



# NCVHS Panel: Value Based Care Models vs. Fee-For-Service - Implications for HIPAA Standards

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# Agenda

- CAQH & CORE Overview
- Research-informed Approach to Value-based Care
- CORE Value-based Care Operating Rules and Resources
- Interoperability in Value-based Care
  - Support through revenue cycle transactions
  - Roadmap to real-time data exchange
- Data Standards to Accommodate Exchange Across Entities
- Call To Action: Real-time Health Data Exchange

## Our Vision

To align the healthcare ecosystem around essential solutions that power a **More connected, less costly** experience for all

- **Simplifying** financial processes
- **Reducing** administrative burdens
- **Enhancing** experiences
- **Improving** data exchange
- **Supporting** standards
- **Driving** interoperability



**CAQH Solutions**  
leverage data and tech to reduce costs and transform healthcare.



**CAQH CORE**  
develops operating rules that lead to standards to streamline healthcare.



**CAQH Insights**  
track opportunities to improve healthcare practices.



Health Plans



Providers



Medicaid Programs



Technology Partners

CORE brings together industry stakeholders to develop operating rules that drive healthcare data exchange

# Committee on Operating Rules for Information Exchange

Leading Industry

Savings

Ensuring Representation

10

CORE Operating Rules Mandated Under HIPAA

CORE is a **trusted and independent operating rule author**. In addition to mandated operating rules, CORE offers operating rule sets for voluntary adoption.

\$18.3B

Cost savings opportunity by switching to fully automated transactions

The 2023 CAQH Index® estimated that 22% of money spent on administrative transactions could be saved by fully transitioning to electronic transactions. **CORE Operating Rules help facilitate and streamline electronic adoption.**

100+

Multi-stakeholder Participating Organizations

From small provider organizations, to national health plans, CORE has the **unique ability to bring diverse industry stakeholders to the table** to tackle complex administrative problems together.

# More than 100 healthcare organizations participate in CORE to develop operating rule requirements

## Account for 75% of total American covered lives.

### Government

- Arizona Health Care Cost Containment System
- California Department of Health Care Services
- Centers for Medicare and Medicaid Services (CMS)
- Federal Reserve Bank of Atlanta
- Florida Agency for Health Care Administration
- Health Plan of San Joaquin
- Michigan Department of Community Health
- Minnesota Department of Health
- Minnesota Department of Human Services
- Missouri HealthNet Division
- North Dakota Medicaid
- Oregon Department of Human Services
- Oregon Health Authority
- Pennsylvania Department of Public Welfare
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

### Health Plans

- Aetna
- Ameritas Life Insurance Corp.
- AultCare
- Blue Cross and Blue Shield Association (BCBSA)
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of North Carolina
- Blue Cross Blue Shield of Tennessee
- CareFirst BlueCross BlueShield
- Centene Corporation
- CIGNA
- Elevance Health
- Health Care Service Corp
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point32Health
- UnitedHealthGroup

### Integrated Plan/Provider

- Highmark Health (Highmark, Inc.)
- Kaiser Permanente
- Marshfield Clinic/Security Health Plan of Wisconsin, Inc.

### Vendors & Clearinghouses

- AIM Specialty Health
- athenahealth
- Availity, LLC
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cloud Software Group
- Cognizant
- Conduent
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- InstaMed
- Lassie
- MCG Health
- NantHealth Navinet
- NextGen Healthcare Information Systems, Inc.
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- Surescripts
- The SSI Group, Inc.
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Wells Fargo
- Zelis

