achieve interoperable data exchange among and between payers using HL7® technical requirements. The Workgroup will explore and catalogue, existing obstacles inhibiting the payer community's business and technical readiness and propose recommendations that would enable improved interoperability amongst payers.

Leveraging the existing HL7® Da Vinci and CARIN technical and policy requirements (e.g., FHIR Implementation Guides) that have direct impact on the payer community, the Workgroup will identify practical, implementation-level implications from a business and governance perspective. It will be cognizant of broader stakeholder needs and may eventually broaden its focus to other payer exchange partners but, initially, it will remain focused on operational aspects of payer-to-payer FHIR® API exchange and related activities.

This Workgroup will operate under the authority and guidance of The Sequoia Project Board and Interoperability Matters Leadership Council. It will also actively seek input from a wide range of stakeholders and subject matter experts, when appropriate. The Workgroup will be organized and operated in a manner that is compliant with applicable antitrust laws and its deliberations will be confined to topics that are consistent with these legal requirements.

### Background

Like many areas within the healthcare industry, the payer community continues to operate with disparate databases that are often siloed, lacking the ability to interoperate within and across other payers. This pervasive inability to share data amongst and between payers results in systemic redundancies that drain resources and negatively impact our healthcare system, including but not limited to clinical, quality, cost, and care management outcomes. In addition, planning for future capabilities that will have enhanced abilities from the data received at time of joining and throughout the member lifetime will help prevent unwanted gaps in care.

While there are several important well-established efforts underway within the payer exchange domain, a critical need exists to develop additional guidance to existing technical requirements from various standards development and coordination bodies (e.g., HL7® Da Vinci, CARIN Alliance), into practical and accessible implementation steps. When considering a holistic approach of end-to-end interoperability, an opportunity remains to augment existing technical requirements by developing the policies to further constrain them – essentially the 'how to' steps to effective implementation.



There is a sense of urgency amongst the payer community to be ready and able to implement requirements ahead of final federal rules, and convening enables efficiencies to solve these shared challenges.

The [Centers for Medicare and Medicaid Services \(CMS\) Interoperability and Patient Access](#) final rule requires regulated payers to send, receive, and incorporate enrollee USCDI data from the period they were covered, from January 1st, 2016, and for up to 5 years after coverage ends. This includes being able to receive information from another payer and send a member's data to another payer, or other designated recipient, for up to 5 years after end of coverage.

This Workgroup intends to leverage and work in concert with existing payer exchange workstreams, such as, HL7®'s [Da Vinci](#) and [CARIN Alliance](#) FHIR® Accelerators, which are focused on payer data exchange and use of HL7®'s FHIR® facilitated through an application programming interface (API).

The Workgroup will engage with critical healthcare payer community voices and relevant coalitions and organizations such as [AHIP](#) and [WEDI](#).

### Strategic Goal

The primary goal during the first year (2024-2025) of the Workgroup is:

- (1)** To convene payer stakeholders to collectively work towards solving the shared challenge of implementing Payer-to-Payer FHIR® APIs and cultivating a Community of Practice (CoP) to enable efficiencies through shared learnings, resources, and best practices.
  - a. The initial charge will be to create actionable business governance and operational best practices to achieve interoperable data exchange among and between payers using HL7®FHIR® APIs.
  - b. The CoP will facilitate dialogue to identify gaps in resources, develop recommendations to improve payer implementation readiness, and inform relevant policy frameworks in a practical and consistent manner.
  - c. The CoP will also work with payers to assist in planning for the potential gains from having access to historical data retrieved from past payers on member start.

Since this is a new effort, the Workgroup will reevaluate its charter on a bi-annual basis to ensure it is serving the needs of the payer CoP and is aligned with the policy landscape.



## Key Deliverables

The Workgroup will focus on the following key areas:

#	Deliverable	Additional commentary
1	Develop and execute a survey for the payer community to gauge their state of readiness to implement key HL7® technical requirements.	Once completed, the Workgroup will break into Task Groups to review results, identify pain points, obtain increased situational awareness to key impediments and innovations, and other takeaways.
2	Leveraging the survey findings and ongoing discussions, the Workgroup will catalogue identified challenges, consider actionable outcomes [e.g., a companion guide, instructional manual] and define additional needs to enable improved technical and business readiness for HL7® FHIR® API implementation.	The use of Task Groups will be leveraged to work on deliverables simultaneously as appropriate.
3	Cultivate a robust Community of Practice (CoP), by convening key stakeholders that payers must interact with to ensure readiness to implement the technical requirements that policy and regulations will expect in the near term.	The CoP will share lessons learned, innovations and business practices across the community, while identifying opportunities to remove key impediments to implementation readiness.
4	Identify future policy recommendations to advocate and realize seamless interoperability across the payer community.	The use of Task Groups will be leveraged should an immediate need become necessary.

Other deliverables may be defined by the Payer-to-Payer FHIR® API Implementation Workgroup Co-Chairs and/or the Interoperability Matters Leadership Council in coordination with The Sequoia Project's leadership.



