CAQH Committee on Operating Rules for Information Exchange (CORE)
Value-based Payments Subgroup (VBPSG)
Call #3 Summary: Thursday, December 12, 2019, 2:30-4:00 pm ET Conference Call

This document contains:
- Agenda items and key discussion points.
- Decisions and actions to be taken.
- Next steps.
- Call attendance.

Agenda Item	Key Discussion Points	Decisions and Actions
1. **Antitrust Guidelines**	- Erin Weber (CAQH CORE Director) opened the call. - Erin Weber (CAQH CORE Director) reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials.	*Discussion*
2. **Roll Call and Administrative Items**	- Erin Weber (CAQH CORE Director) called roll. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. - Erin Weber (CAQH CORE Director) reviewed the call document: - Doc #1 VBP Subgroup Call #3 Slide Deck 12.12.19 - Doc #2 VBP Subgroup Call #2 Summary 11.14.19	*Discussion*
3. **Summary of 11/14/19 VPSG Call** (Doc #2)	**On the 11/14/19 call the VPSG:** - Reviewed the Value-based Payments Subgroup Roadmap - Reviewed the results of the Value-based Payments Subgroup Feedback Submission Form. - Discussed next steps.	<u>**Action Required**</u> - Approved 11/14/19 Call Summary (Doc #2) - Motion to approve: – Rob Tennant (MGMA) - Seconded by: – Laurie Darst (Mayo Clinic)
4. **Review Results of Value-based Payments Subgroup Straw Poll #2** (Doc #1)	- Erin Weber (CAQH CORE Director) then turned the call over to Lina Gebremariam (CAQH CORE Manager) to begin reviewing the straw poll results. **Lina Gebremariam (CAQH CORE Manager) began by reviewing the methodology of VPSG Straw Poll #1 (Slide 5).** - No questions or comments were raised by the subgroup. **Lina Gebremariam (CAQH CORE Manager) reviewed comments regarding patient names (Slide #7).** - Lina Gebremariam (CAQH CORE Manager) posed a question to the group regarding workarounds or best practices on how their organizations matched patient names. - Gail Kocher (Blue Cross Blue Shield Association) commented that health plans do not traditionally capture the 'birth name' rather they capture the name that the patient is registering under. - Lina Gebremariam (CAQH CORE Manager) asked to further clarify how health plans store that historical data in cases when a patient's name changes.	*Discussion*

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	○ Gail Kocher (Blue Cross Blue Shield Association) commented that, from a historical perspective, commented that, from a historical perspective, she does not think that a patient's name is captured in the same way in which historical claims capture it. She commented that all health plans probably do it differently, but from her experience, the framework is not in place to ask if another name is being used. ○ Doug Hana (HealthEdge) commented that, from a vendor perspective, at enrollment they typically don't also have prior names captured. However, if a name is changed, they keep the old and new name which provides flexibility if a claim comes in with the old or the new name. ○ Gail Kocher (Blue Cross Blue Shield Association) wanted to stress that there is not a standard method or process. She stated that some vendors, "do this or that, and because of this, you could not make a requirement around it". ○ Lina Gebremariam (CAQH CORE Manager) further clarified with the group that this is a proposed maximum data set requirement therefore no one would have to exchange this data, but no more than these data elements could be requested from a provider. She shared that CORE staff would continue to research this data element. • **Lina Gebremariam (CAQH CORE Manager) then moved on to Payer/Provider Contract ID (Slide #8).** ○ Gail Kocher (Blue Cross Blue Shield Association) asked for further clarification about what the Contract ID is trying to identify. She explained that Contract ID is something that could be defined differently depending on the organization. She asked if this was about the relationship between the payer and provider or between the provider and the member. ○ Lina Gebremariam (CAQH CORE Manager) clarified the intent was for the relationship between the payer and the provider. ○ Gail Kocher (Blue Cross Blue Shield Association) commented that she did not think that all providers would have an explicit ID number. She advised a more general option which was to categorize the relationship between the payer and the provider because narrowly defining it to an ID number would result in fewer plans being able to share information if you are defining it with something that they don't use. ○ Doug Hana (HealthEdge) sought clarification from CORE staff whether this was part of the maximum data set and, if it was, then it would not be mandatory. ○ Lina Gebremariam (CAQH CORE Manager) confirmed he was correct, clarifying that health plans could not request more information outside of these data sets. ○ Gail Kocher (Blue Cross Blue Shield Association) pointed out that she thought we needed a clear definition of what we are asking of health plans. ○ Lina Gebremariam (CAQH CORE Manager) replied that she thought that there would be more clarification later in the presentation, but that the issue could be presented to the group in a future straw poll if additional clarity was still needed. • **Lina Gebremariam (CAQH CORE Manager) moved on to comments on the Gender Data**	

