CAQH Committee on Operating Rules for Information Exchange (CORE)
Value-based Payments Subgroup (VBPSG)
Call #9 Summary: Thursday, June 18th, 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**	• 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. • 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.	*Discussion*

2. **Roll Call and Administrative Items**	• Ms. Gebremariam (CAQH CORE Manager) 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 (BCBSNC).
	• Mr. Smith (BCBSNC) reviewed the call documents.
	   o Doc #1 VBP Subgroup Call #9 Slide Deck 06/18/20.
	   o Doc #2 VBP Subgroup Call #8 Summary 05/21/20.
		Discussion

3. **Summary of the 05/21/20 VBSG Subgroup Call**	• Mr. Smith (BCBSNC) asked for a motion to approve the 05/21/20 Call Summary which reviewed the results of Straw Poll #5:
	   o Respondents support for the Draft Single Patient Attribution Data Operating Rule and potential substantive adjustments.
	   o Potential exchange mechanisms and format for a Roster of Attributed Patients.
	   o Agreed to Next Steps.
		<u>**Action Required**</u>
		
		• Approve 05/21/20 Call Summary (Doc #2)
		• Motion to approve by Robert Tennant (MGMA).
		• Seconded by Molly Malavey (AMA).

4. **Review Results of the VBPSG Straw Poll #6**	• Mr. Smith (BCBSNC) shared that the VBPSG Straw Poll #6 (Slide 5) included responses from 14 participants representing 58% of VBPSG Participating Organizations. All sections of the Draft VBP Operating Rule received ≥ 92% support (Slide 7).
	• Ms. Gebremariam (CAQH CORE Manager) shared the substantive comments to the Draft Single Patient Attribution Data Rule (Slide 8).
	
	   o There was no discussion from the subgroup.
	• Ms. Gebremariam (CAQH CORE Manager) shared the points of clarification to the Draft Single Patient Attribution Data Rule (Slide 9).
	   o There was no discussion from the subgroup.
		Discussion

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	• Mr. Smith (BCBSNC) shared that all sections of the Draft VBP Operating Rule received ≥ 71 % support except for Section 3.5: Applicable Loops & Data Elements which received 58% support (Slide 11).
	
	 • Ms. Gebremariam (CAQH CORE Manager) shared that no substantive comments or points of clarification were submitted for adjustment in Sections 1 and 2 of the Draft Rule. Minor adjustments have been made in response to non-substantive comments, i.e. typographical/grammatical errors, wordsmithing, clarifying language, addition of references that do not impact rule requirements (Slide 11). She then shared the substantive comments for the Requirements Scope on Section 3 Parts C and F (Slides 13-14).
	
	     ○ Heather McComas (AMA) asked how CAQH CORE is planning to reorganize the rules and certification for both flavors of the X12 834 infrastructure and the X318. Would these be grouped together for certification on an X12 834 transaction suite? Are there any CAQH CORE rules using the same TR3 of the transaction and moving forward how would this work?
	
	     ○ Robert Bowman (CAQH CORE Director) replied that CAQH CORE is addressing this question within the upcoming updates. CAQH CORE is moving away from phases of CORE rules to a more business interaction-based approach. CAQH CORE is also updating the certification test sites to accommodate the switch from a phase approach to a business interaction between the plans and providers. CAQH CORE is also updating the X12 834 infrastructure guidelines and rules that we have in Connectivity to accommodate these flavors of the X12 transaction that are not HIPAA-mandated, but they are used by the industry frequently and we have Operating Rules for.
	
	     ○ John Kelly (Edifecs) agreed and shared that adhering to this business model and process is a good idea. He then asked how CAQH CORE is thinking that this flavor of the X12 834 applies and how do we include it with the X12 834 enrolling in a health plan.
	
	     ○ Erin Weber (CAQH CORE Director) shared that CAQH CORE has previously discussed this internally. The Single Patient Rule will occur during the eligibility process which fits in the part of the revenue cycle, but she is interested in hearing from the subgroup where the Patient Roster Rule fits in.
	
	     ○ Mr. Kelly (Edifecs) shared that the definition of a business process is not really the conceptual process but more as it is happening in a flow. "If I am going to look at the attribution information it is going to happen at the same place when the person is checking in or booking the appointment, so it's more the process of the patient in the system and where the information would typically move. I am looking at value-based care processes rather than financial processes."	

