



Background

- The <u>CMS Interoperability and Patient Access</u> 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 <u>Da Vinci</u> and <u>CARIN Alliance</u>



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



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.





