CAQH CORE Value-based Payment Subgroup Meeting #3

Finalization of Benefit Enrollment and Maintenance Data Content Requirements

Semantic Interoperability

June 8, 2023

Agenda

Time	Topic
2:00 PM	**Welcome, Antitrust Guidelines and Roll Call**
2:05 PM	**Straw Poll #2 Results** ▪ Support and Comments for X12 834 Opportunities ▪ Operating Rule Requirements
3:00 PM	**Semantic Interoperability** ▪ Go-forward Proposal ▪ Working through Risk Adjustment / Stratification ▪ Next Steps for Semantic Interoperability
3:20 PM	**Next Steps** ▪ Next Meeting on June 29, 2023, 2:00-3:30pm ET ▪ Straw Poll #3 opens on June 12

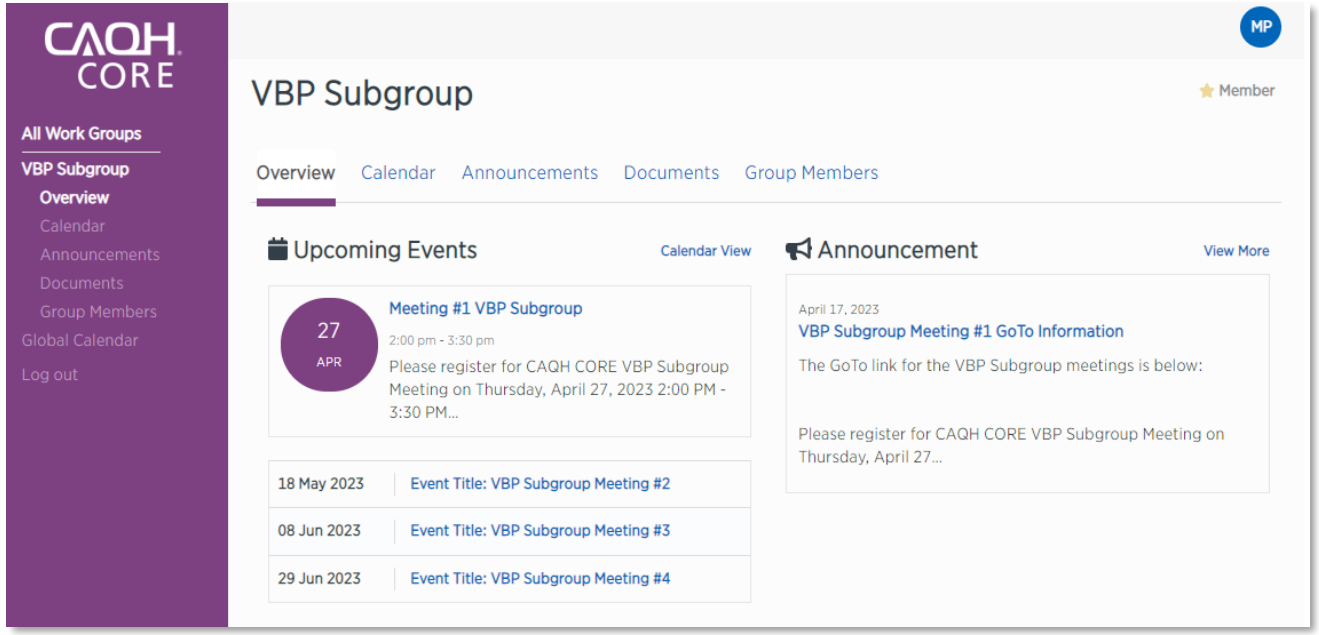
Objectives

1. Understand prioritization of operating rule opportunities based on Straw Poll results.
2. Review data content rule requirements, engaging with terms and expectations prior to reviewing draft rule language.
3. Discuss the vision for semantic interoperability in VBP and how it applies to CAQH CORE Operating Rules.

CAQH CORE

CAQH CORE Participant Dashboard

The **CAQH CORE Participant Dashboard** is a comprehensive resource for CAQH CORE Participants to access Subgroup information and any CAQH CORE Participant resources and events.



- The dashboard is accessible only to CAQH CORE Participants.
- Participants can view the work groups they are currently involved in and add themselves to new groups.
- Participants can view upcoming events, documents, announcements, and group member information.
- Email core@caqh.org if you need a login.

Exclusive Event: Health Plans, Providers and the Data Revolution

CAQH Connect 2023

Join us for **CAQH Connect 2023**, an event bringing together healthcare industry experts, thought leaders, and executives from the nation's government, health plans, and industry associations.

Save the Date! September 27-29, 2023, *Westin Georgetown, Washington, D.C.*

Attend our first-ever in-person CORE Participant Forum:

Open to all individuals from CORE Participating Organizations and any individual who is interested in joining CORE the afternoon of September 27th.

Event speakers include current and former CAQH CORE Board Members:

Anika Gardenhire

Chief Customer Experience Officer
Centene Corporation

Linda Reed

SVP and Chief Information Officer
St. Joseph's Health

Margaret Schuler

SVP, Practice Support Operations and Revenue Cycle Management
Aspen Dental

Troy Smith

VP, Cost of Care and Value Programs
Blue Cross Blue Shield of North Carolina

Register Here!
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CAQH CORE

Straw Poll #2 Results

CAQH CORE VBP Subgroup

Value-based Payment Subgroup – Straw Poll #2

Straw Poll background

Purpose of Straw Poll

To provide direction on opportunity areas and rule options.

Format:

- **Support for Opportunity Areas:** Indicate level of support for each opportunity area.
- **Direction on Potential Rule Options:** Provide input on high-level rule requirements to refine opportunities.
  - Opportunities are 'moved forward' if majority of respondents 'Support' or 'Partially Support' requirements.
  - If more 'Partially Support' than 'Support' additional discussion will be undertaken to align with industry needs.

Summary of Straw Poll

1. **X12 834 Socio-demographic Data Collection & Exchange:** Improving the quality and standardization of socio-demographic data collection at the point of member enrollment, empowering use in value-based payment programs.
   - Race and Ethnicity
   - Gender Identity
   - Sexual Orientation
   - Preferred Language
   - Marital Status
2. **Semantic Interoperability:** Establishing a common semantic framework for industry stakeholders to use when initiating and administering value-based payment models, reducing confusion and unpredictability.
   - Commonality of characteristics in risk adjustment / stratification

Value-based Payment Subgroup Straw Poll #2

Breakdown of responses by stakeholder type

23 out of 34 unique organizations responded to Straw Poll #2 (68%).