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	Element (Slide #9).	
	○ Gail Kocher (Blue Cross Blue Shield Association) replied that the future 270 would also allow for the 'unknown' which she explained as insufficient for the industry. She asked for clarification on whether the decision had already been made to use the 270 to transmit data.	
	○ Lina Gebremariam (CAQH CORE Manager) clarified that it was just an example of the kind of X12 transaction that could be used, the expectation is that there could be multiple exchange methods and formats for this information.	
	○ Gail Kocher (Blue Cross Blue Shield Association) responded that the US CORE was incomplete and that there is an industry wide effort to get better alignment across the standard, so she isn't sure what is possible here.	
	○ Doug Hana (HealthEdge) agreed with Ms. Kocher and stated that we couldn't go beyond what the standard would allow.	
	○ Erin Weber (CAQH CORE Director) commented that this may need a footnote for now and be placed on hold until we get to the discussion about what standard we are going to use.	
	• **Lina Gebremariam (CAQH CORE Manager) continued reviewing the Potential Maximum Attribution Request Data Set (Slides #10-12).**	
	○ Doug Hana (HealthEdge) asked for clarification around "Dates of Inquiry" being listed as required (Slide 12) as he thought it sounded more situational in the description.	
	○ Lina Gebremariam (CAQH CORE Manager) responded that she thought that the description would need to be modified for the straw poll. The original intent behind making it required was that it would automatically be the date of submission unless otherwise specified.	
	• **Lina Gebremariam (CAQH CORE Manager) moved on to review the results from the straw poll of the Potential Minimum Response Data Set (Slides #13 – 15).**	
	○ Lina Gebremariam (CAQH CORE Manager) reminded the group that for these data elements a health plan would have to provide all these data elements when sharing attribution status with a provider. She then posed a question to the group regarding comments received around Health Plan Contact Number on slide #15 where one respondent suggested providing a direct contact number rather than a 1-800 number. She asked the health plans on the call if a direct line to a live person would be feasible for them to provide.	
	○ Doug Hana (HealthEdge) asked for clarification, asking if this was an option only in situations where the user could not supply the information requested and needed further assistance.	
	○ Patti Laughren (Humana) thought a direct line, rather than a 1-800 number would be very difficult for health plans to provide.	
	• **Lina Gebremariam (CAQH CORE Manager) moved on to Health Insurance Claim Number (HICN) (Slide #15).**	
	○ Lina Gebremariam (CAQH CORE Manager) mentioned one respondent had sought clarification on what the HICN was and if it was the same as HICN used by Medicare. Lina Gebremariam (CAQH CORE Manager) clarified that they are the same, and the HICN was requested for	

