

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Review Work Group (RWG)
Call #1 Summary: Thursday, August 27th, 2020, 2:30-4:00 pm ET Conference Call**

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	Ana Simon (CAQH CORE Associate) opened the call and reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials. She then passed the call to Lina Gebremariam (CAQH CORE Manager).	<i>Discussion</i>
2. Roll Call and Administrative Items	Ms. Gebremariam (CAQH CORE) called roll. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. She then turned the call back over to Ms. Simon (CAQH CORE) to share the call agenda. She then turned the call over to Erin Weber (CAQH CORE Director).	<i>Discussion</i>
3. Review of Background and CAQH CORE Role in VBP & Top Opportunity Areas for Attribution	Ms. Weber (CAQH CORE) reviewed the CAQH CORE Operating Rules and the value-based payments industry shifts, alignment, and top opportunity areas (Slides 4-16). <ul style="list-style-type: none"> • Scott Seymour (Aetna) asked to clarify if the Rule recommendation is only related to the delivery of attribution information and not to standardize a uniform definition of how someone becomes attributed. • Ms. Weber (CAQH CORE) agreed with this statement and shared that CAQH CORE focuses on how the attributed information is shared, but they do not tackle any health plan policy issues. 	<i>Discussion</i>
4. Eligibility & Benefits (2701/271) Single Patient Attribution Data Content Rule	Ms. Gebremariam (CAQH CORE) reviewed the Eligibility & Benefits (270/271) Single Patient Attribution Data Content Rule (Slides 17-23). <ul style="list-style-type: none"> • Merri-Lee Stine (Aetna) asked if the requirement in the X12 270 will place a message segment in the response, at the benefit level, with this exact wording. • Ms. Gebremariam (CAQH CORE) replied that, yes, the message will be attribution status “Yes” which is why we ask health plans to include the longer definition in their guiding documentation for how they are implementing this rule. • Ms. Stine (Aetna) shared that it is inadvisable to include a colon in the actual message segment because a colon is used in sub-element separators, therefore she would advise against a rule that includes a message segment. • Ms. Gebremariam (CAQH CORE) asked to please include this important feedback in the comment section of Straw Poll #1. • Michael Jacus (Epic) shared that when you define the rule requirement as not applying for attribution status for quality measures, quality measures can be a large part of how we determine whether a provider is paid as part of a value-based contract. He then asked if that is specifically saying if you are only attributing someone for quality measures as opposed to using quality measures to measure performance? He needs more clarity on what quality measures refer to when 	<i>Discussion</i>

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	<p>we are excluding the rule from applying.</p> <ul style="list-style-type: none"> • Ms. Gebremariam (CAQH CORE) shared that they are excluding the attribution of the patient solely for the purpose of a quality measure. • Mr. Jacus (Epic) asked if there is any way for them to know if they are partially responsible for a patient and how would that factor into the payments that they are given or the quality measures they are expected to fulfill. • Ms. Gebremariam (CAQH CORE) replied that the only level of information is that, if you are involved in this contract somehow, then it is important to take note of that and request more information. We hope that the rules will continue to evolve in the future to cover more information. 	
5. Attributed Patient Roster (X12 005010X318 834) Operating Rules	<p>Ms. Gebremariam (CAQH CORE) reviewed the Attributed Patient Roster (X12 005010X318 834) Operating Rules (Slides 24-29).</p> <ul style="list-style-type: none"> • Heather McComas (AMA) asked if they have the ability to request the roster after the monthly scheduled run, which might not necessarily have updated data, but it would be the same roster that was sent in the usual monthly communication—this request functionality is not part of the rule recommendation, correct? • Ms. Gebremariam (CAQH CORE) replied that they would receive the same roster that they received at the first of the month. • Bob Bowman (CAQH CORE Director) shared that there can be agreements between providers and plans for more timely notifications and generation of rosters as well as any other timing requirements that health plans want to promulgate to providers. • Ms. McComas (AMA) asked if plans were willing to send the data again, does this particular transaction allow a request functionality or just a straight push of a roster? She was wondering how you would have to conduct the request. • Mr. Bowman (CAQH CORE) shared that this links to some of our CAQH CORE Connectivity Rule Requirements which allow for a call request system to send a request via the public internet and also the ability to download the request and data. The provider can make the request and pull down the data as well. • Mr. Jacus (Epic) asked if the 4.1 Rule Requirements shows the level of granularity where each 834 transaction would be specific to a provider? • Ms. Gebremariam (CAQH CORE) replied that, since the transaction allows for the provider to share at the organizational level or individual provider level, health plans are encouraged to provide as much granularity as possible but some health plans do conduct attribution at the group level—therefore, the rules provide this flexibility. • Mr. Bowman (CAQH CORE) agreed that the variability in the transaction allows health plans to generate a roster that can best support the needs of the requesting provider. • Mr. Jacus (Epic) asked what is included in the rosters? Is there any part of the Rule Requirements that specify the Rule Set? 	<i>Discussion</i>