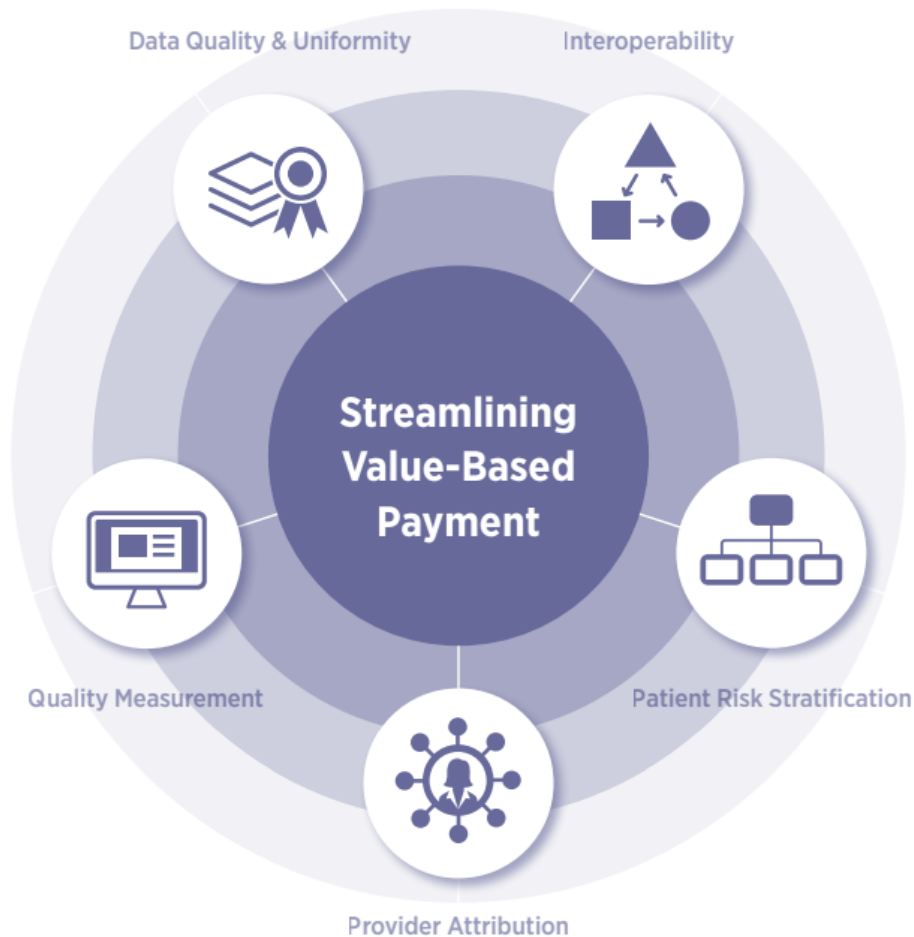
### Providers

- American Hospital Association (AHA)
- American Medical Association (AMA)
- Aspen Dental Management, Inc.
- Children's Healthcare of Atlanta Inc
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association (HFMA)
- Laboratory Corporation of America
- Mayo Clinic
- Medical Group Management Association (MGMA)
- Montefiore Medical Center
- New Mexico Cancer Center
- OhioHealth
- OSF HealthCare
- Peace Health
- St. Joseph's Health
- Virginia Mason Medical Center

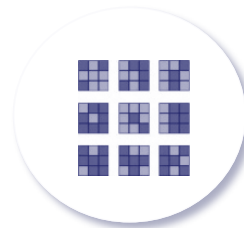
### Other

- Accenture
- American Dental Association (ADA)
- ASC X12
- Cognosante
- Healthcare Business Management Association
- Healthcare Business Association of New York (HCBA)
- HL7
- NACHA The Electronic Payments Association
- National Association of Healthcare Access Management (NAHAM)
- National Association of Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- National Dental EDI Council (NDEDIC)
- New England HealthCare Exchange Network (NEHEN)
- Preferra Insurance Company Risk Retention Group
- Private Sector Technology Group
- Sekhmet Advisors
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission (URAC)
- Work Group for Electronic Data Interchange (WEDI)

# Implementation of value-based care models is challenging due to complex methodologies and nascent technical and data interoperability



**Health Equity by Design in VBC:** Value-based care models incorporate methodologies to collect and use social determinant of health (SDOH) data to address health inequities.



**Program Complexity and Administration:** Value-based care models are challenging to comprehend and administer, issues that are compounded by difficulties contracting and navigating unaligned definitions.

# CORE Operating Rules simplify the administration of value-based care and identify uniform data that advances interoperability

## CORE Value-based Care Enablement Operating Rules

### 1. CORE Patient Attribution Operating Rules\*

Point-of-care and monthly exchange of member attribution data for population health models.

### 2. CORE Health Equity Operating Rules

Standardized collection and exchange of member socio-demographic data.

