The Honorable Dr. Micky Tripathi
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, 7th Floor
Washington, D.C. 20201

Re: The CARIN Alliance's Submission to the U.S. Core Data for Interoperability

Dear Dr. Tripathi:

The CARIN Alliance, a multi-sector group of stakeholders representing numerous hospitals, thousands of physicians, and millions of consumers, individuals, and caregivers would like to thank you and the ONC staff for reviewing the data classes and data elements submitted by the CARIN Alliance in September 2021 and April 2022. **As part of this submission, we again want to make a recommendation to include the Explanation of Benefit (EOB) data classes and data elements associated with the CARIN IG for Blue Button as part of USCDI version 3.**

Explanation of Benefit

CARIN submitted a new data class – **Explanation of Benefit** and over 100 new data elements (please see the Addendum for more information), which include core administrative data from the Common Payer Consumer Data Set (CPCDS) that currently do not exist in the USCDI, but are necessary to further the ONC's mission of "a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange."

As we suggested in September 2021 and April 2022, these data elements are required by CMS for July 1, 2021.[1] In fact, CMS Blue Button has adopted the CARIN IG for Blue Button for all Medicare FFS beneficiaries[2] and so have more than 90 percent of all CMS payers across the country (https://www.cmscompliancetracker.com/). These data elements are critical to the implementation of the CARIN IG for Blue Button. Furthermore, adding the data elements associated with the CARIN IG for Blue Button to the USCDI and to USCDI+ will provide the much-needed direction everyone in the health care ecosystem needs to include financial and administrative data in their technology roadmaps to support multi-sector interoperability. Moreover, these data elements are already made available by electronic health record vendors including Epic (see https://fhir.epic.com/Specifications?api=1072 and https://fhir.epic.com/Specifications?api=1073) as early as May 2020 and as part of the CMS data at the point of care pilot (https://dpc.cms.gov/) that was launched in July 2019.

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[1] https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index
[2] https://bluebutton.cms.gov/developers/

We appreciate that the data class and elements were added to the ONC USCDI Comment level, but we believe these data elements demonstrate extensive existing use in systems and exchange between systems and as part of multiple use cases that show significant value to current and potential users and therefore should be included as Level 2.

In addition, we note that some payers have implemented the CMS "payer to payer" rule (42 CFR 438.62 (b) (1) (vi) even though it is not finalized which requires covered payers to exchange USCDI data (45 CFR 170.213 "Standard"). We have a number of payers in CARIN who are using various Explanation of Benefit data classes to meet the requirements of the "payer to payer" rule given this well established data content is at the heart of the payer administrative systems (e.g. claims processing applications) that all covered payers have operated for decades. We note that payers do not generally operate certified Electronic Medical Record (EMR) systems, which is why we have always assumed that USCDI goes beyond EMR data content requirements.

Recommendation: We would strongly recommend ONC include the Explanation of Benefit data class and associated data elements *retroactively* at Level 2 in both USCDI v3 and USCDI+. We believe it should be included in v3 rather than v4 because the CMS data at the point of care pilot was launched in 2019, EMR systems had the functionality to consume those data classes as of May 2020, 90 percent of all CMS payers have the data classes in production today, and CARIN sent two different comment letters to ONC for USCDI v3 during the associated comment period for v3.

We believe it is important to include the information within USCDI for EMR vendors to include that data within their systems so they can meet the needs of the CMS data at the point of care project, their health system client's data needs, and the fact numerous EMR systems already have established functionality to support these data classes. We also believe it is important to include these data elements in USCDI+ for CMS and other payers who look to ONC for guidance related to nationwide interoperability and to fulfill the new authorities ONC has been given by HHS to better coordinate data exchange across all HHS agencies.

Thank you again for providing the opportunity to comment on these data classes and data elements for consideration *retroactively* in USCDI v3. We appreciate your consideration and if you have any questions or additional follow-up, please contact a member of our administrative team at mark.roberts@leavittpartners.com or ryan.howells@leavittpartners.com.

