

AmeriHealth Caritas
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June 17, 2019

Don Rucker, MD
National Coordinator for Health IT
Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
Mary E. Switzer Building
330 C Street, SW
Washington, DC 20201

RE: ONC Request for Comments on the Trusted Exchange Framework and Common Agreement (TEFCA) Draft 2

Submitted electronically at <https://www.healthit.gov/topic/interoperability/trusted-exchange-framework-and-common-agreement>

Dear Dr. Rucker,

On behalf of the AmeriHealth Caritas Family of Companies (AmeriHealth Caritas), I am writing to provide comments to the Office of the National Coordinator for Health Information Technology (ONC) with comments on Draft 2 of the Trusted Exchange Framework and Common Agreement (TEFCA). With more than 35 years of experience, AmeriHealth Caritas is one of the nation's leaders in health care solutions for those most in need. Operating in 11 states and the District of Columbia, AmeriHealth Caritas serves more than 5 million Medicaid, Medicare, and CHIP members through its integrated managed care products, pharmaceutical benefit management and specialty pharmacy services, and behavioral health services. We appreciate the opportunity to share our comments.

AmeriHealth Caritas supports ONC's overarching principles for trusted exchange of health information. This is an important step forward to advance interoperability. However, we believe that an overarching glide path toward interoperability is needed, especially in light of the recent ONC and Centers for Medicare and Medicaid (CMS) interoperability proposed rules that closed its public comment period on June 3, 2019. We view the TEFCA as a key component of promoting interoperability, and as such, believe TEFCA should be harmonized with the recent proposed rules. We believe there are several interdependencies between the TEFCA and interoperability proposed rules, including patient matching and clinical data set definitions that require careful integration. We are hopeful that ONC will take the necessary steps to better align TEFCA with the interoperability final rules. This will help alleviate administrative burden and implementation complexities for numerous stakeholders. Additionally, given the scope and impact on numerous stakeholders, we encourage ONC to follow the established rulemaking process for all future iterations of the TEFCA including additional use cases. We believe a transparent process is important in developing meaningful solutions for electronic health information exchange.



AmeriHealth Caritas commends ONC for its continued efforts to foster trusted exchange of health information and advance interoperability throughout the health care delivery system. As a company, we have taken a “Health Information Exchange (HIE) first” approach to interoperability since 2014. Today, we are connected to 6 state and regional HIEs where we receive on average each month of over 225,000 admission, discharge and transfer (ADT) and continuity of care documents (CCD) messages from hospitals and clinicians throughout the country.

We have realized first-hand the value that HIEs provide to the communities we serve across the country to improve care coordination and transitions of care for patients. We have also experienced how well HIEs can operate when all participating entities agree to the same “rules of engagement” via a common participation agreement and when entities mutually develop use cases with input from multiple stakeholders. This cross-collaboration builds trust and fosters meaningful data exchange. Moreover, we recognize the potential enhanced value from a network-of-networks framework and nationwide scalability. However, there are numerous efforts underway between state and regional HIEs, many with participation from state Medicaid agencies that seek to facilitate trusted exchange of health information between entities. We are concerned about the unintended consequences of TEFCA to disrupt the progress achieved by HIEs. It is our hope that TEFCA is not intended to supersede the meaningful data exchange that HIEs provide to stakeholders across the health care delivery system in the communities they serve. We strongly encourage TEFCA to align with the existing HIE innovation that is underway and support existing governance models, including common participation agreements.

We believe that the success of a nationwide trusted exchange framework is predicated on the level of participation from different entities. AmeriHealth Caritas recommends ONC explore a stronger approach to encourage participation through incentives for both HIPAA-covered and non-HIPAA covered entities. Broad participation by a diverse group of stakeholders can result greater innovation of future use cases.

AmeriHealth Caritas urges ONC to incorporate data exchange modalities that are timely and actionable to improve patient care, have tested and validated data standards, and are seamlessly integrated into clinical workflows. We are concerned that the three proposed exchange modalities are not the most innovative and are not reflective of the ways in which the industry is moving toward. With regard to the use cases for data exchange, we support use cases that have fully tested and validated data standards. We are concerned that at present time the available data standards are limited and require more time to mature. We recommend ONC submit use cases through the rulemaking process for inclusion once data standards become available, and that ONC consider a phased implementation approach before implementing nationwide.

We encourage ONC to align the use of standard clinical data sets for exchange with those that will be finalized in the interoperability proposed rules. As we noted in our comments to CMS and ONC on Jun 3, 2019, the U.S. Core Data for Interoperability (USCDI) presents challenges for health plans to populate, and we recommended that providers may be more suited to populate this information with the most up-to-date clinical information from the patient electronic health record. As TEFCA moves forward, we believe a



data hierarchy and robust data governance structure is needed as multiple entities participate, and contribute multiple sources of data, in the trusted exchange. We recommend that ONC work with stakeholders through a public-private partnership to develop a data governance structure and reach consensus on data elements for the TEFCA.

AmeriHealth Caritas appreciates the considerations for patient privacy outlined in the Common Agreement; however, further alignment is needed with the CMS and ONC interoperability proposed rules. We found the provisions in the TEFCA to be misaligned with the interoperability proposed rules. We appreciate that there are more explicit requirements for Non-Covered Entities in the TEFCA compared to the CMS proposed rule. That said, we strongly believe that all patient privacy and security controls should be consistent in their application to foster trusted exchange. Greater clarity is needed regarding privacy and security, particularly with regard to non-HIPAA covered entities participating in the QHIN. We urge ONC to work with its fellow federal agencies to develop further guidance for oversight and enforcement of HIPAA in the TEFCA and the role of the Recognized Coordinating Entity (RCE). We also recommend ONC provide more specificity regarding how the TEFCA's privacy and security rules are intended to interact with state privacy and security laws where state laws are more stringent than HIPAA. This clarification is needed with respect to implementation and may impact how information can be exchanged across state lines.

AmeriHealth Caritas respectfully supports the ONC's efforts to advance interoperability through trusted exchange. We are committed to working with ONC to develop meaningful solutions to foster electronic clinical data exchange. We welcome the opportunity for further discussion on this important issue. If you have any questions, please contact me at agelzer@amerihealthcaritas.com.

Sincerely,

A handwritten signature in black ink, appearing to read "AGELZER" followed by a stylized flourish.

Andrea Gelzer, MD, MS, FACP
Senior Vice President, Medical Affairs