To: Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0050-P
P.O. Box 8014
Baltimore, MD 21244-8014

JAN 17 2006

----- Forwarded on 12/30/2005 03:02 PM-----

---- Original Message ----
From: MWard60610@aol.com
To: ASIG@lists.hl7.org ; hl7canprm@lists.hl7.org
Sent: Wednesday, December 28, 2005 3:27 PM
Subject: Fwd: NPRM comment on ED attachment - FYI

The message below was sent to this list on 12/19. Since then we've received comments requesting the removal of the third bullet. The ASIG co chairs concur with this recommendation. We are seeking any feedback that would suggest HL7 should NOT remove the third bullet. Please provide that to us by Friday 12/30/05.

Some suggested this be done because it wasn't the main / significant reason for the EC SIG to recommend holding this attachment back and also because HL7 can't single the ED attachment out for this particular reason. If we were to say it shouldn't be moved to a final rule because it hasn't been tested yet, we'd have to say the same for others - ultimately resulting in us saying hold multiple attachments back. We do not believe this is the position of HL7.

Again, please respond to the ASIG co chairs by 12/30 if you disagree with removal of the 3rd bullet.

Our apologies for having to do this over the holiday period, but this has to keep moving through the HL7 process in order to be ready to comment to CMS in January.

In a message dated 12/19/2005 12:46:46 AM Central Standard Time, MWard60610 writes:

> ASIG members:
>
> If you participated in either the ASIG call last Tuesday, or the HL7 NPRM comments call on Thursday, you already know about and have had an opportunity to discuss the additional NPRM comment that HL7 will be sending to CMS. The verbiage below was approved by HL7 members present on the call last Thursday. This will be discussed more at the January meeting, but before we "officially" send it through the NPRM comment approval process I wanted to be sure all ASIG members had a chance to see it. If you have questions or concerns, please respond to this list within the next few days. After that it will go to the approval team and then to the HL7 Board for inclusion in our comment letter.

To: Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0050-P
P.O. Box 8014
Baltimore, MD 21244-8014

HL7 Comment:

After much consideration and coordination with the HL7 Emergency Care (EC) SIG, HL7 recommends that the Emergency Department Attachment (AIS) not be included in the Final Rule for claims attachments.

Furthermore, HL7 recommends that the ASIG and EC SIG undertake a project to evaluate the necessity for the ED attachment, and propose a solution that may result in an updated ED attachment or inclusion of some of the ED data elements in other attachments, such as clinical reports and labs. An ED report is considered a type of clinical report, and as such may be appropriate to be incorporated in that attachment.

Preliminary rationale for this decision includes the following. The ASIG and EC SIG will further explore these observations as they determine the best course of action related to attachments for ED services.

- Current ED AIS specification has a dependency on DEEDS 1.0 – DEEDS –in need of updating to current time, so its inclusion in ED attachment to be used now is an issue
- The ED attachment does not contain much more than what's contained in clinical reports / labs. Payers could get the information they needed related to an ED visit using the clinical reports and lab attachments. We do not want to have duplication
- The ED attachment hasn't been tested yet, we believe that testing of the attachment is important prior to mandated use
- Many of the LOINC codes specified in the Clinical Reports are specific to the narrative data type. Since it is not the intent of the ASIG to preclude/prohibit the use of nominal (coded) data, this requires addition discussion. At this point we believe that the next step is to discuss with LOINC the possibility of providing appropriate codes which do not specify or exclude any specific data type for the reply. There are changes underway with LOINC that would make this a non-issue, once they are published.

Maria Ward
312.890.8572

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ROY BRYANT

JAN 19 2006

3405 Chamberlayne Ave.
Richmond, Virginia 23227
(804) 329-1316

January 11, 2006

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Attn: CMS-0050-P
P.O. Box 8014
Baltimore, MD 21244-8014

Dear Dr. McClellan:

I, the undersigned am writing this letter to you requesting an immediate investigation regarding the new rules and regulations set forth by the Department of Social Services for the upcoming year.

The Department of Social Services underhandedly executed the new regulations without the input of the small independent adult homeowners. I, as an adult homeowner was informed of the changes at one of the meetings I attended. Apparently, it was too late for me to express my views or voice my opinion on one regulation in particular. Instead of the Department of Social Services contacting adult homeowners in writing, they used a notice of intent posted on a registry for the public to view.

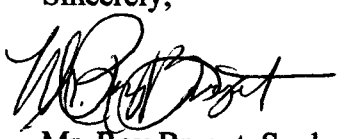
The belief or should I say my issue of concern is how they, the Department of Social Services would allow an Administrator to oversee both a nursing home and an assisted living side that is housed under one building. To me that is called co-mingling of staff, which could easily be categorized as the misuse of appropriated federal funds.

According to nursing home law, an administrator is paid by federal funds for 40 hours a week to oversee the nursing home side and not to be shared by the assisted living side. Each side is required to have their own individual administrators. Inadequate staffing is not considered a probable cause for sharing of staff. From the various meetings I attended, the Department of Social Services is allowing this to occur. How can that be?

Independent adult homes are considered as grant homes. There is no additional funding for us to compete in the healthcare arena with the new regulations. We offer affordable housing for the poor and underprivileged under extreme measures. The new regulations will cause a devastating effect on our businesses and disparity for the poor. Independent adult homes will be a nonexistent entity and the poor will suffer and be eliminated from quality healthcare from trained staff.

Your immediate attention in this matter will be greatly appreciated. Please contact me at the address listed above for any additional questions or concerns.

Sincerely,



Mr. Roy Bryant, Spokesperson
Independent Adult Homeowners

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David A. Feinberg, C.D.P.
3662 SW Othello Street • Seattle, Washington 98126-3246
206 617-1717 • DAFeinberg@computer.org

13 January 2006

JAN 19 2006

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0050-P
P. O. Box 8014
Baltimore, Maryland 21244-8014

via: Priority Mail

References: (a) 70 FR 184, 9/23/2005, pages 55989-56025
(b) CMS-0050-P
(c) RIN 0938-AK62

Enclosed are one original and two copies of additional written comments on the proposed rule for HIPAA Administrative Simplification Standards for Electronic Health Care Claims Attachments. Note that my 112 pages of new comments are again printed on both sides of each sheet of paper, *i.e.*, duplexed.

Please use any of the methods shown above should you wish to contact me about any of these written comments.

Yours truly,

David A. Feinberg, C.D.P.
President, Rensis Corporation

Comment Number: Rensis-26.01

Regarding: PROPOSED §162.1920 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT RESPONSE TRANSACTION

Proposed §162.1920 (e) is inconsistent with already final §162.925 (a) (3).

Comment Number: Rensis-26.02

Regarding: SOLICITED VERSUS UNSOLICITED ATTACHMENTS

More details of the "legal, business, and technical implications" applied to restricting use of unsolicited attachments is needed. No such implications have been applied to already final rules that permit health care providers to send other, not just claims, HIPAA-adopted transactions to health plans at their sole discretion, and require health plans to process them.
{45 CFR 162.925 (a) (1)-(3)}

Comment Number: Rensis-26.03

Regarding: PROPOSED §162.1910 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT REQUEST TRANSACTION

This section needs additional specificity regarding the following questions.

- Is a health plan restricted to sending a request for attachments only to the provider who submitted the particular claim being adjudicated?
- May a health plan send a request for attachments to any provider with whom it has a business relationship and whom it believes may have relevant data?
- May a health plan send a request for attachments to any provider at all whom it believes may have relevant data?

Comment Number: Rensis-26.04

Regarding: PROPOSED §162.1910 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT REQUEST TRANSACTION

This section needs additional specificity regarding the following questions.

- Is a health care provider required to process and respond to a request for attachments only from the health plan to whom it submitted the particular claim being adjudicated?
- Is a health care provider required to process and respond to a request for attachments from any health plan with whom it has a business relationship and who believes the provider may have relevant data?
- Is a health care provider required to process and respond to a request for attachments from any health plan at all who believes the provider may have relevant data?

Comment Number: Rensis-26.05

Regarding: PROPOSED §162.1910 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT REQUEST TRANSACTION

This section needs additional specificity regarding the following question.

- How much time is allowed to elapse after a claim has been submitted before a health plan is no longer permitted to send a request for attachments to any providers: the one who submitted the claim or any others?

Comment Number: Rensis-26.06

Regarding: PROPOSED §162.1910 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT REQUEST TRANSACTION

There is no language in this proposed section that implements the "health plan may solicit [*sic*] only one electronic attachment request transaction" policy as discussed in "Solicited vs. Unsolicited Electronic Health Care Claims Attachments" in the preamble of this NPRM.

Comment Number: Rensis-26.07

Regarding: SOLICITED VERSUS UNSOLICITED ATTACHMENTS

For the proposed "health plan may solicit [*sic*] only one electronic attachment request transaction" policy, would the limit be for all providers or just each provider?
{Comment Number Rensis-26.03}

Comment Number: Rensis-26.08

Regarding: PROPOSED §162.1910 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT REQUEST TRANSACTION

It is recommended that language be added that requires health plans to look for needed additional information from any related health plans within the same legal entity, plus any business associates of the health plan, related health plans or the same legal entity before sending a request for additional information to any providers. This will mitigate or even avoid many legal, business, or technical implications that could arise when the claims attachments transactions are executed.

As but one example, a health plan's pharmacy benefit manager (PBM) may already have extensive data regarding a patient's current and historical medications.

Comment Number: Rensis-27.01

Regarding: COORDINATION OF BENEFITS

In "payer-to-payer" COB transactions, additional policy is needed to describe what is permitted, not permitted, and/or required in each of the following scenarios.

- Payer #1 has issued specific advance instructions that unsolicited attachments are to be submitted with a claim [of a specific type]. Payer #2 has not issued specific instructions that unsolicited attachments may be submitted. The provider submits attachments to payer #1 with a claim, but later receives a solicitation for them again from payer #2. How will the provider know that the solicitation from payer #2 is legitimate? How will the provider determine HIPAA Privacy Minimum Necessary and other appropriateness criteria?
- Payer #1 has not issued specific advance instructions that unsolicited attachments are to be submitted with a claim [of a specific type]. Payer #2 has issued specific advance instructions that unsolicited attachments must be submitted. The provider does not submit attachments to payer #1. Payer #1 does not solicit any attachments from the provider. Because specific advance instructions to submit attachments with a claim have been issued by Payer #2, but no attachments arrive from Payer #1. In this situation, how would a claim such as this be fully adjudicated? Who's responsibility is it to notify whom of what is likely a indefinitely pended claim? If payer #2 ultimately determines that a solicitation for additional information is to occur, how will the provider know that the solicitation from payer #2 is legitimate? How will the provider determine HIPAA Privacy Minimum Necessary and other appropriateness criteria?
- Payer #1 has issued specific advance instructions that unsolicited attachments are to be submitted with a claim [of a specific type]. Payer #2 has also issued specific advance instructions that unsolicited attachments must be submitted. The provider submits attachments to payer #1 with a claim. As a consequence of the policy contained in the "Coordination of Benefits" description in this NPRM or any other reasons, no attachments are sent from payer #1 to payer #2. In this situation, how would a claim such as this be fully

(Comment continued on next page.)

adjudicated? Who's responsibility is it to notify whom of what is likely a indefinitely pended claim? If payer #2 ultimately determines that a solicitation for additional information is to occur, how will the provider know that the solicitation from payer #2 is legitimate? How will the provider determine HIPAA Privacy Minimum Necessary and other appropriateness criteria?