### 3. CORE Health Care Claims Operating Rules

Standard pathways for the submission of additional diagnoses at a single encounter.

### 4. CORE Connectivity Rule vC4.0.0\*

Enables real-time exchange through web-based APIs using SOAP and REST connectivity protocols.

## CORE Framework for Semantic Interoperability: Consensus-based Uniform Definitions for VBC Terms

### 5. Standardization of VBC Terminology

Consensus-built definitions for common VBC concepts for industry use and reference.

\*Contains Operating Rules Recommended for Federal Mandate by the National Committee for Vital and Health Statistics (NCVHS) on June 30, 2023.

# Established data standards are the engine for current value-based care implementations; operating rules enhance their application

## Revenue cycle transactions support the administration of value-based care models



### Member & Roster Management X12 834

- Member data management at enrollment, renewal, and maintenance.
- Exchange of members attributed to participants in a VBC contract using a standardized roster.



### Eligibility and Benefit Structure X12 270/271

- Member benefit design and coverage requirements returned at the point-of-care.
- Point-of-care data identifying member attribution to participants in a VBC contract.



### Claim Submission and Processing X12 837

- Claim expenditure informs benchmarks for FFS and capitated VBC models.
- Diagnosis and procedure code submissions contribute to VBC methodologies and the documentation of non-medical factors impacting care.



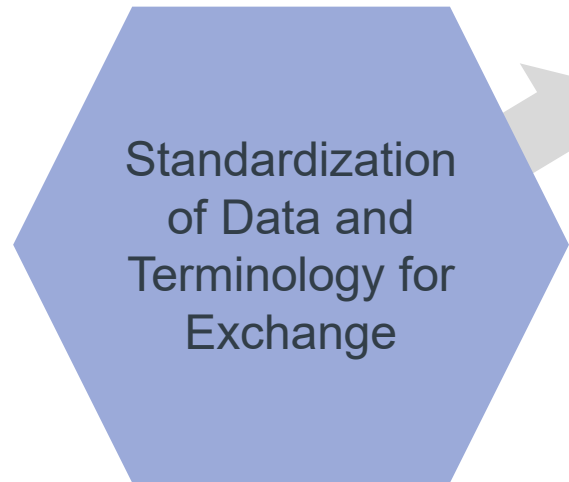
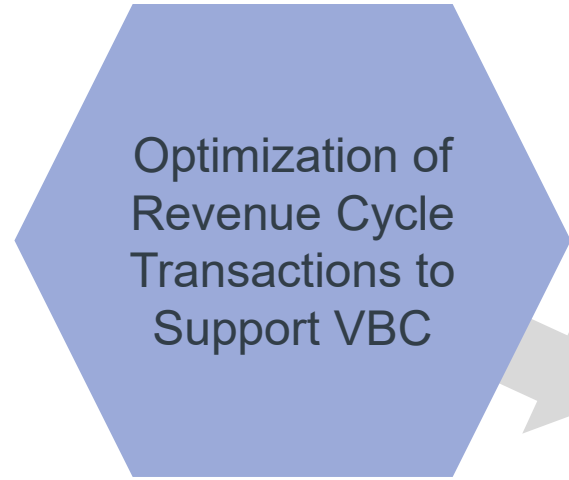
### Payment and Remittance Communication X12 835

- VBC models impact what participants receive through fee-for-service.
- Remittance advice can communicate adjustments related to participation in value-based contracts.



# Real-time data exchange for care coordination in VBC is enhanced by efforts to optimize and standardize revenue cycle workflows

