



CORE Value-based Payment Subgroup

Meeting #6

CAQH CORE VBP Subgroup Co-chairs and Staff

August 17, 2023

Agenda and Objectives

2:00 PM	<ul style="list-style-type: none">• Welcome, antitrust guidelines, roll call and housekeeping
2:10 PM	<ul style="list-style-type: none">• Straw Poll #5 Results<ul style="list-style-type: none">• X12 834 data content data content requirements
2:40 PM	<ul style="list-style-type: none">• DRAFT Rule Requirements• Straw Poll #6 Prep
3:00 PM	<ul style="list-style-type: none">• Conclude<ul style="list-style-type: none">• Straw Poll #6 opens week of August 21

Objectives

1. Understand supported data content requirements from Straw Poll #5.
2. Align around draft requirements and prepare for Straw Poll #6.
3. Identify next steps and close-out.

CAQH CORE Participant Dashboard

Comprehensive resource of VBP Subgroup materials and information

- The dashboard is accessible only to CAQH CORE Participants.
- Participants can:
 - View the workgroups they are currently involved in.
 - Add themselves to new groups.
 - Interact with announcements, upcoming events, documents and other information relevant to workgroup participation.
- Please email CORE@caqh.org if you need a login.

The screenshot displays the CAQH CORE VBP Subgroup dashboard. On the left is a dark blue sidebar with the CAQH CORE logo at the top. Below the logo is a menu titled 'All Work Groups' with a dropdown arrow. The menu items are: 'VBP Subgroup' (selected), 'Overview', 'Calendar', 'Announcements', 'Documents', 'Group Members', and 'Global Calendar'. At the bottom of the sidebar is a 'Log out' link. The main content area has a light blue header with the title 'VBP Subgroup' and navigation tabs for 'Overview', 'Calendar', 'Announcements', and 'Documents'. The 'Overview' tab is active. Below the header is a section for 'Upcoming Events' with a 'Calendar View' link. The first event is 'VBP Subgroup Meeting #4' on June 29, 2023, from 2:00 pm to 3:30 pm, with a registration link. Below this are two more events: 'VPB Subgroup Meeting #5' on July 20, 2023, and 'VBP Subgroup Meeting #6' on August 17, 2023. The 'Documents (5)' section is also visible, showing two document entries from June 8, 2023: 'Doc 1 VBP Subgroup Call 3 Slide Deck 06.08.2023' and 'Doc 2 VBP Subgroup Call 2 Call Summary 05.18.2023'.

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!

go.caqh.org/CAQHConnect2023

Straw Poll #5 Results

CAQH CORE Benefit Enrollment and Maintenance Data Content Rule
HIPAA-mandated X12 v5010 834 Benefit Enrollment and Maintenance (X220)

CAQH CORE Attributed Patient Roster Data Content Rule
Voluntary X12 v5010 834 Plan Member Reporting (X318)

Reminder: Straw Poll #5 Overview

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

X12 v5010 X220 & X318 834 Data Requirements: Additional CORE data content requirements for the Benefit Enrollment and Maintenance Transaction and Attributed Patient Roster Operating Rule to:

1. Collect use of member language at point of enrollment or renewal using specific data sets.
2. Process self-reported member gender identity.
3. Exchange sex parameters for clinical use.

Participant Response Rates

21 out of 34 (62%) organizations responded to Straw Poll #5.

Participant Type	Response Percentage
Provider/Provider Association	19%
Health Plan/Health Plan Association	24%
Vendor or Clearinghouse	29%
Government/Other	29%

Section I: Member Language

Data Content Requirements to Collect, Exchange, and Process the Use of Member Language in the X12 v5010X220 834 and X12 v5010X318 834

Data Content Requirements: Use of Member Language

Support for the requirement to collect and exchange Use of Member Language for both the X12 v5010 834 X220 & X318 standards at the point of benefit enrollment or renewal.

Operating Rule	Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
CAQH CORE Benefit Enrollment and Maintenance Data Content Rule (X220)	43%	19%	19%	10%	10%
CAQH CORE Attributed Patient Roster Data Content Rule (X318)	52%	19%	19%	0%	10%

50% of respondents who did not support requirements indicated favorability toward **recommending** collection, exchange, and processing.

Data Content Requirements: Use of Member Language

For the HIPAA-mandated X12 v5010 834 Benefit Enrollment and Maintenance Rule, how should the four values (**speaking, reading, writing, native language**) of use of member language be collected and processed?

Operating Rule	Multiple	One Value
CAQH CORE Benefit Enrollment and Maintenance Data Content Rule (X220)	67%	33%

Data Content Requirements: Use Member Language Comments

	Substantive Comment	CORE Response
1	One commenter stated that there is no way to convey “preferred language” or order in the X12 834 using the LUI segment. They also noted that dependent on language proficiency of a member, collection may be challenging based on how the question is asked.	AGREE: The concept of ‘preferred’ cannot be inferred from the data content exchanged using the X12 v5010 X220 & X318 834. Although ‘preferred’ cannot be communicated through the standard, there is value in facilitating the collection of all language concepts to advance data quality and health equity.
2	One commenter expressed their concern over the requirement to collect this data as it may have unintended consequences related to health equity.	DISAGREE: CORE appreciates the concern as this data collection relates to health equity. Required collection of language concepts enhances culturally sensitive and appropriate care. Collection of use of language allows the presentation of information to be tailored to the specific needs of a member or patient.