Distribution of Responses	Total Straw Poll Responses	Percent of Respondents
Provider/Provider Associations	5	22%
Health Plan/Health Plan Associations	6	26%
Vendor/Clearinghouses	5	22%
Government/Other	7	31%

Race and Ethnicity Concepts

Part A: Requirement #1 – Required Collection of Race and Ethnicity

HIPAA-mandated X12 834 Benefit Enrollment and Maintenance

Required, standardized collection of race and ethnicity information improves data integrity allowing for thoughtful intervention to address population-level health disparities.

Collection and Exchange of Race and Ethnicity						
Opportunity		Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
1	**Collect race and ethnicity using two questions consistent with current OMB Statistical Directive 15 requirements**	*59%*	*5%*	*18%*	*9%*	*9%*
2	**Require an option for members to NOT DISCLOSE**	*50%*	*9%*	*23%*	*9%*	*9%*
3	**Require health plan processing of when information is NOT COLLECTED**	*57%*	*5%*	*24%*	*10%*	*5%*

Rows may not add to 100% due to rounding.

Part A: Requirement #1 – Required Collection of Race and Ethnicity

Comments received

	Substantive Comments	Co-chair and CAQH CORE Response
1	Two respondents expressed concern over the 2 questions format. One addressing imminent changes to the Office of Management and Budget Statistical Directive 15 (OMB 15) requirements and the other highlighting concerns that members may not understand or differentiate between race and ethnicity.	**AGREE:** Based on Subgroup feedback and imminent updates to the OMB 15, data content requirements will remain agnostic to the number of questions to collect, exchange and process race and ethnicity.
2	One respondent felt that the options may not align with what a member would want to indicate, stating that options for some other race or ethnicity would obviate the need for a member not to disclose. Another respondent did not agree there was value in reporting these concepts beyond statistical purposes.	**DISAGREE:** Research and industry feedback supports robust reporting of racial and/or ethnic concepts and providing an option for members not to disclose their race and ethnicity. This supports privacy and helps avoid the exchange of undefined NULL values in data sets.

Part A: Requirement #1 – Required Collection of Race and Ethnicity

Comments received and go-forward recommendation

	Points of Clarification	Co-chair and CAQH CORE Response
1	Three respondents brought up the need to maintain privacy of this information, stressing that sharing is a personal choice should remain voluntary.	The polled requirements were derived from research and industry feedback given their ability to maintain member privacy. Specifically providing the option to not disclose race and ethnicity information. Additionally, members are further empowered to not provider this information at the point of collection.
2	One respondent raised that Not Collected and Chose Not To Disclose would be collected in Loop 2750 in versions 8030+ of the standard.	Proposals would apply to version 5010 of the HIPAA-mandated X12 834. Should an updated version of the HIPAA-mandated X12 834 be adopted, operating rule requirements will be reviewed for duplication and / or conflicts.
3	One respondent commented that requirements should accommodate the most precise way to capture the data with each field having the option for a member not to disclose information vs. leaving it blank.	Straw Poll #2 proposed the requirement for health plans to give a member the option to NOT DISCLOSE their race and / or ethnicity at enrollment or renewal. Operating rules cannot force a member to respond, but providing the option encourages members to use that option instead of leaving the answer blank.
4	One respondent stated that information can be collected through chart collection or directly surveying by health plans.	Facilitation of these methods is out of scope for this discussion.
5	One respondent stated that they do not currently use the X12 834.	N/A Note: Similar comments were provided for other data content in the straw poll and taken into consideration accordingly.

RECOMMENDATION: Require collection and exchange of race and ethnicity data using any number of questions; require an option for members to NOT DISCLOSE race or ethnicity; recommend collecting, exchanging and processing occurrences where no information is provided.

Part B: Requirement #2 – Standard Exchange of Race and Ethnicity Concepts

HIPAA-mandated X12 834 Benefit Enrollment and Maintenance

The exchange of race and ethnicity information is accommodated through data fields in the member demographics data segment of the HIPAA-mandated X12 834 Benefit Enrollment and Maintenance Transaction.

Collection and Exchange of Race and Ethnicity						
Opportunity		Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
1	**Processing occurrences when race and ethnicity is NOT DISLOCSED using 'not provided' from the X12 v5010 code set**	*59%*	*9%*	*27%*	*0%*	*5%*
2	**Processing occurrences when race and ethnicity is NOT COLLECTED using 'not applicable' from the X12 v5010 code set**	*55%*	*9%*	*32%*	*0%*	*5%*
3	**Processing occurrences when race and ethnicity IS COLLECTED using unique identifier from CDC Race and Ethnicity Code Set**	*68%*	*5%*	*18%*	*5%*	*5%*

Rows may not add to 100% due to rounding.

Part B: Requirement #2 – Standard Exchange of Race and Ethnicity Concepts

Comments received

	Substantive Comments	Co-chair and CAQH CORE Response
1	One respondent indicated that changes to the X12 TR3 must be requested to support the exchange of race and ethnicity information as proposed.	**DISAGREE:** The X12 v5010 TR3 references the CDC Race and Ethnicity Code Set as the external code set for use (source: 859) in DMG05-02 and 03. **Note**: Similar comments were provided for other data content in the straw poll, a summary of which can be found in the appendix. CAQH CORE will liaise with X12 on potential options for data maintenance requests to support robust data exchange that support business needs.
2	One respondent raised using the CDC Race and Ethnicity Code Set Hierarchical Code vs. the Unique Concept Code.	**FOR DISCUSSION:** The hierarchical code presents benefit, one of which is easily identifying how a racial or ethnic concept rolls into OMB requirements; however, per CDC guidance, the hierarchical code can change over time whereas the unique identifier will remain durable, promoting data quality and integrity over time. ▪ Is there value in facilitating the exchange of both concepts?

