CAQH Committee on Operating Rules for Information Exchange (CORE)
Value-based Payments (VBP) Subgroup
Call #1 Summary: Thursday, April 27, 2023, 2:00-3:30 pm ET

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, Roll Call and Administrative Items (Doc #1 slides 1-3)	- Mike Phillips (CAQH CORE, Sr. Manager) opened the call and provided a brief overview of GoToMeeting. - Kayla Cooper (CAQH CORE, Associate) conducted roll call. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. **Mr. Phillips reviewed the meeting agenda and objectives, which were to:** - Review the role of CAQH CORE and the operating rule development process. - Understand targeted opportunities for rule development and where feedback and direction is needed from Subgroup participants. - Recognize the need for standardization of socio-demographic data collecting and exchange. - Discuss next steps, including the initial straw poll. - Mr. Phillips provided a brief overview of the Participant Dashboard for Subgroup documents and calendar.	*Discussion*
2. CAQH CORE VBP Subgroup Level Set and Co-Chair Introduction (Doc #1 slides #4-7)	**Mr. Phillips provided an overview of the VBP Subgroup Participating Organizations and its Co-Chairs and CAQH CORE Staff.** - Mike Phillips introduced the following CAQH CORE VBP Subgroup Staff: - Erin Weber (CAQH CORE, Vice President) - Kayla Cooper (CAQH CORE, Associate) **Mr. Phillips introduced the following VBP Subgroup Co-Chairs, who each introduced themselves:** - Mike Alwell (St. Joseph's Health, VP, Revenue Cycle) - Naveen Maram (Centene Corporation, VP, Digital Operations) - Mike Pattwell (Edifecs, Principal Business Advisor) - Ms. Weber welcomed VBP Subgroup participants and thanked them for their engagement. - Mr. Phillips provided attendees with a brief overview of CAQH CORE, its mission, and its goal of supporting automation and interoperability in the healthcare industry. **Summary of VBP Subgroup Discussion:** - No questions or comments were raised by VBP Subgroup participants.	*Discussion*

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3. **Operating Rules Overview, Level-set, and Development Process** (Doc #1 slides 8-10)	• **Mr. Phillips reviewed the definition, development, and goals of operating rules.**
	  ○ Operating rules were adopted for healthcare under the ACA as the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.
	  ○ Reviewed the operating rule development process at CAQH CORE, noting that environmental scans, Subgroup participation, straw polls, and draft requirements are all key parts of the process.
	• **Mr. Phillips noted that the scope of this Subgroup is to focus on data content and infrastructure requirements for VBP.**
	  ○ Mr. Phillips noted that Subgroup members will consider topics such as the collection and exchange of SDOH data, standard pathways for the submission of supplementary diagnoses that support VBP methodologies, and foundational requirements that can unify how programs are administered and defined.
	• **Summary of VBP Subgroup Discussion:**
	  ○ No questions or comments were raised by VBP Subgroup participants.
		Discussion

4. **Research Background** (Doc #1 slides #11-15)	• **Mr. Phillips defined value-based payments (VBP) and the quintuple aim.**
	  ○ Embodied by the Commonwealth Fund's definition, which focuses on VBP-care as a way to incentivize care outcomes instead of volume.
	    ▪ *"Value-based care ties the amount health care providers earn for their services to the results they deliver for their patients, such as quality, equity, and cost of care. Through financial incentives and other methods, value-based care programs aim to hold providers more accountable for improving patient outcomes while also giving them greater flexibility to deliver the right care at the right time."*
	  ○ Mr. Phillips also noted the quintuple aim of higher provider satisfaction, enhanced patient experience, betterment of health equity, lower healthcare spending, and improved population outcomes.
	• Mr. Phillips highlighted the benefits of operating rules.
	  ○ Operating rules can remove three barriers that limit automation for VBP. This includes the need for interoperability, uniform data, and reduced program complexity.
	• Mr. Phillips noted that the insights shared in this presentation were developed from identification and prioritization of VBP by the CORE Board and participating organizations.
	• Ms. Weber spoke to the relevant historical work conducted by CAQH CORE related to VBP through previous white papers and operating rule development.
	• **Summary of VBP Discussion:**
	  ○ No questions or comments were raised by VBP Subgroup participants.
		Discussion

