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)	o **Kayla Cooper (CAQH CORE, Associate) opened the call, provided a brief overview of GoToMeeting, and conducted roll call.**
	  o [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations].
	o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the meeting agenda and objectives:**
	  o Review and discuss the results from Straw Poll #2
	  o Introduce Semantic Interoperability and the Subgroup's go-forward proposal as well as Risk Adjustment and Stratification.
	o **Mike Phillips (CAQH CORE, Sr. Manager) and Erin Weber (CAQH CORE, Vice President) notified the subgroup of the upcoming CAQH Connect.**
	  o 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 #2 Results: Overview and Parts A & B:** (Doc #1 slides #5-14)	o **Mike Phillips (CAQH CORE, Sr. Manager) introduced the VBP Subgroup Straw Poll #2 background and results.**
	  o The Straw Poll's purpose was to provide direction on potential rule options and gauge overall support for moving forward with specific topics including data requirements to the X12 834 transaction and framework for semantic interoperability.
	o **Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the response rate of Straw Poll #2.**
	  o There was a 68% rate, around 2/3rd of organizations submitted a response.
	  o Reminded the Subgroup of the importance of straw poll participation to ensure that rule requirements are well defined.
	o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the VBP Subgroup Straw Poll #2 Race and Ethnicity Data Collection & Exchange Results (Parts A & B).**
	  o Noted that there was generally high support for the required collection of race and ethnicity data at the point of patient enrollment.
	  o Participants noted some hesitation at the two-question format of this data collection.
	  o Participants overall supported the creation of mechanisms to maintain member privacy, allowing members the opportunity to not disclose their race or ethnicity.
	  o Support for requirements for health plans to standardly record when information was not collected received.
		Discussion
		
		Follow-up required: *CAQH CORE Staff and Co-chairs to research data content requirements for sharing CDC unique identifier AND hierarchical code in DMG05-03.*

Agenda Item	Key Discussion Points	Decisions and Actions

	o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the comments submitted within the Race and Ethnicity Data Collection & Exchange section of Straw Poll #2.**
	
	   o Two substantive comments were received on this section:
	
	      ▪ Concern over requiring a two-question format with regards to imminent updates to Office of Management and Budget (OMB) 15 requirements. OMB has stated that switching from two questions to one may present industry burden, CORE agrees with participants and plan on presenting the requirement for race and ethnicity collection to be agnostic to the number of questions required.
	
	      ▪ Some participants commented that they believe selections of some other race or ethnicity would obviate the need to collect that a member did not answer or did not disclose that information. CORE disagrees with the belief that additional categories would make these options unnecessary. This will minimize the impact of NULL values on data sets.
	
	   o Points of clarification comments were received in this section:
	
	      ▪ These comments mainly focused on maintenance of privacy. CORE notes that the options presented in this section would maintain a member's right to privacy through the inclusion of an option to not disclose their race or ethnicity and to leave the question blank if they wish.
	
	o **Summary of VBP discussion:**
	
	   o Christopher Gracon (HealtheNet) noted that for data content requirements, the hierarchical codes work in DMG05-3 and that it is tough to get people to categorize within the hierarchical. Christopher noted that they do not see us maxing out using whatever code set is chosen, especially the CDC set which contains over 900+ values. Chris had concerns over non-covered entities being required to collect one or more data sets as it is already difficult to encourage 834 use in general.	

3. **VBP Subgroup Straw Poll #2 Results: Part C**
(Doc #1 slides #15-16)
	o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the VBP Straw Poll #2 Instances of Exchange Results (Part C).**
	
	   o Noted that each of the data exchange requirements indicated to carry out the proposals from the first question received sufficient support to be used as the method of exchange. The CDC Race and Ethnicity Code Set received high levels of support and the option to not disclose was markedly higher than what was polled in the first question. This reinforces CORE's belief that a required option of not disclosing one's race or ethnicity is important.
	
	o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the comments submitted within the Data Content Requirements section of Straw Poll #2.**
	
	   o Two substantive comments were received related to data exchange mechanisms:
		Discussion