Part B: Requirement #2 – Standard Exchange of Race and Ethnicity Concepts

Comments received and go-forward recommendation

	Points of Clarification	Co-chair and CAQH CORE Response
1	One respondent brought up the need to maintain privacy of this information, stressing that sharing is a personal choice and should remain voluntary.	Clarification that the polled options would maintain sharing of this sensitive information as voluntary by requiring health plans to provide the option for members not to disclose their race of ethnicity at the point of plan enrollment. Members can further exercise the option to leave selections blank.
2	A respondent emphasized the need for harmonization between the OMB and CDC Code Sets.	Clarification that the CDC Race and Ethnicity Code Set aligns with current and anticipated updates to the OMB Code Set (overview here); meaning the values presented in the OMB requirements can be transmitted using the CDC values.
3	One respondent raised that they did not see the importance of collecting race on the claim transaction.	Clarification that the polled requirements apply to the X12 834 Benefit Enrollment and Maintenance Transaction.
4	One respondent noted that not applicable is not the same as not shared and recommended adding a clear code; if not possible, then ok with not applicable.	Encourage the respondent to prepare and submit an MR to X12.

RECOMMENDATION: Require exchange of race and ethnicity data using the unique identifier from the CDC Race and Ethnicity Code Set; require processing of member non-disclosure using ‘not provided’ in the X12 TR3 Code Set; recommend processing member not collected using ‘not applicable’ from X12 TR3 Code Set.

Part C: Instances of Exchange

HIPAA-mandated X12 834 Benefit Enrollment and Maintenance

Facilitating a predictable data structure for exchange and processing promotes automation and simplifies implementation.

Pattern for Occurrences of Race and Ethnicity Information						
Occurrence		Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
1	Single Race / Single Ethnicity	*45%*	*10%*	*30%*	*5%*	*10%*
2	Multiple Races / Single Ethnicity (Repeating)	*21%*	*11%*	*47%*	*11%*	*11%*
3	Multiple Races / Single Ethnicity (Sequential)	*30%*	*10%*	*45%*	*5%*	*10%*
4	Multiple Races / Multiple Ethnicities	*42%*	*5%*	*32%*	*11%*	*11%*
5	Single Race / Multiple Ethnicities	*42%*	*11%*	*32%*	*5%*	*11%*

Rows may not add to 100% due to rounding.

Part C: Instances of Exchange

Comments received and go-forward recommendation

	Substantive Comments	Co-chair and CAQH CORE Response
1	One respondent stated it was unclear whether this proposal referred exclusively to DMG05-01 or combinations to be applied to the DMG05-03. The respondent went on to say that the clarity of values in the DMG05-03 obviates the need for any order. In fact, proposing this may go against the X12 Standard that states order does not matter across multiple repeats. Adding to this comment another respondent highlighted the desire and advantages to report race and ethnicity as a single concept in OMB updates.	**FOR DISCUSSION:** Agree that the values in the CDC Race and Ethnicity Code Set are very clearly delineated. ▪ Is there value in recommending a predictable exchange/data structure? ▪ Does X12 ordinal guidance limit the ability of an operating rule to propose a predictable structure? ▪ Do the currently proliferated OMB Standards justify the idea of sequencing?

	Points of Clarification	Co-chair and CAQH CORE Response
1	One respondent would like to align these requirements with federal [data collection requirements] prior to implementation to avoid data variation.	Proposed data content collection requirements align with current OMB 15 standards. As proposed, operating rule requirements require implementers conform with latest OMB 15 requirements.
2	One respondent suggested this information be gathered during initial enrollment of a new subscriber.	Clarify that this is the type of requirement currently being discussed by the Subgroup.

RECOMMENDATION: Due to low support, recommend not moving forward with any requirements to maintain a predictable data structure for the exchange of race and ethnicity concepts.

Part D: Requirement #3 – Minimum Requirements for Collection

HIPAA-mandated X12 834 Benefit Enrollment and Maintenance

Aligning **MINIMUM** race and ethnicity data collection requirements with most recent OMB 15 requirements reduces implementation burden and structures reporting and exchange with a predominant industry standard. Accommodating Middle Eastern or North African pre-emptively matches imminent updates.

Minimum Collection Standards for Race and Ethnicity						
Opportunity		Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
1	**Alignment with current version OMB Statistical Directive 15, inclusive of Middle Eastern or North African imminent update**	*41%*	*18%*	*18%*	*9%*	*14%*

Rows may not add to 100% due to rounding.

Part D: Requirement #3 – Minimum Requirements for Collection

Comments received and go-forward recommendations

Substantive comments were addressed in section pertaining to exchange using the CDC Race and Ethnicity Code Set.

	Points of Clarification	Co-chair and CAQH CORE Response
1	One respondent asked if pre-emptively adding Middle Eastern or North African race concept risks creating a hybrid reporting structure or risk of losing patient race and ethnicity detail.	Risk is minimal. Proposal is to align minimum collection and reporting requirements to current reporting standards by using the CDC Race and Ethnicity Code Set that includes values for Middle Eastern or North African.
2	One respondent encouraged harmonization between OMB and CDC draft requirements but supported aligning minimum reporting with current OMB requirements pre-update.	Research and industry feedback confirm that the CDC Race and Ethnicity Code Set is aligned with OMB values and can suitably report the values collected by the OMB standard.
3	Two respondents noted that support for more granular collection than the OMB provides, such as more ethnicity categories or through the use ISO 138 standard.	As proposed, implementers are not limited to the OMB standard. The OMB 15 was selected because of its relative commonness throughout the industry, in recognition that it may lessen implementation burden.
4	One respondent did not see value in using this code set unless extended to collect Not Collected or Not Disclosed in version 8030.	Seeking clarification from the respondent about what code set is being referenced: the OMB or Race and Ethnicity or CDC Race and Ethnicity Code Set?
5	One respondent asked what version of the X12 834 will be impacted.	The requirements presented here are for the HIPAA-mandated X12 834. The voluntary CAQH CORE Attributed Patient Roster Operating Rule supports the exchange of collected information to providers using the voluntary X12 834 Plan Member Reporting Transaction.

RECOMMENDATION: Recommend aligning MINIMUM collection and exchange of race and ethnicity concepts with most recent OMB 15 requirements.

Part E: Method of Collection of Race and Ethnicity

HIPAA-mandated X12 834 Benefit Enrollment and Maintenance

Self-identified race and ethnicity is the gold standard for reporting. Collecting and exchanging this data provides insight to the quality of the data collected.