## Proposed Roadmap

Timeframe	Task	Description & Actions
March 2024	Workgroup Kickoff & Review the Initial Payer Technical Readiness Survey	<ul style="list-style-type: none"> <li>- Convene Kickoff meeting, review charter and key goals of the Workgroup</li> <li>- Review and work on technical readiness survey</li> </ul>
April – May 2024	Complete and officially launch the <b><i>Payer State of Technical Readiness Survey</i></b>	<ul style="list-style-type: none"> <li>- Solidify the key areas of focus for the survey and modify questions</li> <li>- Work with payer interoperability community to amplify/share the survey for reach</li> </ul>
May – June 2024	Analyze Survey results, Catalogue key findings & Begin Recommendation development	<ul style="list-style-type: none"> <li>- Sequoia staff will aggregate results and will share with the Workgroup to begin analysis</li> <li>- Hold follow-up meetings as needed with SMEs to ensure understanding of results</li> <li>- Break into Task Groups based on survey feedback to catalogue key impediments/opportunities, define additional needs &amp; recommendations to enable improved technical and business readiness across the payer community.</li> </ul>
Summer 2024	Draft key recommendations	<ul style="list-style-type: none"> <li>- Informed by findings:               <ul style="list-style-type: none"> <li>o Organize a Brief discussing the catalogue of findings that are posing key impediments to payer technical readiness</li> <li>o Develop actionable business, governance, and operational recommendations to achieve interoperable data exchange using HL7<sup>®</sup> FHIR<sup>®</sup> APIs</li> </ul> </li> <li>- Task Groups will be leveraged to work on these recommendations in parallel workstreams</li> </ul>
Fall-Winter 2024	Sequoia Project Annual Meeting 2024 (Date TBD)	<ul style="list-style-type: none"> <li>- Share key findings from Payer State of Readiness Survey and share the areas of focus that the Workgroup shall focus on via deliverable development</li> </ul>
Q2 2025	Publish input/guidance	<ul style="list-style-type: none"> <li>- Sequoia staff to finalize and publish the deliverables and share with the broader healthcare community via appropriate communication and educational channels</li> </ul>

The Workgroup will meet virtually, on a monthly basis, with opportunities to convene in-person and discuss our work at relevant industry conferences [e.g., Sequoia Annual Meeting, HL7<sup>®</sup> Working Group Meetings, etc.]. The Workgroup meetings will provide a forum for educational discussion and serve as a critical mechanism to bring awareness to relevant policy/regulatory updates, frequently asked questions, and deliverable progress.



## Workgroup Composition

**Full Workgroup:** The Workgroup is composed of a diverse group of stakeholders selected based on identified needs by Sequoia Project Staff and Workgroup Co-Chairs. These members represent payers, healthcare provider organizations, associations, and organizations representing the health IT community, federal government representatives, and other subject matter experts. The workgroup will be principally comprised of The Sequoia Project members, with the exception of enlisting the help of subject matter experts and topical presenters for educational purposes and deliverable validation. The ideal make-up of the Workgroup will consist of multi-disciplinary stakeholders that span the healthcare industry, including but not limited to:

- Payer organizations (e.g., health plans, service providers, clearinghouses, payer support)
- Relevant coalitions and accelerators focusing on payer interoperable data exchange
- Providers
- Government (e.g., CMS)
- Associations/membership communities (e.g., AHIP, WEDI, AHIMA)

**Task Groups:** Members of the full workgroup will volunteer to participate in one or more Task Groups. Task Group sizes will, ideally, be limited to 10-15 members that actively participate and contribute to deliverable production. Members who are not actively contributing to their assigned Task Group tasks may be asked to resign from the Task Group and possibly the full Workgroup.

In addition, to ensure that the Workgroup and Task Groups are of a manageable size but can draw on the broadest and deepest perspectives, the Co-Chairs and Sequoia staff may hold one or more webinars/telephone conference calls, establish a project Wiki, and use online survey tools to gather input beyond Workgroup members.

## Workgroup Responsibilities & Operating Principles

In its role as a Workgroup for The Sequoia Project's Interoperability Matters Cooperative, the Workgroup members will fulfill the following responsibilities:

- Maintain personal involvement in Workgroup and Task Group meetings and related activities;
- Respect any confidential discussion held in the Workgroup and Task Groups;
- Contribute to the development of Task Group deliverables by providing substantive feedback, subject matter expertise, and drafting assistance;
- Share progress with Leadership Council and through public forums;
- Accept assignments and tasks between meetings;
- Respect diversity, as there are many different perspectives;
- Listen and speak respectfully and share their points of view.



The Payer-to-Payer FHIR® API Implementation Workgroup will operate under the authority and guidance of The Sequoia Project Board and Interoperability Matters Leadership Council. It will also actively seek input from a wide range of stakeholders and subject matter experts, when appropriate. The Workgroup will be organized and operate in a manner that is compliant with applicable antitrust laws and its deliberations will be confined to topics that are consistent with these legal requirements.

### Decision-Making and Relationship to Interoperability Matters and The Sequoia Project

The Workgroup will aim to reach consensus, where possible, and will capture differing views. Regardless of whether there is consensus, the Workgroup will assure that diverse stakeholder views are heard. Areas of agreement will be identified, and divergent views captured. Where there is not consensus, the group will move issues forward by such approaches as identifying a range of issues raised within the Workgroup and considering recommendations for further study to move towards consensus.

### Workgroup Leadership and Staffing

The Sequoia Project Staff (contract and employees) assist in facilitating the full Workgroup and the smaller Task Groups. The Sequoia Project Leadership will appoint Co-Chairs for the full Workgroup and the Task Groups in 2024.

Co-Chair duties include:

- Leading and facilitating Workgroup efforts, including the development, review, and maintenance of Task Group deliverables;
- Facilitating Workgroup and Task Group meetings in a manner that assures that all members are actively contributing to the Workgroup's efforts;
- Enabling balanced opportunities for all members to contribute to the discussions and minimizing a few individuals from dominating the discussion;
- Conducting the work in a manner that is efficient, in accordance with the work plan; and
- Meeting with Sequoia staff prior to each Workgroup and Task Group meeting to prepare the agenda and discussion topics.