CAQH Committee on Operating Rules for Information Exchange (CORE)
Value-based Payments (VBP) Subgroup
Call #2 Summary: Thursday, May 18, 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, Administrative Items, Upcoming CORE Events (Doc #1 slides #1-4)	○ **Kayla Cooper (CAQH CORE, Associate) opened the call, provided a brief overview of GoToMeeting, and conducted roll call.** ○ [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. ○ **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the meeting agenda and objectives, which were to:** ○ Review and discuss the results from Straw Poll #1 ○ Discuss potential socio-demographic data content requirements for HIPAA-mandated and voluntary X12 834 transactions. ○ Share CAQH CORE's vision for an X12 837 data content rule to support VBP methodologies. ○ **Mike Phillips (CAQH CORE, Sr. Manager) notified the subgroup of the upcoming CAQH Connect.** ○ CAQH Connect will be from September 27th-29th, 2023 at the Westin Georgetown, Washington, D.C. More information to follow.	*Discussion*
2. VBP Subgroup Straw Poll #1 Results: X12 834 & X12 837 (Doc #1 slides #5-13)	○ **Mike Phillips (CAQH CORE, Sr. Manager) introduced the VBP Subgroup Straw Poll #1 results as well as the Straw Poll's intent.** ○ The Straw Poll's purpose was to gauge general support for opportunity areas discussed in the first subgroup meeting. ○ **Mike Alwell (St. Joseph's Health, VP, Revenue Cycle) reviewed the Straw Poll #1 X12 834 Results.** ○ Mike Alwell noted that there was a 72% response rate and that the subgroup had a high level of engagement. ○ Participants indicated support for several socio-demographic data types, particularly requirements for the exchange of race and ethnicity data using the CDC Race and Ethnicity Code Set and member preferred language and marital status using the X12 TR3 code sets. ○ Participants noted that required gender reporting using USCDI standards would be helpful so long as the sensitivity of this information is kept in consideration during rule development. ○ There was a low level of support from participants for the collection and exchange of sexual orientation and citizenship status due to the opportunities for member harm and barriers to health.	*Discussion*

Agenda Item	*Key Discussion Points*	*Decisions and Actions*
	○ **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the comments submitted within the X12 834 section of Straw Poll #1.** ○ Comments showed the overall concern regarding the need for any socio-demographic information to be shared only if agreed upon by patients. ○ The development of minimum requirements that align potential standards with modern reporting efforts will guide the development of these operating rules. ○ Consideration of standard agnosticism within the development of these operating rules is essential to ensure patient data is safely and correctly exchanged. ○ **Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the Straw Poll #1 X12 837 Results.** ○ Noted that there was clear support for the use-cases used in the claim submission with the highest levels of support focusing on use-cases pertaining to risk adjustment and stratification, as well as for quality measurement and quantification of social risk using Z-codes. ○ Stated that the ability to submit an additional claim with supplementary diagnoses for a single encounter is important to VBP methodologies. ○ **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the comments submitted within the X12 837 section of Straw Poll #1.** ○ Mike Phillips noted that despite the strong support, there were certain points that needed clarification based on the comments received. ○ Noted that it is outside of the Subgroup's scope to require the submission of ICD-10 diagnosis codes at an encounter. However, CAQH CORE can require that if providers are submitting a claim for a single encounter that requires more than 12 diagnoses, they can do so using a standardized, best practice methodology. ○ Asked for clarification on comments received regarding: ▪ One is use in public health and economics . ▪ Another is the use of the 837 for data integrity checks. ▪ Is the utility of other data sets beyond ICD-10 Z-codes; what other data are you referencing? • No comments were received during the discussion to clarify the above points. ○ **Summary of VBP Subgroup Discussion:** ○ Mike Pattwell (Edifecs) noted that he is looking forward to an upcoming presentation at the WEDI 2023 Spring Conference in which the submission of ICD-10 Z-codes will be discussed. ○ Heather McComas (AMA) asked if any kind of guidance that this Subgroup creates will be put into a Claim or VBP operating rule?	

