

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Value-based Payments Subgroup (VBPSG)
Call #6 Summary: Thursday, March 26th, 2020, 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	<ul style="list-style-type: none"> • Lina Gebremariam (CAQH CORE Manager) opened the call and introduced Troy Smith (BCBS NC) as CAQH CORE Value-based Payment Subgroup Co-Chair presenting on the call. • Troy Smith (BCBS NC) reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials. • Mr. Smith (BCBS NC) shared that CAQH CORE staff and co-chairs acknowledge that priorities have shifted due to COVID-19. As such, CAQH CORE staff and co-chairs are considering how to adjust current processes. VBPSG participants may see fewer or less intensive straw polls and calls may end earlier than usual. He then passed the call back to Ms. Gebremariam (CAQH CORE). 	<i>Discussion</i>
2. Roll Call and Administrative Items	<ul style="list-style-type: none"> • Ms. Gebremariam (CAQH CORE) called roll. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. She then turned the call back over to Mr. Smith (BCBS NC). • Mr. Smith (BCBS NC) reviewed the call documents. <ul style="list-style-type: none"> ○ Doc #1 VBP Subgroup Call #6 Slide Deck 03/26/20 ○ Doc #2 VBP Subgroup Call #5 Summary 02/27/20 	<i>Discussion</i>
3. Summary of the 02/27/20 VBSG Subgroup Call	<ul style="list-style-type: none"> • On the 02/27/20 call the VBPSG: <ul style="list-style-type: none"> ○ Reviewed the results of the Value-based Payments Subgroup Straw Poll #3 ○ Discussed opportunity areas for Infrastructure Operating Rules ○ Determined potential items in and out of scope ○ Discussed next steps 	Action Required <ul style="list-style-type: none"> • Approve 02/27/20 Call Summary (Doc #2) • Motion to approve by Robert Pinataro, Payspan). Seconded by Laurie Darst, Mayo Clinic).
4. Review Results of Value-based Payment Subgroup Straw Poll #4	<ul style="list-style-type: none"> • Mr. Smith (BCBS NC) then began reviewing the framework and the results of VBP Subgroup Straw Poll #4 (Slide 4 – 8). He then turned the call over to Ms. Gebremariam (CAQH CORE) to review the comments received. • Ms. Gebremariam (CAQH CORE) reviewed the Substantive Comments from Straw Poll #4 (Slide 9, comments 1-2) <ul style="list-style-type: none"> ○ Tom Kuhn (ACP) argued in favor of expanding the scope to include specific payments and quality measurements. Mr. Kuhn noted that, in some situations, clinicians need these data 	<i>Discussion</i>

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	<p>elements and the payers are not able to provide them. He asked what the appropriate response from CAQH CORE is regarding the ability to capture those needed data elements and to ensure that they are addressed formally at some point in the VBPSG process.</p> <ul style="list-style-type: none"> ○ Ms. Gebremariam (CAQH CORE) shared that CAQH CORE needs to collect more real-world evidence to better understand how these data elements can be conducted. ○ April Todd (CAQH CORE) shared that the main issue is if we expanded the scope to specific payments and quality measures, then the current data elements may not be sufficient. She suggested starting with something that is known and can get out into the field quickly. ○ Mr. Kuhn (ACP) asked what happens to the requirements that cannot be met at this time. ○ Ms. Todd (CAQH CORE) shared that CAQH CORE is gathering more real-world evidence to cover additional use cases. She asked others about their thoughts on these use cases. ○ Heather McComas (AMA) agreed with Mr. Kuhn’s point that attribution information for quality reporting guidelines and bundled payments is important. However, agreed that a basic payment model would be a good first step. CAQH CORE, in the past, has put things on the agenda for future work and this could be marked for future work. ○ Robert Tennant (MGMA) agreed with this approach. He also suggested conducting outreach to some of the payers. ○ Mr. Smith (BCBS NC) shared that when they reach out to physician organizations, they are already sharing care gap reports and have Quality Management consultants that decide what is needed for quality measurement. This information is being pushed to providers on a pretty regular basis. Mr. Smith asked the group how much of this information overlaps with the request on this specific requirement we are debating and what is needed on the provider side. ○ Mr. Kuhn (ACP) shared that they can describe the current process and are aware of it, but they don’t have the link between this patient and this measure. They don’t have the prompts for what to do with this patient and most providers find out after the office visit that this patient is attributed to a specific VBP contract. Therefore, this often requires re-contacting the patient and bringing them back in to perform additional tests. By the time that they learn the patient is in a VBP contract, they also need to know what measures the payer is going to expect to see on that patient so that it can be addressed during normal care. ○ Mr. Smith (BCBS NC) replied that if we are moving more towards a roadmap solution, then how about we expand these items year over year. This is entirely appropriate from a payer perspective. ● Ms. Gebremariam (CAQH CORE) reviewed the Substantive Comments from Straw Poll #4 (Slide 13, comments 1-2) <ul style="list-style-type: none"> ○ Mr. Kuhn (ACP) shared that most providers ignore future rosters other than the new exchange roster. They tend to look at the new exchange only so that they can minimize the amount of time they have to adjust their records to reflect the roster. 	

