

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Value-based Payments (VBP) Subgroup
Call #4 Summary: Thursday, June 29, 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.

<i>Agenda Item</i>	<i>Key Discussion Points</i>	<i>Decisions and Actions</i>
1. Antitrust Guidelines, Roll Call, Administrative Items, Upcoming CORE Events (Doc #1 slides #1-4)	<ul style="list-style-type: none"> ○ Kayla Cooper (CAQH CORE, Associate) opened the call, provided a brief overview of GoToMeeting, and conducted roll call. <ul style="list-style-type: none"> ○ [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: <ul style="list-style-type: none"> ○ Review and discuss the expectations for Straw Poll #3, focusing on Semantic Interoperability. ○ Align CAQH CORE Infrastructure Requirements for the X12 834 with data content proposals. ○ Identify candidate data content opportunities for additional claim submissions for the X12 837. ○ Mike Phillips (CAQH CORE, Sr. Manager) reminded the Subgroup of the upcoming CAQH Connect. <ul style="list-style-type: none"> ○ CAQH Connect will be from September 27th-29th, 2023 at the Westin Georgetown, Washington, D.C. More information to follow. 	<i>Discussion</i>
2. VBP Subgroup Straw Poll #3 Expectations: Framework for Semantic Interoperability in VBP (Doc #1 slide #5)	<ul style="list-style-type: none"> ○ Mike Phillips (CAQH CORE, Sr. Manager) introduced the VBP Subgroup Straw Poll #3 background and expectations. <ul style="list-style-type: none"> ○ The Straw Poll was distributed on June 16th. It contains comprehensive value-based payment terms. ○ The Straw Poll #3 purpose is to develop a companion document that lists methodologies and consensus-built definitions that can be referenced as a standalone resource and for CAQH CORE's future operating rules. This survey is open until July 17th. ○ Summary of VBP discussion: <ul style="list-style-type: none"> ○ No comments were made. 	<i>Discussion</i>
3. Infrastructure Requirements for the X12 834 and CAQH CORE Infrastructure Rules (Doc #1 slides 6-8)	<ul style="list-style-type: none"> ○ Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the infrastructure requirements for the X12 834 and CORE Infrastructure Rules. <ul style="list-style-type: none"> ○ Introduced the recommended updates to the CAQH CORE Infrastructure Rules that correspond with the proposed CAQH CORE data content rules for the HIPAA-mandated and voluntary X12 834 (Benefit Enrollment and Maintenance transaction- 220 and the Plan Member Reporting transaction- 318) 	<i>Discussion</i>

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	<ul style="list-style-type: none"> ○ Noted that CAQH CORE Infrastructure rules make a comprehensive set of requirements to establish connectivity and expectations regarding data exchange. Does not include data content requirements. ○ Stated the core infrastructure requirements in these operating rules: <ul style="list-style-type: none"> ▪ Support for CORE Connectivity requirements ▪ Use of CORE Master Companion Guide Template to unify layout and flow of transaction-specific companion guides ▪ Adherence to minimum System Availability Requirements that generally equal 90% of a given calendar week, with additional allowances to accommodate system optimization and updates ▪ Support for the timely processing and acknowledgement of transactions for batch and, when applicable, real-time exchange. ○ Detailed how infrastructure rules are split into 5 separate sections and that the CAQH CORE Co-chairs and Staff recommend non-substantive updates in Section 1-3 and no updates in Section 5. ○ Two substantive updates were proposed: <ul style="list-style-type: none"> ▪ Requirement for health plans to add their language disclosing the use and exchange of socio-demographic information in Section 10 of the transaction-specific companion guide following the format and flow of the CAQH CORE Master Companion Guide Template ▪ Require receivers of X12 v5010X318 that support real-time processing modes to return an X12 999 within 20 seconds of receipt, 90% of the time measured over a calendar month. ○ Summary of VBP discussion: <ul style="list-style-type: none"> ○ Bob Bowman (CAQH CORE, Principal) noted that good EDI/data exchange hygiene is the acknowledgement of data received for both real time and batch. The CORE rules show a lot of cohesion for EDI data exchange to ensure senders and receivers acknowledge data received and smooths out operations. 	
<p>4. X12 837, Additional Claims, and Opportunities from the Health Care Claims Subgroup (Doc #1 slides #8-16)</p>	<ul style="list-style-type: none"> ○ Mike Phillips (CAQH CORE, Sr. Manager) introduced a data content opportunity for the X12 837. <ul style="list-style-type: none"> ○ Noted that this is to facilitate the submission of additional claims from a single encounter and its impact on VBP methodologies. ○ This opportunity has been discussed by the CAQH CORE Health Care Claims subgroup and is now passed to the VBP subgroup for refinement. ○ Mike Phillips (CAQH CORE, Sr. Manager) reviewed additional claims information. 	<i>Discussion</i>