Eliminating the requirement for unsolicited attachments to have "specific advance instructions" from health plans would go a long way towards resolving the issues raised by the above scenarios.

Comment Number: Rensis-27.02

Regarding: PROPOSED §162.1910 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT REQUEST TRANSACTION

As a consequence of Comment Number Rensis-27.01 and related comments in this comments document, delete §162.1910 (a) (2) and delete §162.1910 (a) (3). Re-write the remaining portions of §162.1910 (a) as needed.

Comment Number: Rensis-27.03

Regarding: PROPOSED §162.1920 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT RESPONSE TRANSACTION

As a consequence of Comment Number Rensis-27.01, Comment Number Rensis-26.01, plus related comments in this comments document, delete §162.1920 (e).

Comment Number: Rensis-28.01

Regarding: PROPOSED §162.1910 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT REQUEST TRANSACTION

Need more specificity on whether or not this section applies to retail pharmacy providers for:
- drugs and biologics?
- durable medical equipment?
- other supplies and services?

Comment Number: Rensis-28.02

Regarding: PROPOSED §162.1920 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT RESPONSE TRANSACTION

Need more specificity on whether or not this section applies to retail pharmacy providers for:
- drugs and biologics?
- durable medical equipment?
- other supplies and services?

Comment Number: Rensis-28.03

Regarding: TRANSACTIONS FOR TRANSMITTING ELECTRONIC ATTACHMENTS

Need more specificity on whether or not the proposed standards apply to retail pharmacy providers for:
- drugs and biologics?
- durable medical equipment?
- other supplies and services?

Comment Number: Rensis-28.04

Regarding: ALTERNATIVES CONSIDERED: CANDIDATE STANDARDS

Need more specificity on whether or not the proposed standards apply to retail pharmacy providers for:

- drugs and biologics?
- durable medical equipment?
- other supplies and services?

Comment Number: Rensis-29.01

Regarding: PROPOSED CDAR1AIS0001R021
PROPOSED CDAR1AIS0002R021
PROPOSED CDAR1AIS0003R021
PROPOSED CDAR1AIS0004R021
PROPOSED CDAR1AIS0005R021
PROPOSED CDAR1AIS0006R021

Given that there will be multiple iterations and/or versions of claims attachments implementation specifications, references to the "HL7 Additional Information Specification Implementation Guide" should also include the exact document number and, if necessary, publication date in order to minimize any potential confusion. This is particularly important when referenced portions of the HL7 IG are used as the specifications to construct messages.

Comment Number: Rensis-30.01

Regarding: OVERVIEW OF CLINICAL DOCUMENT ARCHITECTURE

There seems to be a bit of a misunderstanding about the use of CDA in the proposed HL7 attachment documents.

Wherever the terms

- local_header
- local_attr
- local_markup

are used to identify data, the balloted and approved ANSI standard version of HL7 Clinical Document Architecture (CDA)—Release 1.0 has been extended and exceeded.

Unlike X12 standards and implementation guides, HL7 defines a methodology to create non-standard data items using standard syntax; *i.e.*, non-CDA-compliant data content is encoded following a format designed to allow this.

Since the terms noted above are widely used in the proposed HL7 attachment documents, their use and meaning should be clearly explained in this portion of the next NPRM so that the industry has an opportunity to comment on their acceptability – before a final rule is published.

Note: This is a different syntax but the same concept as used in HL7 version 2 series standards "Z segments" – which allowed, in some situations, completely non-standard messages to be HL7 syntax compliant.

Comment Number: Rensis-31.01

Regarding: PROPOSED CDAR1AIS0000R021
PROPOSED CDAR1AIS0001R021
PROPOSED CDAR1AIS0002R021
PROPOSED CDAR1AIS0003R021
PROPOSED CDAR1AIS0004R021
PROPOSED CDAR1AIS0005R021
PROPOSED CDAR1AIS0006R021

"CDA header" is repeatedly mentioned but its data items are never explicitly listed or defined. Examples alone are inadequate as a basis for implementing the transactions.

Comment Number: Rensis-31.02

Regarding: PROPOSED CDAR1AIS0000R021
PROPOSED CDAR1AIS0001R021
PROPOSED CDAR1AIS0002R021
PROPOSED CDAR1AIS0003R021
PROPOSED CDAR1AIS0004R021
PROPOSED CDAR1AIS0005R021
PROPOSED CDAR1AIS0006R021

An explicit definition of what is required to identify "provider" is needed for human decision variant and computer decision variant. Examples alone are inadequate as a basis for implementing the transactions.

Comment Number: Rensis-31.03

Regarding: PROPOSED CDAR1AIS0000R021
PROPOSED CDAR1AIS0001R021
PROPOSED CDAR1AIS0002R021
PROPOSED CDAR1AIS0003R021
PROPOSED CDAR1AIS0004R021
PROPOSED CDAR1AIS0005R021
PROPOSED CDAR1AIS0006R021

An explicit definition of what is required for "patient identification" is needed for human decision variant and computer decision variant. Examples alone are inadequate as a basis for implementing the transactions.

Comment Number: Rensis-31.04

Regarding: PROPOSED CDAR1AIS0000R021
PROPOSED CDAR1AIS0001R021
PROPOSED CDAR1AIS0002R021
PROPOSED CDAR1AIS0003R021
PROPOSED CDAR1AIS0004R021
PROPOSED CDAR1AIS0005R021
PROPOSED CDAR1AIS0006R021

An explicit definition of what is required for "attachment control number" is needed for human decision variant and computer decision variant. Examples alone are inadequate as a basis for implementing the transactions.

Comment Number: Rensis-32.01

Regarding: PROPOSED CDAR1AIS0000R021
PROPOSED CDAR1AIS0001R021
PROPOSED CDAR1AIS0002R021
PROPOSED CDAR1AIS0003R021
PROPOSED CDAR1AIS0004R021
PROPOSED CDAR1AIS0005R021
PROPOSED CDAR1AIS0006R021

There are many instances where data items consist of sub-data items. In support of these instances, a description of the meaning of differing cardinalities between the primary data item and one or more sub-data items is needed. As but one example, see 18605-6: Medication Current (Composite) (Reported) and its sub-data items in proposed CDAR1AIS0006R021.

Comment Number: Rensis-32.02

Regarding: PROPOSED CDAR1AIS0000R021
PROPOSED CDAR1AIS0001R021
PROPOSED CDAR1AIS0002R021
PROPOSED CDAR1AIS0003R021
PROPOSED CDAR1AIS0004R021
PROPOSED CDAR1AIS0005R021
PROPOSED CDAR1AIS0006R021

An explanation is needed regarding the significance or non-significance of sub-data item ordering, and whether sub-data items must or are not required to be incorporated in messages in the sequence listed.

Comment Number: Rensis-32.03

Regarding: PROPOSED CDAR1AIS0000R021
PROPOSED CDAR1AIS0001R021
PROPOSED CDAR1AIS0002R021
PROPOSED CDAR1AIS0003R021
PROPOSED CDAR1AIS0004R021
PROPOSED CDAR1AIS0005R021
PROPOSED CDAR1AIS0006R021

An explanation is needed regarding the significance or non-significance of the cardinality of a sub-data item relative to the cardinality of predecessor and successor sub-data items.

Comment Number: Rensis-33.01

Regarding: PROPOSED STANDARDS

LOINC does not and is not planned to codify drugs or drug regimens.

Comment Number: Rensis-33.02

Regarding: MODIFICATIONS TO STANDARDS AND NEW ATTACHMENTS

LOINC is not planning to add new codes to identify medications.

Comment Number: Rensis-33.03

Regarding: PROPOSED STANDARDS

The use of LOINC to identify the situations, environments, or conditions under which medications are ordered, dispensed, or administered is not a substitute for a single national code set that precisely and unambiguously identifies each medication. Until such time as such a code set is established in the industry, no Medications Claims Attachments Final Rule or Implementation Specification is possible for HIPAA.

Comment Number: Rensis-34.01

Regarding: PROPOSED CDAR1AIS0006R021

It is beyond the authority of an implementation specification adopted under HIPAA to establish policy. In particular, see § 2.1 and table 3.3 which require provider – payer negotiations and establishment of trading partner agreements in order to implement this Medications Additional Information Specification.

Establishment of policies regarding use of HIPAA adopted implementation specifications is the sole purview of the Code of Federal Regulations and the Final Rules that establish these regulations.

If this Medications Additional Information Specification can not be implemented without its language requiring trading partner agreements, then it should not be adopted as part of a final Claims Attachments Final Rule.

A. There is no language in the proposed rule that explicitly requires trading partner agreements for the purposes listed in the Medications Additional Information Specification.
B. Any such requirement for trading partner agreements for this purpose would be counter to already final language in Parts 160 and 162.

Comment Number: Rensis-34.02

Regarding: COSTS AND BENEFITS

The additional costs of requiring providers to potentially maintain multiple code sets to identify medications for different health plans as proposed in § 2.1 and table 3.3 of proposed CDAR1AIS0006R021 have not been listed nor calculated. Some of these costs include:

- original license costs for each of the differing code sets – four are listed in the Medications Additional Information Specification,
- license maintenance fees for each licensed code set,
- initial costs to cross-reference each code set – both between each of them and also with whatever code set is used internally by a provider,
- ongoing costs to maintain the code set cross-references each time an update is received from each code set vendor or the provider makes a change to their internal code set, and
- ongoing costs to maintain the code set cross-references each time a provider makes a change to their approved formulary.

Typically, a hospital will have 1,000 – 3,000 medications contained in its formulary. Maintaining code set cross-references for this many medications could be very expensive.

The above applies only if a Claims Attachment for Medications is actually adopted – which should not be done for these and other reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-34.03

Regarding: COSTS AND BENEFITS

The additional costs of requiring health plans to potentially maintain multiple code sets to identify medications for different providers as proposed in § 2.1 and table 3.3 of proposed CDAR1AIS0006R021 have not been listed nor calculated. Some of these costs include:

- original license costs for each of the differing code sets – four are listed in the Medications Additional Information Specification,
- license maintenance fees for each licensed code set,
- initial costs to cross-reference each code set – both between each of them and also with whatever code set is used internally by a health plan, and
- ongoing costs to maintain the code set cross-references each time an update is received from each code set vendor or the health plan makes a change to their internal code set.

There are tens of thousands of medications presently available. Maintaining code set cross-references for this many medications would be unbelievably expensive and onerous.