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	inclusion in the maximum data set as an alternative to member identification number by seven subgroup members during the previous call.
	  o Doug Hana (HealthEdge) asked if it would make more sense to focus on the NPI rather than HICN, given the transition to NPI.
	  o Lina Gebremariam (CAQH CORE Manager) replied that the NPI would still fall under the patient identifier category, where member id is asked for. The concern on the last VBP Subgroup call was that others reading the data element might feel like they cannot place the HICN in the member ID Field. She suggested that if the subgroup feels it is redundant, then we can have a further discussion and it can be included in the next straw poll so that the group can weigh in.
	• **Lina Gebremariam (CAQH CORE Manager) then continued going over the data elements for the minimum set (Slides 16 – 18),**
	  o No questions or comments were raised by the subgroup.
	• **Lina Gebremariam (CAQH CORE Manager**) handed the call back to Erin Weber (CAQH CORE Director) to go over next steps.	

5. **Value-based Payments Subgroup Next Steps**	• Erin Weber (CAQH CORE Director) reviewed the next steps for the Subgroup:
	
	Value-based Payment Subgroup Participants
	  • Complete VBPSG Straw Poll #2 by **Wednesday, 01/08/20.**
	  • Participate in the next CAQH CORE VBPSG Call: **Thursday, 01/30/20 at 2:30 PM ET.**
	CAQH CORE Staff
	  • Draft a summary for today's call.
	  • Send VBPSG Straw Poll #2 by **Monday, 12/16/19.**
	  • Analyze VBPSG Straw Poll #2 and prepare results for 01/30/20 call.
		Discussion

Call Documentation
Doc 1: VBPSG Call #4 Agenda 01.30.20.pdf
Doc 2: VBPSG Call #3 Summary 12.12.19.pdf

CAQH CORE Contact Information

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VBPSG Call #3 Attendance

CAQH CORE Participating Organization	Last Name	First Name	Attendance
Aetna	Bouchard	Katherine	
Aetna	Eberhart	Lisa	
American College of Physicians	Rockwern	Brooke	
American College of Physicians	Joy	Suzanne	
American Medical Association (AMA)	Preisler	Andrea	
American Medical Association (AMA)	McComas	Heather	
American Medical Association (AMA)	Otten	Robert	
American Medical Association (AMA)	Lefebvre	Celine	
ASC X12	Barry	Cara	
ASC X12	Cathy	Sheppard	
Blue Cross and Blue Shield Association (BCBSA)	Cullen	Rich	
Blue Cross and Blue Shield Association (BCBSA)	Kocher	Gail	X
Blue Cross Blue Shield of Michigan	Ahmed	Faris	
Blue Cross Blue Shield of Michigan	Maldoddi	Laxmikanth	X
Blue Cross Blue Shield of North Carolina	Smith	Troy	
Blue Cross Blue Shield of Tennessee	Langford	Susan	X
Centers for Medicare and Medicaid Services (CMS)	Doo	Lorraine	
Cerner/HealthNet	Chervitz	Chuck	
Cerner/HealthNet	Decarlo	Mary Ellen	
DST Health Solutions	Lynam	Mary	X
Edifecs	Kelly	John	
Edifecs	Patwell	Michael	X
HealthEdge	Hanna	Doug	X
HEALTHeNet	Gracon	Christopher	X
HMS	Woodford	Jason	
HMS	McRae	Henry	
Humana	Laughren	Patricia	X
Marshfield Clinic	Gilbertson	Ann	X
Mayo Clinic	Darst	Laurie	X
Mayo Clinic	Sobolik	Jerry	X
Medical Group Management Association (MGMA)	Tennant	Robert	X
Minnesota Department of Human Services	Millage	Pansi	X
NACHA	Herd	Mike	
NACHA	Smith	Brad	
PaySpan	Brashier	Kernie	
Trizetto	Mann	Jennifer	X

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CAQH CORE Participating Organization	Last Name	First Name	Attendance
Trizetto	Waymire	Shaun	
Trizetto	Neal	Anne	
United States Department of Veterans Affairs	Lawhead	Judy	X
United States Department of Veterans Affairs	Greene	Romona	
Unitedhealthcare	Northrop	Benjamin	X