How Race and Ethnicity Information was Collected						
Opportunity		Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
1	**Collection, exchange and processing of how race and ethnicity information was collected**	*59%*	*5%*	*18%*	*0%*	*18%*

RECOMMENDATION: Require collection and exchange of how race and ethnicity information was collected using the applicable CDC Race and Ethnicity Collection Method Code.

Rows may not add to 100% due to rounding.

Common Themes for the Exchange of Race and Ethnicity Information

How they may be addressed with operating rule requirements

Considerations

Operating rules must accommodate collection **beyond the traditional two question format.**

Operating rules must **promote harmonization** of CDC Race and Ethnicity Code Set and the OMB 15.

Operating Rules must balance **member privacy** with reporting requirements.

Actions

Operating rules for exchange of race and ethnicity will remain **agnostic to number of questions.**

CDC Race and Ethnicity Code Set specifically **fulfills existing and emerging OMB 15 requirements.**

Operating rules for all socio-demographic concepts will require **health plan disclosure of uses.**

Aligning Supported Elements with Operating Rule Language

DRAFT requirements and recommendations for the collection and exchange of race and ethnicity

OPERATING RULE *REQUIREMENTS*	
1	Language disclosing use of collected socio-demographic information.
2	Collection and sharing of race and ethnicity information and processing using CDC Race and Ethnicity Code Set.
3	Provide an option for members to NOT DISCLOSE race and ethnicity using X12 Code Set.
4	Collection and exchange of how race and ethnicity information was collected, processed using select values from the CDC Race and Ethnicity Collection Code.

OPERATING RULE *RECOMMENDATIONS*	
1	Processing when race and ethnicity information is NOT PROVIDED using X12 Code Set.
2	Minimum collection and sharing requirements aligned with OMB Statistical Directive 15 with added concept for Middle Eastern or North African.

Example: How race and ethnicity can be collected using two-question format

Select All That Are Applicable	Race or Ethnicity Concept
Racial Concepts	
	American Indian or Alaskan Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
	Middle Eastern or North African
	CHOOSE NOT TO DISCLOSE
Ethnicity Concepts	
	Hispanic or Latino
	Not Hispanic or Latino
	CHOOSE NOT TO DISLOSE

Example of how race and ethnicity collection at member enrollment can be structured to meet the current two question format of OMB Statistical Directive 15 requirements. As new requirements emerge, such as restructuring into a single question format, implementers would be required to meet the new standard.

Gender Identity Concepts

Part A: Requirement #1 – Concepts for Exchange of Gender Identity

HIPAA-mandated X12 834 Benefit Enrollment and Maintenance

Collection and exchange of detailed gender identity using USCDI vocabulary standards expands reporting capability of the HIPAA-mandated X12 834 and aligns the transaction with current industry best practices for data exchange of these concepts.

Collection and Exchange of Gender Identity						
Opportunity		Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
1	**Collection and exchange of gender identity concepts**	*41%*	*14%*	*37%*	*0%*	*9%*

Rows may not add to 100% due to rounding.

Part A: Requirement #1 – Concepts for Exchange of Gender Identity

Comments received

	Substantive Comments	Co-chair and CAQH CORE Response
1	Two respondents highlighted their support for differentiating between sex at birth and gender identity for clinical reasons.	**FOR DISCUSSION:** An X12 RFI states these values are used for gender reporting. Should additional rule requirements to facilitate collection and exchange of sex assigned at birth be straw polled and proposed for inclusion in a CAQH CORE X12 834 Data Content Operating Rule? CAQH CORE will continue its liaison with X12 to support robust data exchange that support business needs.

	Points of Clarification	Co-chair and CAQH CORE Response
1	One respondent highlighted that this is a difficult course to steer, and the current political climate may force limitations.	Acknowledge external considerations that could influence this work. To clarify, CAQH CORE is committed to facilitating standard exchange of information and is only considering values within current industry standards.
2	One respondent expressed concern that this information could be used to determine payer acceptance or negotiated rates.	It is important that this information is not used in any discriminatory practice. Industry feedback supports that operating rules consider mechanisms to avoid misuse or otherwise ensure that enrollees are informed of potential uses so they can choose to disclose or not.
3	One respondent noted support for additional gender identities but agrees with the limitations listed.	N/A

RECOMMENDATION: Recommend the collection and exchange of gender identity concepts consistent with current USCDI vocabulary standards.

Part B: Requirement #2 – Exchange of Gender Identity

HIPAA-mandated X12 834 Benefit Enrollment and Maintenance

Collection and exchange of gender identity concepts augment required X12 TR3 reporting for female and male concepts and provide and an opportunity to share additional gender identities when X12 TR3 value of unknown in returned.

Collection and Exchange of Gender Identity						
Opportunity		Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
1	**Required X12 TR3 Male / Female reporting augmented with SNOMED Concepts**	*52%*	*10%*	*29%*	*0%*	*10%*
2	**Required X12 TR3 Unknown reporting augmented with SNOMED + HL7 v3 Concepts**	*41%*	*14%*	*32%*	*5%*	*9%*

Rows may not add to 100% due to rounding.

Part B: Requirement #2 – Exchange of Gender Identity

Comments received and go-forward recommendations

	Substantive Comments	Co-chair and CAQH CORE Response
1	One respondent expressed concern that the proposal separates the information from its intended loop and repurposes fields from their intended use, risking an inability to use them as structured.	**DISAGREE:** There was an unintended omission from the proposals shared on Straw Poll #2. Loop 2750 is nested in Loop 2700, the latter has repeat of >1. Additional information is required using the N101 and N102 fields to indicate what information is being shared. These changes will be reflected in draft operating rule requirements. The flexibility of these fields would not override any other use. While free text fields are not favored for complex reporting requirements, leveraging them can strengthen and align the standard with current reporting best practices.
2	One respondent noted that the proposal to supplement 'F' or 'M' reported in DMG03 is 'messy' when the information is conveyed using DMG03 alone.	**FOR DISCUSSION:** There may be value in augmenting current X12 requirements with USCDI values to unify data exchange standards.

	Points of Clarification	Co-chair and CAQH CORE Response
1	One respondent noted that if 'U' (Unknown) is reported, additional reporting categories should be mandatory. Suggested also limiting reporting to SNOMED terms.	Clarify that this is the intent of the proposal; however, limiting to SNOMED would remove the opportunity to align reporting of choose not to disclose and other categories.
2	One respondent noted that the X12 TR3 value of 'U' (Unknown) is often mapped to the X12 TR3 value of 'M' (Male); therefore reporting 'U' may not convey that the gender identity reported must be clarified using the reference fields in loop 2750.	The usage of U, F, and M are defined by the X12 TR3 and an operating rule can leverage U to augment gender identity reporting.