The above applies only if a Claims Attachment for Medications is actually adopted – which should not be done for these and other reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-35.01

Regarding: DEFINITIONS

A definition of **adjudication** is needed to clarify the purposes for which medications, at least, communicated in an attachment transaction may or may not be used. In particular, this definition should at a minimum specify

- whether or not medications included in an attachment are actually billable items not contained in the claim transaction itself or merely ancillary information used to further understanding of the claim – for billable medications, or other products or services – to which they are associated,
- whether or not medications included in an attachment are used to determine only payment(s) for the claim to which they are associated,
- whether or not medications included in an attachment are used to perform drug utilization reviews,
- whether or not medications included in an attachment are used to perform analyses of medical suitability or necessity, and
- whether or not medications included in an attachment are used to critique treatment protocols, medication administration methods, *etc.*

The above applies only if a Claims Attachment for Medications is actually adopted – which should not be done for these and other reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-35.03

Regarding: PROPOSED §162.1905 REQUIREMENTS FOR COVERED ENTITIES

A precise explanation of the meaning of "adjudication of that health care claim" is needed to clarify the purposes for which medications, at least, communicated in an attachment transaction may or may not be used. In particular, this explanation should at a minimum specify

- whether or not medications included in an attachment are actually billable items not contained in the claim transaction itself or merely ancillary information used to further understanding of the claim – for billable medications, or other products or services – to which they are associated,
- whether or not medications included in an attachment are used to determine only payment(s) for the claim to which they are associated,
- whether or not medications included in an attachment are used to perform drug utilization reviews,
- whether or not medications included in an attachment are used to perform analyses of medical suitability or necessity, and
- whether or not medications included in an attachment are used to critique treatment protocols, medication administration methods, *etc.*

The above applies only if a Claims Attachment for Medications is actually adopted – which should not be done for these and other reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-36.02

Regarding: PROPOSED STANDARDS

Depending on the to-be-supplied definition of adjudication, there could be no reason to request additional information about medications as described. Health plans in conjunction with their Pharmacy Benefit Managers (PBM) and other business associates will already have on file information for most dispensed medications – independent of when or how they were ordered. The exceptions would most likely only be

- patient-determined over-the-counter medications
- physician-prescribed over-the-counter medications
- physician dispensed – "sample" – medications
- self-paid, including payments by out-of-country sources, prescribed medications not communicated to the health plan or PBM by the dispensing pharmacy.

Given this reality, the definition of situations, environments, or conditions under which medications are ordered, dispensed, or administered and their applicable LOINC values should be changed, and another NPRM published for public validation.

Note that the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey only requested data for "Medications (not prescriptions)".

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-36.05

Regarding: PROPOSED §162.1910 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT REQUEST TRANSACTION

Depending on the to-be-supplied definition and explanation of adjudication, there could be no reason to request additional information about medications as described. Health plans in conjunction with their Pharmacy Benefit Managers (PBM) and other business associates will already have on file information for most dispensed medications – independent of when or how they were ordered. The exceptions would most likely only be

- patient-determined over-the-counter medications
- physician-prescribed over-the-counter medications
- physician dispensed – "sample" – medications
- self-paid, including payments by out-of-country sources, prescribed medications not communicated to the health plan or PBM by the dispensing pharmacy.

As a consequence, it should be required that health plans obtain medications information internally, from any related health plans within the same legal entity, plus any PBM's or other business associates of the health plan, related health plans or the same legal entity before sending a request for additional medications information to any providers.

Note that the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey only requested data for "Medications (not prescriptions)".

The above applies only if a Claims Attachment for Medications is actually adopted – which should not be done for these and other reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-37.01

Regarding: DEFINITIONS

Not all medications that are ordered are dispensed. Not all medications that are dispensed are actually administered / taken – completely or partially.

Depending on the to-be-supplied definition of adjudication, there could be no reason to request additional information about medications that are ordered – as opposed to dispensed or administered / taken. Consequently, the definition of situations, environments, or conditions under which medications are ordered, dispensed, or administered and their applicable LOINC values may need to be changed, and another NPRM published for public validation.

Note that the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey only requested data for "Medications (not prescriptions)".

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-37.02

Regarding: PROPOSED STANDARDS

Not all medications that are ordered are dispensed. Not all medications that are dispensed are actually administered / taken – completely or partially.

Depending on the to-be-supplied definition of adjudication, there could be no reason to request additional information about medications that are ordered – as opposed to dispensed or administered / taken. Consequently, the definition of situations, environments, or conditions under which medications are ordered, dispensed, or administered and their applicable LOINC values may need to be changed, and another NPRM published for public validation.

Note that the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey only requested data for "Medications (not prescriptions)".

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-37.03

Regarding: PROPOSED §162.1900 DEFINITIONS

Not all medications that are ordered are dispensed. Not all medications that are dispensed are actually administered / taken – completely or partially.

Depending on the to-be-supplied definition of adjudication, there could be no reason to request additional information about medications that are ordered – as opposed to dispensed or administered / taken. Consequently, the definition of situations, environments, or conditions under which medications are ordered, dispensed, or administered and their applicable LOINC values may need to be changed, and another NPRM published for public validation.

Note that the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey only requested data for "Medications (not prescriptions)".

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-37.04

Regarding: PROPOSED §162.1905 REQUIREMENTS FOR COVERED ENTITIES

Not all medications that are ordered are dispensed. Not all medications that are dispensed are actually administered / taken – completely or partially.

Depending on the to-be-supplied definition of adjudication, there could be no reason to request additional information about medications that are ordered – as opposed to dispensed or administered / taken. Consequently, the definition of situations, environments, or conditions under which medications are ordered, dispensed, or administered and their applicable LOINC values may need to be changed, and another NPRM published for public validation.

Note that the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey only requested data for "Medications (not prescriptions)".

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-37.05

Regarding: PROPOSED §162.1910 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT REQUEST TRANSACTION

Not all medications that are ordered are dispensed. Not all medications that are dispensed are actually administered / taken – completely or partially.

Depending on the to-be-supplied definition of adjudication, there could be no reason to request additional information about medications that are ordered – as opposed to dispensed or administered / taken. Consequently, the definition of situations, environments, or conditions under which medications are ordered, dispensed, or administered and their applicable LOINC values may need to be changed, and another NPRM published for public validation.

Note that the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey only requested data for "Medications (not prescriptions)".

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-38.01

Regarding: PROPOSED §162.1900 DEFINITIONS
versus
PROPOSED CDAR1AIS0006R021

The NPRM specifies medications "that are ordered for the individual during the course of treatment."

The proposed Medications Additional Information Specification repeatedly specifies and codifies medications "given to the patient ... ."

Medications ordered are very different from medications given. Not all medications that are ordered are dispensed. Not all medications that are dispensed are actually given; *i.e.*, administered / taken – completely or partially.

This is a significant discrepancy and needs to be corrected at all relevant points of whichever document is adjusted. Correction of this discrepancy will also necessarily depend on the to-be-supplied definition of "adjudication" requested by other submitted comments. Once modifications are completed, another NPRM should be published for public review and validation.

Note that the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey only requested data for "Medications (not prescriptions)".

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-38.02

Regarding: DEFINITIONS

The statements that specify medications "that are ordered for the individual during the course of treatment" are identified "in the AIS" as "'medications administered'" are clinically inconsistent and subject to mis-implementation by those who only read the AIS.

Medications ordered are very different from medications given. Not all medications that are ordered are dispensed. Not all medications that are dispensed are actually given; *i.e.*, administered / taken – completely or partially.

This is a significant discrepancy and needs to be corrected. Correction of this discrepancy will also necessarily depend on the to-be-supplied definition of "adjudication" requested by other submitted comments. Once modifications are completed, another NPRM should be published for public review and validation.

Note that the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey only requested data for "Medications (not prescriptions)".

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-38.03

Regarding: PROPOSED STANDARDS
versus
PROPOSED §162.1900 DEFINITIONS

Proposed Standards in this NPRM, in reference to proposed CDAR1AIS0006R021, specifies medications "given during a course of treatment."

Proposed §162.1900 in this NPRM specifies medications "that are ordered for the individual during the course of treatment."

Medications ordered are very different from medications given. Not all medications that are ordered are dispensed. Not all medications that are dispensed are actually given; *i.e.*, administered / taken – completely or partially.

This is a significant discrepancy and needs to be corrected at all relevant points of whichever document is adjusted. Correction of this discrepancy will also necessarily depend on the to-be-supplied definition of "adjudication" requested by other submitted comments. Once modifications are completed, another NPRM should be published for public review and validation.

Note that the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey only requested data for "Medications (not prescriptions)".

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-39.01

Regarding: DEFINITIONS

Explicit definitions for the following terms are needed:

- Human Decision Variant – with scanned image
- Human Decision Variant – with natural language text
- Computer Decision Variant.

In particular, all relationships between Human and Computer Decision Variants need to be clearly delineated; *e.g.*, that Computer Decision Variants always contain Human Decision Variant with natural language text but do not contain Human Decision Variant with scanned image – plus codified values ... if this is indeed the case.

Comment Number: Rensis-39.02

Regarding: PROPOSED §162.1900 DEFINITIONS

Explicit definitions for the following terms are needed:

- Human Decision Variant – with scanned image
- Human Decision Variant – with natural language text
- Computer Decision Variant.

In particular, all relationships between Human and Computer Decision Variants need to be clearly delineated; *e.g.*, that Computer Decision Variants always contain Human Decision Variant with natural language text but do not contain Human Decision Variant with scanned image – plus codified values ... if this is indeed the case.

Comment Number: Rensis-39.03

Regarding: PROPOSED CDAR1AIS0000R021
§3.1 DEFINITIONS

Expanded definitions beyond just Computer and Human Decision Variants are need to account for:

- Human Decision Variant – with scanned image
- Human Decision Variant – with natural language text
- Computer Decision Variant.

In particular, all relationships between Human and Computer Decision Variants need to be clearly delineated; *e.g.*, that Computer Decision Variants always contain Human Decision Variant with natural language text but do not contain Human Decision Variant with scanned image – plus codified values ... if this is indeed the case.

Comment Number: Rensis-39.04

Regarding: PROPOSED CDAR1AIS0000R021 §3.5.2

Clarification is needed that "human-readable representations" means Human Decision Variant with natural language text but not Human Decision Variant with scanned image ... if this is indeed the case.

Comment Number: Rensis-39.05

Regarding: PROPOSED CDAR1AIS0001R021 §1.4
PROPOSED CDAR1AIS0002R021 §1.4
PROPOSED CDAR1AIS0003R021 §1.4
PROPOSED CDAR1AIS0004R021 §1.4
PROPOSED CDAR1AIS0005R021 §1.4
PROPOSED CDAR1AIS0006R021 §1.4

Clarification is needed that Computer Decision Variant has the same content as Human Decision Variant with xml body (*i.e.*, natural language text) but not non_xml body (*i.e.*, Human Decision Variant with scanned image) ... if this is indeed the case.

Comment Number: Rensis-40.01

Regarding: PROPOSED CDAR1AIS0006R021 §1.6

The Usage Scenarios provided represent a reasonable data collection protocol for providing and charting patient care; however, they are not necessarily the proper scenarios for information to be contained in a medications claims attachment transaction. Regrettably, at this writing, it's not possible to determine what are reasonable and proper scenarios.

A. A precise definition of **adjudication** with respect to medications is first needed.
{Comment Numbers Rensis 35.nn}

B. The interrelationships between the data known by a provider versus the data already known to payers need to be explained prior.
{Comment Numbers Rensis 36.nn}

C. The interactions between ordered / prescribed, dispensed, and administered / taken / given first need to be clarified.
{Comment Numbers Rensis 36.nn}

D. The rationale behind the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey that only requested data for "Medications (not prescriptions)" must first be well-understood.

Given this significant absence of requisite knowledge and understanding, further research should be performed to determine reasonable and proper scenarios for information to be contained in medications claims attachment transactions. Once this is completed and vetted by public discussion and comment, the Additional Information Specification for Medications Claims Attachments should accordingly be re-written, another NPRM written, and the new combination published for overall public validation.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-41.01

Regarding: PROPOSED CDAR1AIS0006R021 §2.2

The need to report "Give" amount may not be necessary. Regrettably, at this writing, it's not possible to determine this.