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5. Identified Targets for Rule Development (Doc #1 slides #15-31)	• Mr. Phillips noted the main targets for rule development for this Subgroup, including:
	  ○ Standardizing the collection and exchange of socio-demographic data during benefit enrollment using the X12 834 transaction or other similar workflows.
	  ○ The possible development of a standard pathway for the submission of additional diagnoses using the X12 837 transaction.
	  ○ Evaluating gaps in current CAQH CORE infrastructure rules to better understand how VBP-related changes may enhance it.
	• **Mike Alwell (St. Joseph's Health, VP, Revenue Cycle) spoke to the potential standardization of socio-demographic data during the X12 834 transaction:**
	  ○ Mr. Alwell noted that initiatives to address health equity within VBP are still in their infancy and need uniform data elements and standardization to be effective.
	• **Naveen Maram (Centene Corporation, VP, Digital Operations) spoke to the possible Subgroup opportunities related to claim submission transactions using the X12 837 transaction.**
	  ○ Mr. Maram expressed the importance of automated and uniform exchange of health care claims information for VBP operations, including the use of ICD-10 Z-codes. The standardization of these exchanges and data content will help drive better data and health outcomes.
	• **Mike Pattwell (Edifecs, Principal Business Advisor) discussed the potential application of CAQH CORE Infrastructure Rules within VBP operations.**
	  ○ Mr. Pattwell noted that the CORE infrastructure rules are useful for ensuring uniform data exchange and can be bolstered to better support VBP.
	  ○ A potential improvement included the creation of a Master VBP Contract Template, technical requirements for the submission of data, and minimum frequency for VBP data exchange.
	• **Mr. Phillips discussed the final topic, semantic interoperability, or the alignment of contractual and methodological terminology.**
	• **Mr. Phillips shared a slide reviewing the patient enrollment workflow and the importance of the X12 834 transaction and discussed the overall importance of the need for standardization.**
	  ○ Mr. Phillips noted the lack of a single standard for race and ethnicity data across the industry, with the exception of the OMB federal standard, the '5 plus 2'. He also noted that the 2 main methods, the X12 Composite Race and Ethnicity Code Set and the CDC Race and Ethnicity Code Set.
	• **Mr. Phillips conducted an in-meeting survey asking what race and ethnicity constructs each participating organization uses.**
	  ○ The majority of participants (56%) noted that they use some combination of the codes listed on slide 29.
	• **Summary of VBP Discussion:**
	  ○ Annette Kemplin (Cigna) asked where the VBP Contract Template can be found. Mr. Phillips noted that the template has not yet been created but can be part of the Subgroup's work.
		Discussion

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	o Michelle Medina (Cleveland Clinic) asked if the potential VBP-related operating rules would apply to both government and commercial payers.
	  – Ms. Weber stated that any operating rules created would apply to all HIPAA-covered entities, including government and commercial health plans on a voluntary basis and may be adopted under HIPAA for future mandate.
	o Jeff Narog (CIGNA) asked if there has been any discussion surrounding potential changes to the X12 835 ERA.
	  – Ms. Weber stated that it is not currently on CORE's radar but could be added to the straw poll. She also noted that CORE is planning to launch a Task Group to update the EFT & ERA Enrollment Data Operating Rules later this year.
	o Janice Karin (NEHEN) asked if the only transactions that would be applicable to a possible CAQH CORE Infrastructure Rule are what are shown on Slide 19.
	  – Mr. Phillips stated that the use case shown on slide 19 is an example and not limited to those specific examples.
	o Vik Sachdev (Edifecs) asked if all members and providers attributed or participating in a value-based contract would be covered in the updated X12 834 transaction.
	  – Mrs. Weber stated that CORE currently has voluntary CAQH CORE Attributed Patient Roster Operating Rules for sharing a monthly attributed patient roster.
	o Janice Karin (NEHEN) asked if CORE is looking to maintain semantic interoperability with similar FHIR concepts and implementation guides.
	  – Ms. Weber noted that CORE is aiming for it to be aligned across all use cases to avoid variance across contracts and methodological data. This would not override the patient attribution model.
	o Cindy Monarch (BCBS-MI) noted that the CAQH CORE Attributed Patient Roster Operating Rules do not use the mandated version of the X12 834.	

6. Summary and Next Steps
(Doc #1 slides #20-)
	• Mr. Phillips stated that the Straw Poll would be distributed on Monday, May 1st.
	o *CAQH CORE Value-based Payments Subgroup Co-Chairs & Staff:*
	  – Distribute Straw Poll #1 to participants by Monday, 05/01/2023, end of day.
	  – Draft a call summary for today's Subgroup call and make it available on the CAQH CORE Participant Dashboard for participants to review.
	  – Analyze the results of Straw Poll #1 in preparation for VBP Subgroup Call #2 on Thursday, 05/18/2023.
	o *VBP Subgroup Participating Organizations:*
	  – Complete Straw Poll #1 by Thursday, 05/11/2023.
	  – Participate in the VBP Subgroup Call #2 on May 18th from 2:00-3:30pm ET.
		<u>**Action required:**</u>
		
		Agreed to Next Steps.