RECOMMENDATION: Recommend exchange of gender identity concepts using current federally-required USCDI vocabulary standards to augment required reporting in the X12 v5010 834 Transaction.

Aligning Supported Elements with Operating Rule Language

DRAFT requirements and recommendations for the collection and exchange of gender identity

OPERATING RULE *REQUIREMENTS*	
1	Language disclosing use of collected socio-demographic information.

OPERATING RULE *RECOMMENDATIONS*	
1	Align reporting of gender identity concepts with USCDI vocabulary standards relying on and consistent with the required X12 TR3 selection of ‘F’, ‘M’, or ‘U’.

USCDI Gender Identity Vocabulary Standards

Gender Value	Industry Code Set	Value
Male	SNOMED	446151000124109
Female	SNOMED	446141000124107
FTM/Transgender Male/Trans Man	SNOMED	407377005
MTF/Transgender Female/Trans Female	SNOMED	407376001
Identifies as Non-conforming Gender	SNOMED	446131000124102
Additional Gender Category or Other, Please Specify	HL7 version 3	OTH
Choose Not to Disclose	HL7 version 3	ASKU

Sexual Orientation Concepts

Part A: Requirement #1 – Concepts for the Exchange of Sexual Orientation

HIPAA-mandated X12 834 Benefit Enrollment and Maintenance

Standardized collection and exchange to member sexual orientation improves data availability and quality for populations that may experience inequitable outcomes.

Collection and Exchange of Sexual Orientation						
Opportunity		Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
1	**Collection and exchange of sexual orientation data consistent with USCDI vocabulary standards required in operating rule**	*5%*	*14%*	*32%*	*9%*	*41%*
2	**Collection and exchange of sexual orientation data consistent with USCDI vocabulary standards optional in operating rule**	*38%*	*10%*	*29%*	*5%*	*19%*
3	**Collection and exchange of sexual orientation data consistent with USCDI vocabulary standards recommended as best practice outside of operating rule**	*24%*	*24%*	*33%*	*0%*	*19%*

Rows may not add to 100% due to rounding.

Part B: Requirement #2 –Exchange of Sexual Orientation

HIPAA-mandated X12 834 Benefit Enrollment and Maintenance and go-forward recommendation

Using reference fields in the HIPAA-mandated X12 834 aligns reporting with industry best practices for exchange.

Collection and Exchange of Sexual Orientation						
Opportunity		Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
1	**Required in operating rule**	*5%*	*10%*	*30%*	*10%*	*45%*
2	**Optional in operating rule**	*32%*	*16%*	*21%*	*0%*	*32%*
3	**Recommended as best practice outside of operating rule**	*25%*	*20%*	*25%*	*0%*	*30%*

Rows may not add to 100% due to rounding.

RECOMMENDATION: DO NOT develop data content operating rule requirements for the exchange of sexual orientation data.

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Other Socio-demographic Concepts

Part A: Requirement #1 – Required Preferred Language and Marital Status

HIPAA-mandated X12 834 Benefit Enrollment and Maintenance

Other socio-demographic concepts influence member access to and outcomes of care. Requiring collection and exchange of situational fields in the X12 v5010 834 supports increased data quality and availability.

Collection and Exchange of Other Socio-demographic Information						
Opportunity		Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
1	**Member preferred language**	*64%*	*9%*	*18%*	*0%*	*9%*
2	**Subscriber marital status**	*41%*	*14%*	*41%*	*5%*	*0%*

Rows may not add to 100% due to rounding.

Part A: Requirement #1 – Required Preferred Language and Marital Status

Comments received

No substantive comments received for this question.

	Points of Clarification	Co-chair and CAQH CORE Response
1	One respondents indicated that exchange of language codes should be limited to the exchange of the ISO 639 (code: “LE” in X12 TR3). Note: The ISO 639 standard provides codes for the representation of languages.	Draft operating rule requirements indicate use of the ISO 639-3, a set of values expressing language in 3 characters.
2	One respondent recommended splitting out written and spoken language requirements.	This will be taken into consideration when drafting final rule requirements.
3	One respondent was uncertain in how marital status applied to value-based payment.	Any subdivision of population can experience inequitable outcomes and maintaining high quality data helps identify and intervene for disparities.
4	One respondent indicated that only member marital status should be exchanged.	Martial status only applies to the subscriber.
5	One respondent noted that they do not currently use the X12 834.	N/A
6	One respondent supported exchange as a vendor, but could not comment on effort required for collection	N/A

RECOMMENDATION: Require collection and exchange of member preferred language; drop subscriber marital status from consideration.

Part B: Requirement #2 – Exchange of Preferred Language and Marital Status

HIPAA-mandated X12 834 Benefit Enrollment and Maintenance

Concepts of preferred language and marital status are exchanged consistent with X12 code sets and named external code sets in the X12 TR3

Collection and Exchange of Other Socio-demographic Information						
Opportunity		Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
1	**Member preferred language using data elements indicated in the Member Language segment in the X12 TR3**	*68%*	*9%*	*18%*	*5%*	*0%*
2	**Subscriber marital status using data elements indicated in the Member Demographic segment in the X12 TR3**	*50%*	*9%*	*37%*	*5%*	*0%*

Rows may not add to 100% due to rounding.

Part B: Requirement #2 – Exchange of Preferred Language and Marital Status

Comments received and go-forward recommendation

	Substantive Comments	Co-chair and CAQH CORE Response
1	One respondent noted that operating rule requirements should choose to standardize on 2- or 3-character ISO 639 standards.	**AGREE:** Proposed standardization to the ISO 639-3 as a draft operating rule requirement.
2	One respondent indicated that preferred language is a health equity barrier to care delivery. It dictates understanding between patient and provider.	**AGREE:** CAQH CORE Participants support at 68% reporting this information to ensure better healthcare access, delivery, and outcomes.