Agenda Item	Key Discussion Points	Decisions and Actions
	▪ The first comment was submitted across the different proposals and claimed that operating rules can't accomplish what is being proposed and maintenance requests or RFIs must be submitted to X12. CORE disagrees with this statement, noting that the CDC Race and Ethnicity Code Set is the referenced external code source in the X12 TR3 and the OID referenced in the TR3 will remain unchanged in updates. CORE values its relationship with X12 and will continue to liaise on these matters. ▪ The second comment asked if exchange should be based on hierarchical codes in the race and ethnicity code set versus the unique identifier. A previous meeting addressed that CDC guidance notes that hierarchical codes may change over time, the unique identifier is necessary to support longevity and durability of data exchange. ○ Points of clarification comments were received in this section: ▪ Privacy concerns were raised. CORE notes that a member's responsibility to share this information is voluntary and the inclusion of a "not disclose" can help with data integrity. ▪ CORE noted that the CDC Race and Ethnicity code set and the OMB 15 section of race and ethnicity are harmonized. CORE is proposing aligning exchange using the CDC race and ethnicity code set so that concepts are shared in a uniform manner. ▪ Noted that some terms in the X12 code set, such as "not applicable" may not fully align with CORE's recommendations. If greater or different detail is required, participants are encouraged to submit an MR to X12. ○ **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the VBP Straw Poll #2 Data Order Results (Part C).** ○ This section polled support for establishing a predictable data sharing structure across multiple scenarios. None of the proposed scenarios received high levels of support but a predictable structure of single race/single ethnicity or single race and multiple ethnicities may have some merit. ○ **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the comments submitted within the Data Order section of Straw Poll #2.** ○ Mike noted that the word "instance" was used in the straw poll where the words "repeat" or "occurrence" were more appropriate. This oversight does not significantly impact results. ○ One substantive comment was received related to instances of exchange and data order: ▪ A comment noted that the clear delineation of racial and ethnic concepts in the CDC code set obviate the need to present an order. CORE noted that this point is understood but asked if there is value in recommending a predictable data structure, agnostic to scenarios, does X12 ordinal guidance prevent the proposal or recommendation of a predictable structure, and do the current OMB standards justify the idea of sequencing?	

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	o Noted that, overall, the points are largely academic, and CORE does not recommend moving forward with data sequence or structure given the low support. o **Summary of VBP discussion:** 　o Christopher Gracon (HealtheNet) commented that the X12 order language applies to segments, loops, and repeating data elements.	
4. **VBP Subgroup Straw Poll #2 Results: Part D** (Doc #1 slides 17-18)	o **Mike Phillips (CAQH CORE, Sr. Manager) discussed the VBP Straw Poll #2 Requirement 3: Minimum Requirements for Collection, X12 834 Benefit Enrollment & Maintenance Results (Part D).** 　o Mike stated that that OMB Directive 15 is for the collection of race and ethnicity and that CORE proposes a requirement for the minimum data collections requirements align with the most recent OMB 15, plus the addition of Middle Eastern and North African. 　o Noted that respondents saw benefits to aligning around a minimum but raised concerns about the limitations of collection and the influence of imminent updates. This led to a slightly higher proportion of partial support while others rejected the idea all together due to imminent changes. o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the comments received in Part D:** 　o No substantive comments were received. 　o Some points of clarification were received in this section: 　　▪ Respondents were concerned that the addition of Middle Eastern and North African may create a hybrid reporting structure, noting that the OMB 15 race and ethnicity code set must be harmonized. Mike responded saying that the concerns are understood but the race and ethnicity code set is aligned with the OMB standard adding a new racial identity concept broadens the information being collected. 　　▪ Other comments favored data sets with greater granularity, like the ISO 138. Mike responded saying that the OMB standard is an appropriate minimum but should not limit implementers if they can support more granular data sets. o **Mike Phillips (CAQH CORE, Sr. Manager) stated that CORE recommends aligning minimum collection and exchange of race and ethnicity concepts with the most recent OMB 15 requirements.** o **Summary of VBP Discussion:** 　▪ No questions or comments were raised by VBP participants.	*Discussion*