Agenda Item	*Key Discussion Points*	*Decisions and Actions*
	▪ Mike Phillips (CAQH CORE) noted that operating rules will be applied to the transactions being discussed – X12 837 and X12 834. VBP is built off of every day transactions and, as such, considerations must be included for those workflows.	
3. VBP Subgroup Straw Poll #1 Results: Infrastructure Requirements (Doc #1 slides 14-15)	○ **Naveen Maram (Centene Corporation, VP, Digital Operations) reviewed the infrastructure requirements presented in Straw Poll #1.** ○ Noted that the infrastructure requirements presented in the Straw Poll were derived from existing CORE Operating Rules and that the Subgroup is not limited to these ideas, as other opportunities may come to light as the Subgroup continues. ○ Stated that while the opportunities presented can't be recommended "as-is", they should be further explored in future meetings. ○ **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the comments received in this infrastructure section.** ○ The majority of comments received focused on the VBP Contract Template. ▪ Participants noted that the VBP Contract Template should not be overly prescriptive as this area is fast-moving and dynamic. ▪ The VBP Contract Template would serve as a basis for contracts to create a predictable and reproducible format to better guide stakeholders that are new to the value-based field. ○ **Summary of VBP Subgroup Discussion:** ○ Mike Pattwell (Edifecs) noted that there are other members of WEDI and the DaVinci Project that are also trying to work on VBP contract templates. Mike stated that a collaboration with those organizations would be beneficial to the industry.	*Discussion*
4. VBP Subgroup Straw Poll #1 Results: Semantic Interoperability (Doc #1 slides 16-17)	○ **Mike Phillips (CAQH CORE, Sr. Manager) discussed the results of the semantic interoperability section of Straw Poll #1.** ▪ Noted that support was generally high for the semantic interoperability framework and candidate definitions. ▪ Mike did note that the list of definitions was long and that some areas may need to be combined for Subgroup efficiency. ▪ Stated that terms with the highest levels of support and directly pertain to operating rule language will be prioritized for consideration. ○ **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the comments received in the semantic interoperability section.** ▪ Mike stated CORE's appreciation for the Subgroup's support in this section and acknowledged that certain terms may be refined and added. ▪ The synergistic opportunities between CORE and other organizations, such as WEDI and the DaVinci Project, were also noted.	*Discussion*

Agenda Item	*Key Discussion Points*	*Decisions and Actions*
	▪ Mike ensured participants that this Subgroup would not override proprietary methodologies. ○ **Summary of VBP Discussion:** ▪ No questions or comments were raised by VBP participants.	
5. VBP Subgroup Straw Poll #1 Results: Summary (Doc #1 slide #18)	○ **Mike Phillips (CAQH CORE, Sr. Manager) summarized the Straw Poll #1 results.** ○ The Subgroup expressed broad support across several categories and noted areas for refinement. ○ Uncertainty still exists surrounding how to address sexual orientation and infrastructure requirements. ○ CORE acknowledges that use-cases must be solid and not bring harm to patient populations. Therefore, citizenship status as an operating rule will not be explored. ○ **Summary of VBP Discussion:** No questions or comments were raised by VBP participants.	*Discussion*
6. Potential Operating Rule Requirements: X12 834 (Doc #1 slides #19-21)	○ **Mike Phillips (CAQH CORE, Sr. Manager) introduced potential data content requirements for the X12 834.** ○ **Mike Alwell (St. Joseph's Health, VP, Revenue Cycle) reviewed the Straw Poll #1 X12 834 Results.** ○ Acknowledged that improvements to the collection and exchange of race and ethnicity data could stem from the industry using the comprehensive CDC Race and Ethnicity Code Set, along with the need to address confusion and comprehensiveness prior to requiring collection in an operating rule. ○ Noted that the collection and exchange of gender identity and sexual orientation in the X12 834 would expand current reporting requirements and align the industry. However, the collection of this data must be done with clear understanding to privacy requirements and patient safety. ○ Acknowledged that the X12 standard also offers additional structured information that may be incorporated in reporting requirements. ○ **Mike Alwell (St. Joseph's Health, VP, Revenue Cycle) further discussed the consistent exchange of socio-demographic data.** ○ Mike Alwell explained why operating rules surrounding socio-demographic data exchange are important, stating that they stimulate necessary standardization and the X12 834 provides the necessary framework to enable this. ○ Noted that operating rules can contribute to a more equitable healthcare system by facilitating the collection of important socio-demographic data.	*Discussion*

