Mission

The mission of the WG is to convene and coordinate payers, health plans, consumers, providers, and other organizations (e.g., ACOs, SDOs, HIEs) to optimize and improve the administrative/clinical (not direct patient care) exchange of information for:

- Identifying gaps in care and quality Levels,
- Performing Care Overview/Oversight,
- Informing care
- Population management/overview/oversight
- Improve/infuse efforts to streamline processes
- Assisting with equitable access to care
- Inform decision support solutions

Charter

PIE WG will produce normative and informative standards for administrative and clinical records/data sharing between healthcare entities to support payer/provider processes. We will work closely with appropriate Groups to coordinate HL7 artifacts. PIE will actively review administrative information interchange standards other than HL7 in an attempt to improve the development of interoperable standards and operating rules.

Artifacts may include concepts such as, Implementation Guides, Health Stories, and Use Cases to support:

- healthcare claims or encounters
- healthcare services review (e.g., prior authorizations /precertification’s, referrals)
- claim audits
- benefits and coverage
- value based care (e.g., analytics, care management, reporting, care gaps etc.)
- providing patient access to healthcare data
- Feedback related to state and federal regulations

Work Products and Contributions to HL7 Processes

The Payer/Provider Information Exchange Work Group is active in contributing to the development of the FHIR standard and participates actively in HL7 joint work group efforts.

Documents completed:

- Attachment Collaborative Project (ACP) Informational Guide
- Value Based Care Health Story
- HL7 CDA® R2 Attachment Implementation Guide: Exchange of C-CDA Based Documents, Release 1
- HL7 CDA® R2 Implementation Guide: Dental Data Exchange R1
- HL7 CDA® R2 Implementation Guide: Exchange of C-CDA Based Documents; Periodontal Attachment
- HL7 Implementation Guidance for Unique Object Identifiers (OIDs), R1
- HL7 FHIR CARIN Digital ID Card HL7
- FHIR DA Vinci CDex 2.0.0

Attachments Implementation Guides

Leadership

Durwin Day

Christol Green

Phone: 3034356195
Position: Elevance Health E-Solutions Sr Advisor
Department: Enterprise Execution
Location: Colorado

Meeting information:

Every Tuesday 2:30 ET
Phone: +1 646-558-8656, Participant Code: 891 635 8003
Call Info:
Webmeeting Info:
Visit [http://www.hl7.org/concalls/CallDetails.aspx?concall=51013](http://www.hl7.org/concalls/CallDetails.aspx?concall=51013) for the full details of this call
Phone: +1 646-558-8656, Participant Code: 891 635 8003
Join Zoom Meeting:
https://us02web.zoom.us/j/86329368661?pwd=U2UrWFhELzBvM2NzNzd5NDRIeGppZz09
Meeting ID: 863 2936 8661
Password: 288119

Formal Relationships with Other HL7 Groups

Recently updated

[2023-07-11 PIE WG Meeting Agenda](#)
The PIE Work Group coordinates its work products with other work groups: Structured Documents, Financial Management, FHIR Management, US Realm along with HL7 Da Vinci, CARIN, and FAST Accelerators as further defined in Project Scope Statements (PSS).

Informal Relationship with Groups Outside of HL7

The HL7 PIE Work Group collaborates with other organizations under the existing HL7 SOUs.

This may include the X12 Standards Development Committee, CAQH CORE Committee on Operating Rules, American Dental Association Standards Committee on Dental Informatics (ADA SCDI), National Council for Prescription Drug Programs (NCPDP), and other standards development organizations as guided by the Board of HL7. The work group also collaborates with Workgroup for Electronic Data Interchange (WEDI), X12, NCPDP, CAQH CORE, ADA, IAIABC, NCVHS, BCBSA, and Cooperative Exchange.

5. Strong healthcare knowledge base
   - Insurance industry knowledge base
   - Provider Medical and Dental knowledge base
   - Vendor knowledge base
   - Business and IT knowledge/experience
   - Public and Government Health Policy
   - Federal and State Regulations

Weaknesses

1. Limited amount of technical writers
2. Lack of SMEs in specific business areas
3. Capacity of SMEs with multiple industry assignments
4. Concerns with regulatory requirements (timing etc.) to push board industry adoption
5. Limited time available from members outside the meetings
6. Limited applicable involvement of federal agencies
7. Lack of formal process for coordination with other industry organizations
8. Concerns with limited implementation real-world testing and test data
9. Fewer resources available to address use cases for older HL7 standards

Opportunities

1. Attract a broad representative base of payers, providers, vendors and industry groups (CAQH etc.) to participate in work group activities
2. Early adoption / pilots for proof of concept
3. Educate others on all PIE WG work products
   a. HL7 Tutorials
   b. HL7 Ambassador Webinars
   c. HL7 Courses (C-CDA, FHIR etc.)
   d. Joint education programs with other industry organizations, for example WEDI, AHIP, X12, etc.
   e. New document-level templates attachment types to be developed, e.g., many for DME, Property and Casualty / Workers Compensation, Chronic Disease Management
4. Industry adoption of FHIR based information exchange (e.g., EHR, Providers, Payers, Vendors etc.)
5. EHR certification provides more uniform information across all providers
6. Health Information Exchanges/Organizations (HIO) could enforce use of standards in the absence of federal mandate
7. Work with States to ensure P&C state regulations do not conflict with federal regulations.
8. Develop a formal process to coordinate efforts with other industry organizations like WEDI, X12, CAQH CORE etc.
9. Work with NIST on implementation testing, test data and certification opportunities
10. TEFCA use case position from payer and provider perspective
11. Be part of conversations related to the ethical and practical use of Artificial Intelligence/DSI

Threats

1. Adoption of a proprietary electronic solution(s) and data
2. Loss of knowledge base (retirements, funding, other standards projects)
3. Meeting conflicts with other industry organizations
4. Competing shifting/priorities
5. Pandemics
6. Timeliness of development of standards and transport