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5. **VBP Subgroup Straw Poll #2 Results: Part E and Considerations** (Doc #1 slides 19-21)	o **Mike Phillips (CAQH CORE, Sr. Manager) discussed the VBP Straw Poll #2 Method of Collection of Race and Ethnicity Results (Part E).**
	    o Noted that the previous call asked about exchanging how information was collected. This received high support in this straw poll and will likely be included in a data content proposal, either as a requirement or strong recommendation.
	 o **Mike Phillips (CAQH CORE, Sr. Manager) stated that CORE recommends requiring the collection and exchange of how race and ethnicity information was collected using the applicable CDC Race and Ethnicity Collection Method Code.**
	 o **Mike Phillips (CAQH CORE, Sr. Manager) stated that CAQH CORE staff and co-chairs recommend the following:**
	    o Operating rules should be agnostic to the number of questions asked to collect this information. Maintaining a two-question structure may lead to outdated requirements or unnecessary burdens for conformance.
	    o Harmonization is important and the concepts included in Straw Poll #2 were carefully selected to reflect this.
	    o Member privacy is extremely important. While mechanisms exist to protect privacy, based on the subgroup's feedback, CAQH CORE proposes a blanket requirement for health plans to disclose what collection of this information is used for.
	    o Require health plans to develop and share language with disclosing proposed uses of socio-demographic information.
	    o Requirement to facilitate collection of race and ethnicity information and process/exchange using the unique identifier in the CDC race and ethnicity code set.
	    o Requirement to provide members with an option to NOT DISCLOSE their race or ethnicity.
	    o Requirement to collect and process how race and ethnicity was identified using select values from the CDC race and ethnicity collection code.
	    o **For recommendations:**
	       ▪ CORE recommends processing when information was not shared, to mitigate NULL values – but as previously discussed, it may not be as necessary if there is an option of NOT DISCLOSE.
	       ▪ CORE also recommends aligning minimum collection requirements to most recent requirement in the OMB 15, pre-emptively updating to include Middle Eastern or North African.
	 o **Summary of VBP Discussion:**
	    o Mike Pattwell (Edifecs, Principal Business Advisor) noted that this data is important for access reach and that the industry will need to keep pushing to ensure alignment with CMS and CMMI.
		Discussion

Agenda Item	Key Discussion Points	Decisions and Actions

6. **VBP Subgroup Straw Poll #2 Results- Gender Identity Concepts: Part A** (Doc #1 slides 23-24)	o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the VBP Straw Poll #2Requirement #1: Concepts for Exchange of Gender Identity Results (Part A).**
	   o Mike stated that Straw Poll #2 polled whether collection of gender concepts using the latest version of the USCDI vocabulary standards should be required for collection at the point of enrollment. Doing so may augment X12 reporting with an expanded set of concepts, which better reflect current reporting practices and align the standard with industry best practices.
	   o Overall, support for requiring collection was moderate, with relatively low opposition.
	o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the comments received in Part A: Requirement #1:**
	   o One substantive comment was received differentiating between sex at birth and gender identity for clinical reasons. Mike noted that this concept has not yet been considered by the Subgroup but it is worthy of discussion. X12 RFIs have clarified that current reporting requirements are applied to gender, not the legal sex or sex assigned at birth. Mike stated that if the Subgroup agrees that sex assigned at birth is important data to collect, the Subgroup may consider operating rule requirements to support the exchange of this information. However, this field isn't in the X12 v5010 834. The reporting of this would require alphanumeric reference fields, which may introduce complexities.
	   o Mike also acknowledged the comments received that expressed concerned about the current political climate and the negative use of this data to determine negotiated rates or payer acceptance. CORE acknowledges this potential misuse and is committed to facilitating uniform data exchange. Noted that misuse can be mitigated through the option to not disclose information.
	   o **For recommendations:**
	       ▪ Recommend the collection and exchange of gender identity concepts consistent with current USCDI vocabulary standards.
	o **Summary of VBP Discussion:**
	   o Janice Karin (NEHEN) felt that the collection of sex assigned at birth data would be consistent with USCDI.
	   o Christopher Gracon (HealtheNet) noted that sex assigned at birth is not in the 8030 version of the 834. Noted that if sex assigned is needed then a maintenance request should be submitted to X12. Christopher also stated that the problem with REFs is that they can be used by and defined by any user. REF qualifiers can be used by different trading partners and it is difficult to find REFs that have not already been used by someone else.
	   o Andrea Preisler (AHA) asserted that differentiating between sex assigned at birth and gender identity within the claim space is important but they are not sure of the importance of it within the 834 itself.
	   o Bob Bowman (CAQH CORE, Principal) noted that the Subgroup can liaise with X12 to determine if there's an appropriate course of action.
		Discussion
		
