CAQH Committee on Operating Rules for Information Exchange (CORE)
Value-based Payments (VBP) Subgroup
Call #5 Summary: Thursday, July 20, 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 (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 (CORE, Sr. Manager) reviewed the meeting agenda and objectives:**
	  ○ Review progress to-date and the anticipated closure of the VBP Subgroup.
	  ○ Discuss Straw Poll #4 results.
	  ○ Discuss data content items for X12 834 in preparation for Straw Poll #5.
	• **Mike Phillips (CORE, Sr. Manager) reminded 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 Progress** (Doc #1 slides #5-8)	• **Mike Alwell (St. Joseph's Health, VP/CFO, Physician Enterprise) and Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the Subgroup's progress:**
	  ○ The Subgroup worked on:
	    ▪ Strengthening the exchange of socio-demographic data
	    ▪ Empowering engagement with VBP methodologies
	    ▪ Creating a framework for semantic interoperability
	• **Mike Phillips (CORE, Sr. Manager) discussed key dates for finalization:**
	  ○ Noted that there are 5 operating rules that could be impacted by the VBP Subgroup
	  ○ Discussed future straw poll timelines and meeting dates.
	  ○ Reminded subgroup members of Straw Poll #3 and its extended deadline.
	• **Summary of VBP discussion:**
	  ○ No comments were made.
		Discussion

3. **Straw Poll #4 Results: Overview, Infrastructure Disclosure Language, and Real-time Processing Mode Requirements** (Doc #1 slides 9-15)	• **Mike Phillips (CORE, Sr. Manager) reviewed the results of VBP Subgroup Straw Poll #4's infrastructure disclosure language section:** ○ Noted that the straw poll covered infrastructure requirements for the X12 834 operating rules, which correspond with the Subgroup's data content proposals. This straw poll worked to ensure that the language was aligned, and infrastructure requirements included EDI best practices. The straw poll also covered data content requirements for the submission of additional claims at a single encounter. • **Mike Alwell (St. Joseph's Health, VP/CFO, Physician Enterprise) reviewed the responses to**	*Discussion*

Agenda Item	*Key Discussion Points*	*Decisions and Actions*
	Straw Poll #4: ◦ Slightly under 2/3rd of participating organizations responded to the straw poll. ◦ Support was high for the inclusion of the disclosure of the use and exchange of SDOH data in Section 10 of the Companion Guide, following the CAQH CORE Master Companion Guide Template, for both the CAQH CORE Benefit Enrollment and Maintenance Infrastructure Rule and the CAQH CORE Attributed Patient Roster Infrastructure Rule. • **Mike Phillips (CORE, Sr. Manager) reviewed the comments received in this section:** ◦ Noted that many commenters highlighted the importance of disclosure, and that the Subgroup has supported the required exchange of at least one category of SDOH data. • **Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the second portion of the poll: the inclusion of real-time processing mode requirements in the attributed patient roster infrastructure rule, which would require those who support real-time processing mode to respond within 20 seconds to the X12 834 X318.** ◦ Incorporation of a real-time processing mode response of 20 seconds or less would align with EDI best practices and the X12 standard. Noted that over 60% of respondents fully or partially supported this requirement. • **Mike Phillips (CORE, Sr. Manager) reviewed the comments received in this section:** ◦ Clarified that real-time processing mode requirements are only required for those who support it. Stated that a ramp-up period is not likely appropriate, but it will be for discussion in the VBP subgroup. ◦ CORE recommends that real-time processing mode requirements, for those that support them, be added to the CAQH CORE Attributed Patient Roster Infrastructure Rule. • **Summary of VBP discussion:** ◦ Christopher Gracon (HealtheNet) noted that disclosure language could be dependent on how it's worded and may get cluttered and lengthy. Noted that a more precise guidance could be useful, and that disclosure language could be moved somewhere else. Chris also stated that in CAQH CORE Attributed Patient Roster (X12 005010X318 834) Infrastructure Rule vAPR.2.0, section 2.2 chart shows Real time is explicitly excluded. ◦ Bob Bowman (CAQH CORE) noted that having guard rails set up with rule language and requirements can allow for the next stage of development for data. ◦ Janice Karin (NEHEN) expressed their concern with recommending not standard use of anything. ◦ Mike Phillips (CAQH CORE) noted that this would be used to send an acknowledgement that it was received as a first step and would only be a requirement for those choosing to support it.	