A. A precise definition of **adjudication** with respect to medications is first needed.
{Comment Numbers Rensis 35.nn}

B. The interrelationships between the data known by a provider versus the data already known to payers need to be explained prior.
{Comment Numbers Rensis 36.nn}

C. The interactions between ordered / prescribed, dispensed, and administered / taken / given first need to be clarified.
{Comment Numbers Rensis 36.nn}

D. The rationale behind the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey that only requested data for "Medications (not prescriptions)" must first be well-understood.

Given this significant absence of requisite knowledge and understanding, further research should be performed to determine whether or not "Give" amount should be contained in medications claims attachment transactions. Once this is completed and vetted by public discussion and comment, the Additional Information Specification for Medications Claims Attachments should accordingly be re-written, another NPRM written, and the new combination published for overall public validation.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-42.01

Regarding: PROPOSED CDAR1AIS0006R021 §2.3

The need to report complex medication regimens may not be necessary. Regrettably, at this writing, it's not possible to determine this.

A. A precise definition of **adjudication** with respect to medications is first needed.
{Comment Numbers Rensis 35.nn}

B. The interrelationships between the data known by a provider versus the data already known to payers need to be explained prior.
{Comment Numbers Rensis 36.nn}

C. The interactions between ordered / prescribed, dispensed, and administered / taken / given first need to be clarified.
{Comment Numbers Rensis 36.nn}

D. The rationale behind the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey that only requested data for "Medications (not prescriptions)" must first be well-understood.

Given this significant absence of requisite knowledge and understanding, further research should be performed to determine whether or not complex medication regimens should be contained in medications claims attachment transactions. Once this is completed and vetted by public discussion and comment, the Additional Information Specification for Medications Claims Attachments should accordingly be re-written, another NPRM written, and the new combination published for overall public validation.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-43.01

Regarding: PROPOSED CDAR1AIS0006R021 §2.4

The mechanism and/or need to report administration of medication mixtures may not be necessary. Regrettably, at this writing, it's not possible to determine this.

A. A precise definition of **adjudication** with respect to medications is first needed.
{Comment Numbers Rensis 35.nn}

B. The interrelationships between the data known by a provider versus the data already known to payers need to be explained prior.
{Comment Numbers Rensis 36.nn}

C. The interactions between ordered / prescribed, dispensed, and administered / taken / given first need to be clarified.
{Comment Numbers Rensis 36.nn}

D. The rationale behind the Winter, 2005, WEDI/HL7/X12/AFEHCT National Healthcare Claims Attachment Survey that only requested data for "Medications (not prescriptions)" must first be well-understood.

Given this significant absence of requisite knowledge and understanding, further research should be performed to determine whether or not administration of medication mixtures should be contained in medications claims attachment transactions. Once this is completed and vetted by public discussion and comment, the Additional Information Specification for Medications Claims Attachments should accordingly be re-written, another NPRM written, and the new combination published for overall public validation.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-44.01

Regarding: PROPOSED CDAR1AIS0006R021
Tables 2.5, 3.1, and 3.3

These tables will need to be rebuilt. Regrettably, at this writing, it's not possible to determine what they should contain until §§ 1.6, 2.2, 2.3, and 2.4 are re-cast as discussed in the immediately preceding comments in this NPRM comment document.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-45.01

Regarding: PROPOSED CDAR1AIS0006R021 §4.1.1

The use of the <list> element for Discharge Medication is inconsistent with the specifications of § 2.6.1. Should probably be <paragraph>.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-45.02

Regarding: PROPOSED CDAR1AIS0006R021 §2.6.1

<content> should be included within a <paragraph>; *i.e.*, a paragraph element.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-45.03

Regarding: PROPOSED CDAR1AIS0006R021 §4.1.1

The captions for medication types do not precisely match those specified in table 3.1 and probably should.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-46.01

Regarding: PROPOSED CDAR1AIS0000R021
PROPOSED CDAR1AIS0005R021
PROPOSED CDAR1AIS0006R021

A definition, description, and use / meaning of <table cellpadding> needs to be added; particularly as it probably should actually be <table columnpadding>.

The above applies to CDAR1AIS0006R21 only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-47.01

Regarding: PROPOSED CDAR1AIS0006R021 §2.6.2

If a sender is allowed to "omit table headings" for columns "on the right" when no data is present, then the left-to-right sequence of all columns in a table must be explicitly specified. This needs to be done for at least the columns in both the medications administered section and the discharge medications section, also potentially in the current medications section. In an XML environment, it's insufficient to implicitly assume that the sequence in which the column labels are listed will be the order in which they are sent.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-47.02

Regarding: PROPOSED CDAR1AIS0005R021 §2.1-f)

Since the tags for each cell of laboratory data are always identical – *i.e.*, <td> and </td> – then the sequence of all columns in a table must be explicitly specified. In an XML environment, it's insufficient to implicitly assume that the sequence in which the column labels are listed will be the order in which they are sent.

Comment Number: Rensis-49.01

Regarding: PROPOSED CDAR1AIS0000R021
PROPOSED CDAR1AIS0001R021
PROPOSED CDAR1AIS0002R021
PROPOSED CDAR1AIS0003R021
PROPOSED CDAR1AIS0004R021
PROPOSED CDAR1AIS0005R021
PROPOSED CDAR1AIS0006R021

Somewhere(s) there need to be two charts, each sorted alphabetically, that identify all possible element tags and attribute codes and meanings, plus their (allowable) values, and maybe even short examples. Where applicable, those element tags that are sub-elements or superior-elements of others should show the complete relationships; if necessary on an attachment type by attachment type basis.

The non-exhaustive list provided below only contains samples of element tags and attribute codes – but not their meanings – discovered thus far that are either poorly or never explicitly defined in the documents proposed for adoption.

The authors of these documents should prepare the comprehensive pair of charts to include at least:

- V=
- S=
- SN=
- DN=
- <table cell_padding>
- <thead>
- <tbody>
- <tr>
- <th>
- <td>
- <td colspan>
- <th align>
- <td align>
- <caption_cd>
- <caption>
- <paragraph>
- <list>
- <section>
- <body>
- <patient>
- <document_type_ed>
- <clinical_document_header>
- <level one>.

Comment Number: Rensis-50.01

Regarding: PROPOSED CDAR1AIS0006R021 §2.6.2

A column heading needs to be added in both the medications administered section and discharge medication section for a "natural language phrase" to report the natural language expression of each medication in a row.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-50.02

Regarding: PROPOSED CDAR1AIS0006R021 §4.1.2

These examples need to also have headings, codes, and values for a "natural language phrase" to report the natural language expression of each medication in a row.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-51.01

Regarding: PROPOSED CDAR1AIS0006R021 §2.6.1

For Time Administered or whatever its successor may be, the description of allowable date formats contained in proposed CDAR1AIS0005R021 §2.1-l) should also be included.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-51.02

Regarding: PROPOSED CDAR1AIS0000R021 §3.7.6.2

The description of allowable date formats contained in proposed CDAR1AIS0005R021 §2.1-l) should also be included as a more extensive explanation in this section.

Comment Number: Rensis-52.01

Regarding: PROPOSED CDAR1AIS0000R021 §2.5
PROPOSED CDAR1AIS0006R021 §2.6
PROPOSED CDAR1AIS0005R021 §§2.1-2.2

More explicit definitions of which XML tag to use for each element in a table cell are needed. Each time an element is listed in a bulleted or numbered portion of the Additional Information Specification, the tag to use to identity it should be exactly stated. It is insufficient to expect programmers from many entities and vendors to consistently derive the proper tags from only samples.

As but one example, when should <th> be used versus <td> ? The Coding Examples in sections 4 of proposed CDAR1AIS0006R021 and proposed CDAR1AIS0005R021 are inconsistent; particularly when used to identify a medication name versus a laboratory result name.

Other samples and examples in all sections need to be carefully validated, too, as some are confusing and/or contradictory. Precision in use and illustration of tags is critical in an XML environment, and having explicit definitions would aid in better determining when hand-coded examples contain only simple mistakes.

The above applies to CDAR1AIS0006R21 only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-52.02

Regarding: PROPOSED CDAR1AIS0000R021 §2.5

A discussion of coding of table data needs to be added.

Comment Number: Rensis-53.01

Regarding: PROPOSED CDAR1AIS0000R021
PROPOSED CDAR1AIS0001R021
PROPOSED CDAR1AIS0002R021
PROPOSED CDAR1AIS0003R021
PROPOSED CDAR1AIS0004R021
PROPOSED CDAR1AIS0005R021
PROPOSED CDAR1AIS0006R021

More explicit definitions of which XML tag to use when coding each element in each variant in each attachment are needed. Working from samples and examples to determine whether a data item is a <section> , <caption> , <paragraph> , or <content> or something else is unwieldy and prone to error. It is also insufficient to expect programmers from many entities and vendors to consistently derive the proper tags to use from only samples and examples.

All samples and examples in all sections need to be carefully validated, too, as some are confusing and others appear to be contradictory. Precision in use and illustration of tags is critical in an XML environment, and having explicit definitions would aid in better determining when hand-coded samples and examples contain only simple mistakes.

Comment Number: Rensis-54.01

Regarding: PROPOSED CDAR1AIS0000R021
PROPOSED CDAR1AIS0001R021
PROPOSED CDAR1AIS0002R021
PROPOSED CDAR1AIS0003R021
PROPOSED CDAR1AIS0004R021
PROPOSED CDAR1AIS0005R021
PROPOSED CDAR1AIS0006R021

More explicit definitions of which attribute codes to use as part of coding each element in computer decision variants in each attachment are needed. As but one example, when are S= and/or SN= required with LOINC?

Working from samples and examples is unwieldy and prone to error. It is also insufficient to expect programmers from many entities and vendors to consistently derive the proper attribute codes to use from only samples and examples.

All samples and examples in all sections need to be carefully validated, too. Precision in use and illustration of attribute codes is critical in an XML environment, and having explicit definitions would aid in better determining when hand-coded samples and examples contain only simple mistakes.

Comment Number: Rensis-55.01

Regarding: PROPOSED CDAR1AIS0000R021 §5

A single consolidated list of OID's [S=values] and permitted names [SN=values]for all HIPAA medical and non-medical code sets used in all Additional Information Specifications is desirable.

Comment Number: Rensis-55.02

Regarding: PROPOSED CDAR1AIS0000R021 §5
PROPOSED CDAR1AIS0001R021 §5
PROPOSED CDAR1AIS0002R021 §5
PROPOSED CDAR1AIS0003R021 §5
PROPOSED CDAR1AIS0004R021 §5
PROPOSED CDAR1AIS0005R021 §5
PROPOSED CDAR1AIS0006R021 §5

LOINC and its OID need to be added.

Comment Number: Rensis-55.03

Regarding: PROPOSED CDAR1AIS0006R021 §5

A list of OID's [S=values] and permitted names [SN=values]for the following code sets is needed:

- First DataBank
- Micromedix / Medical Economics
- Multum
- Medi-Span
- RxNorm.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-56.01

Regarding: PROPOSED CDAR1AIS0000R021 §2

To improve readability of all Additional Information Specifications (AIS) and speed-up implementers' learning, at least the below listed XML constructs used in all AIS documents need to be explicitly itemized and explained. The non-exhaustive list provided below only contains constructs discovered thus far in various examples.

The authors of the AIS documents should prepare the comprehensive list and explanations drawn from all AIS documents, to include at least:

- <tag>
- <tag attribute1= attribute2= ...>
- </tag>
- <tag> value </tag>
- <tag></tag>
- <tag/>.

