

April 29, 2022

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 Response to the January 2022 U.S. Core Data for Interoperability, Version 3.

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. In September, the CARIN Alliance submitted two new data classes, proposed a modification to an existing data class, and submitted over 100 new data elements. These are derived from the [CARIN Implementation Guide for Blue Button®](#) Common Payer Consumer Data Set (CPCDS). The CPCDS is a logical data set (similar to ONC 2015 Edition Common Clinical Data Set) that meets CMS Blue Button 2.0 API content and defines key payer financial health data.

### Health Insurance Information

We were pleased to see that the ONC included the **Health Insurance Information** data class and the following data elements:

- **Coverage Status** (added to Draft USCDI v3)
- **Plan Name** (added to Draft USCDI v3)
- **Relationship to Subscriber** (added to Draft USCDI v3)

CARIN supports ONC's decision to include the **Group Number** data element in the draft USCDI, which we believe captures the intent of the **Group Name**, which CARIN submitted as part of the September comment request. However, the **Plan Identifier** data element was not included in the Health Insurance data elements that CARIN submitted. We understand this was classified as Level 2 but did it does not appear in the draft of USCDI v3. Instead, **Member Identifier**, **Subscriber Identifier**, and **Payer Identifier** were included. CARIN would urge the ONC to maintain it as a Level 2 and include the **Plan Identifier** data element in the final version of USCDI v3. This data element was developed in a consensus-based process just like other CPCDS elements, is a data element used by a wide number of organizations, and is important for implementation of the CARIN Blue Button IG.

Additionally, **Coverage Type** was added as a new data element, for categories of health care payors (e.g., Medicare, TRICARE, Commercial Managed Care - PPO). The **Coverage Type** data element is not

being used in CPCDS and we would suggest more discussion with stakeholders occur before this data element is included in the final version of USCDI v3.

### **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 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, these are required by CMS for July 1, 2021<sup>1</sup>. In fact, CMS Blue Button has adopted the CARIN IG for Blue Button for all Medicare FFS beneficiaries<sup>2</sup> and so have hundreds of other payers across the country and these data elements are critical to implementation of the IG. Furthermore, adding the data elements associated with the CARIN IG for Blue Button to the USCDI v3 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. There is also precedent for doing so – the Argonaut IG references the Common Clinical Data Set model and US Core leverages the USCDI v1 information model. Adding the **Explanation of Benefit** data class and data elements would mirror this pathway. Therefore, we would urge ONC to include the **Explanation of Benefit** data class and associated data elements to the USCDI v3.

Thank you again for providing the opportunity to comment on these data classes and data elements for consideration in USCDI v3 update. 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](mailto:mark.roberts@leavittpartners.com) or [ryan.howells@leavittpartners.com](mailto:ryan.howells@leavittpartners.com).

Thank you for considering our recommendations.

Sincerely,

The CARIN Alliance

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<sup>1</sup> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index>

<sup>2</sup> <https://bluebutton.cms.gov/developers/>

## Addendum

The CARIN Alliance is proposing one new data classes and the addition of over 100 new 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.”

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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