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	<ul style="list-style-type: none"> ○ Ms. Gebremariam (CAQH CORE) recommended to move forward with the batch requirement for rosters. ● Ms. Gebremariam (CAQH CORE) reviewed the Substantive Comments from Straw Poll #4 (Slide 14 14, comments 1-2) <ul style="list-style-type: none"> ○ Vanessa Guzman (Montefiore) shared that her organization sees a value on real time processing of batch rosters. One of the use cases often is that they run audits to determine how well patients can schedule or access care at their health system. They always find issues in the data and are subject to health plan audits of data accuracy. The real time access would enable them to have a greater impact in their ability to provide accurate and reliable data. ○ Christopher Gracon (HEALTHeNet) shared that having the entire provider roster delivered within a 20 second requirement might be a challenge from the payer side. It is fine for the overnight response, but it is not necessary to receive an entire roster queried and returned all within that 20 second time frame. ○ Ms. McComas (AMA) shared that, on the last call, it sounded like plans are updating rosters on a monthly basis and creating an up-to-date roster in between a monthly push was hard. However, can the same roster be sent in real time more than once a month? ○ Mr. Smith (BCBS NC) replied that if they are just talking about what is already created as part of the monthly feed that is coming to a provider from payer, then it should not be a heavy burden. ○ Mr. Gracon (HEALTHeNet) shared that it sounds like that is an additional requirement that the payer would need to store the file. He then asked if sending the same file in the middle of the month would have any benefit. ○ Ms. Guzman (Montefiore) replied yes, it is more for accuracy purposes. ○ Ms. Gebremariam (CAQH CORE) asked if a real time processing, which guarantees only you receive a first of the month roster, is sufficient? Is there value added to sending a real time response mid-month if it is the same roster as the first of the month? And lastly, could this be implemented by plans? ○ Mr. Gracon (HEALTHeNet) shared that he thinks that plans would be able to perform that. ○ Ms. Guzman (Montefiore) shared that she does not see more value added in the 20 second response if the response is timely, and they receive it with ease at the beginning of the month. The 20 second response is as relevant as making it accessible ad-hoc. ○ Ms. McComas (AMA) shared that previous discussions indicated that performing a between monthly run update was not feasible. It is important to accurately state if they are talking about providing what was run in the last monthly run or if they are talking about an up to the moment update. She is not clear on what each scenario encompasses. ○ Ms. Gebremariam (CAQH CORE) replied that the rule would only require health plans to update the roster on the first of the month and there is no guarantee that when a provider 	