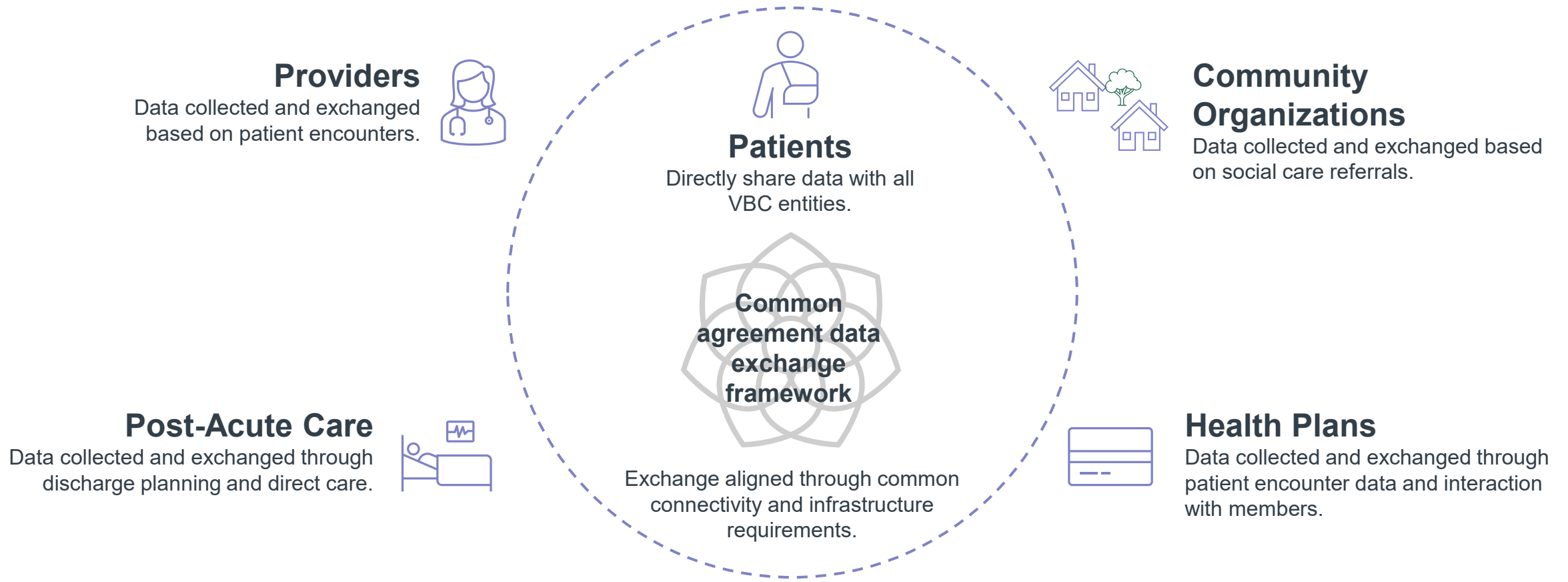
**X12** standards updated to reflect business needs for VBC; **Operating rules** fill gaps in data needs and support transition to **APIs** through connectivity and infrastructure expectations.



**Real-time exchange and aggregation of data** for care coordination in VBC models results from and is enhanced by efforts to **optimize existing workflows** and standardize how **data is understood and shared**.

# A uniform data exchange framework is required to address multi-disciplinary data sharing and reporting across impacted value-based care stakeholders

Data that is non-uniform or of poor quality at any intersection point leads to non-optimal care coordination.



# The current state of value-based care is functional; advancement to real-time exchange requires defined, bold action

## A faster, more flexible standards adoption process addresses infrastructure and data content incompatibilities.

| Revenue cycle transactions support value-based care and related initiatives.   | Addressing value-based activities in real-time requires a range of standards.  | Uniform data is central to success in value-based care; regardless of source.  | Technical interoperability and data uniformity enhance accountable care goals.  |
|--|--|--|---|
| <ul style="list-style-type: none"><li>▪ CORE Operating Rules support novel solutions for existing transactions.</li><li>▪ New versions of standards explicitly support value-based care.</li></ul> | <ul style="list-style-type: none"><li>▪ HL7 FHIR and X12 facilitate real-time aggregation and exchange of data.</li><li>▪ Seamless, point-of-care coordination is the next step in value-based care data exchange.</li></ul> | <ul style="list-style-type: none"><li>▪ Data uniformity enhances and streamlines data exchange.</li><li>▪ The claim transaction is the current “vehicle” for exchange – the data is what is important.</li></ul> | <ul style="list-style-type: none"><li>▪ Members benefit from an accountable care relationship with integrated, uniform data exchange.</li><li>▪ Industry must come together and be bold to promote uniform, consistent data exchange.</li></ul> |

# Appendix

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# Opportunities for data exchange in value-based care are interconnected and should not be addressed in silos

