

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Review Work Group (RWG)
Call #2 Summary: Thursday, September 24th, 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	Troy Smith (BCBSNC) opened the call and reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials. He then passed the call to Lina Gebremariam (CAQH CORE).	<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 Mr. Smith (BCBSNC) to share the call agenda.	<i>Discussion</i>
3. Overview of the Draft CAQH CORE VBP Attribution Data Exchange Operating Rules	Mr. Smith (BCBSNC) reviewed the CAQH CORE Single Patient Attribution Data Content Rule and the Attributed Patient Roster Rule Set to date. <ul style="list-style-type: none"> • There was no discussion from the RWG. 	<i>Discussion</i>
4. RWG Straw Poll #1 Results	Ms. Gebremariam (CAQH CORE) shared the results, substantive comments, and points of clarification from the RWG Straw Poll #1 (Slides 5-14). All sections of the Draft Single Patient Attribution Data Content Rule received $\geq 83\%$ support. <ul style="list-style-type: none"> • John Kelly (Edifecs) asked if there are situations in which the CAQH CORE Certification Rule has two flavors (e.g. real time, batch, or both) and can an organization pick and choose among the three options and still get the CAQH CORE seal? • Ms. Gebremariam (CAQH CORE) replied that the Single Patient Data Content Rule fits within the greater Eligibility and Benefits Rule Set. • Heather McComas (AMA) asked how would the plan know if a patient is in the VBP contract if the Rule Set is voluntary? If the plan is not required to populate this information, then how do we know if the patient is not in the VBP plan or the plan is just not returning that kind of data in the X12 271 response? • Bob Bowman (CAQH CORE) replied that, in previous Rule Sets, they will have the CAQH CORE Certification Seal and then the plan is aware that the data being sent back includes the requirements under that certification. • Mr. Kelly (Edifecs) asked if there is any way that, as part of certification, there could be a flag within the X12 270 stating that this is a CORE certified transaction? This would be better than guessing at the point of service. 	<i>Discussion</i>

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	<ul style="list-style-type: none"> • Mr. Bowman (CAQH CORE) shared that there is no current method for that information to be included within the X12 271 response. If the health plan is implementing the entire Rule Set, the provider will be receiving that monthly push through batch mode and the real time X12 270/271 response will allow them to validate that information in real time. • Mr. Kelly (Edifecs) shared that generally a change in status is only going to happen monthly. The person at the desk may not bother to see if the patient participates in a VBP contract. Instead they will take the information that they have in the monthly batch push and will probably not run the real time check. • Mr. Bowman (CAQH CORE) replied that it is still value-added to the transaction. The Eligibility Verification is used to validate the patient financials and to bill a more successful and manageable claim. This is a real time validation showing when to start the claim generation process and when to validate the membership information or the bill information. • Ms. Gebremariam (CAQH CORE) also shared that this is the first iteration, and we will continue to build and gain more implementers that could support it as a mandatory Rule Set in the future. • Merri-Lee Stine (Aetna) asked if payers are voluntarily agreeing to the VBP rules or are these rules now going to be incorporated into the full X12 270/271 Rule Set and the X12 834 full Rule Set. • Ms. Gebremariam (CAQH CORE) shared that the Single Patient Attribution Data Content Rule will be incorporated into the X12 270/271 Rule Set, however, what is mandated will not change. For CORE-certified entities, if they wish to be certified on the X12 270/271 Rule Set, then they would have to adopt this rule as well. The re-organization of CAQH CORE from phases to transactions is meant to take more of a business-case approach, which is why the X12 834 Attributed Patient Rule Set will not be going with the Benefit Enrollment Rule, but instead will be a separate use case. Those two rules will be voluntary, and it will be a separate scenario if the Rule Set becomes mandatory. • Ms. Stine (Aetna) asked if there would be less adoption if organizations do not choose to adopt this piece. Users may not be able to or choose to adopt this piece, while continuing to support other parts of the Eligibility and Benefit Rule. • Ms. Gebremariam (CAQH CORE) shared that, in their talks with other groups, they feel confident that this implementation is doable for other payers. CAQH CORE has a large eligibility market share and as we build the first alpha and beta testers, we can use this to market certification to other organizations. • Thomson Kuhn (ACP) shared that the RWG intent was that, while quality measures would not be included in the first iteration, they will be included in future iterations. • Ms. Gebremariam replied that the statement is correct. CAQH CORE may choose to expand the Rule Sets in the future as they become more mainstream. • Ms. McComas (AMA) asked if the provider identifying information is only a general free text in the message segment. 	

