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RxRevu Comment on United States Core Data for Interoperability Draft Version 3

RxRevu is pleased to submit comments on the United States Core Data for Interoperability (USCDI) v3. We recognize there are many needs and perspectives to consider by ONC and the USCDI Committee, and we are grateful for the opportunity to contribute comments. We appreciate the work of ONC in updating the current data sets to continue supporting public health interoperability.

RxRevu is the nation's leading care access network. Through partnerships with payers, PBMs, health systems, and EHR vendors, we provide integrated real-time cost and coverage solutions to improve patient access to care for over 150M Americans. RxRevu believes everyone deserves access to affordable, quality healthcare, and no one should have to choose between their lifesavings and receiving life-saving treatment.

Initiatives like USCDI v.3 are helping to push the digital health transformation forward. And in the drive forward, we must look at the healthcare system holistically. RxRevu supports the expansion of USCDI to include the new Data Class of Health Insurance Information and recommends ONC expand the Data Class to include eligibility for all goods and services, including pharmacy benefit coverage.

New Data Class – Health Insurance Information

One of the primary ways patients interact with the healthcare system is through prescription drugs. It is important to be inclusive of both medical and prescription fields given the increasing overlap for items like specialty medications and the growing importance of patients and providers knowing the full medical history. Without requiring prescription insurance information, we are failing to capture the complete picture of insurance coverage. And as a result, we are failing to capitalize on the innovative technologies and achievements presently available to provide transparency.

In the important shift to include insurance information as a new Data Class, there are still several critical elements that must be added to USCDI v.3 to support patient care, disparity reduction, and interoperability. RxRevu strongly encourages ONC to add prescription drug insurance information and the following Data Elements: Rx coverage status, Rx coverage type, Rx relationship to subscriber, Rx member identifier, Rx subscriber identifier, Rx group identifier, and Rx payer identifier.

As evidenced by Medicare Part D, medical insurance coverage and prescription insurance coverage are not the same. Medical insurance information is just one piece of the critical data needed for price transparency. Often, patients have different insurance coverage for medical and prescription drugs. Employers that contract separately for medical and pharmacy require representation of both medical and pharmacy eligibility for interoperability to work comprehensively for their members. To achieve complete interoperability, pharmacy benefit information needs to be included in the USCDI v.3.

With health care costs continuing to rise,¹ it is important that patients and providers have comprehensive access to all insurance coverage information. To realize the true value of electronic prior authorization (ePA) and the real-time benefit tools (RTBTs) that CMS² and federal policy are mandating, complete and comprehensive eligibility information is required. The prescription eligibility data contains the necessary routing logic needed to initiate ePA and the real-time benefit transaction. Absent the eligibility file, the transactions will fail. Thus, without requiring prescription drug insurance information in USCDI v.3, transparency tools will not function properly, and the potential impact of health information exchanges will be severely stunted.

Thank you again for the opportunity to provide comment on USCDI Draft version 3. We appreciate your efforts in maintaining core data sets to promote system-wide interoperability and value your consideration.

Sincerely,

RxRevu

¹ In 2020, CMS calculated 4.1 trillion dollars was spent by the U.S. on health care costs. CMS National Health Expenditure Fact Sheet. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet>. Last year alone, \$18.3 billion was spent on eligibility and benefit verification. 2021 CAQH Index Report.

² See CMS-4180-F.