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October 1, 2018

Donald W. Rucker, M.D.
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology (ONC)
U.S. Department of Health and Human Services
330 C St SW
Floor 7
Washington, DC 20201

Submitted via online comment form at
<https://www.healthit.gov/isa/section-vi-questions-and-requests-stakeholder-feedback>

Dear Dr. Rucker:

X12 is an ANSI accredited standards development organization (SDO) which has been accredited for more than 35 years. As an SDO, we develop and maintain EDI standards as well as XML schemas which drive business processes globally. X12 membership includes technologists and business process experts, encompassing health care, insurance, transportation, finance, government, supply chain and other industries.

We are pleased to see the X12 Technical Reports Type 3 (TR3s) listed in the 2018 Interoperability Standards Advisory (ISA) Reference Edition draft. We have several comments related to the implementation specifications listed under Section V: Administrative Simplification Standards and Implementation Specifications.

To correct these references before your 2019 publication, please apply the corrections shown below.

Section V: Administrative Standards and Implementation Specifications

V-A: Health Care Claims and Coordination of Benefits

- Health Care Claims or Equivalent Encounter Information for Professional Claims:
 - o ASC X12N/005010X222 Health Care Claim: Professional (837), May 2006 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
and
ASC X12N/005010X222A1 Type 1 Errata to Health Care Claim: Professional (837), June 2010 as Type 1 Errata to an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
- Health Care Claims or Equivalent Encounter Information for Institutional Claims:
 - o ASC X12/N005010X223 Health Care Claim: Institutional (837), May 2006 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
and
ASC X12N/005010X223A2 Type 1 Errata to Health Care Claim: Institutional (837), June 2010 as Type 1 Errata to an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
- Health Care Claims or Equivalent Encounter Information for Dental Claims:
 - o ASC X12N/005010X224 ASC X12 Standards for Electronic Data Interchange Technical Report Type 3—Health Care Claim: Dental (837), May 2006 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
and
ASC X12N/005010X224A2 Type 1 Errata to Health Care Claim: Dental (837), June 2010 as Type 1 Errata to an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
- Health Care Claims or Equivalent Encounter Information for Retail Pharmacy Supplies and Professional Services:
 - o ASC X12N/005010X222 Health Care Claim: Professional (837), May 2006 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
and
ASC X12N/005010X222A1 Type 1 Errata to Health Care Claim: Professional (837), June 2010 as Type 1 Errata to an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
- Health Care Claim Status Request and Response:
 - o X12N/005010X212 Health Care Claim Status Request and Response (276/277), August 2006 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3

V-B: Administrative Transactions - Non-Claims

- Enrollment and Disenrollment in a Health Plan:
 - o ASC X12N/005010X220 Benefit Enrollment and Maintenance (834), August 2006 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
and
ASC X12N/005010X220A1 Type 1 Errata to Benefit Enrollment and Maintenance (834), June 2010 as Type 1 Errata to an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
 - o ASC X12N/005010X307 Health Insurance Exchange: Enrollment (834), January 2013, as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
- Eligibility for a Health Plan (Benefits and Coverage) – Request and Response:
 - o ASC X12N/005010X279 Health Care Eligibility Benefit Inquiry and Response (270/271), April 2008 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
and
ASC X12N/005010X279A1 Type 1 Errata to Health Care Eligibility Inquiry and Response (270/271), June 2010 as Type 1 Errata to an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3

V-C: Administrative Transactions to Financial Exchanges

- Health Plan Premium Payments for Covered Members:
 - o ASC X12N/005010X218 Payroll Deducted and Other Group Premium Payment for Insurance Products (820), February 2007 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
 - o ASC X12N/005010X306 Health Insurance Exchange Related Payments (820), January 2013 as Type 1 Errata to an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
- Health Care Payment and Remittance Advice:
 - o ASC X12N/005010X221 Health Care Claim Payment/Advice (835), April 2006 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
and
ASC X12N/005010X221A1 Type 1 Errata to Health Care Claim Payment/Advice (835), June 2010 as Type 1 Errata to an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3

V-D: Administrative Transactions to Support Clinical Care

- Referral Certification and Authorization Request and Response for Dental, Professional and Institutional Services
 - o ASC X12N/005010X217 Health Care Services Review—Request for Review and Response (278), May 2006 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
- Health Care Attachments to Support Claims, Referrals and Authorizations:
 - o ASC X12N/006020X315 Health Care Services Request for Review and Response (278), September 2014 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
 - o ASC X12N/006020X313 Health Care Claim Request for Additional Information (277), September 2014 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
 - o ASC X12N/006020X316 Additional Information to Support a Health Care Services Review (275), September 2014 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3

We also recommend adding a new high-level category, “Health Claim Acknowledgments”, in Section V. The 999 technical reports would move from “Health Care Attachments to Support Claims, Referrals and Authorizations” into this new category. There are corrections to the TR3 references as well as additional TR3s that should be listed under this new category.

Health Claim Acknowledgements

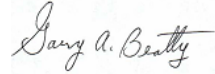
- o ASC X12C/005010X231 Implementation Acknowledgment for Health Care Insurance (999), June 2007 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
and
ASC X12C/005010X231A1 Type 1 Errata to Implementation Acknowledgment for Health Care Insurance (999), June 2010 as Type 1 Errata to an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
- o ASC X12N/006020X290 Implementation Acknowledgment for Health Care Insurance (999), September 2013 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
- o ASC X12N/005010X214 Health Care Claim Acknowledgement (277), January 2007 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
- o ASC X12N/005010X186 Application Reporting for Insurance (824), February 2006 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
and
ASC X12N/005010X186A1 Type 1 Errata to Application Reporting for Insurance (824), April 2011 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3

- ASC X12N/006020X257 Application Reporting for Insurance (824), October 2013 as an ASC X12 Standards for Electronic Data Interchange Technical Report Type 3
- ASC X12 Acknowledgment Reference Model, February 2017

X12 continues to enhance its technical reports based on industry feedback, as new version become available, we'll be happy to add them to your references document.

Feel free to contact me for more information at ascchair@x12.org .

Sincerely,

A handwritten signature in cursive script that reads "Gary A. Beatty". The signature is written in black ink on a white background.

Gary Beatty

X12 Accredited Standards Committee Chair