April 13, 2026

Thomas Keane, MD, MBA
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street, SW, 7th Floor
Washington, DC 20024

Re: U.S. Core Data for Interoperability, Draft Version 7

Dear National Coordinator Keane:

The Workgroup for Electronic Data Interchange (WEDI) is pleased to comment on the Draft U.S. Core Data for Interoperability Version 7 (Draft USCDI v7) released by the Office of the National Coordinator for Health Information Technology (ONC) through Standards Bulletin 2026-1 on January 29, 2026.

WEDI was formed in 1991 by then Department of Health and Human Services (HHS) Secretary Dr. Louis Sullivan to identify opportunities to improve the efficiency of health data exchange. Named in the Health Insurance Portability and Accountability Act as an advisor to the Secretary of HHS, WEDI is the leading multi-stakeholder authority on the use of health information technology (IT) to efficiently improve health information exchange, enhance care quality, and reduce costs. With a focus on advancing standards for electronic administrative transactions, and promoting data privacy and security, WEDI is recognized and trusted as a formal advisor to the Secretary. Our diverse membership includes health plans, providers, standards development organizations, vendors, federal and state government agencies, and patient advocacy organizations.

WEDI is aware that Draft USCDI v7 continues ONC's ongoing commitment to expanding standardized health data exchange to support improved patient care, improved data interoperability, and reduced clinician burden. Draft USCDI v7 proposes a total of 30 new and revised data elements across multiple data classes and we understand that these proposals were informed by extensive stakeholder feedback.

WEDI submits the following comments focused on areas where USCDI v7 proposals intersect most directly with WEDI's work and where clarifications can improve implementation and reduce burden, as well as general comments on USCDI:

- WEDI supports:
    - The continued evolution of USCDI as a "floor" for interoperable exchange and recognizes ONC's emphasis on predictable, transparent updates.

  - Draft USCDI v7's overall direction, including proposed additions that address administrative burden reduction, care coordination, and data attributes.
  - Expanding the guidance on scope clarity and "code system examples" where ambiguity could lead to inconsistent data capture and exchange.

- ONC should emphasize:
  - Harmonization with administrative transactions and application programming interfaces (APIs) where USCDI intersects with eligibility and benefits, referrals, and prior authorization to avoid parallel, inconsistent approaches.
  - Governance and freshness for dynamic data elements where the exchange value depends on clear expectations for data provenance, refresh frequency, and source of truth.

- ONC should re-evaluate the need for the proposed new data elements for **Health Insurance Information**, as they may cause confusion between data collected and shared through USCDI vs. administrative transactions that are likely more accurate. Confusion about the data elements Health Insurance Payer, Health Insurance Plan, and Health Insurance Plan Identifier will likely lead to use of free text or local codes, providing limited benefits for interoperability. Additionally, guidance on how "as of" dates and source attribution should be conveyed will be necessary, along with clarification on which data elements can support workflows but not replace administrative functions (eligibility and benefits verification) as these data elements are integral to administrative simplification but risk real-world usability if used inconsistently.

- Specific to the data classes, ONC should provide additional details on:
  - **Appointment** by clarifying minimum data expectations and encouraging consistent workflows, as scheduling is foundational to operational interoperability and patient access, but "appointment" can be implemented inconsistently without clear guidance.
  - **Referral Order and Referral Note:**
    - by clarifying how they connect to Appointment, Encounter, and the receiving organization; providing guidance and examples for "referral request" vs. "consult request" vs. "transition of care" communications to reduce inconsistent implementations
    - by encouraging alignment with API-based coordination workflows so referral content can be used downstream, as referrals are a major friction point across providers and payers
  - **Reason Not Performed:**
    - by providing structured category guidance and examples to prevent implementers from using text-based, narrative reasons
    - by adding a burden-reduction note encouraging reuse of existing workflow artifacts instead of requiring new documentation
    - by clarifying association rules to link to the specific intended activity, as this data element has strong potential to reduce administrative churn but only if captured in a consistent and computable manner

  - **Diagnostic Imaging Reference:**
    - by adding guidance on the minimum metadata needed for safe retrieval and matching (study identifiers, modality, performing organization, acquisition date/time, patient matching hints)
    - by adding guidance on secure access patterns appropriate for patient-facing and provider-facing use cases
    - by aligning with parallel federal workstreams addressing imaging interoperability (to support, rather than fragment, the emerging approach), as image retrieval across organizations is a persistent administrative burden
  - **Patient Identifier** by clarifying the types of patient identifiers being considered and how they should be represented to prevent confusion with other identifiers and inappropriate reuse outside intended contexts, as patient matching remains a pervasive operational issue.

- In moving forward with expanding the USCDI and removing certification criteria in the ONC Health IT Certification Program, as proposed in the "Health Data, Technology, and Interoperability: ASTP/ONC Deregulatory Actions to Unleash Prosperity" (HTI-5), ONC should consider:
  - How USCDI stays tightly defined as a minimum dataset
  - Transparent criteria and review process used to move data elements or data classes from USCDI+ into USCDI
  - Representation of USCDI elements in FHIR resources
  - Potential for shifting burden and complexity from one stakeholder to another as USCDI expands but certification guardrails decrease, particularly in the context of overlapping implementation timelines and varying organizational readiness
  - Potential for USCDI to support other administrative simplification needs, such as claims attachments data content

WEDI supports ONC's work in developing a standardized minimum data set to be implemented across the health care ecosystem driving interoperability by keeping pace with clinical, technology, and policy changes. We believe several proposed additions to USCDI v7 (particularly Appointment, Referral Order/Note, Reason Not Performed, Diagnostic Imaging Reference, and Patient Identifier) could materially reduce administrative burden and improve interoperability with the additions outlined above.

We appreciate the opportunity to share our perspective on the Draft USCDI v7. We hope our comments will serve to assist ONC as it moves forward with these proposals. Please contact Robert Tennant, WEDI Executive Director, at rtennant@WEDI.org with any questions on these comments.

Sincerely,
/s/
Merri-Lee Stine
Chair, WEDI

cc: WEDI Board of Directors