	Point of Clarification	Co-chair and CAQH CORE Response
1	One respondent indicated they also support the NISO Z39.53 languages.	Acknowledged. Aligning to the ISO 639 standard more closely matches other vocabulary standards, such as those in USCDI, and better fulfills requirements in future versions of the X12 834.
2	One respondent encouraged a review to ensure X12 references are current and reminded that collection of these fields is situational.	The ISO 639 closely aligns with current industry standards and best practices. Acknowledged that reporting of these fields is situational. An operating rule could add the most value by requiring collection and exchange.

RECOMMENDATION: Require collection and exchange of member preferred language aligned with the ISO 639-3 standard.

Aligning Supported Elements with Operating Rule Language

DRAFT requirements and recommendations for the collection and exchange of other social concepts

OPERATING RULE REQUIREMENTS	
1	Language disclosing use of collected socio-demographic information.
2	Collection, sharing and processing of member preferred language consistent with X12 reporting and the ISO 639-3.

Example:

ISO 639-3 Standard Macro and Individual Languages.

ISO Language Name	639-3
Albanian *Macro*	sqi
Arbëreshë Albanian *Individual*	aae
Arvanitika Albanian *Individual*	aat
Tosk Albanian *Individual*	als

Exchange Using CAQH CORE Attributed Patient Roster Operating Rule

Exchange of Collected Information Using X12 834 Plan Member Reporting

Substantive updates for CAQH CORE Attributed Patient Roster Operating Rule

Using the voluntary CAQH CORE Attributed Patient Roster Operating Rule closes the data exchange loop of socio-demographic information between health plans and providers participating in a value-based contract.

Collection and Exchange from Health Plans to Providers						
Opportunity		Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
1	**Exchange with providers using X12 834 Plan Member Reporting Transaction through substantive updates to the CAQH CORE Attributed Patient Roster Operating Rule**	*50%*	*18%*	*32%*	*0%*	*0%*

Rows may not add to 100% due to rounding.

Exchange of Collected Information Using X12 834 Plan Member Reporting

Substantive updates for CAQH CORE Attributed Patient Roster Operating Rule

	Substantive Comments	Co-chair and CAQH CORE Response
1	One respondent supports exchanging supported data elements through the roster.	**AGREE:** Facilitating exchange of socio-demographic information between health plans and providers supports interoperability and the use of this valuable data in practice to identify at-risk patient populations and design impactful interventions.

RECOMMENDATION: Substantively updated CAQH CORE Attributed Patient Roster Operating Rule to include data elements supported for collection using the HIPAA-mandated X12 834.

Exchange of Collected Information Using X12 834 Plan Member Reporting

Substantive updates for CAQH CORE Attributed Patient Roster Operating Rule

CAQH CORE Attributed Patient Roster Operating Rule is available for **VOLUNTARY** implementation.

Proposal to substantively update "***Table 1: Applicable Loops and Segments - Patient (Subscriber/Dependent) Identifying Data Elements***" to include the socio-demographic information supported by the CAQH CORE VBP Subgroup for collection via the HIPAA-mandated X12 834.

Amendments to Table 1: Applicable Loops and Segments – Patient (Subscriber/Dependent) Identifying Data Elements				
#	**X12 Data Element Name**	**Applicable Loop and Segment in the X12 v5010X318 834**	**Use of Applicable Loop and Segment in the X12 v5010X318 834**	**CAQH CORE Operating Rule Supplemental Descriptions**
18.	Enrollee Birth Date*	Loop 2100A – DMG02	*Required Use*	Member demographics required for collection through HIPAA-mandated X12 834 consistent with proposed CAQH CORE Operating Rule Requirements.
19.	Gender Code*	Loop 2100A – DMG03	*Required Use*	
20.	Race and Ethnicity	Loop 2100A – DMG05-01_03	*Situational Use*	
21.	Race and Ethnicity Collection Method	Loop 2100A – DMG11	*Situational Use*	
22.	Member Preferred Language	Loop 2100A – LUI02	*Situational Use*	
23.	Gender Identity	Loop 2750 – REF02	*Situational Use*	Member demographics optionally collected through HIPAA-mandated X12 834 consistent with proposed CAQH CORE Operating Rule Requirements.

*Currently included in CAQH CORE Operating Rule, propose to make non-substantive update to separate and name categories for clarity.

Semantic Interoperability

Proposal and Example Use-case of Risk Adjustment / Stratification

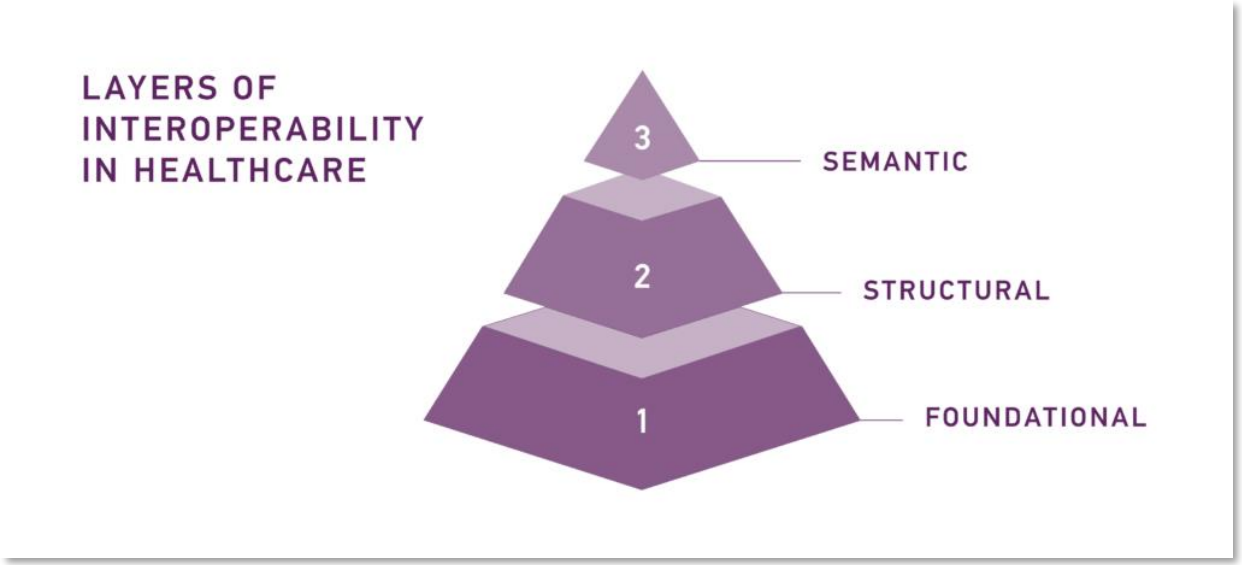
Promoting Semantic Interoperability in VBP

Applying the concept of uniform terminology to simplify VBP administration

Semantic interoperability refers to the ability of computer systems to exchange data with unambiguous meaning, typically facilitated by the electronic exchange of standard terminology.