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	<ul style="list-style-type: none"> • Ms. Gebremariam (CAQH CORE) replied that the provider identifying information is all structured data fields. The actual attribution status itself is what exists in the free-text message segment. • Mr. Bowman (CAQH CORE) replied that the X12 271 response requires the plan to return specific provider information as well as health plan and benefit information, so there are existing loops and segments for those specifics related to the eligibility response. This is included in the appendix to the rule itself. • Ms. McComas (AMA) asked if the information about other providers and how they relate to attribution would be clearly understood. • Ms. Gebremariam (CAQH CORE) replied that since the attributed provider information would be included in the same segment as the free message text, all that information would be grouped together. • Mr. Kelly (Edifecs) shared that if a patient comes in to see a nurse practitioner and the patient is attributed to another PCP/medical group, then the eligibility request goes in with the rendering provider's NPI which would indicate that they are seeing a patient but are also attributed under the medical group to a value-based contract that may apply to this visit. • Ms. Gebremariam (CAQH CORE) clarified that this would be if provider A is sending in the request and they receive the response of "Partial"—meaning that patient A is attributed to one provider but also other providers in that group. Then both providers would receive information for provider's A and B because they share financial risk with the patient. 	
<p>5. Attributed Patient Roster (X12 005010X318 834) Operating Rules</p>	<p>Ms. Gebremariam (CAQH CORE) reviewed the updates to the Attributed Patient Roster (X12 005010X318 834 Infrastructure Rule (Slides 15-18)).</p> <ul style="list-style-type: none"> • Mr. Kelly (Edifecs) shared that you can make the case that the recipient does not have an obligation under the Infrastructure Rule, unlike the X12 835 where the provider systems are designed already to perform this function. This can indicate that there is some significant adoption work on the recipient side, for the X12 834, and a new use case needs to be developed on the recipient side if it will become automated. • Mr. Bowman (CAQH CORE) replied that this is new and not widely adopted yet. It would require providers to potentially use a clearinghouse or third-party intermediary that could help them reach the benefits of using the standard transaction. It will take some implementation time, but we do believe that there is value added to returning this information. • Mr. Kelly (Edifecs) shared that right now, the eligibility transaction as it stands gets auto posted and with the X12 835 they have posting capabilities. But not a lot of systems may have X12 834 capabilities. • Ms. Gebremariam (CAQH CORE) replied that no rule requirements historically have been required of providers but instead the responsibility falls on vendors and health plans because every provider practice is different. 	<i>Discussion</i>

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6. Review Work Group Next Steps	<ul style="list-style-type: none"> • Mr. Smith (BCBSNC) then shared the Next Steps for preparing the RWG for Call #3. He then walked the RWG through the roles and expectations in completing Straw Poll #2. • Mr. Smith (BCBSNC) encouraged RWG Participants to attend the next RWG call on Friday, 10/23/20 when CAQH CORE Staff would be discussing the results. • Ms. Smith (BCBSNC) then asked the RWG if there were any further questions. No questions were raised, he then adjourned the call. 	<i>Discussion</i>

<i>Call Documentation</i>
Doc 1: RWG Call #3 Agenda 10.23.20.pdf
Doc 2: RWG Call #2 Summary 09.24.20.pdf

CAQH CORE Contact Information

April Todd
SVP, CORE
atodd@caqh.org

Erin Weber
Director, CORE
eweber@caqh.org

Lina Gebremariam
Manager, CORE
hgebremariam@caqh.org

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RWG Call #2 Attendance

CAQH CORE Participating Organization	Last Name	First Name	Attendance
Aetna	Seymour	Scott	
Aetna	Stine	Merri-Lee	
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	x
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	x
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	x
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	
Cognizant	Couch	Danielle	
Cognosante	Saunders	Daniel	x
DST Health Solutions	Lynam	Mary	x
Edifecs	Kelly	John	x
Edifecs	Pattwell	Michael	x
Epic	Jacus	Michael	x
Health Care Service Corp	Campbell	Donna	
Health Care Service Corp	Mohamed	Soufi	
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	x
Humana	Peterson	Amy	
Independent Health	Gracon	Christopher	x
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	
NextGen Healthcare Information Systems, Inc.	Schlichtig	Sue	
OhioHealth	Tummalapalli	Krishna	
PaySpan	Pinataro	Rob	
PriorAuthNow	Blackwell	Mike	
Tata Consultancy Services Ltd	kumari	Sushmita	
TrialCard	Randall	Dean	x
TRICARE	Erckenbrack	Dawn	
TRICARE	Petry	Brian	
UC Davis Health	Marchant	Michael	
United States Department of Veterans Affairs	Cox	Sandra	
Wells Fargo	Blake	Stanley	x
Wells Fargo	Birgenheier	Jason	