Comment Number: Rensis-56.02

Regarding: PROPOSED CDAR1AIS0000R021 §2

To improve readability of all Additional Information Specifications (AIS) and speed-up implementers' learning, an explanation of the differences in meaning of the following constructs for representing the absence of data needs to be provided:

- <local markup>
- <tag></tag>
- <tag/>.

Comment Number: Rensis-56.03

Regarding: PROPOSED CDAR1AIS0000R021 §4.1

To improve readability of all Additional Information Specifications (AIS) and speed-up implementers' learning, the "CDA XML Schema Language Definition specific to attachments" is needed. It is not included in the package of documents downloaded from Washington Publishing Company during the first week of October, 2005.

Comment Number: Rensis-56.04

Regarding: PROPOSED CDAR1AIS0000R021 §4.1

To improve readability of all Additional Information Specifications (AIS) and speed-up implementers' learning, the XSL Stylesheet as listed in this section is needed. It is not included in the package of documents downloaded from Washington Publishing Company during the first week of October, 2005.

Comment Number: Rensis-56.05

Regarding: PROPOSED CDAR1AIS0000R021 §4.1

To improve readability of all Additional Information Specifications (AIS) and speed-up implementers' learning, the various XML files as noted in this section are desirable. They are not included in the package of documents downloaded from Washington Publishing Company during the first week of October, 2005.

Comment Number: Rensis-57.01

Regarding: SUMMARY

A discussion of MIME and the Internet Engineering Task Force needs to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant. {Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.02

Regarding: LEGISLATION

A discussion of MIME and the Internet Engineering Task Force needs to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant. {Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.03

Regarding: STANDARDS SETTING ORGANIZATIONS

A discussion of MIME and the Internet Engineering Task Force needs to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant. {Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.04

Regarding: INDUSTRY STANDARDS, IMPLEMENTATION GUIDES, AND ADDITIONAL INFORMATION SPECIFICATIONS

A discussion of MIME and the Internet Engineering Task Force needs to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant. {Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.05

Regarding: DEFINITIONS

A discussion of MIME and the Internet Engineering Task Force needs to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant. {Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.06

Regarding: OVERVIEW OF KEY INFORMATION FOR ELECTRONIC HEALTH CARE CLAIMS ATTACHMENTS

A discussion of MIME and the Internet Engineering Task Force needs to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant. {Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.07

Regarding: FORMAT OPTIONS

A discussion of MIME and the Internet Engineering Task Force needs to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant. {Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.08

Regarding: COMBINED USE OF DIFFERENT STANDARDS

A discussion of MIME and the Internet Engineering Task Force needs to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant. {Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.09

Regarding: PROPOSED STANDARDS

A discussion of MIME and the Internet Engineering Task Force needs to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant. {Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.10

Regarding: SPECIFIC DOCUMENTS AND SOURCES

A discussion of where and how and any costs to obtain MIME from the Internet Engineering Task Force needs to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant.
{Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.11

Regarding: COSTS AND BENEFITS

The costs of using MIME need to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant.
{Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.12

Regarding: PROPOSED §162.920 AVAILABILITY OF IMPLEMENTATION SPECIFICATIONS AND GUIDES

A discussion of where and how to obtain MIME specifications from the Internet Engineering Task Force needs to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant.
{Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.13

Regarding: PROPOSED §162.1925 STANDARDS AND IMPLEMENTATION SPECIFICATIONS FOR THE ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT RESPONSE TRANSACTION

A discussion of the use of MIME needs to be added. MIME is a required standard for attachments communicated using the scanned image option of Human Decision Variant.
{Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-57.14

Regarding: MODIFICATIONS TO STANDARDS AND NEW ATTACHMENTS

Comment numbers Rensis-15.01, Rensis-15.02, and Rensis-15.03 submitted on 14 November 2005 also apply for the use of MIME as a required standard for attachments communicated using the scanned image option of Human Decision Variant.
{Proposed CDAR1AIS0000R021 §3.8}

Comment Number: Rensis-58.01

Regarding: PROPOSED CDAR1AIS0005R021 §3.1

Further explanation and clarification is needed as to whether individual laboratory results included within major classes of observations / results listed in table 3.1 are based on ...

- a list of individual results within major classes maintained in LOINC that must be adhered to
- a list of individual results within major classes maintained in LOINC that are to be used as guidance only
- lists of individual results within major classes maintained by each health plan that must be adhered to
- lists of individual results within major classes maintained by each health plan that are to be used as guidance only
- lists of individual results within major classes maintained by each health care provider that must be adhered to
- lists of individual results within major classes maintained by each health care provider that are to be used as guidance only.

Comment Number: Rensis-58.02

Regarding: PROPOSED CDAR1AIS0005R021 §3.1

Further explanation and clarification is needed as to how the list of individual laboratory results included within major classes of observations / results listed in table 3.1 are to be communicated and coordinated among trading partner pairs and, if necessary, LOINC.

Or, is such coordination necessary? If not, and the health plan is expected to simply receive whatever the provider sends – based on LOINC or providers' own hierarchies, so state.

Comment Number: Rensis-59.01

Regarding: INDUSTRY STANDARDS, IMPLEMENTATION GUIDES, AND ADDITIONAL INFORMATION SPECIFICATIONS

To improve entities' abilities to understand and implement all Additional Information Specifications (AIS), the "CDA XML Schema Language Definition specific to attachments" referenced in proposed CDAR1AIS0000R021 §4.1 must be part of the implementation specifications incorporated by this NPRM. This document needs to be available in both human readable and machine readable forms. Effective processing of XML requires availability of a schema, and this particular schema appears to be more germane to claims attachments than the more general Clinical Document Architecture (CDA) Release 1.0.

The importance of reviewing the "CDA XML Schema Language Definition specific to attachments" is such that another NPRM should be published to allow full industry review and comment; both on this controlling document itself as well as the AIS that must comply with it.

Comment Number: Rensis-59.02

Regarding: OVERVIEW OF KEY INFORMATION FOR ELECTRONIC HEALTH CARE CLAIMS ATTACHMENTS

To improve entities' abilities to understand and implement all Additional Information Specifications (AIS), the "CDA XML Schema Language Definition specific to attachments" referenced in proposed CDAR1AIS0000R021 §4.1 must be part of the implementation specifications incorporated by this NPRM. This document needs to be available in both human readable and machine readable forms. Effective processing of XML requires availability of a schema, and this particular schema appears to be more germane to claims attachments than the more general Clinical Document Architecture (CDA) Release 1.0.

The importance of reviewing the "CDA XML Schema Language Definition specific to attachments" is such that another NPRM should be published to allow full industry review and comment; both on this controlling document itself as well as the AIS that must comply with it.

Comment Number: Rensis-59.03

Regarding: PROPOSED STANDARDS

To improve entities' abilities to understand and implement all Additional Information Specifications (AIS), the "CDA XML Schema Language Definition specific to attachments" referenced in proposed CDAR1AIS0000R021 §4.1 must be part of the implementation specifications incorporated by this NPRM. This document needs to be available in both human readable and machine readable forms. Effective processing of XML requires availability of a schema, and this particular schema appears to be more germane to claims attachments than the more general Clinical Document Architecture (CDA) Release 1.0.

The importance of reviewing the "CDA XML Schema Language Definition specific to attachments" is such that another NPRM should be published to allow full industry review and comment; both on this controlling document itself as well as the AIS that must comply with it.

Comment Number: Rensis-59.04

Regarding: SPECIFIC DOCUMENTS AND SOURCES

To improve entities' abilities to understand and implement all Additional Information Specifications (AIS), the "CDA XML Schema Language Definition specific to attachments" referenced in proposed CDAR1AIS0000R021 §4.1 must be part of the implementation specifications incorporated by this NPRM. This document needs to be available in both human readable and machine readable forms. Effective processing of XML requires availability of a schema, and this particular schema appears to be more germane to claims attachments than the more general Clinical Document Architecture (CDA) Release 1.0.

The importance of reviewing the "CDA XML Schema Language Definition specific to attachments" is such that another NPRM should be published to allow full industry review and comment; both on this controlling document itself as well as the AIS that must comply with it.

Comment Number: Rensis-59.05

Regarding: PROPOSED §162.920 AVAILABILITY OF IMPLEMENTATION SPECIFICATIONS AND GUIDES

To improve entities' abilities to understand and implement all Additional Information Specifications (AIS), the "CDA XML Schema Language Definition specific to attachments" referenced in proposed CDAR1AIS0000R021 §4.1 must be part of the implementation specifications incorporated by this NPRM. This document needs to be available in both human readable and machine readable forms. Effective processing of XML requires availability of a schema, and this particular schema appears to be more germane to claims attachments than the more general Clinical Document Architecture (CDA) Release 1.0.

The importance of reviewing the "CDA XML Schema Language Definition specific to attachments" is such that another NPRM should be published to allow full industry review and comment; both on this controlling document itself as well as the AIS that must comply with it.

Comment Number: Rensis-59.06

Regarding: PROPOSED §162.1925 STANDARDS AND IMPLEMENTATION SPECIFICATIONS FOR THE ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT RESPONSE TRANSACTION

To improve entities' abilities to understand and implement all Additional Information Specifications (AIS), the "CDA XML Schema Language Definition specific to attachments" referenced in proposed CDAR1AIS0000R021 §4.1 must be part of the implementation specifications incorporated by this NPRM. This document needs to be available in both human readable and machine readable forms. Effective processing of XML requires availability of a schema, and this particular schema appears to be more germane to claims attachments than the more general Clinical Document Architecture (CDA) Release 1.0.

The importance of reviewing the "CDA XML Schema Language Definition specific to attachments" is such that another NPRM should be published to allow full industry review and comment; both on this controlling document itself as well as the AIS that must comply with it.

Comment Number: Rensis-60.01

Regarding: DEFINITIONS

Definitions for the following terms need to be added:

- Solicited attachment
- Unsolicited attachment.

The definition for unsolicited attachment should explicitly state that all unsolicited attachments must be within the same X12 transaction as the claim they support, and that unsolicited attachments sent in separate X12 transactions are not permitted.

Note that the PWK02 data element in professional, institutional, and dental claims allows for a variety of timings and bundlings of unsolicited attachments beyond what is discussed in this NPRM. Additionally, and as a consequence, the alternatives for such timings and bundlings relative to their claims has, from time to time, been the subject of continuing debate at X12 meetings, so any language should be coordinated with X12's appropriate work groups before being finalized.

Comment Number: Rensis-60.02

Regarding: SOLICITED VS. UNSOLICITED ATTACHMENTS

It needs to be explicitly stated that all unsolicited attachments must be within the same X12 transaction as the claim they support. The language presently in this section would allow a claim to be sent in one X12 transaction and unsolicited attachments to be sent in one or more separate X12 transactions; with no timing or other controlling constraints between them. This is clearly not the intent of 004050X151 §1.3.2.

Note that the PWK02 data element in professional, institutional, and dental claims allows for a variety of timings and bundlings of unsolicited attachments beyond what is discussed in this NPRM. Additionally, and as a consequence, the alternatives for such timings and bundlings relative to their claims has, from time to time, been the subject of continuing debate at X12 meetings, so any language should be coordinated with X12's appropriate work groups before being finalized.

Comment Number: Rensis-60.03

Regarding: PROVIDER VS PLAN PERSPECTIVE

It needs to be explicitly stated that all unsolicited attachments must be within the same X12 transaction as the claim they support. The language presently in this section would allow a claim to be sent in one X12 transaction and unsolicited attachments to be sent in one or more separate X12 transactions; with no timing or other controlling constraints between them. This is clearly not the intent of 004050X151 §1.3.2.

