May 10, 2025

Steve Posnack
Principal Deputy Assistant Secretary for Technology Policy
U.S. Department of Health and Human Services
330 C Street SW, 7th Floor
Washington, D.C. 20201

Re: The United States Core Data for Interoperability (USCDI) Draft Version 6

Dear Mr. Posnack,

The CARIN Alliance thanks you for the opportunity to provide feedback on USCDI version 6. The CARIN Alliance is a multi-sector group of stakeholders representing numerous hospitals, thousands of physicians, and millions of consumers and caregivers. We are committed to promoting the ability for consumers and their authorized caregivers to gain digital access to their health information via the open APIs and the ability to use that information in any third-party application they choose.

The CARIN Alliance has consistently advocated for the inclusion of the data from the Common Payer Consumer Data Set (CPCDS), which is core to the FHIR®-based [CARIN IG for Blue Button](#)®, to be included in USCDI versions 2, 3, 4, and 5. These elements, which are not all included in USCDI, are essential to advancing the ASTP/ONC's mission of establishing "a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange."

The CPCDS is an agreed upon set of data fields to exchange with consumers (similar to ONC 2015 Edition Common Clinical Data Set), which consumer-facing applications use to implement the Patient Access API. Incorporating these missing CPCDS elements within USCDI is crucial for the effective implementation of the CARIN IG for Blue Button as part of the Patient Access API. This API has been adopted by CMS Blue Button for all Medicare FFS beneficiaries (https://bluebutton.cms.gov/developers/) and by more than 90 percent of CMS payers nationwide (https://www.cmscompliancetracker.com/).

Given that the CPCDS elements are fundamental to the CARIN IG for Blue Button, which meets the Patient Access API requirements, and that USCDI serves as a baseline for data interoperability, we believe it is critical to include all CPCDS elements in USCDI. This inclusion would ensure that the necessary data elements for Patient Access API compliance are part of the minimum required standard for data exchange. We believe this becomes even more important as continued regulation that recommends the CARIN IG for Blue Button as a method for meeting the Patient Access API requirements are released.

The CMS Interoperability and Prior Authorization Final Rule (CMS-0057) references the STU 2.0.0 version of the CARIN IG for Blue Button as a recommended method for meeting the Patient Access API. The final rule also requires payers to share patient claims and encounter data with in-network providers with whom the patient has a treatment relationship. This requirement provides a direct scenario where electronic health care records may begin to accept, store and use CPCDS elements. Therefore, adding these missing CPCDS elements in USCDI v6 is critical to the implementation of the CARIN IG for Blue Button as part of the Patient Access API.

Again, we appreciate your consideration of our comments. Please do not hesitate in contacting me if you have any further questions.

Ryan Howells
Leavitt Partners
On behalf of the CARIN Alliance