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	<ul style="list-style-type: none"> ○ Reviewed the potential for ICD-10 diagnoses to contribute to VBP methodologies and how a standardized workflow for the submission of additional claims benefits the industry but has a direct impact on providers participating in VBP contracts. ○ Listed the five data content requirements to consider that would reduce industry variation for the submission of additional claims: <ul style="list-style-type: none"> ▪ Initial claim requirements ▪ Matching information ▪ Claim frequency code ▪ CPT inclusion ▪ Secondary diagnosis ○ An in-meeting poll was conducted to gauge support for these proposed rules. ○ Mike Phillips (CAQH CORE, Sr. Manager) initiated an in-meeting poll for participants <ul style="list-style-type: none"> ○ Question 1: Initial Claim Requirements <ul style="list-style-type: none"> ▪ Majority voted for any CPT codes ○ Question 2: Matching Information <ul style="list-style-type: none"> ▪ Majority voted that additional claims must include a minimum of the following matching data elements: <i>Patient identifier; billing provider NPI; rendering provider NPI; dates of service ONLY.</i> ○ Question 3: Claim Frequency Codes <ul style="list-style-type: none"> ▪ Majority voted that additional claim must include a claim frequency code that uses CFC 0 for all additional claims. ○ Question 4: CPT Inclusions <ul style="list-style-type: none"> ▪ Unlike previous questions, the group was very divided and the majority (44%) voted for “other” ○ Question 5: Secondary Diagnoses <ul style="list-style-type: none"> ▪ The group was again divided, with a 33% support of all three options. ▪ Many participants asked for clarification around certain terms like “principal diagnosis” and “carry-over”. Other participants noted that payers have “how tos” for support on submitting additional claims. ○ Summary of VBP discussion: <ul style="list-style-type: none"> ○ Janice Karin (NEHEN) asked if ICD-11 should be considered for these rule developments. Mike Phillips (CAQH CORE) noted that CORE writes for the operating rules as they currently exist and if the ICD-11 codes are adopted, then CORE can update our rules to match this information. ○ Nancy Team (NextGen) noted that payers already have “how tos” to submit additional claims. It would require a lot of changes across the board for secondary diagnoses updates. Nancy recommended that the frequency goes to “0-reportable non-payable claim” and it should not be rejected because it’s not a payable claim. 	

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	<ul style="list-style-type: none"> ○ Heather McComas (AMA) suggested that unique data be added to identify supplemental claims as such to prevent them from being sent out to payers. ○ Many participants asked for clarification regarding certain definitions, such as “claim sequence numbers” and “match”. Mike Phillips (CAQH CORE) noted that the definitions will be evaluated and, if included on future straw polls, will be clarified. 	
5. Summary and Next Steps (Doc #1 slide #17)	<ul style="list-style-type: none"> ● Mike Phillips (CAQH CORE, Sr. Manager) stated that Straw Poll #4 would be distributed on Monday, July 3rd. <ul style="list-style-type: none"> ○ <i>CAQH CORE VBP Co-Chairs & Staff:</i> <ul style="list-style-type: none"> ○ Distribute Straw Poll #4 to participants by Monday, July 3rd, 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. ○ <i>VBP Subgroup Participating Organizations:</i> <ul style="list-style-type: none"> ○ Complete both Straw Polls #3 and #4 by Monday, 07/17/2023 ○ Participate in the VBP Subgroup Call #5 on July 20th from 2:00-3:30pm ET 	Action required: <i>Agreed to Next Steps.</i>

<i>Call Documentation</i>
<ul style="list-style-type: none"> ● Doc 1: VBP Call 3 Slide Deck 06.29.2023.pdf ● Doc 2: VBP Call 2 Summary 05.18.2023.pdf

CAQH CORE Contact Information

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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	
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	
American Medical Association (AMA)	Otten	Robert	
American Medical Association (AMA)	Spector	Nancy	Y
Arizona Health Care Cost Containment System	Rodriguez	Era	Y
Arizona Health Care Cost Containment System	Epps	Dwanna	Y
Aultcare	Vincent	Danielle	
Aultcare	Boron	Jacob	Y
Availity, LLC	Sites	Kathy	
Blue Cross Blue Shield of North Carolina	Sammons	Heather	
Blue Cross Blue Shield of North Carolina	Smith	Troy	Y
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	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	
Blue Cross Blue Shield of Michigan	Knapp	Ron	
Blue Cross Blue Shield of Tennessee	Langford	Susan	Y
Centene Corporation	Chervitz	Chuck	
Centene Corporation	Maram	Naveen	

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Organization	Last Name	First Name	Attended
Centers for Medicare and Medicaid Services (CMS)	Parks	Charlene	Y
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	
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	Y
Cognizant	Kroening	Kyle	
Cognizant	Wijtyk	Patricia	
Cognizant	Mason	Tania	Y
Cognizant	Carrillo	Vincent	
Edifecs	Day	Kevin	
Edifecs	Pattwell	Michael	Y
Edifecs	Nair	Tushar	
Edifecs	Sachdev	Vik	
Elevance Health	Aerabati	Anitha	
Epic	McGuire	Joe	Y
Gainwell Technologies	Soccorso	Megan	
Healthcare Business Management Association (HBMA)	Khabinskay	Olga	

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Organization	Last Name	First Name	Attended
Healthcare Financial Management Association	Gilfillan	Katie	Y
Healthedge Software Inc	Desai	Parag	
Healthedge Software Inc	Bokkasada	Rashmi	
HealthNet	Gracon	Christopher	
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	Y
National Association of Health Data Organizations (NAHDO)	Hawley	Charles	
National Council for Prescription Drug Programs (NCPDP)	Weiker	Margaret	Y
NextGen Healthcare Information Systems, Inc.	Team	Nancy	
St. Joseph's Health	Alwell	Michael (Mike)	
Tata Consultancy Services Ltd	Schambach	Alison	Y
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	
TRICARE	Petry	Brian	
TRICARE	Erckenbrack	Dawn	
UnitedHealthGroup	Kalluri	Kiran	
UnitedHealthGroup (Optum)	Chapple	Lynn	

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