

**CAQH Committee on Operating Rules for Information Exchange (CORE)  
Value-based Payments Subgroup (VBPSG)  
Call #7 Summary: Thursday, April 23rd, 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.

<i>Agenda Item</i>	<i>Key Discussion Points</i>	<i>Decisions and Actions</i>
<b>1. Antitrust Guidelines</b>	<ul style="list-style-type: none"> <li>• Lina Gebremariam (CAQH CORE Manager) opened the call and introduced Troy Smith (Blue Cross Blue Shield of North Carolina) as CAQH CORE Value-based Payment Subgroup Co-Chair presenting on the call.</li> <li>• Troy Smith (BCBSNC) reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials. He then passed the call back to Ms. Gebremariam.</li> </ul>	<i>Discussion</i>
<b>2. Roll Call and Administrative Items</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Mr. Smith (BCBSNC) reviewed the call documents. <ul style="list-style-type: none"> <li>○ Doc #1 VBP Subgroup Call #7 Slide Deck 04/23/20</li> <li>○ Doc #2 VBP Subgroup Call #6 Summary 3/26/20</li> </ul> </li> </ul>	<i>Discussion</i>
<b>3. Summary of the 3/26/20 VBSG Subgroup Call</b>	<ul style="list-style-type: none"> <li>• On the 3/26/20 call the VBPSG: <ul style="list-style-type: none"> <li>○ Reviewed results of the Value-based Payments Subgroup Straw Poll #4</li> <li>○ Discussed next steps</li> </ul> </li> </ul>	<b>Action Required</b> <ul style="list-style-type: none"> <li>• Approve 3/26/20 Call Summary (Doc #2)</li> <li>• Motion to approve by Rob Tenant (MGMA).</li> <li>• Seconded by Brad Smith (NACHA).</li> </ul>
<b>4. Review Draft Data Content, Infrastructure and Connectivity Requirements for Exchange of Single Patient's Attribution Status</b>	<ul style="list-style-type: none"> <li>• Mr. Smith (BCBSNC) reviewed slides covering the level set for the call, the VBP Subgroup work to date and using the X12 270/271 Transaction to Exchange Patient Attribution Status (slides 3-5). He asked the subgroup if they had any questions. No one raised any questions, and he then turned the call over to Bob Bowman (CAQH CORE Director) to discuss Exchanging Attribution Status of a Single Patient.</li> <li>• Mr. Bowman (CAQH CORE) then began reviewing Building on Current CAQH CORE Operating Rules (Slide 7) and moved on to When VBP Operating Rules Requirements Could Apply (Slide 8). <ul style="list-style-type: none"> <li>○ Thom Kuhn (American College of Physicians) had a question about the header on the right hand side of slide 8 that stated "The CAQH CORE VBP Operating Rule Requirements Would Not Apply When:" He sought clarification, wondering if both of the stipulations would have to exist for this to apply, or if either one of them being present would cause it to apply.</li> </ul> </li> </ul>	<i>Discussion</i>

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	<ul style="list-style-type: none"> <li>○ Mr. Bowman (CAQH CORE) replied that before the next straw poll went out, CORE staff would validate the logic and make sure that it was correct.</li> <li>○ Heather McComas (American Medical Association) asked a question about a provider submitting a general eligibility request. She wanted to know if under this scenario the provider would be getting back attribution information, if applicable, and if they would specifically have to ask about attribution to get that information.</li> <li>○ Mr. Bowman (CAQH CORE) replied that yes, that is where this was headed, but that Ms. McComas was jumping ahead a bit. The requirements are designed to lead to that. He explained that a generic eligibility request could come in and any time the member has attribution to a specific provider, that information can be returned in the 271 response. He further explained that this would become clearer as they moved into the next few slides. In regard to Ms. McComas’s question, it would not have to be a special request, or a special way of doing it, it would be anytime the health plan has this data available, they should be able to return this information. Mr. Bowman added that the subgroup was going to facilitate a health plan’s ability to do this by mapping that type of data into the 271 response in a specific way so that organizations like vendors and clearinghouses, who receive the information, are able to parse the transaction effectively and post it in a readable way to the provider. Mr. Bowman stressed that this is the guidance CORE was providing, and that the goal was for the subgroup to evaluate their recommendations. Mr. Bowman then asked if this answered Ms. McComas’s question, to which she responded that it was.</li> <li>● Mr. Bowman (CAQH CORE) continued reviewing slides 9 – 11. He wanted the subgroup to be able to review the information with their own teams to ensure that what was being suggested was possible. He also wanted them to know that CORE would have the specific mapping and specific details available for the straw poll. <ul style="list-style-type: none"> <li>○ Erin Weber (CAQH CORE Director) interjected to circle back with Thom Kuhn (ACP) about his question on slide 8, regarding the “and” vs the “or” on the scoping. Ms. Weber stated that Mr. Kuhn was correct in his initial interpretation that CORE intended it to be ‘or’.</li> <li>○ Ms. McComas (AMA) had a question on the message returned being returned. She wanted to know if she was correct in her understanding that when the response is “no” health plans don’t provide any additional information, but when it is “yes” or “partial” they do. She asked that, when the response is “partial,” would they be returning multiple providers, or just information on the provider that was asking.</li> <li>○ Mr. Bowman (CAQH CORE) replied that that was a good question. He believes the 271 response allows for multiple loops to be returned, so it could be multiple providers.</li> <li>○ April Todd (CAQH CORE SVP) added that, in the conversations CORE Staff has had around the ability for a plan to return information about another provider, if it is not the provider requesting the information, then they have not received clear legal guidance on whether or not</li> </ul> </li> </ul>	