	Points of Clarification	CORE Response
3	One commenter asked if this pertained to the entire LUI segment or just the LUI04.	Use of member language most directly impacts the LUI04 data elements; however, its relation to the reported member language using the ISO 639-3 standard means LUI01 and 02 are also necessary for this exchange.
4	One commenter stated that all four noted member language values are beneficial but the member’s language for reading and speaking are most important in a clinical interaction.	Required, standardized collection of this information aids health plans and providers in identifying proficiency with indicated uses.
5	A commenter noted that gathering this data would impact several operational processes, regardless of the channels used to enroll or renew members.	We encourage commenters to submit cost, time, and resource estimates associated with the implementation of these requirements. Doing so helps refine requirements and establishes a basis for NCVHS review.
6	Two commenters indicated that data content requirements for the X220 and X318 should be aligned.	N/A

Recommendation: Require collection, exchange, and processing of use of member language using the X12 TR3 concepts. Up to four indicators of use can be processed for each reported member language. Requirements apply to the X12 v5010X220 834 and the X12 v5010X318 834.

Section II: Gender Identity and Sex Reporting

Data Content Requirements to Collect, Exchange, and Process Patient Gender Identity and Sex Reporting in the X12 v5010X220 834 and X12 v5010X318 834

Data Content Requirements: Gender Code

The DMG03 field in the X12 v5010X220 & 318 834 TR3 contains values for ‘Male,’ ‘Female,’ and ‘Unknown.’

Consider the following choices and select how industry implementations have **predominantly** defined these values.

X12 Data Element	Birth Sex of an Individual	Recorded Sex or Gender Identity of an Individual	Gender Identity of an Individual	Other
DMG03 – Gender Code <i>N=18</i>	68%	21%	5%	5%

Though, as commenters referenced, use of this field may be evolving – for the purposes of current rule development efforts, CORE will interpret this field as ‘sex’ – whether it is birth sex or recorded sex. This information will inform recommendations for the discretionary collection, exchange, and processing of member gender identity.

Data Content Requirements: Gender Identity Reporting

How collection, exchange and processing of gender identity concepts should be operationalized using the loops, segments, and data elements available in the X12 v5010 834.

Operating Rule	As Proposed	Support 'As Proposed,' but Requires Revision	Support 'Decoupled,' but Requires Revision	Decoupled
CAQH CORE Benefit Enrollment and Maintenance Data Content Rule <i>N=12</i>	69%	15%	15%	15%

As proposed:

- Use of DMG03 element **AND**
- Use of Loop 2700 elements

Decoupled:

- Use of Loop 2700 elements **ONLY**

Infrastructure Requirements: Gender Identity and Sex Reporting Comments

	Substantive Comment	CORE Response
1	One commenter noted that it may be difficult to collect OTH and free text as it is typed by the member since it isn't codified and could include typos and include variable lengths. The commenter also requested clarification about the version of the USCDI referenced.	AGREE: To better align with evolving requirements around the self-reporting of member gender identity, recommendations are being aligned to the HL7 Gender Harmony Project minimum value set that includes concepts for male, female, non-binary, and unknown. For exchange, this uses a combination of SNOMED-CT and HL7 Null Flavor data sets. Organizations are free to report beyond these concepts and are encouraged to do so using the gender concepts contained in the SNOMED-CT data set. This better aligns with current and anticipated regulated versions of the USCDI, of which the operating rule would reference.
2	Two commenters noted their concern that this requirement would be an extensive burden for payers and that the situational 2700 Loop is not currently supported at their organizations.	FOR DISCUSSION: We note that requirements are discretionary, and implementers would only be responsible if choosing to exchange this information. We encourage comments to submit information regarding the cost to implement.

Recommendation: Although 'as proposed' received high levels of support, **CORE recommends moving forward with the 'decoupled' proposal**, as participants have uniformly denoted that DMG03 is used to report sex.

Further CORE recommends aligning reporting with the *current* HL7 Gender Harmony Project minimum gender identity collection values.

Data Content Requirements: Sex Reporting

Support for creating operating rule requirements for the collection, exchange, and processing of an individual's Sex for Clinical Use (SFCU) at the point of enrollment/renewal using the X12 v5010X220 834 transaction and exchange to providers through the CORE Attributed Patient Roster Data Content Rule (X12 v5010X318 834).

Operating Rule	Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
CAQH CORE Benefit Enrollment and Maintenance Data Content Rule <i>N=19</i>	40%	10%	30%	5%	15%
CAQH CORE Attributed Patient Roster Data Content Rule <i>N=19</i>	40%	5%	40%	5%	10%

For those who supported, should it be included as written?