		Follow-up Required: *CAQH CORE Staff and Co-chairs will investigate the incorporation of sex assigned at birth into data content requirements.*

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7. **VBP Subgroup Straw Poll #2 Results- Gender Identity Concepts: Part B and Draft Requirements and Recommendations** (Doc #1 slides 25-27)	o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the VBP Straw Poll #2 Requirement #2: Exchange of Gender Identity Results (Part B).**
	    o Noted that this section polled the mechanism through which gender identity should be exchanged. As polled, it would rely on the use of alphanumeric reference fields. Overall, support was mixed, with slightly stronger support for enhancing reporting of female and male concepts. Overall, support is generally strong enough to use the reporting mechanisms for the recommended exchange of gender identity concepts.
	 o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the comments received in Part B: Requirement #2:**
	    o Several substantive comments were made regarding the proposed mechanisms:
	        ■ Some concerns were raised that the proper mechanism separates the information from its positioning on the transaction and repurposes fields from their intended use. CORE responded that the loop in the straw poll can only be repeated a single time. However, the loop is 'nested' in another loop that can be repeated greater than one time, which addresses concerns about repurposing fields. N101 and N02 data fields would be included.
	        ■ A second concern was raised that supplemental reporting for male and female using SNOMED values feels messy. CORE responded stating that there is value in aligning reporting with emerging vocabulary standards to match industry best practices.
	        ■ A third comment noted that proposed rule requirements may not be applied as anticipated if implementers are not consistent with their use of F, M, or U in the X12 TR3. CAQH CORE responded that operating rules are developed for the standard as it is presented in the X12 TR3.
	    o **For recommendations:**
	        ■ Recommendation to exchange gender identity concepts using the indicated mechanisms to supplement required reporting of female, male and unknown concepts from the X12 TR3.
	        ■ The only requirement for gender identity proposals is for health plans to develop language disclosing SDOH information when it is collected, building on building on the concept of informed consent.
	    o **Summary of VBP Discussion:**
	       o Christopher Gracon (HealtheNet) noted that in some cases, state exchanges often use most of the available REF qualifiers at the member level.
	       o Janice Karin (NEHEN) asked if this would violate the standard of being unknown. Mike Phillips and Bob Bowman (CAQH CORE) responded that there are not any known	

Agenda Item	Key Discussion Points	Decisions and Actions
	instances where this is being used as HIPAA has a set of rules around defined capacities. CORE would not propose an operating rule that would be in conflict with the standard.	
8. **VBP Subgroup Straw Poll #2 Results- Sexual Orientation: Part A** (Doc #1 slides 28-30)	o **Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the VBP Straw Poll #2 Requirement #1: Concepts for the Exchange of Sexual Orientation Results (Part A).** o Noted the first question polled was if an operating rule should require or facilitate the exchange of sexual orientation. o The Subgroup did not support any of the proposals, stating that there isn't a clear use for the information and the risk of misuse or harm is too high. The Subgroup will not be moving forward with any requirements or recommendations related to exchange of sexual orientation concepts. o **For recommendations:** ▪ Do not move forward with this section. o **Summary of VBP Discussion:** o No questions or comments were raised by VBP participants.	
9. **VBP Subgroup Straw Poll #2 Results- Other Socio-demographic Concepts: Part A:** (Doc #1 slides 30-33)	o **Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the VBP Straw Poll #2 Requirement #1: Required Preferred Language and Marital Status Results (Part A).** o The polled concepts of member preferred language and subscriber marital status support greater data quality and availability for socio-demographic concepts that could influence outcomes or access to care. o Subgroup favored required collection of member preferred language but not marital status. o **For recommendations:** ▪ Move forward with required collection of member preferred language, not marital status. o **Summary of VBP Discussion:** o No questions or comments were raised by VBP participants.	
10. **VBP Subgroup Straw Poll #2 Results- Other Socio-demographic Concepts: Part B:** (Doc #1 slides 34-36)	o **Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the VBP Straw Poll #2 Requirement #2: Exchange of Preferred Language and Marital Status Results (Part B).** o Mechanism for collection and exchange of member preferred language, which relies on fields and data elements named in the X12 TR3, received high support. o **For recommendations:** ▪ Move forward with draft requirements as proposed in Straw Poll #2 with greater specificity. Collect, share, and process member preferred language using the ISO 639-3.	