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<tr><th>Agenda Item</th><th>Key Discussion Points</th><th>Decisions and Actions</th></tr>
<tr><td>4. Straw Poll #4 Results: Data Content Requirements for X12 v5010 837 Claim Submission Transaction (Doc #1 slides 16-29)</td><td>

Mike Phillips (CORE, Sr. Manager) reviewed the third portion of the poll, standardized data content for the submission of additional claims at a single encounter.
Noted an overarching comment received where respondents worried that this would add too much burden and that a diagnosis history is not appropriate to be shared through the claim submission. They also were concerned that this was not opened for public comment.
Mike noted that all proposals relevant to additional claim submissions are based on variability of existing processes and workflows, therefore it’s appropriate to base proposed requirements on existing CPT codes. Also noted that 86% of respondents supported the CORE Health Care Claims Subgroup’s recommendation.
Mike also noted that the proposal was an alignment of existing health plan requirements and an opportunity to increase provider engagement with VBP methodologies. The support for health plan quality performance through the submission of diagnoses that support claim-based quality measures.
Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the results for this section.
Noted that support for data content rules indicating what CPT codes must be included on an initial claim for a health plan to accept additional claims received very low support.
RECOMMENDATION: No specification of initial CPT codes in operating rule requirements.
Mike Phillips (CORE, Sr. Manager) reviewed the initial CPT recommendation:
Noted that the “gating” proposal is unrealistic because of operations and implementation burdens.
Stated that CAQH CORE can align with coding groups to ensure codes are full representative of workflows that support additional claim submissions.
Mike Alwell (St. Joseph’s Health, VP/CFO, Physician Enterprise) reviewed the claim matching information section of the poll.
Noted that this section polled what information should be included on an additional claim to ensure it matches the initial claim.
The option submitted by the Claims Subgroup (member ID, rendering provider NPI, billing provider NPI, dates of service) were high. Participants also submitted additional concepts to consider.
RECOMMENDATION: Move forward with Claims Subgroup recommendation as a minimum “matching” requirements.
Mike Phillips (CORE, Sr. Manager) reviewed the comments received in this section.
Clarified that the PLUS category was looking for recommendations from the subgroup.
Noted that the recommendation is to follow Claim Subgroup guidance, require additional claims match the initial claim on member ID, rendering provider NPI, billing provider NPI,

</td><td>Discussion</td></tr>
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	and dates of service.
	• **Mike Phillips (CORE, Sr. Manager) initiated an in-call poll to gauge participant support.**
	  ○ Asked if the three additional data elements listed in slide 23 should be re-polled in Straw Poll #5
	    ▪ The majority voted not to re-poll those elements and to follow the CORE Claim subgroup recommendations as a minimum requirement. This will not be included in the next straw poll.
	• **Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the CFC code requirements results.**
	  ○ Noted that respondents generally did not favor requiring the use of a specific claim frequency code for claim submissions.
	  ○ **RECOMMENDATION:** Do not require specific CFC codes in operating rule requirements.
	• **Mike Phillips (CORE, Sr. Manager) reviewed the claim matching information comments:**
	  ○ Mike clarified that CORE is not requiring the use of CFC code for an additional claim submission. If this workflow is used, CORE does recommend the use of CFC 0 until a new code can be created for this purpose.
	• **Mike Alwell (St. Joseph's Health, VP/CFO, Physician Enterprise) reviewed the additional claim submission- CPT use on additional claims section of the poll.**
	  ○ Noted that support for indicating a specific CPT code (99080,99499, or some other combination) received low support.
	    ▪ Of those who did support the proposal, code 99499 received the highest support.
	  ○ **RECOMMENDATION:** Do not limit CPT code on additional claims.
	• **Mike Phillips (CORE, Sr. Manager) reviewed the additional claim submission- CPT comments:**
	  ○ CORE recommends not to move forward on this topic.
	  ○ Clarified that the codes are currently used in health plan workflows for this purpose and new codes can be submitted and considered if 99080 and 99499 are inappropriate for use.
	• **Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the secondary diagnosis section of the poll.**
	  ○ Support was low for this proposal and those who did support it favored a "carry-over" method where implementers would have to include a clinical diagnosis from the initial claim on the additional claim itself.
	  ○ **RECOMMENDATION:** Do not include any requirements related to secondary diagnoses.
	• **Mike Phillips (CORE, Sr. Manager) reviewed the additional claim submission- secondary diagnosis comments:**
	  ○ There was clear non-support and stated that CAQH CORE will not recommend specification of what type of I-10 code must be listed in the PDX or first listed on a claim submission.	