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	o Ms. Weber (CAQH CORE Director) agreed that this is how CAQH CORE has been thinking about the transaction.	
	o Ms. Gebremariam (CAQH CORE Manager) answered that typically the certification process is assessed at the workgroup level and CAQH CORE appreciates any feedback. She thinks that this helps kickstart the brainstorming about how this transaction fits within the certification process. Certification based on the transaction that the products cover and certification for HIPAA-mandated vs. certification for the use case in the benefit enrollment transaction.	
	o Ms. McCommas (AMA) shared that it is a different scenario. The HIPAA-mandated X12 834 is enrollment in health plan and this flavor that we have here is in terms of plans and providers and getting the roster is a different purpose and different entities. She asked what the implications of running them together are.	
	o Mr. Bowman (CAQH CORE Director) shared that as we develop a set of rules, we also develop a certification testing process and supporting materials. This would be completed for this version of reporting rosters in the X12 834. We would identify in the testing documentation the definition of the rules, the rules and responsibilities, how the transaction is conducted, and the roles and expectations of the test suite. The test suite will define that information and when users go to become certified for this business interaction, the test script and materials would support the entire process. This will become finalized and reviewed by the workgroup before it becomes implemented.	
	o Mr. Kelly (Edifecs) said that when you think about where in the company they would be using, exchanging and integrating this information into their internal business process, he can envision a scenario where the platform that some entity was using to get certified said that the enrollment group in a health plan was using some other technology platform to certify their X12 834 to be compliant in enrolling members into the plan. When you get to the information moving back and forth with respect to attribution, it can be completely different technology suites. Therefore, if you organize the certification around just the transaction, now you are asking the people that are getting certified potentially to have to coordinate and complicate their certification processes within their organization just to get this single certification.	
	o Mr. Bowman (CAQH CORE Director) replied that certification is a voluntary approach so those entities that wish to pursue would be able to configure those technical resources for those specific types of build. It is not vastly different from any other previous CAQH CORE rule because ,often times, we are adjusting the technology or the use of acknowledgements that are not HIPAA-mandated or adding data content that they may not have had in their systems but now you have to because we turned that switch on in the eligibility transaction. Many of those processes that we have currently in our certification process (policies that we write, analysis and	

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	planning guide, master test suites, etc.) are specific to the transaction. Using the prior phase-approach, sometimes it was a bit muddled because Phase II might have eligibility and claim status transactions in it at the same time, but every supporting document was based around specific requirements for an interaction or transaction. On the next call, CAQH CORE can determine a set of recommendations for those next steps since it is not a HIPAA-mandated transaction that we are writing rules for. o Gail Kocher (BCBSA) shared that the HIPAA-adopted X12 834 for enrolling members in health plans is completely out of scope for this subgroup to discuss. If we stick to the X12 834 that is appropriate for this business use, then we should be okay. o Mr. Bowman (CAQH CORE Director) agreed that we will have to develop everything we do normally for certification for this X12 834 plan member. He then recommended having the subgroup review some recommendations related to that in the following call. • Mr. Bowman (CAQH CORE Director) shared sections 4 and 5 of the Straw Poll #6 (Slides 14-15). o There was no discussion from the subgroup.	
5. **Value-based Payments Subgroup Next Steps**	• Mr. Smith (BCBSNC) then walked the subgroup through the roles and expectations in completing the VBP Subgroup Straw Poll #7. o The Straw Poll asks VBP Subgroup participants to complete a final review of the Draft Single Patient Attribution Data Rule and provide their support for sending the Draft Rule to the CAQH CORE Review Work Group. o Participants will also be asked to indicate their support for substantive adjustments to the Draft Patient Roster Attribution Data Rule. • Mr. Smith (BCBSNC) encouraged subgroup participants to attend the next VBP Subgroup call on Thursday, 07/16/20 when CAQH CORE Staff would be discussing the results. • Mr. Smith (BCBSNC) then asked the subgroup if there were any further questions. No questions were raised, he then adjourned the call.	*Discussion*

Call Documentation
Doc 1: VBPSG Call #9 Agenda 06.18.20.pdf
Doc 2: VBPSG Call #8 Summary 05.21.20.pdf

CAQH CORE Contact Information

April Todd	Erin Weber	Lina Gebremariam

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VBP Subgroup Call #9 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	
American Medical Association (AMA)	Otten	Robert	
American Medical Association (AMA)	Lefebvre	Celine	X
American Medical Association (AMA)	Molly	Malavey	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	
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	X
Centers for Medicare and Medicaid Services (CMS)	Cabral	Michael	
Centers for Medicare and Medicaid Services (CMS)	Doo	Lorraine	X
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	X
Edifecs	Patwell	Michael	X
HealthEdge	Hanna	Doug	X
HEALTHeNet	Gracon	Christopher	
HMS	Woodford	Jason	
HMS	McRae	Henry	
Humana	Laughren	Patricia	

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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	
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	
United States Department of Veterans Affairs	Greene	Romona	
Unitedhealthcare	Northrop	Benjamin	
Wells Fargo	Birgenheier	Jason	X
Wells Fargo	St John	June	X