Agenda Item	Key Discussion Points	Decisions and Actions

	▪ Include the requirement for health plans to develop language and disclose how the information is used for consent of sharing.
	o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the comments received in Part B: Requirement #2:**
	  o Two substantive comments were received in this section:
	    ▪ One stated that requirements should be aligned to the 2 or 3- character variants of the ISO 639 to promote uniformity. CORE agrees and to provide the greatest level of specificity to the industry, the proposal is centered around ISO 639-3, that provides a hierarchical, granular indication of member language.
	    ▪ The second stated that member preferred language is a barrier to access and outcomes. CORE thanks the commenter for their support and acknowledge the high-level of support from the Subgroup. Facilitating the required exchange of member preferred language has strong positive benefits throughout the industry.
	o **Summary of VBP Discussion:**
	  o No questions or comments were raised by VBP participants.	

11. VBP Subgroup Straw Poll #2 Results-Exchange Using CAQH CORE Attributed Patient Roster Operating Rule (Doc #1 slides 37-40)	o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the results of the exchange of collected information using the X12 834 Plan Member Reporting:**
	  o Received high support, CORE as aligned exchange with the concepts that received the highest levels of support for required or recommended implementation.
	o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the comments:**
	  o One substantive comment was received in this section:
	    ▪ Comment was in support of the proposal. CORE appreciates their support.
	  o **For recommendations:**
	    ▪ Substantively update CAQH CORE Attributed Patient Roster Operating Rule to include data elements supported for collection using the HIPAA-mandated X12 834. This includes the addition of race and ethnicity and how it was collected, member preferred language, and gender identity reporting [if applicable].
	o **Summary of VBP Discussion:**
	  o No questions or comments were raised by VBP participants.	

12. Semantic Interoperability (Doc #1 slides 41-44)	o **Mike Phillips (CAQH CORE, Sr. Manager) reviewed the concept of semantic interoperability and the development of a Framework for VBP Semantic Interoperability:** o Noted that semantic interoperability is important to VBP to promote common industry language and CORE is using the Subgroup's insights to develop a Framework for VBP Semantic Interoperability. Document would serve as an external resource for establishing best practices.	

Agenda Item	Key Discussion Points	Decisions and Actions

	o Mike mentioned that future straw polls will expand on semantic interoperability and expand to test key assumptions regarding industry definitions and exclusions.
	o **Summary of VBP Discussion:**
	    o Naveen Maram (Centene) noted that on the administrative side, it's been mostly within code sets and recommendations that are there. Stated that we will need to be careful to see how the interpretation translates to the clinical context and as recommendations are created. Subdividing terminology is more difficult than developing methods to "roll" items into a single, parent concept. The latter example is where this concept of semantic interoperability lies.
	    o Mike Pattwell (Edifecs) added his wish to ensure CORE is aligned with other organizations and advisory groups.	

13. Summary and Next Steps
(Doc #1 slide #45)
	• **Mike Phillips (CAQH CORE, Sr. Manager) stated that Straw Poll #3 would be distributed on Friday, June 16th.**
	o *CAQH CORE VBP Co-Chairs & Staff:*
	    o Distribute Straw Poll #3 to participants by Friday, 06/16/2023, end of day.
	    o Draft a call summary for today's subgroup call and make it available on the CAQH CORE Participant Dashboard for participants to review.
	o *VBP Subgroup Participating Organizations:*
	    o Complete Straw Poll #3 by Monday, 07/17/2023
	    o Participate in the VBP Subgroup Call #4 on June 29th from 2:00-3:30pm ET
		<u>Action required:</u>
		
		Agreed to Next Steps.