Note that the PWK02 data element in professional, institutional, and dental claims allows for a variety of timings and bundlings of unsolicited attachments beyond what is discussed in this NPRM. Additionally, and as a consequence, the alternatives for such timings and bundlings relative to their claims has, from time to time, been the subject of continuing debate at X12 meetings, so any language should be coordinated with X12's appropriate work groups before being finalized.

Comment Number: Rensis-60.04

Regarding: ATTACHMENT CONTENT AND STRUCTURE

It needs to be explicitly stated that all unsolicited attachments must be within the same X12 transaction as the claim they support. The language presently in this section would allow a claim to be sent in one X12 transaction and unsolicited attachments to be sent in one or more separate X12 transactions; with no timing or other controlling constraints between them. This is clearly not the intent of 004050X151 §1.3.2.

Note that the PWK02 data element in professional, institutional, and dental claims allows for a variety of timings and bundlings of unsolicited attachments beyond what is discussed in this NPRM. Additionally, and as a consequence, the alternatives for such timings and bundlings relative to their claims has, from time to time, been the subject of continuing debate at X12 meetings, so any language should be coordinated with X12's appropriate work groups before being finalized.

Comment Number: Rensis-60.05

Regarding: §162.1900 DEFINITIONS

Definitions for the following terms need to be added:

- Solicited attachment
- Unsolicited attachment.

The definition for unsolicited attachment should explicitly state that all unsolicited attachments must be within the same X12 transaction as the claim they support, and that unsolicited attachments sent in separate X12 transactions are not permitted.

Note that the PWK02 data element in professional, institutional, and dental claims allows for a variety of timings and bundlings of unsolicited attachments beyond what is discussed in this NPRM. Additionally, and as a consequence, the alternatives for such timings and bundlings relative to their claims has, from time to time, been the subject of continuing debate at X12 meetings, so any language should be coordinated with X12's appropriate work groups before being finalized.

Comment Number: Rensis-60.06

Regarding: PROPOSED §162.1920 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT RESPONSE TRANSACTION

It needs to be explicitly stated that all unsolicited attachments must be within the same X12 transaction as the claim they support. The language presently in this section would allow a claim to be sent in one X12 transaction and unsolicited attachments to be sent in one or more separate X12 transactions; with no timing or other controlling constraints between them. This is clearly not the intent of 004050X151 §1.3.2.

Note that the PWK02 data element in professional, institutional, and dental claims allows for a variety of timings and bundlings of unsolicited attachments beyond what is discussed in this NPRM. Additionally, and as a consequence, the alternatives for such timings and bundlings relative to their claims has, from time to time, been the subject of continuing debate at X12 meetings, so any language should be coordinated with X12's appropriate work groups before being finalized.

Comment Number: Rensis-61.01

Regarding: ELECTRONIC CLAIMS ATTACHMENT TYPES

A policy is needed describing what a provider may / must send and what a health plan may / must receive when more than one attachment type can contain the additional information needed to adjudicate a claim. A short further explanation of this situation is contained in proposed CDAR1AIS0004R021 §1.6.

Comment Number: Rensis-61.02

Regarding: PROVIDER VS PLAN PERSPECTIVE

A policy is needed describing what a provider may / must send and what a health plan may / must receive when more than one attachment type can contain the additional information needed to adjudicate a claim. A short further explanation of this situation is contained in proposed CDAR1AIS0004R021 §1.6.

Comment Number: Rensis-61.03

Regarding: ATTACHMENT CONTENT AND STRUCTURE

A policy is needed describing what a provider may / must send and what a health plan may / must receive when more than one attachment type can contain the additional information needed to adjudicate a claim. A short further explanation of this situation is contained in proposed CDAR1AIS0004R021 §1.6.

Comment Number: Rensis-61.04

Regarding: PROPOSED STANDARDS

A policy is needed describing what a provider may / must send and what a health plan may / must receive when more than one attachment type can contain the additional information needed to adjudicate a claim. A short further explanation of this situation is contained in proposed CDAR1AIS0004R021 §1.6.

Comment Number: Rensis-61.05

Regarding: REQUIREMENTS (HEALTH PLANS, COVERED HEALTH CARE PROVIDERS AND HEALTH CARE CLEARINGHOUSES)

A policy is needed describing what a provider may / must send and what a health plan may / must receive when more than one attachment type can contain the additional information needed to adjudicate a claim. A short further explanation of this situation is contained in proposed CDAR1AIS0004R021 §1.6.

Comment Number: Rensis-61.06

Regarding: PROPOSED §162.1920 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT RESPONSE TRANSACTION

A policy is needed describing what a provider may / must send and what a health plan may / must receive when more than one attachment type can contain the additional information needed to adjudicate a claim. A short further explanation of this situation is contained in proposed CDAR1AIS0004R021 §1.6.

Comment Number: Rensis-62.01

Regarding: ELECTRONIC CLAIMS ATTACHMENT TYPES

A policy is needed describing what a health plan must receive when a provider unilaterally exercises "sender's choice" amongst the three allowed report alternatives for clinical reports. See the fourth paragraph of proposed CDAR1AIS0004R021 §2.5 and Table 2.6 for more details.

Comment Number: Rensis-62.02

Regarding: PROVIDER VS PLAN PERSPECTIVE

A policy is needed describing what a health plan must receive when a provider unilaterally exercises "sender's choice" amongst the three allowed report alternatives for clinical reports. See the fourth paragraph of proposed CDAR1AIS0004R021 §2.5 and Table 2.6 for more details.

Comment Number: Rensis-62.03

Regarding: ATTACHMENT CONTENT AND STRUCTURE

A policy is needed describing what a health plan must receive when a provider unilaterally exercises "sender's choice" amongst the three allowed report alternatives for clinical reports. See the fourth paragraph of proposed CDAR1AIS0004R021 §2.5 and Table 2.6 for more details.

Comment Number: Rensis-62.04

Regarding: PROPOSED STANDARDS

A policy is needed describing what a health plan must receive when a provider unilaterally exercises "sender's choice" amongst the three allowed report alternatives for clinical reports. See the fourth paragraph of proposed CDAR1AIS0004R021 §2.5 and Table 2.6 for more details.

Comment Number: Rensis-62.05

Regarding: REQUIREMENTS (HEALTH PLANS, COVERED HEALTH CARE PROVIDERS AND HEALTH CARE CLEARINGHOUSES)

A policy is needed describing what a health plan must receive when a provider unilaterally exercises "sender's choice" amongst the three allowed report alternatives for clinical reports. See the fourth paragraph of proposed CDAR1AIS0004R021 §2.5 and Table 2.6 for more details.

Comment Number: Rensis-62.06

Regarding: PROPOSED §162.1920 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT RESPONSE TRANSACTION

A policy is needed describing what a health plan must receive when a provider unilaterally exercises "sender's choice" amongst the three allowed report alternatives for clinical reports. See the fourth paragraph of proposed CDAR1AIS0004R021 §2.5 and Table 2.6 for more details.

Comment Number: Rensis-63.01

Regarding: PROPOSED CDAR1AIS0004R021
§2.1, §2.5, and Table 2.5

An explanation is needed on the method by which LOINC report codes not listed in the samples in proposed CDAR1AIS0004R021 are identified as being either of "general" or "specific" structure.

Comment Number: Rensis-64.01

Regarding: PROPOSED CDAR1AIS0004R021
§2.1, §2.5, and Table 2.5

An explanation is needed on the method by which "specific structures" may be obtained for LOINC report codes not listed in the samples in proposed CDAR1AIS0004R021 but that have "specific" structure.

Comment Number: Rensis-65.01

Regarding: COSTS AND BENEFITS

An evaluation is needed for health plans and providers to adapt to new versions of LOINC when they are published. This evaluation needs to explicitly include any impacts of "specific structures" changes even when no new LOINC themselves are introduced.

Comment Number: Rensis-66.01

Regarding: PROPOSED CDAR1AIS0004R021
§2.1, §2.5, and Table 2.5

An explanation is needed on the method by which cardinality may be obtained for "specific" LOINC report structures not listed in the tables in proposed CDAR1AIS0004R021 §3.

Comment Number: Rensis-67.01

Regarding: PROPOSED CDAR1AIS0004R021
§2.1, §2.5, and Table 2.5

An explanation is needed on the method by which response code or numeric units may be obtained for "specific" LOINC report structures not listed in the tables in proposed CDAR1AIS0004R021 §3.

Comment Number: Rensis-68.01

Regarding: PROPOSED CDAR1AIS0004R021 §2.6.2

Explicit specifications are needed to describe a standardized use of XML tags to identify each portion of a human decision variant data element below the <section> level; *e.g.*, <paragraph>, <body>, <list>, <table>, or whatever.

Comment Number: Rensis-68.02

Regarding: PROPOSED CDAR1AIS0004R021 §2.6.2

Explicit specifications are needed on what data format / XML tags are to be used to identify each computer decision variant data element; *e.g.*, <paragraph>, <body>, <list>, <table>, or whatever. If necessary, such specifications need to be provided on a case-by-case basis depending on the particulars in each "specific" report type shown in any table in proposed CDAR1AIS0004R021 §3.

Comment Number: Rensis-68.03

Regarding: PROPOSED CDAR1AIS0004R021 §4

A computer decision variant example is needed.

Comment Number: Rensis-68.04

Regarding: PROPOSED CDAR1AIS0003R021

A section needs to be added that provides explicit specifications on what data format / XML tags are to be used to identify each human decision variant data element; *e.g.*, <paragraph>, <body>, <list>, <table>, or whatever.

Comment Number: Rensis-68.05

Regarding: PROPOSED CDAR1AIS0003R021

A section needs to be added that provides explicit specifications on what data format / XML tags are to be used to identify each computer decision variant data element; *e.g.*, <paragraph>, <body>, <list>, <table>, or whatever.

Comment Number: Rensis-68.06

Regarding: PROPOSED CDAR1AIS0002R021

A section needs to be added that provides explicit specifications on what data format / XML tags are to be used to identify each human decision variant data element; *e.g.*, <paragraph>, <body>, <list>, <table>, or whatever.

Comment Number: Rensis-68.07

Regarding: PROPOSED CDAR1AIS0002R021

A section needs to be added that provides explicit specifications on what data format / XML tags are to be used to identify each computer decision variant data element; *e.g.*, <paragraph>, <body>, <list>, <table>, or whatever.

Comment Number: Rensis-68.08

Regarding: PROPOSED CDAR1AIS0001R021

A section needs to be added that provides explicit specifications on what data format / XML tags are to be used to identify each human decision variant data element; *e.g.*, <paragraph>, <body>, <list>, <table>, or whatever.

Comment Number: Rensis-68.09

Regarding: PROPOSED CDAR1AIS0001R021

A section needs to be added that provides explicit specifications on what data format / XML tags are to be used to identify each computer decision variant data element; *e.g.*, <paragraph>, <body>, <list>, <table>, or whatever.

Comment Number: Rensis-69.01

Regarding: PROPOSED CDAR1AIS0006R021 §2.1

A statement of whether or not multiple, different, code sets may be used in the same attachment to identify different medications is needed.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-69.02

Regarding: PROPOSED CDAR1AIS0006R021 §2.1

A statement of whether or not multiple, different, code sets may be used in the same attachment to identify any one single medication is needed.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-70.01

Regarding: PROPOSED CDAR1AIS0003R021 §2.3

Given all the difficulties noted in other comments regarding the Medications attachment, this requirement needs to be removed.