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	<p>requests a roster on the 16th that it will be an updated roster. The requirement is only that on the following first of the month, there would be an updated roster. It sounds like most plans are not able to update more than the first of the month anyways. But the plan can update the roster more frequently if they have the ability.</p> <ul style="list-style-type: none"> ○ Erin Weber (CAQH CORE) shared that it might be a good opportunity to think about this process in phases and the operating rules can mature over time to meet the emerging business capabilities and needs. This rule can be updated and made more comprehensive in the future. ● Ms. Gebremariam (CAQH CORE) reviewed the Points of Clarification from Straw Poll #4 (Slide 11, comment 1) <ul style="list-style-type: none"> ○ No questions on the points of clarifications ● Ms. Gebremariam (CAQH CORE) reviewed the Substantive Comments from Straw Poll #4 (Slide 15, comment 1) <ul style="list-style-type: none"> ○ Celine Lefebvre (AMA) shared that her organization feels very strongly that 86% system availability is not appropriate, given that other industries have 99% system availability. Asking for 95% does not seem like a heavy lift and would be an option for plans and providers alike. ○ Ms. Todd (CAQH CORE) replied that this will be discussed further as CAQH CORE and the CAQH CORE Board is thinking about the roadmap for next year and as they examine requirements. 	
5. Value-based Payments Subgroup Next Steps	<ul style="list-style-type: none"> ● Ms. Gebremariam (CAQH CORE) then walked the group through the roles and expectations of VBP Subgroup Participants. The next call is on April 23rd and there will be no straw poll. ● Ms. Gebremariam (CAQH CORE) encouraged subgroup participants to attend the next VBP Subgroup call on Thursday, 04/23/20. ● Ms. Gebremariam (CAQH CORE) then adjourned the call. 	<i>Discussion</i>

<i>Call Documentation</i>
Doc 1: VBPSG Call #6 Agenda 03.26.20.pdf
Doc 2: VBPSG Call #5 Summary 02.27.20.pdf

CAQH CORE Contact Information

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VBP Subgroup Call #6 Attendance

CAQH CORE Participating Organization	Last Name	First Name	Attendance
Aetna	Bouchard	Katherine	
Aetna	Eberhart	Lisa	
Aetna	Kahn	Zachary	
American College of Physicians	Rockwern	Brooke	
American College of Physicians	Kuhn	Thom	x
American Medical Association (AMA)	Preisler	Andrea	x
American Medical Association (AMA)	McComas	Heather	x
American Medical Association (AMA)	Otten	Robert	
American Medical Association (AMA)	Lefebvre	Celine	x
ASC X12	Barry	Cara	
ASC X12	Cathy	Sheppard	
AthenaHealth	Gobin	Adam	
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	
Blue Cross Blue Shield of North Carolina	Smith	Troy	x
Blue Cross Blue Shield of Tennessee	Langford	Susan	
Centers for Medicare and Medicaid Services (CMS)	Doo	Lorraine	
Centene	Chervitz	Chuck	
Centene	Decarlo	Mary Ellen	x
DST Health Solutions	Lynam	Mary	
Edifecs	Kelly	John	
Edifecs	Patwell	Michael	x
HealthEdge	Hanna	Doug	
HEALTHeNet	Gracon	Christopher	x
HMS	Woodford	Jason	
HMS	McRae	Henry	
Humana	Laughren	Patricia	
Marshfield Clinic	Gilbertson	Ann	
Mayo Clinic	Darst	Laurie	x
Mayo Clinic	Sobolik	Jerry	
Medical Group Management Association (MGMA)	Tennant	Robert	x
Minnesota Department of Human Services	Millage	Pansi	

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CAQH CORE Participating Organization	Last Name	First Name	Attendance
Montefiore	Guzman	Vanessa	x
NACHA	Herd	Mike	
NACHA	Smith	Brad	x
Payspan	Pinataro	Rob	x
Trizetto	Mann	Jennifer	
Trizetto	Waymire	Shaun	
Trizetto	Neal	Anne	
United States Department of Veterans Affairs	Lawhead	Judy	
United States Department of Veterans Affairs	Greene	Romona	
Unitedhealthcare	Northrop	Benjamin	