Agenda Item	*Key Discussion Points*	*Decisions and Actions*
7. Summary of Subgroup Opportunities (Doc #1 slides #22-25)	○ **Mike Phillips (CAQH CORE, Sr. Manager) summarized the opportunities for the VBP Subgroup.** ○ Reviewed high-level data content requirements for the concepts that the Subgroup either conditionally or fully supporting in Straw Poll #1. ○ Noted that Straw Poll #2 will go into great detail, including specific data elements and segments for the exchange of race and ethnicity using the CDC code set. ○ Reviewed structural data elements within the X12 standard, including marital status and preferred language, noting that marital status can be exchanged using the demographic fields in the Member Name Loop and member preferred language can be exchanged in the LUI fields. ○ Noted that aligning the reporting with the ISO 639 best matches the syntax and structure of other industry standards. ○ Stated that data reporting for sexual orientation and gender identity would require the use of alphanumeric reference fields within the X12 834. Self-reported gender identity could augment currently required gender reporting in the X12 TR3 and using loop 2750 would allow relevant SNOMED and HL7 v3 vocabulary used. ○ Ensured that any operating rules developed by this Subgroup would require an "opt-out" for members who do not wish to share any socio-demographic information. ○ **Mike Phillips (CAQH CORE, Sr. Manager) reviewed exchange loop opportunities.** ○ Mike noted that the mandated X12 834 is effective for collecting socio-demographic information but not immediately supportive of delivering the data to providers who are entered under VBP contracts. ○ This data could be delivered to providers through the voluntary plan member reporting transaction, which the CAQH CORE Attributed Patient Roster Operating Rule is built from and can be substantively updated to included socio-demographic data collection. ○ **Mike Phillips (CAQH CORE, Sr. Manager) acknowledged the legal aspect of the exchange of the discussed sociodemographic data.** ○ Noted that there is currently no federal restrictions on the collection of race and ethnicity data. 6 states currently prevent collection of this information at the time of insurance application. ○ Stated that any rule requirements would be inclusive or representative of state limitations. ○ Noted that SOGI data collection has no blanket law outlining its permissible collection and use and that some exchange of this data is through channels not protected by HIPAA. ○ Mike stated that overall, the collection of this sensitive data must be respectful to the populations that may be impacted. ○ **Summary of VBP Discussion:**	

Agenda Item	*Key Discussion Points*	*Decisions and Actions*
	○ Janice Karin (NEHEN) noted that the OMB is scheduled to release a new race and ethnicity standard soon. Mike Phillips replied that this upcoming release will be included in Straw Poll #2 and accounted for in the design of the operating rule. ○ Janice also asked if patients would have a global opt-out from sharing socio-demographic information. Mike Phillips noted that yes, it would be a global opt-out. ○ Janice also noted that clinics who specialize in Trans patient care have patients who want to control which providers they come out to, there is a gray area between what patients what and what is currently allowable. ○ Michael Patwell (Edifecs) noted that Edifecs' Senior VP on EDI noted that the legal and privacy concerns for patient safety must be kept at the forefront as the Subgroup develops these rules.	
8. Potential Operating Rule Requirements: X12 837 (Doc #1 slides #26-31)	○ **Naveen Maram (Centene Corporation, VP, Digital Operations) reviewed the Subgroup's collaborative efforts for the X12 837 claim submission requirements.** ○ Stated that there is an industry-recognized need for a claim submission for a single encounter to include greater than 12 diagnoses on a professional submission, which allows providers to properly document chronic conditions and socio-demographic data that influence care. ○ Noted that, while methodologies exist to support the addition of extra diagnoses through the X12 837 single encounter, they are not standardized across health plans. ○ Naveen acknowledged that the Health Care Claims Subgroup is working on this topic as well, and will be collaborating with the VBP Subgroup. ○ **Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the different methods used to submit supplementary diagnoses.** ○ Stated that an operating rule could address variation throughout matching information, service limitations, procedure codes, claim frequency codes, and principal diagnoses. ○ Noted that timing of the submission must be considered. ○ Stated that the primary technical items are being considered firstly by the Health Care Claims Subgroup and then shared with the VBP Subgroup. ○ **Mike Phillips (CAQH CORE, Sr. Manager) provided an overview of how VBP methodologies are affected by claims submission.** ○ Risk adjustment relies primarily on the documentation of chronic conditions submitted as ICD-10 codes on claims. ○ Payment and incentives often utilize claims to determine if care was delivered or a threshold was met; this applies to quality measurement as well. ○ Certain specialty care models also tie attribution and/or reconciliation to the presence of ICD-10 diagnoses. ○ Z-codes, important for social risk quantification, are documented through claim submissions.	