Comment Number: Rensis-70.02

Regarding: PROPOSED CDAR1AIS0003R021
all table 3's

Given all the difficulties noted in other comments regarding the Medications attachment, all references to medications need to be removed.

Comment Number: Rensis-70.03

Regarding: PROPOSED CDAR1AIS0003R021 §4.1.2

The code value and code set to identify medications needs to be shown.

The above applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-70.04

Regarding: PROPOSED CDAR1AIS0003R021 §5.2
PROPOSED CDAR1AIS0003R021 §5.10

Given all the difficulties noted in other comments regarding the Medications attachment, these sections need to be removed.

Comment Number: Rensis-70.05

Regarding: PROPOSED CDAR1AIS0002R021 Table 2.3
PROPOSED CDAR1AIS0002R021 Table 3

Given all the difficulties noted in other comments regarding the Medications attachment, the requirements for

- "Current Medication (Composite)",
- "ED Medication Administered (Composite)", and
- "ED Discharge Medication (Composite)"

need to be removed.

Comment Number: Rensis-70.06

Regarding: PROPOSED CDAR1AIS0002R021 §5.18
PROPOSED CDAR1AIS0002R021 §5.20

Given all the difficulties noted in other comments regarding the Medications attachment, these sections need to be removed.

Comment Number: Rensis-71.01

Regarding: PROPOSED CDAR1AIS0002R021 §2.1

A description is needed for what a provider is to send when laboratory results and/or diagnostic studies are available but can not be "related to a given emergency department encounter".

Comment Number: Rensis-71.02

Regarding: PROPOSED CDAR1AIS0002R021 §2.1

Clarification is needed at several points in this section as to whether or not the LOINC for Emergency Department Attachment – DEEDS (18679-1) includes or excludes the LOINC's for Emergency Department Attachment – Laboratory Results (26436-6) and Emergency Department Attachment – Diagnostic Studies (Non-Lab) (27899-4). Different paragraphs imply different interpretations.

In other words, what is the meaning of the term "DEEDS Attachment"?

Comment Number: Rensis-72.01

Regarding: PROPOSED CDAR1AIS0002R021 Table 2.3
PROPOSED CDAR1AIS0002R021 Table 3

Several data items in these tables duplicate information already included in any claim transaction. As but some examples:

- Provider, Primary Practitioner
- Provider, ED Practitioner
- Provider, ED Consultant Practitioner
- Provider, ED Referring Practitioner.

Other data items in this table appear to or could duplicate data items in the Ambulance Attachment and/or the Clinical Reports Attachment.

As a consequence.

- Clarification is needed on when duplicate attachment information should and should not be requested by a health plan and/or sent by a provider.
- Data items that must already be included in claim transactions, based on their various implementation specifications, need to be removed from this document.
- Where data items are not removed from this document, an explicit explanation of how each of them differs from those already required in other transactions is needed.

Comment Number: Rensis-72.02

Regarding: PROPOSED CDAR1AIS0001R021 Table 2.3
PROPOSED CDAR1AIS0001R021 Table 3

Several data items in these tables duplicate information already included in the professional claim transaction. As but some examples:

- EMS Transport, Body Weight at Transport
- EMS Transport, Transport Direction
- EMS Transport, Rationale for Choice of Destination
- EMS Transport, Distance Transported
- EMS Transport, Reason for Scheduled Trip
- EMS Transport, Admitted at Destination Facility
- EMS Transport, Ordering Practitioner
- EMS Transport, Confined to Bed Before Transport
- EMS Transport, Confined to Bed After Transport.

Other data items in this table appear to or could duplicate data items in the Emergency Attachment and/or the Clinical Reports Attachment.

As a consequence.

- Clarification is needed on when duplicate attachment information should and should not be requested by a health plan and/or sent by a provider.
- Data items that must already be included in professional claim transactions, based on its implementation specification, need to be removed from this document.
- Where data items are not removed from this document, an explicit explanation of how each of them differs from those already required in other transactions is needed.

Comment Number: Rensis-72.03

Regarding: PROPOSED CDAR1AIS0001R021 Table 2.3
PROPOSED CDAR1AIS0001R021 Table 3

At least two data items in these tables

- EMS Transport, Origin Site Information
- EMS Transport, Destination Site Information

are explicitly identified as "not used" in the professional claim transaction.

As a consequence, clarification is needed regarding why such items are included in the Ambulance Service Additional Information Specification (AIS) in contradiction to the information that is explicitly precluded from being contained in professional claims that include ambulance services. In the absence of such clarification, such items need to be removed from this AIS.

Comment Number: Rensis-73.01

Regarding: PROPOSED CDAR1AIS0002R021 Table 3

When identifying providers, by the time this document is adopted for HIPAA, only the NPI must be used.

Comment Number: Rensis-73.02

Regarding: PROPOSED CDAR1AIS0002R021 Table 3

When identifying providers, by the time this document is adopted for HIPAA, the OID for NPI must be used to value the @S attribute.

Comment Number: Rensis-73.03

Regarding: PROPOSED CDAR1AIS0001R021 Table 3

When identifying providers, by the time this document is adopted for HIPAA, only the NPI must be used.

Comment Number: Rensis-73.04

Regarding: PROPOSED CDAR1AIS0001R021 Table 3

When identifying providers, by the time this document is adopted for HIPAA, the OID for NPI must be used to value the @S attribute.

Comment Number: Rensis-74.01

Regarding: PROPOSED LOINC MODIFIER CODES §2.2

While the term *abnormals* is well-defined in the Additional Information Specification (AIS) for Laboratory Results, this is not the case in any of the other AIS's. As a consequence, the following definitions are needed:

- *Abnormal Ambulance Service*
- *Abnormal Emergency Department Service*
- *Abnormal Rehabilitation Services*
- *Abnormal Clinical Reports*
- *Abnormal Medications.*

Comment Number: Rensis-74.02

Regarding: PROPOSED LOINC MODIFIER CODES §2.2

Definitions are needed for the following terms:

- *Worst Abnormal Ambulance Service*
- *Worst Abnormal Emergency Department Service*
- *Worst Abnormal Rehabilitation Services*
- *Worst Abnormal Clinical Reports*
- *Worst Abnormal Medications.*

Comment Number: Rensis-74.03

Regarding: PROPOSED LOINC MODIFIER CODES §2.2

The example text for *worst* abnormal result (LOINC 18800-3) is incorrect. It's a duplicate of the subsequent LOINC description example.

Comment Number: Rensis-74.04

Regarding: PROPOSED LOINC MODIFIER CODES §2.2

A description is needed for what a provider is to send when additional information is available but can not be explicitly or not explicitly determined to be "relevant to the claim".

Comment Number: Rensis-74.05

Regarding: PROPOSED LOINC MODIFIER CODES §2.1

A description is needed for what a provider is to send when additional information is available but can not be explicitly or not explicitly determined to be "within or aligned to an encounter by the same claim or encounter number".

Comment Number: Rensis-74.06

Regarding: PROPOSED LOINC MODIFIER CODES §2.1

A description is needed for what a provider is to send when additional information is available but can not be explicitly or not explicitly determined to be "associated with the claim".

Comment Number: Rensis-74.07

Regarding: PROPOSED LOINC MODIFIER CODES §2.1

Additional clarification is needed for the differences and distinctions between

- "associated with a claim"

and

- "within or aligned to an encounter by the same claim or encounter number".

Comment Number: Rensis-75.01

Regarding: TRANSACTIONS FOR TRANSMITTING ELECTRONIC ATTACHMENTS

An comparison and analysis of the proposed mechanism for communicating entire attachment documents versus sending and receiving only a "pointer" to an attachment document is needed.

A "pointer" would include only the following three data elements:

- url of attachment file
- check-sum of the attachment file [to ensure file integrity]
- code value identifying the check-sum algorithm used.

Given the potential large sizes of attachment files, such an approach may be far more economical; particularly when considering the number of intermediary computing systems – including their data storage requirements, and associated security and privacy issues – used to communicate 275 transactions versus simply establishing a socket connection to download or view an attachment file when it is truly needed. Note that intermediary computing systems could occur internally within a provider (*e.g.*, interface engines), internally within a health plan, and/or externally to both as clearinghouses, VAN's, and Internet switches / routers.

Comment Number: Rensis-75.02

Regarding: HEALTH CARE PROVIDER VS. HEALTH PLAN PERSPECTIVE

An comparison and analysis of the proposed mechanism for communicating entire attachment documents versus sending and receiving only a "pointer" to an attachment document is needed.

A "pointer" would include only the following three data elements:

- url of attachment file
- check-sum of the attachment file [to ensure file integrity]
- code value identifying the check-sum algorithm used.

Given the potential large sizes of attachment files, such an approach may be far more economical; particularly when considering the number of intermediary computing systems – including their data storage requirements, and associated security and privacy issues – used to communicate 275 transactions versus simply establishing a socket connection to download or view an attachment file when it is truly needed. Note that intermediary computing systems could occur internally within a provider (*e.g.*, interface engines), internally within a health plan, and/or externally to both as clearinghouses, VAN's, and Internet switches / routers.

Comment Number: Rensis-75.03

Regarding: HEALTH CARE CLEARINGHOUSE PERSPECTIVE

An comparison and analysis of the proposed mechanism for communicating entire attachment documents versus sending and receiving only a "pointer" to an attachment document is needed.

A "pointer" would include only the following three data elements:

- url of attachment file
- check-sum of the attachment file [to ensure file integrity]
- code value identifying the check-sum algorithm used.

Given the potential large sizes of attachment files, such an approach may be far more economical; particularly when considering the number of intermediary computing systems – including their data storage requirements, and associated security and privacy issues – used to communicate 275 transactions versus simply establishing a socket connection to download or view an attachment file when it is truly needed. Note that intermediary computing systems could occur internally within a provider (*e.g.*, interface engines), internally within a health plan, and/or externally to both as clearinghouses, VAN's, and Internet switches / routers.

Comment Number: Rensis-75.04

Regarding: ATTACHMENT CONTENT AND STRUCTURE

An comparison and analysis of the proposed mechanism for communicating entire attachment documents versus sending and receiving only a "pointer" to an attachment document is needed.

A "pointer" would include only the following three data elements:

- url of attachment file
- check-sum of the attachment file [to ensure file integrity]
- code value identifying the check-sum algorithm used.

Given the potential large sizes of attachment files, such an approach may be far more economical; particularly when considering the number of intermediary computing systems – including their data storage requirements, and associated security and privacy issues – used to communicate 275 transactions versus simply establishing a socket connection to download or view an attachment file when it is truly needed. Note that intermediary computing systems could occur internally within a provider (*e.g.*, interface engines), internally within a health plan, and/or externally to both as clearinghouses, VAN's, and Internet switches / routers.

Comment Number: Rensis-75.05

Regarding: ALTERNATIVES CONSIDERED: CANDIDATE STANDARDS

An comparison and analysis of the proposed mechanism for communicating entire attachment documents versus sending and receiving only a "pointer" to an attachment document is needed.

A "pointer" would include only the following three data elements:

- url of attachment file
- check-sum of the attachment file [to ensure file integrity]
- code value identifying the check-sum algorithm used.