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	<ul style="list-style-type: none"> Ms. Gebremariam (CAQH CORE) answered that the Rule Requirements specify that the transaction must list the effective dates of attribution. This helps the provider understand when the patient became their responsibility. Mr. Bowman (CAQH CORE) shared that the complete data set is listed within the Rule Set and includes patient information, such as demographics, and provider information. 	
6. Review Work Group Next Steps	<ul style="list-style-type: none"> Ms. Simon (CAQH CORE) then shared the CAQH CORE Voting Process for Participating Organizations. She then walked the Work Group through the roles and expectations in completing the RWG Straw Poll #1. The Straw Poll asks RWG participants for their support/non-support for potential substantive changes (based on RWG discussion) to the Draft Operating Rule for Single Patient Attribution Status and for draft language for the VBP Operating Rules for Patient Rosters. Ms. Simon (CAQH CORE) encouraged RWG Participants to attend the next RWG call on Thursday, 09/24/20 when CAQH CORE Staff would be discussing the results. Ms. Simon (CAQH CORE) then asked the RWG if there were any further questions. No questions were raised, she then adjourned the call. 	<i>Discussion</i>

<i>Call Documentation</i>
Doc 1: RWG Call #2 Agenda 09.24.20.pdf
Doc 2: RWG Call #1 Summary 08.27.20.pdf

CAQH CORE Contact Information

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RWG Call #1 Attendance

CAQH CORE Participating Organization	Last Name	First Name	Attendance
Aetna	Seymour	Scott	x
Aetna	Stine	Merri-Lee	x
American College of Physicians	Kuhn	Thomson	x
American College of Physicians	Erickson	Shari	
American Hospital Association (AHA)	Cunningham	Terrence	x
American Medical Association (AMA)	Lefebvre	Celine	
American Medical Association (AMA)	Preisler	Andrea	x
American Medical Association (AMA)	Malavey	Molly	x
American Medical Association (AMA)	McComas	Heather	
Anthem Inc.	Gwinn	Kena H.	
Anthem Inc.	Ringle	Dawn	
Cognizant	Wijtyk	Patricia	x
athenahealth	Carlage	Calley	
Availity, LLC	Barry	Michelle	
Aver	Daniels	Elaine	
Blue Cross and Blue Shield Association (BCBSA)	Kocher	Gail	x
Blue Cross Blue Shield of North Carolina	Smith	Troy	
Blue Cross Blue Shield of North Carolina	Hicks	Leslie	
Blue Cross Blue Shield of Michigan	Ahmed	Faris	
Blue Cross Blue Shield of Michigan	Maldoddi	Laxmikanth	
Blue Cross Blue Shield of Tennessee	Langford	Susan	
Centene Corporation	Chervitz	Chuck	
Centers for Medicare and Medicaid Services (CMS)	Herring	Geanelle	
Centers for Medicare and Medicaid Services (CMS)	Kalwa	Daniel	
Centers for Medicare and Medicaid Services (CMS)	Wheeler	Gladys	
Centers for Medicare and Medicaid Services (CMS)	Cabral	Michael	
Cigna	Soccorso	Megan	
Cigna	Tossie	Dean	x
Cognizant	Couch	Danielle	
Cognosante	Saunders	Daniel	x
DST Health Solutions	Lynam	Mary	x
Edifecs	Kelly	John	
Edifecs	Pattwell	Michael	x
Epic	Jacus	Michael	x
Health Care Service Corp	Campbell	Donna	
Health Care Service Corp	Mohamed	Soufi	x
Health Care Service Corp	Collins	Amanda	

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Healthedge Software Inc	Hanna	Doug	
HMS	McRae	Knox	
HMS	Woodford	Jason	
Humana, Inc. - ProView	Bawa	Dilpreet	
Humana	Peterson	Amy	
Independent Health	Gracon	Christopher	
Kaiser Permanente	Kessler	Christy	
Marshfield Clinic	Gilbertson	Ann	
Mayo Clinic	Sobolik	Jerry	
Mayo Clinic	Darst	Laurie	
Medical Group Management Association (MGMA)	Tennant	Robert	
Minnesota Department of Health	Millage	Pansi	
NACHA The Electronic Payments Association	Smith	Brad	x
New England HealthCare Exchange Network (NEHEN)	Karin	Janice	
New England HealthCare Exchange Network (NEHEN)	Delano	David	
NextGen Healthcare Information Systems, Inc.	Team	Nancy	x
NextGen Healthcare Information Systems, Inc.	Schlichtig	Sue	
OhioHealth	Tummalapalli	Krishna	x
PaySpan	Pinataro	Rob	
PriorAuthNow	Blackwell	Mike	
Tata Consultancy Services Ltd	kumari	Sushmita	
TrialCard	Randall	Dean	x
TRICARE	Erckenbrack	Dawn	
TRICARE	Petry	Brian	x
UC Davis Health	Marchant	Michael	
United States Department of Veterans Affairs	Cox	Sandra	
Wells Fargo	Blake	Stanley	
Wells Fargo	Birgenheier	Jason	