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	○ Encourages submitters to engage with health plan policies dictating what codes can and cannot be in the first listed spot. • **Summary of VBP discussion:** ○ No comments received in this section.	
5. Follow-ups for X12 v5010 834 Data Content, Use of Member Preferred Language and Sex Assigned at Birth (Doc #1 slides 30-36)	• **Mike Phillips (CORE, Sr. Manager) introduced the follow-ups for X12 834.** • **Mike Pattwell (Edifecs, Principal Business Advisor) reviewed the additional data requirements for use of member preferred language.** ○ An operating rule could require its collection for one or multiple languages using the data structure contained in the LUI segment of the X12 v5010 834. • **Mike Phillips (CORE, Sr. Manager) initiated an in-call poll to gauge participant support.** ○ The majority of respondents were split between "indication of use should only be optionally applied to all preferred language" and "other" • **Mike Alwell (St. Joseph's Health, VP/CFO, Physician Enterprise) reviewed the additional data requirements for sex assigned at birth.** ○ Industry implementation of gender code in the X12 standard varies between legal sex, birth sex, and gender identity, which has implications to the current data content proposals leveraging the DMG03 field to exchange member-reported gender identity. ○ Stated the importance of providers being able to reliably collect sex assigned at birth data to ensure correct services are being provided. • **Mike Phillips (CORE, Sr. Manager) initiated an in-call poll consisting of 3 questions related to sex/gender identity data collection to gauge participant support.** ○ Many respondents voted for "birth sex of a member/patient/individual" when asked how participants have seen the gender codes from the X12 TR3 implemented in practice. ○ Most respondents voted for DMG03 indicating birth sex/gender must be decoupled. Mike noted that this will be decoupled in the draft rule requirements and straw poll. ○ Many respondents answered "maybe" when asked if they support the proposal of a data content requirement to exchange and process sex assigned at birth using the X12 v5010 834. • **Summary of VBP discussion:** ○ Janice Karin (NEHEN) noted that sex for clinical use may be good to consider. Janice also noted that there's a clear need for people to make the distinction between written and spoken languages. ○ Amy Costello (NAHDO) agreed with Janice's point. ▪ Mike Phillips noted that this will be kept in mind for future straw polls. ○ Heather McComas (AMA) asked if more than one of the options for language can be reported. ▪ Mike Phillips responded that the entire segment can be repeated multiple times.	*Discussion*

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	○ Amy Costello (NAHDO) agreed with Mike Phillips' assertion that CORE can help address the interchangeability of gender coding by proposing data content requirements for biological/clinical sex. Amy also noted that birth sex can be interpreted differently, and a clarification would be helpful. Noted that more fields are needed to capture gender identity. They also noted that they have been discussing this with X12 and that this concept warrants more attention and consideration. ○ Jack Green (BCBS-MI) noted that sexual orientation is another needed item.	
6. Summary and Next Steps (Doc #1 slide #37)	• **Mike Phillips (CORE, Sr. Manager) stated that Straw Poll #5 would be distributed on Monday, July 24th.** ○ *CAQH CORE VBP Co-Chairs & Staff:* ○ Distribute Straw Poll #5 to participants by Monday, July 24th, 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. ○ *VBP Subgroup Participating Organizations:* ○ Complete Straw Poll #5 by Friday, 08/04/2023 ○ Participate in the VBP Subgroup Call #6 on August 17th from 2:00-3:30pm ET	**Action required:** *Agreed to Next Steps.*

Call Documentation
• **Doc 1:** VBP Call 5 Slide Deck 07.20.2023.pdf • **Doc 2:** VBP Call 4 Summary 06.29.2023.pdf

CAQH CORE Contact Information

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VBP Subgroup Call #5 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	Y
Blue Cross Blue Shield of North Carolina	Smith	Troy	Y
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	
Blue Cross Blue Shield of Michigan	Green	Jack	Y
Blue Cross Blue Shield of Michigan	Sallie	Natasha	
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	

Organization	Last Name	First Name	Attended
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	
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	
Edifecs	Pattwell	Michael	Y
Edifecs	Nair	Tushar	
Edifecs	Sachdev	Vik	Y
Elevance Health	Aerabati	Anitha	
Epic	McGuire	Joe	Y
Gainwell Technologies	Soccorso	Megan	
Healthcare Business Management Association (HBMA)	Khabinskay	Olga	

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	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	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	Y
Tata Consultancy Services Ltd	Barde Vicari	Tammy	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	