Given the potential large sizes of attachment files, such an approach may be far more economical; particularly when considering the number of intermediary computing systems – including their data storage requirements, and associated security and privacy issues – used to communicate 275 transactions versus simply establishing a socket connection to download or view an attachment file when it is truly needed. Note that intermediary computing systems could occur internally within a provider (*e.g.*, interface engines), internally within a health plan, and/or externally to both as clearinghouses, VAN's, and Internet switches / routers.

Comment Number: Rensis-75.06

Regarding: PROPOSED STANDARDS

An comparison and analysis of the proposed mechanism for communicating entire attachment documents versus sending and receiving only a "pointer" to an attachment document is needed.

A "pointer" would include only the following three data elements:

- url of attachment file
- check-sum of the attachment file [to ensure file integrity]
- code value identifying the check-sum algorithm used.

Given the potential large sizes of attachment files, such an approach may be far more economical; particularly when considering the number of intermediary computing systems – including their data storage requirements, and associated security and privacy issues – used to communicate 275 transactions versus simply establishing a socket connection to download or view an attachment file when it is truly needed. Note that intermediary computing systems could occur internally within a provider (*e.g.*, interface engines), internally within a health plan, and/or externally to both as clearinghouses, VAN's, and Internet switches / routers.

Comment Number: Rensis-75.07

Regarding: COSTS AND BENEFITS

An comparison and analysis of the proposed mechanism for communicating entire attachment documents versus sending and receiving only a "pointer" to an attachment document is needed.

A "pointer" would include only the following three data elements:

- url of attachment file
- check-sum of the attachment file [to ensure file integrity]
- code value identifying the check-sum algorithm used.

Given the potential large sizes of attachment files, such an approach may be far more economical; particularly when considering the number of intermediary computing systems – including their data storage requirements, and associated security and privacy issues – used to communicate 275 transactions versus simply establishing a socket connection to download or view an attachment file when it is truly needed. Note that intermediary computing systems could occur internally within a provider (*e.g.*, interface engines), internally within a health plan, and/or externally to both as clearinghouses, VAN's, and Internet switches / routers.

Comment Number: Rensis-75.08

Regarding: PROPOSED 004050X151

An comparison and analysis of the proposed mechanism for communicating entire attachment documents versus sending and receiving only a "pointer" to an attachment document is needed.

A "pointer" would include only the following three data elements:

- url of attachment file
- check-sum of the attachment file [to ensure file integrity]
- code value identifying the check-sum algorithm used.

Given the potential large sizes of attachment files, such an approach may be far more economical; particularly when considering the number of intermediary computing systems – including their data storage requirements, and associated security and privacy issues – used to communicate 275 transactions versus simply establishing a socket connection to download or view an attachment file when it is truly needed. Note that intermediary computing systems could occur internally within a provider (*e.g.*, interface engines), internally within a health plan, and/or externally to both as clearinghouses, VAN's, and Internet switches / routers.

Comment Number: Rensis-76.01

Regarding: ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT BUSINESS USE

The "Request for Information versus Request for Service" provisions of §1.5 of the following documents

- proposed CDAR1AIS0001R021
- proposed CDAR1AIS0002R021
- proposed CDAR1AIS0003R021
- proposed CDAR1AIS0004R021
- proposed CDAR1AIS0005R021
- proposed CDAR1AIS0006R021

needs to be incorporated into any final rule itself. This is a policy item.

Comment Number: Rensis-76.02

Regarding: PROVIDER VS PLAN PERSPECTIVE

The "Request for Information versus Request for Service" provisions of §1.5 of the following documents

- proposed CDAR1AIS0001R021
- proposed CDAR1AIS0002R021
- proposed CDAR1AIS0003R021
- proposed CDAR1AIS0004R021
- proposed CDAR1AIS0005R021
- proposed CDAR1AIS0006R021

needs to be incorporated into any final rule itself. This is a policy item.

Comment Number: Rensis-76.03

Regarding: ATTACHMENT CONTENT AND STRUCTURE

The "Request for Information versus Request for Service" provisions of §1.5 of the following documents

- proposed CDAR1AIS0001R021
- proposed CDAR1AIS0002R021
- proposed CDAR1AIS0003R021
- proposed CDAR1AIS0004R021
- proposed CDAR1AIS0005R021
- proposed CDAR1AIS0006R021

needs to be incorporated into any final rule itself. This is a policy item.

Comment Number: Rensis-76.04

Regarding: ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT RESPONSE TRANSACTION

The "Request for Information versus Request for Service" provisions of §1.5 of the following documents

- proposed CDAR1AIS0001R021
- proposed CDAR1AIS0002R021
- proposed CDAR1AIS0003R021
- proposed CDAR1AIS0004R021
- proposed CDAR1AIS0005R021
- proposed CDAR1AIS0006R021

needs to be incorporated into any final rule itself. This is a policy item.

Comment Number: Rensis-76.05

Regarding: REQUIREMENTS (HEALTH PLANS, COVERED HEALTH CARE PROVIDERS AND HEALTH CARE CLEARINGHOUSES)

The "Request for Information versus Request for Service" provisions of §1.5 of the following documents

- proposed CDAR1AIS0001R021
- proposed CDAR1AIS0002R021
- proposed CDAR1AIS0003R021
- proposed CDAR1AIS0004R021
- proposed CDAR1AIS0005R021
- proposed CDAR1AIS0006R021

needs to be incorporated into any final rule itself. This is a policy item.

Comment Number: Rensis-76.06

Regarding: PROPOSED §162.1905 REQUIREMENTS FOR COVERED ENTITIES

The "Request for Information versus Request for Service" provisions of §1.5 of the following documents

- proposed CDAR1AIS0001R021
- proposed CDAR1AIS0002R021
- proposed CDAR1AIS0003R021
- proposed CDAR1AIS0004R021
- proposed CDAR1AIS0005R021
- proposed CDAR1AIS0006R021

needs to be incorporated into any final rule itself. This is a policy item.

Comment Number: Rensis-76.07

Regarding: PROPOSED §162.1920 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT RESPONSE TRANSACTION

The "Request for Information versus Request for Service" provisions of §1.5 of the following documents

- proposed CDAR1AIS0001R021
- proposed CDAR1AIS0002R021
- proposed CDAR1AIS0003R021
- proposed CDAR1AIS0004R021
- proposed CDAR1AIS0005R021
- proposed CDAR1AIS0006R021

needs to be incorporated into any final rule itself. This is a policy item.

Comment Number: Rensis-77.01

Regarding: COLLECTION OF INFORMATION REQUIREMENTS

It is insufficient to merely add Claims Attachments to the list of covered transactions in OMB #0938-0866. The one time and ongoing costs for at least the following need to be calculated and included as well:

- one-time and ongoing costs for using and maintaining Logical Observations Identifiers Names and Codes (LOINC) – particularly for ever evolving laboratory result identifiers
- one-time costs for establishing first use of Clinical Document Architecture (CDA)
- one-time costs for negotiating trading partner agreements regarding which variants and options of variants are to be communicated and/or
  one-time costs for health plans to be able to process all variants and options received as all could be considered "standard transactions" that must not be rejected per §162.925 (a) (3)
- one-time costs for negotiating trading partner agreements regarding which medications code sets are to be communicated, and/or
  one-time costs for health plans to be able to process all medication code sets identified that must not be rejected per §162.925 (a) (3) {CDAR1AIS0006R021 §2.1}
- one-time costs for switching over time from one variant and/or option to another when required by one trading partner
- one-time costs for health plans to be able to "render all the file types listed in table 5 [*sic*]" as required by §162.925 (a) (3) {CDAR1AIS0000R021 §3.5.3}
- one-time costs for health plans to be able to process all "sender's choice" alternatives of general and specific clinical reports as required by §162.925 (a) (3)
  {CDAR1AIS0004R021 §2.5}

(Comment continued on next page.)

- one-time and ongoing costs to obtain and maintain the evolving "full set of LOINC codes" and their subordinate structures needed to completely identify all allowable clinical report types
- one-time and potentially ongoing costs for clearinghouses to create conversion software between all relevant combinations of variants and options and clinical reports general and specific choices.

Comment Number: Rensis-77.02

Regarding: COSTS AND BENEFITS

The one time and ongoing costs for at least the following need to be calculated and included:

- one-time and ongoing costs for using and maintaining Logical Observations Identifiers Names and Codes (LOINC) for ever evolving laboratory result identifiers
- one-time costs for establishing first use of Clinical Document Architecture (CDA) – as opposed to just XML
- one-time costs for negotiating trading partner agreements regarding which variants and options of variants are to be communicated
  and/or
  one-time costs for health plans to be able to process all variants and options received as all could be considered "standard transactions" that must not be rejected per §162.925 (a) (3)
- one-time costs for negotiating trading partner agreements regarding which medications code sets are to be communicated
  and/or
  one-time costs for health plans to be able to process all medication code sets identified that must not be rejected per §162.925 (a) (3) {CDAR1AIS0006R021 §2.1}
- one-time costs for switching over time from one variant and/or option to another when required by one trading partner
- one-time costs for health plans to be able to "render all the file types listed in table 5 [*sic*]" as required by §162.925 (a) (3) {CDAR1AIS0000R021 §3.5.3}
- one-time costs for health plans to be able to process all "sender's choice" alternatives of general and specific clinical reports as required by §162.925 (a) (3)
  {CDAR1AIS0004R021 §2.5}

(Comment continued on next page.)

- one-time and ongoing costs to obtain and maintain the evolving "full set of LOINC codes" and their subordinate structures needed to completely identify all allowable clinical report types
- one-time and potentially ongoing costs for clearinghouses to create conversion software between all relevant combinations of variants and options and clinical reports general and specific choices.

Comment Number: Rensis-78.01

Regarding: PROPOSED CDAR1AIS0000R021 §1.1.2

This one paragraph section, "No Trading Partner- or Site-Specific Variations in Content," is confusing and needs clarification on at least the points listed below.

- It's unclear how the second and third sentences regarding formats applies to no variations in content. The second sentence, in fact, is completely contrary to all the variations and options described elsewhere.
- The proposed Implementation Guides do not "definitively" specify which single option of HL7 CDA is to be used for each attachment as noted in the fourth sentence of this section. In fact, in many of the Implementation Guides, no specifications are given at all and readers are simply directed to look at one or two examples.
- There are definitely data content variations between human decision variants and computer decision variant; the latter of which require LOINC, OID, and other codification data content that are not needed by the former.
- This section is contrary to the data content variations specified in proposed §162.1920 (d).
- There can be data content variations between scanned images of documents sent as human decision variants to satisfy identical requests for additional information depending on what else may be contained in the underlying document.
- There appears to be a conflict between this section and the provisions of proposed CDAR1AIS0004R021 Table 2.6 which permits "... provider can create sections ad hoc. Provider may use some or all of the sections and associated LOINC codes from the table in Section 3."

(Comment continued on next page.)

- There appears to be a conflict between this section and the provisions of proposed CDAR1AIS0006R021 §2.1 which requires trading partner agreements to identify the "appropriate proprietary code set" to identify medications. Each different code set represents differing data content.
  This item applies only if a Claims Attachment for Medications continues to be considered for adoption – which should not be done for reasons noted in this and previously submitted NPRM comment documents.

Comment Number: Rensis-78.02

Regarding: PROPOSED §162.1920 ELECTRONIC HEALTH CARE CLAIMS ATTACHMENT RESPONSE TRANSACTION

Proposed §162.1920 (d) is in conflict with proposed CDAR1AIS0000R021 §1.1.2.

END OF WRITTEN COMMENTS

There's more to read and more to write, but no more time.