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Call Documentation
• **Doc 1:** VBP Subgroup Call 1 Deck 04.27.23

CAQH CORE Contact Information

Erin Weber	Mike Phillips	Kayla Cooper
Vice President, CORE	Senior Manager, CORE	Associate, CORE
eweber@caqh.org	mphillips@caqh.org	kcooper@caqh.org

VBP Subgroup Call #1 Attendance

Organization	Last Name	First Name	Attended
Aetna	Pegler	Elyse	
Aetna (CVS Health)	Arcari	Alka	
Aetna (CVS Health)	Murray	James	
American Hospital Association (AHA)	Preisler	Andrea	Y
American Hospital Association (AHA)	Cunningham	Terrence	Y
American Medical Association (AMA)	Martin	Erica	Y
American Medical Association (AMA)	McComas	Heather	Y
American Medical Association (AMA)	Scott	Lauren	
American Medical Association (AMA)	Walsh	Linda	
American Medical Association (AMA)	Otten	Robert	
Arizona Health Care Cost Containment System	Rodriguez	Era	
Aultcare	Vincent	Danielle	Y
Aultcare	Boron	Jacob	
Availity, LLC	Sites	Kathy	
Blue Cross Blue Shield of North Carolina	Sammons	Heather	
Blue Cross Blue Shield of North Carolina	Smith	Troy	Y

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Blue Cross Blue Shield of Michigan	Larson	Carol	Y
Blue Cross Blue Shield of Michigan	Monarch	Cynthia	Y
Blue Cross Blue Shield of Michigan	Green	Jack	Y
Blue Cross Blue Shield of Michigan	Sallie	Natasha	Y
Blue Cross Blue Shield of Michigan	Ozdarski	Paul	Y
Blue Cross Blue Shield of Michigan	Knapp	Ron	Y
Blue Cross Blue Shield of Tennessee	Langford	Susan	Y
Centene Corporation	Chervitz	Chuck	
Centene Corporation	Maram	Naveen	Y
Centers for Medicare and Medicaid Services (CMS)	Parks	Charlene	
Centers for Medicare and Medicaid Services (CMS)	Ali	Sadaf	
Change Healthcare	Denison	Mike	Y
Change Healthcare	Kahlon	Summerpal	Y
CIGNA	Kemplin	Annette	Y
CIGNA	Narog	Jeff	Y
Cleveland Clinic	Keating	Adam	Y
Cleveland Clinic	Raack	Gunes	Y
Cleveland Clinic	Medina	Michelle	Y
Cleveland Clinic	Jones	Robert	Y
Cleveland Clinic	Suri	Sanjeev	Y
Cleveland Clinic	Dynda	Scott	Y
Cognizant	Schulz	Andrew	
Cognizant	Kroening	Kyle	Y
Cognizant	Pancholi	Parag	Y
Cognizant	Wijtyk	Patricia	
Cognizant	Mason	Tania	Y
Cognizant	Carrillo	Vincent	Y
Edifecs	Day	Kevin	Y
Edifecs	Pattwell	Michael	Y
Edifecs	Nair	Tushar	Y

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Organization	Last Name	First Name	Attended
Edifecs	Sachdev	Vik	Y
Elevance Health	Aerabati	Anitha	
Gainwell Technologies	Soccorso	Megan	Y
Healthcare Business Management Association (HBMA)	Khabinskay	Olga	
Healthedge Software Inc	Desai	Parag	
Healthedge Software Inc	Bokkasada	Rashmi	
Laboratory Corporation of America	Rosario Diaz	Gheisha-Ly	
Laboratory Corporation of America	Jaeger Shadowens	Linda	
Massachusetts Health Data Consortium/NEHEN	Delano	David	Y
Massachusetts Health Data Consortium/NEHEN	Brennan	Denny	
Massachusetts Health Data Consortium/NEHEN	Karin	Janice	Y
Montefiore Medical Center	Cruz	Kenia	
National Association of Health Data Organizations (NAHDO)	Costello	Amy	Y
National Association of Health Data Organizations (NAHDO)	Hawley	Charles	Y
National Council for Prescription Drug Programs (NCPDP)	Weiker	Margaret	Y
NextGen Healthcare Information Systems, Inc.	Team	Nancy	Y
St. Joseph's Health	Alwell	Michael (Mike)	Y
Tata Consultancy Services Ltd	Schambach	Alison	
Tata Consultancy Services Ltd	Egan	Dorothy	
Tata Consultancy Services Ltd	Sussman	Mary	Y
Tata Consultancy Services Ltd	Patel	Pinki	Y
TRICARE	Petry	Brian	
TRICARE	Erckenbrack	Dawn	
UnitedHealthGroup	Kalluri	Kiran	Y
UnitedHealthGroup (Optum)	Chapple	Lynn	Y
Work Group for Electronic Data Interchange (WEDI)	Tennant	Robert	Y
Zelis	Berger	Kristina	