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	<p>they can share the name of the other attributed provider. She pointed out that on slide 9, where it states: <i>If attribution status is “No”, return the attributed provider information if determined permissible by health plan</i>, that this would also apply to instances where the attribution status was “partial”. She then asked if this cleared things up for Ms. McComas.</p> <ul style="list-style-type: none"> <li>○ Ms. McComas (AMA) replied that it did, and she then asked about the date of attribution. She wanted to know if the date field that CORE plans to use for this is specific to attribution. She also wanted to know how it would be made clear that the date is specific to attribution rather than the patient’s overall eligibility.</li> <li>○ Mr. Bowman (CAQH CORE) replied that the date that we have listed for consideration can be separate from the eligibility coverage date. He realizes that this was just touched on briefly today but wanted the subgroup to know that there will be a more comprehensive crosswalk/map available to the subgroup for their evaluation. He wanted the subgroup to understand that distinct MSG segments and multiple dates can be returned.</li> <li>○ Ms. McComas (AMA) replied, asking if it would be clear that the date is specific to attribution status.</li> <li>○ Mr. Bowman (CAQH CORE) answered that yes, it would be clear. He then asked the subgroup if there were any other questions.</li> <li>○ Mr. Kuhn (ACP) commented on support for providing alternate attribution status if the answer is “no” or “partial,” assuming that it is legal to provide it. He feels that it is valuable information to have.</li> <li>○ Mr. Bowman (CAQH CORE) agreed. With no additional questions from the subgroup, he turned the call back over to Mr. Smith (BCBSNC) to go over next steps.</li> </ul>	
<b>5. Value-based Payments Subgroup Next Steps</b>	<ul style="list-style-type: none"> <li>● Mr. Smith (BCBSNC) then walked the subgroup through the roles and expectations of VBP Subgroup Participants in completing the VBP Subgroup Straw Poll #5 (Slides 13-15). The straw poll would ask VBP Subgroup participants their support for draft VBP operating rule requirements and exchange of a roster of patients. He clarified that it would be emailed to Subgroup Participants on Wednesday, 4/29/20 and responses would be due by Wednesday, 5/13/20.</li> <li>● Mr. Smith (BCBSNC) encouraged Subgroup Participants to attend the next VBP Subgroup call on Thursday, 5/21/20 when CAQH CORE Staff would be discussing the results. He then turned the call back to Ms. Gebremariam (CAQH CORE).</li> <li>● Ms. Gebremariam (CAQH CORE) then asked the subgroup if there were any questions. No questions were raised, she then adjourned the call.</li> </ul>	<i>Discussion</i>

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*Call Documentation*

**Doc 1:** VBPSG Call #8 Agenda 5.21.20.pdf

**Doc 2:** VBPSG Call #7 Summary 4.23.20.pdf

*CAQH CORE Contact Information*

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**VBP Subgroup Call #7 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	
American Medical Association (AMA)	Molly	Malavey	X
ASC X12	Barry	Cara	X
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	X
Blue Cross Blue Shield of North Carolina	Smith	Troy	X
Blue Cross Blue Shield of Tennessee	Langford	Susan	X
Centers for Medicare and Medicaid Services (CMS)	Cabral	Michael	
Centers for Medicare and Medicaid Services (CMS)	Doo	Lorraine	
Centers for Medicare and Medicaid Services (CMS)	Herring	Geanelle	
Centers for Medicare and Medicaid Services (CMS)	Kalwa	Daniel	
Centers for Medicare and Medicaid Services (CMS)	Wheeler	Gladys	
Centene	Chervitz	Chuck	
Centene	Decarlo	Mary Ellen	
DST Health Solutions	Lynam	Mary	
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

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CAQH CORE Participating Organization	Last Name	First Name	Attendance
Marshfield Clinic	Gilbertson	Ann	
Mayo Clinic	Darst	Laurie	
Mayo Clinic	Sobolik	Jerry	X
Medical Group Management Association (MGMA)	Tennant	Robert	X
Minnesota Department of Human Services	Millage	Pansi	
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	X
United States Department of Veterans Affairs	Greene	Romona	
Unitedhealthcare	Northrop	Benjamin	
Wells Fargo	Birgenheier	Jason	X