Agenda Item	*Key Discussion Points*	*Decisions and Actions*
	○ **Summary of VBP Discussion:** No questions or comments were raised by VBP participants.	
9. Summary and Next Steps (Doc #1 slide #32)	• **Mike Phillips (CAQH CORE, Sr. Manager) stated that Straw Poll #2 would be distributed on Monday, May 22nd.** ○ *CAQH CORE VBP Co-Chairs & Staff:* ○ Distribute Straw Poll #2 to participants by Monday, 05/22/2023, 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 #2 in preparation for VPB Subgroup Call #3 on Thursday, 06/08/2023. ○ *VBP Subgroup Participating Organizations:* ○ Complete Straw Poll #2 by Thursday, 06/01/2023 ○ Participate in the VBP Subgroup Call #3 on June 8th from 2:00-3:30pm ET	**Action required:** *Agreed to Next Steps.*

Call Documentation
• **Doc 1:** VBP Subgroup Call 2 Slide Deck 05.18.2023.pdf • **Doc 2:** VBP Call 2 Summary 04.27.2023.pdf

CAQH CORE Contact Information

Erin Weber
Vice President, CORE
eweber@caqh.org

Mike Phillips
Senior Manager, CORE
mphillips@caqh.org

Kayla Cooper
Associate, CORE
kcooper@caqh.org

CAQH Committee on Operating Rules for Information Exchange (CORE)
Value-based Payments (VBP) Subgroup
Call #2 Summary: Thursday, May 18, 2023, 2:00-3:30 pm ET

VBP Subgroup Call #2 Attendance

Organization	Last Name	First Name	Attended
Aetna	Pegler	Elyse	
Aetna (CVS Health)	Arcari	Alka	Y
Aetna (CVS Health)	Murray	James	
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	Y
American Medical Association (AMA)	Otten	Robert	
American Medical Association (AMA)	Spector	Nancy	Y
Arizona Health Care Cost Containment System	Rodriguez	Era	Y
Aultcare	Vincent	Danielle	Y
Aultcare	Boron	Jacob	Y
Availity, LLC	Sites	Kathy	Y
Blue Cross Blue Shield of North Carolina	Sammons	Heather	
Blue Cross Blue Shield of North Carolina	Smith	Troy	
Blue Cross Blue Shield of North Carolina	Swain	Deborah	Y
Blue Cross Blue Shield of Michigan	Larson	Carol	
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	

CAQH Committee on Operating Rules for Information Exchange (CORE)
Value-based Payments (VBP) Subgroup
Call #2 Summary: Thursday, May 18, 2023, 2:00-3:30 pm ET

Organization	Last Name	First Name	Attended
Centers for Medicare and Medicaid Services (CMS)	Ali	Sadaf	
Change Healthcare	Denison	Mike	
Change Healthcare	Kahlon	Summerpal	
Change Healthcare	Morris	Genevieve	Y
CIGNA	Kemplin	Annette	
CIGNA	Narog	Jeff	
Cleveland Clinic	Keating	Adam	
Cleveland Clinic	Raack	Gunes	Y
Cleveland Clinic	Medina	Michelle	
Cleveland Clinic	Jones	Robert	
Cleveland Clinic	Suri	Sanjeev	Y
Cleveland Clinic	Dynda	Scott	Y
Cognizant	Schulz	Andrew	
Cognizant	Kroening	Kyle	
Cognizant	Wijtyk	Patricia	
Cognizant	Mason	Tania	
Cognizant	Carrillo	Vincent	
Edifecs	Day	Kevin	
Edifecs	Pattwell	Michael	Y
Edifecs	Nair	Tushar	
Edifecs	Sachdev	Vik	Y
Elevance Health	Aerabati	Anitha	
Epic	McGuire	Joe	Y
Gainwell Technologies	Soccorso	Megan	Y
Healthcare Business Management Association (HBMA)	Khabinskay	Olga	Y
Healthedge Software Inc	Desai	Parag	
Healthedge Software Inc	Bokkasada	Rashmi	
HealtheNet	Gracon	Christopher	Y

CAQH Committee on Operating Rules for Information Exchange (CORE)
Value-based Payments (VBP) Subgroup
Call #2 Summary: Thursday, May 18, 2023, 2:00-3:30 pm ET

Organization	Last Name	First Name	Attended
Laboratory Corporation of America	Rosario Diaz	Gheisha-Ly	
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	
St. Joseph's Health	Alwell	Michael (Mike)	Y
Tata Consultancy Services Ltd	Schambach	Alison	
Tata Consultancy Services Ltd	Egan	Dorothy	Y
Tata Consultancy Services Ltd	Sussman	Mary	Y
Tata Consultancy Services Ltd	Patel	Pinki	Y
Tata Consultancy Services Ltd	Williams-Woods	Nikita	Y
TRICARE	Petry	Brian	
TRICARE	Erckenbrack	Dawn	
UnitedHealthGroup	Kalluri	Kiran	
UnitedHealthGroup (Optum)	Chapple	Lynn	
Work Group for Electronic Data Interchange (WEDI)	Tennant	Robert	Y
Zelis	Berger	Kristina	