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.

This may result in developing artifacts including but not limited to Implementation Guides, Health Stories, and Use Cases to support:

- Healthcare claims or encounters
- Healthcare services review (e.g., prior authorizations/prescriptions, referrals)
- Claim audits
- Coverage requirements discovery
- Value-based care (e.g., analytics, care management, reporting, care gaps, etc.)
- Providing patient access to healthcare data.

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 Work Groups to coordinate HL7 artifacts. PIE will actively review administrative information interchange standards other than HL7 in attempt to improve the development of interoperable standards and operating rules.

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 IG: DaVinci Payer Data Exchange US Drug Formulary, R1

Leadership

Durwin Day

Christol Green

Phone: 303-435-6195
Position: E-Solutions Sr Advisor
Department: Enterprise Execution
Location: Colorado

Alberto S. Llanes

Attachments Implementation Guides

Formal Relationships with Other HL7 Groups

Recently updated

2022-08-09 PIE WG Meeting Agenda
Aug 09, 2022 • updated by Christol Green • view change

2022-08-02 PIE WG Meeting Agenda/Minutes
Aug 09, 2022 • updated by Robin Isgett • view change
The PIE Work Group coordinates its work products with other work groups such as, but not limited to: Structured Documents, Financial Management, FHIR Management, US Realm and other HL7 Work Groups, along with HL7 Da Vinci Project, Payer User Group, Payer Summit, etc. as further defined in Project Scope Statements (PSS).

Formal 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) and the Regenstrief Institute in conjunction with the LOINC® (Logical Observation Identifiers Names and Codes) Committee, National Committee on Vital Health Statistics (NCVHS), and Office of the National Coordinator (ONC).

SWOT

Strengths

1. Significant work group with a breadth of knowledgeable healthcare participants
2. Committed membership
3. Members actively sharing information with other SDOs and industry organization:
   - WEDI
   - X12
   - NCPDP
   - CAQH CORE
   - ADA
   - IAIABC
   - WEDI
   - NCVHS
4. Strong healthcare knowledge base
   - Insurance industry knowledge base
   - Provider Medical and Dental knowledge base
   - Vendor knowledge base

Weaknesses

1. Lack of technical writers
2. Limited technical knowledge (CDA, version 3 concepts such as XML constructs, building services)
3. Lack of SMEs in specific business areas
4. Lack of regulatory requirements
5. Limited time available from members outside the meetings
6. Lack of formal process for coordination with other industry organizations

Opportunities

1. Attract a broad representative base of payers and providers to participate in work group activities
2. Early adoption / pilots for proof of concept
3. Participate in the HL7 vendor certification process
4. Educate others on attachments
   - HL7 Tutorials
   - HL7 Ambassador Webinars
   - HL7 Courses (C-CDA, FHIR etc.)
   - Joint education programs with other industry organizations, for example WEDI, AHIP, X12, etc.
   - New document-level templates attachment types to be developed, e.g., many for DME, Property and Casualty / Workers Compensation, Chronic Disease Management
4. EHR adoption provides more and potentially better consumable data
1. EHR certification provides more uniform information across all providers
2. Health Information Exchanges/Organizations (HIO) could enforce use of standards in the absence of federal mandate
3. Adoption for transactions other than the claim
4. Work with States to ensure P&C state regulations do not conflict with federal regulations.
5. Develop a formal process to coordinate efforts with other industry organizations like WEDI, X12, etc.

Threats

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