Thank you for considering our recommendations.

Sincerely,

The CARIN Alliance

Addendum

The CARIN Alliance proposed one new data class and the addition of over 100 new data Explanation of Benefit data elements. These include core administrative data that currently do not exist in the USCDI. The Data Classes and Elements that the CARIN Alliance is submitting can be found below.
Submission 1: Explanation of Benefits

New data class: Explanation of Benefits
"The claim details; adjudication details from the processing of a Claim; and optionally account balance information, for informing the subscriber of the benefits provided."
HL7 Release 4

New data elements:
Claim Service Start Date
Claim Service End Date
Claim Paid Date
Claim Received Date
Member Admission Date
Member Discharge Date
Payer Claim Unique Identifier
Claim Adjusted from Identifier
Claim Adjusted to Identifier
Claim Diagnosis Related Group Version
Claim Inpatient Source Admission Code
Claim Inpatient Admission Type Code
Claim Bill Facility Type Code
Claim Service Classification Type Code
Claim Frequency Code
Claim Processing Status
Claim Type
Claim Sub Type
Patient Discharge Status
Claim Payment Denial
Claim Other Payer Identifier(s)"
Claim payer Name
Claim Payee Type
Claim Payee
Claim Payment Status Code

Claim Payer Identifier Statement
From Date
Statement Thru Date
Adjudication Date
Total Amount
Claim Identifier Type
Procedure Code Type
Adjudication Amount Type
Days Supply
RX Service Reference Number
DAW Product Selection Code
Refill Number
Prescription Origin Code
Plan Reported Brand-Generic Code
Total Amount
Claim Identifier Type
Adjudication Amount Type
Claim Billing Provider NPI
Claim Billing Provider Contracting Status
Claim Attending Physician NPI
Claim Site of Service Network Status
Claim Referring Physician NPI
Claim Referring Physician Network Status
Claim Performing Provider NPI
Claim Performing Provider Network Status
Claim Prescribing Provider NPI
Claim Prescriber Contracting Status
Claim PCP NPI
Service Facility NPI
Care Team Role
Claim Attending Physician Name
Claim Billing Provider Name
Claim Performing Provider Name
Claim PCP name
Service Facility Name
Claim Referring Physician Name
Claim Prescribing Physician Name
Claim Supervising Physician NPI
Claim Supervising Physician Name
Service Facility Address
Claim Operating Surgeon Name

Claim Operating NPI
Practitioner Identifier Type
Organization Identifier Type
Claim Total Submitted Amount
Claim Total Allowed Amount
Amount Paid by Patient
Claim Amount Paid to Provider
Member Reimbursement
Claim Payment Amount
Claim Non-covered Amount
Member Paid Deductible
Co-insurance Liability Amount
Copay Amount
Member Liability
Claim Other Payer Paid Amount
Claim Discount Amount
Service (from) Date
Line Number
Service to Date
Type of Service
Place of Service Code
Revenue Center Code
Allowed Number of Units
National Drug Code Compound
Code
Quantity Dispensed
Quantity Qualifier Code
Benefit Payment Status
Line Payment Denial Code
Payment member explanation
Line Noncovered Amount
Line Member Reimbursement
Line Payment Amount
Line Discount Amount
Line Amount Paid by Patient
Drug Cost
Line Allowed Amount
Line Amount Paid to Provider
Line Patient Deductible
Line Other Payer Paid Amount
Line Coinsurance Amount

Line Submitted Amount
Line Allowed Amount Line
Member Liability
Line Copay Amount
Diagnosis Code
Is E code
Present on Admission
Diagnosis Code Type
Diagnosis Type
Procedure Code
Procedure Date
Procedure Code Type
Procedure Type
Modifier Code -1
Modifier Code -2
Modifier Code -3
Modifier Code -4