Payer-to-Payer API: Playing Outside the Sandbox

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Background

• The 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 send and receive information to/from another payer or other designated recipient for up to 5 years after end of coverage

• When considering a holistic approach of end-to-end interoperability, an opportunity remains to augment existing technical requirements by developing the governance and operations plans – essentially the ‘how to’ steps to effective implementation.

• This Workgroup intends to leverage and work in concert with exchange FHIR IGs from HL7®’s Da Vinci and CARIN Alliance
First Year Goals

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.

2. To create actionable business governance and operational best practices to achieve interoperable data exchange for payers using HL7® FHIR® APIs.

3. Facilitate dialogue to identify gaps in resources, develop recommendations to improve payer implementation readiness.
Panel Members

Moderator: David Pyke  
PointClickCare

Panelist: Nancy Beavin  
Humana, Inc.

Panelist: Desla Mancilla  
Blue Cross Blue Shield

Panelist: Rob Alger  
Kaiser Permanente
Final Thoughts
Watch for our questionnaire!

- We’re sending out a questionnaire to all payer members to get your input and understanding of your organization’s readiness.
Join Us Starting Q1 2024!
Annual Meeting
2023
SAN DIEGO
California