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March 30, 2026

Thomas Keane
Assistant Secretary for Technology Policy
U.S. Department of Health and Human Services
330 C Street SW, 7th Floor
Washington, DC 20201

Dear Dr. Keane:

The National Committee for Quality Assurance (NCQA) thanks you for the opportunity to provide feedback on draft version 7 of the US Core Data for Interoperability (USCDI).

NCQA is a private, 501(c)(3) not-for-profit, independent organization dedicated to improving health care quality through our Accreditation and measurement programs. We are a national leader in quality oversight and a pioneer in quality measurement. Leveraging our strengths as a trusted third party, we are committed to helping organizations navigate the challenges associated with improving the health care system. Our mission to improve the quality of health for all Americans propels our daily work.

NCQA is pleased to provide the following comments, summarized below and detailed on the following page, on the proposals and considerations for USCDI v7.

- *Strong support for draft USCDI v7 new elements*
  - NCQA supports all additions to draft USCDI v7. Specifically, we strongly support the following added elements: Device Type, Referral Orders, Medical Device Orders, Medication Administration, Medication Dispense Quantity, Health Insurance Information elements, Tobacco Use, Accommodations and Healthcare Agent.
- *Additional recommendations for Final USCDI v7*
  - Device Type data element: Add HCPCS terminology.
  - Device Orders data element: Add HCPCS terminology.
  - Performance Time data element: Broaden stated examples to include care plans, notes, and health status assessments.
  - Indication data element: Revise definition to be inclusive of additional indications for care activities (i.e., screenings).
  - Health Status Assessment data class: Clarify scope to include both the assessment (LOINC) and the result of that assessment (LOINC, SNOMED).
- *Other comments*
  - Race and Ethnicity: Recommend alignment of the data elements to the updated OMB SPD 15 standard to support clear, aligned standards requirements across the industry.
  - NCQA also supports several recommendations submitted by PACIO to advance and clarify key USCDI data elements.

Thank you for the opportunity to comment. We remain committed to working with ASTP to build a more efficient and responsible American health care system. If you have any questions, please contact Eric Musser, Vice President of Federal Affairs, at (202) 955-3590 or at musser@ncqa.org.

Sincerely,

Eric J. Musser

Eric Musser
Vice President, Federal Affairs
National Committee for Quality Assurance

Detailed Recommendations

1. Draft USCDI v7 Additions

NCQA applauds ASTP for the draft USCDI v7 expansion and supports all newly added elements as they represent important data for whole-person care, wellness, and public health and quality programs. The additions are high value adds with limited implementation burden given the large overlap with other exchange requirements. Specifically, NCQA strongly supports the addition of the elements below to support improved patient care and outcomes:

- Device Type
- Referral Orders
- Medical Device Orders
- Medication Administration
- Medication Dispense Quantity
- Health Insurance Information elements
- Tobacco Use
- Accommodations
- Healthcare Agent

2. Additional recommendations for Final USCDI v7

Devices: Device Type

Recommendation: Add HCPCS terminology to applicable vocabulary standard.

Rationale: In addition to SNOMED, HCPCS represents an appropriate terminology to capture device types. NCQA HEDIS® measures use SNOMED and HCPCS in value sets to define specific device types, such as wheelchairs or continuous glucose monitors.

Orders: Device Orders

Recommendation: Add SNOMED and HCPCS terminology to applicable vocabulary standard.

Rationale: Including applicable terminology for USCDI data elements supports consistent implementation. SNOMED and HCPCS represents appropriate terminology to capture device orders. NCQA is developing several new measures that include device orders, with SNOMED and HCPCS terminology in use and aligned to the FHIR standard.

Healthcare Information Attributes: Performance Time

Recommendation: Broaden the examples to indicate that this element could also apply to care plan documentation, note documentation and health status assessments.

Rationale: While this element notes the stated care actions are only examples, we recommend broadening the examples to include a range of care activities to ensure

performance time for all care activities are made available for exchange. Performance time is a critical attribute to understand relevant timing to other care activities and timeliness of care actions. This attribute should be available across all relevant data elements; including additional examples related to clinical notes and care plans as well as health assessments will strengthen this element definition.

Healthcare Information Attributes: Indication

Recommendation: Revise the definition of the element to 'Sign, symptom, medical condition, or reason (i.e. screening) for a care activity.'

Rationale: NCQA recommends clarifying the definition of Indication to be more explicit for the reasons a care activity (procedure, medication, order) may occur. Specifically, when referencing indications for an order, the indication can help distinguish orders for diagnostic purposes verse routine screening, which is important for care context and quality measurement. For example, a laboratory test order may be placed for routine screening purposes based on age or other risk assessment and not because of a specific symptom or diagnosis. This indication can still be coded with ICD and SNOMED, similar to a medical condition indication, but the distinction is important. Further clarification of the definition will better align to current practice and workflows.

Health Status Assessment

Recommendation: Clarify the scope of the Health Status Assessment data class to include both the assessment (LOINC) and the result or answer of that assessment (often LOINC answer codes, SNOMED CT, or quantitative result).

- Update the data class definition: Assessments **and results** of a health-related matter of interest, importance, or worry to a patient, patient's authorized representative, or patient's healthcare provider **that could identify a need, follow-up care or a condition.**
- Update the individual element definitions to include the assessment and result as well as LOINC and SNOMED for applicable vocabulary.
  - *Example:* Tobacco Use: Assessment **and result** of a patient's tobacco product use behaviors. Applicable Vocabulary: LOINC, SNOMED CT
  - *Example:* Mental/Cognitive Status: Assessment or screening **and result** for the presence of a mental or behavioral problem. Applicable Vocabulary: LOINC, SNOMED CT

Rationale: In patient care and quality measurement, knowing that both the assessment occurred and the result of that assessment is critical for care decisions and determining any additional testing, diagnoses, procedures or interventions (i.e., education) that may be required. The completion of a health status assessment does not always result directly in a diagnosis or procedure represented by other USCDI/USCDI+ data elements, but instead the result of health status assessments are used in conjunction with other data related to the patient to guide care. The clarification of scope of this data class will support consistent

implementation and exchange of critical data for patient care. Additionally, applying this recommendation would align to the setup of other data classes, including Clinical Tests, Diagnostic Imaging and Laboratory. In NCQA's HEDIS, we assess both that a specific assessment/screening was completed (i.e. tobacco use or depression screening) and that a result of the assessment/screening is present. The result is often used to assess for appropriate follow-up, which may include rescreening, counseling, or other follow-up interventions.

3. Other Comments

Patient Demographic/Information: Race and Ethnicity

NCQA supports ASTP's stated plans to modify the existing Race and Ethnicity elements and terminology requirements to support implementation of the updated OMB SPD 15 standard in future USCDI versions. We recommend USCDI update to align as early as possible (well in advance of the March 2029 OMB deadline) to support clear requirements and alignment of standards across the industry.

NCQA also supports PACIO recommendations for the following data elements:

- Functional Status, Mental/Cognitive Status: Add ICF terminology
  - NCQA supports the PACIO recommendation to add ICF terminology to the Mental/Cognitive Status and Functional Status data elements to support capture and exchange of important health status information.
- Transfer Summary Note: Advance element to Level 2
  - NCQA supports the PACIO recommendation of advancing this element to Level 2, as a critical element for patient transfers and patient safety.