VBP is subject to **interpretative definitions** meaning that concepts and terminologies are not applied consistently between implementations, lending to industry confusion and contracting difficulties.

The concept of **semantic interoperability** can be leveraged to align definitions and contractual terminology to promote a common industry language among VBP stakeholders and implementers.



Picture credit: Kodjin Interoperability Suite.

Promoting Semantic Interoperability in VBP

CAQH CORE Framework for VBP Semantic Interoperability

- CAQH CORE is creating the *CAQH CORE Framework for VBP Semantic Interoperability* (“**The Framework**”)

- **The Framework** provides a reference for
  - Current and future CAQH CORE Operating Rules as they become more inclusive of VBP requirements.
  - External initiatives to establish best practices and a common language among stakeholders.

Framework for Semantic Interoperability in VBP

Industry-accepted Definition
Brief description of a concept or term representing a synthesis of definitions used by such organizations as: WEDI, HL7, X12, CMS, HHS, etc.

Specific Inclusions or Considerations for a Term or Concept
Characteristics of a particular term or concept that allows stakeholders to gauge how the term or concept would commonly be implemented in a value-based contract, aligning expectations about methodologies without dictating what a methodology must include.

When the Definition Does Not Apply
Examples derived from industry experience that highlight exceptions to a definition.

Promoting Semantic Interoperability in VBP

Example: Risk Adjustment and Stratification

Industry-accepted Definition

Brief description of a concept or term representing a synthesis of definitions used by such organizations as: WEDI, HL7, X12, CMS, HHS, etc.

A statistical method of adjusting payments to participants in a value-based contract (as defined by the HCP-LAN APM Framework) based on the underlying medical and non-medical characteristics of an attributed patient population.

Specific Inclusions or Considerations for a Term or Concept

Characteristics of a particular term or concept that allows stakeholders to gauge how the term or concept would commonly be implemented in a value-based contract, aligning expectations about methodologies without dictating what a methodology must include.

Most commonly risk adjustment includes the following characteristics:

- Patient chronic medical conditions
- Patient disability status

Sometimes, risk adjustment includes the following characteristics

- Persistent and self-reported demographic characteristics
- Statistical interactions of documented conditions
- Eligibility for state and/or federal subsidies

Risk adjustment includes the following characteristics:

- Social risks
- Past surgical history

When the Definition Does Not Apply

Examples derived from industry experience that highlight exceptions to a definition.

Risk adjustment typically is NOT applied to incentive or add-on payments associated with pay-for-performance, pay-for-reporting, or pay-for-service.

Subgroup Next Steps

CAQH CORE VBP Subgroup Participants:

- Straw Poll #3
  - Confirm draft rule language for X12 834 data content requirements
  - Semantic Interoperability for items with highest support on Straw Poll #1
- Participate in the next CAQH CORE VBP Subgroup Call on **Thursday, June 29, from 2:00-3:30 PM ET.**

CAQH CORE Staff & Co-Chairs:

- Distribute Straw Poll #3 to participants **by Monday, June 12, end of day.**
- Draft a call summary for today's call.
- Analyze responses from Subgroup Straw Poll #3 in preparation for Subgroup Call #4.

Contact CORE@caqh.org with any questions.

Appendix

Proposed Data to Exchange of Socio-demographic Information

Concept	Proposed Code Set	Response
Race and Ethnicity	CDC Race and Ethnicity Code Set	X12 v5010 TR3 references the use of the race and ethnicity concept lists curated by the CDC in DMG05-02 and DMG05-03 (code source 859). Confirmed with CDC the OID will remain unchanged with impending update.
Race and Ethnicity Collection Type	CDC Race and Ethnicity Collection Code	X12 v5010 TR3 references the use of the race and ethnicity collection code curated by the CDC in DMG10 and DMG11.
Member Preferred Language	ISO 639	X12 v5010 TR3 supports exchange of this code set through the value of “LE” in LUI01 and the appropriate concept code listed in LUI02.
Gender Identity	X12 Code Set augmented with USCDI vocabulary standards	Reporting would use currently required concepts in the X12 TR3 and leverage alphanumeric fields in the nested Loop 2750 NM101 & 102 and REF01 and REF02. Acknowledge that free-text is not the ideal solution, but use can function to align standard with current best practices.
Sexual Orientation*	USCDI vocabulary standards	Reporting would leverage alphanumeric fields in the nested Loop 2750 NM101 & 102 and REF01 and REF02. Acknowledge that free-text is not the ideal solution, but use can function to align standard with current best practices.
Subscriber Marital Status*	X12 Code Set	Reporting aligned with current code set included in the X12 v5010 TR3.

***Not pursuing development of operating rules for this concept**

Collection and Exchange of Sexual Orientation

Querying required, optional, or best practice collection and exchange

Substantive Comments	Co-chair and CAQH CORE Response
Multiple respondents expressed concern about requiring – or even facilitating – the exchange of sexual orientation information. The opportunity for member abrasion is high, as well as the potential for misuse. Further, others had difficulty identifying a purpose for collection in VBP.	**AGREE:** After reviewing support and comments for the exchange of sexual orientation, this topic will not move forward as an operating rule requirement, recommendation, or best practice outside of operating rules.

Points of Clarification	Co-chair and CAQH CORE Response
One respondent noted orientation does not define gender.	N/A
One respondent stated there was not enough information to fully support.	N/A
Two commenters raised that using free text fields could lead to reporting complications.	Though ineloquent, use of alphanumeric fields for reporting can align the standard with current industry best practices.
One respondent noted the limitations of multiple code sets indicated for use by the USCDI.	Acknowledge this limitation of current USCDI standards but emphasize the importance of this vocabulary to accommodate other and choose not to disclose.