CAQH CORE Contact Information

Erin Weber
Vice President, CORE

eweber@caqh.org

Bob Bowman
Principal, CORE

bbowman@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 #3 Summary: Thursday, June 8, 2023, 2:00-3:30 pm ET

VBP Subgroup Call #3 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 Medical Association (AMA)	Martin	Erica	Y
American Medical Association (AMA)	McComas	Heather	Y
American Medical Association (AMA)	Scott	Lauren	Y
American Medical Association (AMA)	Walsh	Linda	Y
American Medical Association (AMA)	Otten	Robert	
American Medical Association (AMA)	Spector	Nancy	
Arizona Health Care Cost Containment System	Rodriguez	Era	Y
Arizona Health Care Cost Containment System	Epps	Dwanna	Y
Aultcare	Vincent	Danielle	Y
Aultcare	Boron	Jacob	
Availity, LLC	Sites	Kathy	Y
Blue Cross Blue Shield of North Carolina	Sammons	Heather	Y
Blue Cross Blue Shield of North Carolina	Smith	Troy	
Blue Cross Blue Shield of North Carolina	Swain	Deborah	
Blue Cross Blue Shield of Michigan	Larson	Carol	
Blue Cross Blue Shield of Michigan	Monarch	Cynthia	
Blue Cross Blue Shield of Michigan	Green	Jack	
Blue Cross Blue Shield of Michigan	Sallie	Natasha	
Blue Cross Blue Shield of Michigan	Ozdarski	Paul	
Blue Cross Blue Shield of Michigan	Knapp	Ron	Y
Blue Cross Blue Shield of Tennessee	Langford	Susan	Y
Centene Corporation	Chervitz	Chuck	

CAQH Committee on Operating Rules for Information Exchange (CORE)
Value-based Payments (VBP) Subgroup
Call #3 Summary: Thursday, June 8, 2023, 2:00-3:30 pm ET

Organization	Last Name	First Name	Attended
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	
Change Healthcare	Kahlon	Summerpal	
Change Healthcare	Morris	Genevieve	Y
CIGNA	Kemplin	Annette	Y
CIGNA	Narog	Jeff	
CIGNA	Ray	Meredith	Y
Cleveland Clinic	Keating	Adam	
Cleveland Clinic	Raack	Gunes	
Cleveland Clinic	Medina	Michelle	
Cleveland Clinic	Jones	Robert	
Cleveland Clinic	Suri	Sanjeev	
Cleveland Clinic	Dynda	Scott	
Cognizant	Schulz	Andrew	
Cognizant	Kroening	Kyle	
Cognizant	Wijtyk	Patricia	
Cognizant	Mason	Tania	Y
Cognizant	Carrillo	Vincent	
Edifecs	Day	Kevin	Y
Edifecs	Pattwell	Michael	Y
Edifecs	Nair	Tushar	
Edifecs	Sachdev	Vik	Y
Elevance Health	Aerabati	Anitha	
Epic	McGuire	Joe	
Gainwell Technologies	Soccorso	Megan	
Healthcare Business Management Association (HBMA)	Khabinskay	Olga	

CAQH Committee on Operating Rules for Information Exchange (CORE)
Value-based Payments (VBP) Subgroup
Call #3 Summary: Thursday, June 8, 2023, 2:00-3:30 pm ET

Organization	Last Name	First Name	Attended
Healthcare Financial Management Association	Gilfillan	Katie	Y
Healthedge Software Inc	Desai	Parag	
Healthedge Software Inc	Bokkasada	Rashmi	
HealtheNet	Gracon	Christopher	Y
Laboratory Corporation of America	Rosario Diaz	Gheisha-Ly	Y
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	
National Association of Health Data Organizations (NAHDO)	Hawley	Charles	Y
National Council for Prescription Drug Programs (NCPDP)	Weiker	Margaret	
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	
Tata Consultancy Services Ltd	Sussman	Mary	
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	

Organization	Last Name	First Name	Attended
Work Group for Electronic Data Interchange (WEDI)	Tennant	Robert	Y
Zelis	Berger	Kristina	