Operating Rule	Include as Written	Requires Revision
CAQH CORE Benefit Enrollment and Maintenance Data Content Rule <i>N=10</i>	82%	18%

Data Content Requirements: Sex Reporting Comments

	Substantive Comment	CORE Response
1	One commenter noted that even though DMG03 is called 'Gender Code', the official definition is 'Code indicating the sex of the Individual'.	FOR DISCUSSION: This is understood, but reported implementations deviate from this definition. Eventual industry standardization around a single definition is beneficial, but conversations are evolving.
2	One commenter shared that they use a code of “B-Both” to support processing of a service identified as only payable for a Birth Sex of ‘Male’ or ‘Female’	FOR DISCUSSION: CORE will continue to research and engage with industry stakeholders around the best implementation practices for member sex, potentially including it in future rule updates.
3	One commenter expressed their belief that gender identity and sex are not necessary for benefit enrollment.	FOR DISCUSSION: As a reminder the purpose of these proposals is not to determine enrollment, but rather support standardized data intake at enrollment. Downstream this benefits design and engagement in VBP models.
4	Two commenters stated their belief that sex for clinical use is contextual and is most appropriate when collected and assigned to specific clinical events.	AGREE: Conversations are on-going of the best and/or correct application of SFCU, now more commonly referred to as Sex Parameters for Clinical Use. CORE is dropping this recommendation from consideration.
5	One commenter noted their preference to always have the biological sex (SFCU) and member-identified gender included in the data that is shared.	AGREE: Both provide value. Although CORE is no longer pursuing SFCU, the inclusion of gender identity reporting is a foundational data content requirement.
6	One commenter noted that Gender Harmony has not finalized their decision on how gender and sex will be reported.	AGREE: After further consideration, evolving vocabulary standards have contributed to the decision to drop the recommendation for member sex reporting, currently.
7	One commenter suggested the term ‘specified’ is strange and using “neither/both” to better represent that neither male nor female is appropriate.	DISAGREE: The term ‘specified’ is drawn from current published guidance from the HL7 Gender Harmony Project [requires log-in] . Although not immediately clear, it is better to align with predominant vocabulary standards.

Recommendation: Do not require the collection, exchange, or processing of Sex for Clinical Use. Continue investigation of the concept for inclusion in future rule sets.

DRAFT Rules Requirements and Next Steps

CORE Draft Rules to Support Value-based Payments

Benefit Enrollment and Maintenance (X12 v5010X220 834)



Required and discretionary collection, exchange, and processing of socio-demographic data elements.

1. **Race and Ethnicity**
2. **Member Language**
3. **Self-reported Gender Identity**

Also includes the development of socio-demographic disclosure language to drive informed consent.



Substantive, non-substantive, and typographical updates to support additions to the X12 v5010X220 834.

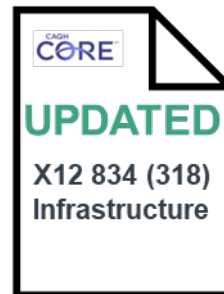
1. **Inclusion of socio-demographic disclosure language in the transaction-specific companion guide.**

Attributed Patient Roster (X12 v5010X318 834)



Alignment with X220 Data Content Rule to include collected and processed socio-demographic data elements in the attributed patient roster provided by health plans to providers.

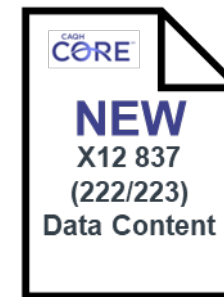
1. **Race and Ethnicity**
2. **Member Language**
3. **Self-reported Gender Identity**



Substantive, non-substantive, and typographical updates to support additions to the X12 v5010X318 834.

1. **Inclusion of socio-demographic disclosure language in transaction specific companion guide.**
2. **Addition of real-time processing mode requirements for entities who support that exchange.**

Health Care Claim Submission (X12 v5010222 & 223 837)



Data content requirements to support the submission of additional claims at a single encounter. Information between initial and additional claims must match.

1. **Member ID**
2. **Rendering Provider NPI**
3. **Billing Provider NPI**
4. **Dates of Service**

Note that this represents a collaborative effort with the CORE Healthcare Claims Subgroup.

Next Steps and Conclusion

Straw Poll 6

- Comprehensive review of DRAFT rule requirements.
- Sent out to participants week of 8/21.
- Closes 9/6.

CORE Review Work Group

- Launches 9/14; VBP rules first on the docket.
- Call for Participants forthcoming.
- Meant to refine rule requirements for balloting.
- Questions? Please reach out to CORE@CAQH.org.

Rule		Subgroup Review
1	NEW - Benefit Enrollment and Maintenance Data Content	FULL Review Required
2	UPDATED - Benefit Enrollment and Maintenance Infrastructure	Substantive Updates ONLY
3	UPDATED - Attributed Patient Roster Data Content	Substantive Updates ONLY
4	UPDATED - Attributed Patient Roster Infrastructure	Substantive Updates ONLY
5	NEW - Health Care Claims Submission	Specific Section(s) ONLY