Collection and Exchange of Sexual Orientation

Data loops, segments and elements

Substantive Comments	Co-chair and CAQH CORE Response
One respondent noted that the solution is incomplete and there would also need to be an agreed upon value for use in the N102 to flag that the REF*ZZ was sexual orientation. This respondent also added that the free text entries for 'Other' categories may be difficult to work with.	**AGREE:** Acknowledge that the data content would require use of other data segments and loops to be completed. Though these requirements are purely academic for sexual orientation, this will be taken under consideration for other reporting, including gender identity. Though ineloquent, use of alphanumeric fields for reporting can align the standard with current industry best practices.

Points of Clarification	Co-chair and CAQH CORE Response
One respondent asked if a glide path would be more appropriate for requiring reporting of this information.	Though a glide path is a novel idea, this concept does not have enough support from the Subgroup to be moved forward.
One respondent expressed concern that the proposals separates the information from its intended loop and repurposes fields from their intended use, risking an inability to use them as structured.	Please refer to similar comments in the Subgroup's discussion of gender identity.

Today's Call Documents

Document Name
Doc 1 VBP Subgroup Call 3 Deck 06.08.2023
Doc 2 VBP Subgroup Call 2 Call Summary 05.18.2023

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CAQH CORE VBP Subgroup

Activity Schedule for Call 1 and 2

Work Group Activity	Date	Topic
Subgroup Call #3 **TOPIC(S):** Benefit Enrollment & Semantic Interoperability	**Thursday 6/8/23** 2:00 – 3:30 PM ET	▪ Review results of Straw Poll #2 ▪ Refine benefit enrollment rule requirements ▪ Introduce semantic interoperability ▪ Align around inclusions for Straw Poll #3
Straw Poll #3 **TOPIC(S):** "Clean-up" benefit enrollment and semantic interoperability concept	**Monday 6/12/23 – Thursday 6/22/23**	▪ Indicate support for additional benefit enrollment requirements covered in Subgroup Call #3 ▪ Align industry definitions by responding to semantic interoperability prompts
Subgroup Call #4 **TOPIC(S):** Claim transaction & infrastructure	**Thursday 6/29/23** 2:00 – 3:30 PM ET	▪ Review results of Straw Poll #3. ▪ Discuss X12 837 technical requirements derived from Health Care Claims Subgroup ▪ If applicable, discuss CAQH CORE Infrastructure Requirements ▪ Next Steps including VBP Straw Poll #4
Straw Poll #4 **TOPIC(S):** Health care claims and infrastructure requirements	**Monday 7/3/23 - Thursday 7/13/23**	▪ Poll support for VBP-specific language in Health Care Claims Data Content Operating Rule ▪ Address infrastructure opportunities

CAQH CORE will update content as agenda clarifies between calls

CAQH CORE Value-based Payments Subgroup

Roster

Participant		Organization
Elyse	Pegler	Aetna
Terrence	Cunningham	American Hospital Association (AHA)
Andrea	Preisler	American Hospital Association (AHA)
Nancy	Spector	American Medical Association (AMA)
Linda	Walsh	American Medical Association (AMA)
Lauren	Scott	American Medical Association (AMA)
Heather	McComas	American Medical Association (AMA)
Robert	Otten	American Medical Association (AMA)
Erica	Martin	American Medical Association (AMA)
Era	Rodriguez	Arizona Health Care Cost Containment System
Danielle	Vincent	Aultcare
Jacob	Boron	Aultcare
Kathy	Sites	Availity, LLC
Heather	Sammons	BCBSNC
Deborah	Swain	BCBSNC
Troy	Smith	BCBSNC
Natasha	Sallie	BCBSMI
Ron	Knapp	BCBSMI
Carol	Larson	BCBSMI
Cynthia	Monarch	BCBSMI
Jack	Green	BCBSMI
Paul	Ozdarski	BCBSMI
Susan	Langford	BCBSTN
Naveen	Maram	Centene Corporation
Chuck	Chervitz	Centene Corporation
Charlene	Parks	CMS
Sadaf	Ali	CMS
Genevieve	Morris	Change Healthcare
Mike	Denison	Change Healthcare
Summerpal	Kahlon	Change Healthcare
Annette	Kemplin	CIGNA
Jeffrey	Narog	CIGNA
Gunes	Raack	Cleveland Clinic
Michelle	Medina	Cleveland Clinic
Robert	Jones	Cleveland Clinic
Adam	Keating	Cleveland Clinic
Sanjeev	Suri	Cleveland Clinic
Scott	Dynda	Cleveland Clinic
Kyle	Kroening	Cognizant
Tania	Mason	Cognizant

Participant		Organization
Vincent	Carrillo	Cognizant
Andrew	Schulz	Cognizant
Patricia	Wijtyk	Cognizant
James	Murray	CVS Health
Alka	Arcari	CVS Health
Michael	Pattwell	Edifecs
Kevin	Day	Edifecs
Vik	Sachdev	Edifecs
Tushar	Nair	Edifecs
Anitha	Aerabati	Elevance Health
Joe	McGuire	Epic
Megan	Soccorso	Gainwell Technologies
Olga	Khabinskay	Healthcare Business Management Association (HBMA)
Katie	Gilfillan	Healthcare Financial Management Association
Rashmi	Bokkasada	Healthedge Software Inc
Christopher	Gracon	HEALTHeNET
Gheisha-Ly	Rosario Diaz	Laboratory Corporation of America
Denny	Brennan	Massachusetts Health Data Consortium/NEHEN
David	Delano	Massachusetts Health Data Consortium/NEHEN
Janice	Karin	Massachusetts Health Data Consortium/NEHEN
Kenia	Cruz	Montefiore Medical Center
Charles	Hawley	NAHDO
Amy	Costello	NAHDO
Margaret	Weiker	NCPDP
Nancy	Team	NextGen Healthcare Information Systems, Inc.
Michael (Mike)	Alwell	St. Joseph's Health
Nikita	Williams-Woods	Tata Consultancy Services Ltd
Alison	Schambach	Tata Consultancy Services Ltd
Pinki	Patel	Tata Consultancy Services Ltd
Dorothy	Egan	Tata Consultancy Services Ltd
Mary	Sussman	Tata Consultancy Services Ltd
Brian	Petry	TRICARE
Dawn	Erckenbrack	TRICARE
Kiran	Kalluri	UnitedHealthGroup
Lynn	Chapple	UnitedHealthGroup
Robert	Tennant	WEDI
Kristina	Berger	Zelis

CAQH CORE