Comments Disposition v1.0

*Other suggested improvements to the specification that may improve matching patient addresses

Comment number	1	2	3	4
Commenter name	Nick Radov	Stephanie Fraser	Dr. Mark Bellezza	David Lee
Commenter Organization	UnitedHealth Group	NextGate	Federal Electronic Health Record Modernization (FEHRM) Program Office	New York City Department of Health and Mental Hygiene
Comment(s)	USPS Publication 28 is specifically focused on mail delivery addresses. But the scope of this document includes patient addresses to which mail can't be delivered. Some patients live and work at locations that can't receive postal mail. We should explicitly state that as in scope so there is no misunderstanding	We urge addition of geo-location considerations to future work on this standard	DOD Medical, Branches of Service, and/or DHA should be included in this workgroup since the number of beneficiaries served by the Armed Services is in the millions and, therefore, standardization of addresses for this category of addressees should be an important concern for this workgroup.	NYC DOHMH and other public health jurisdictions constantly "plays catchup" cleansing and standardizing address data. NYC DOHMH looks forward to seeing practical, best practice-based operational guidance on how these standards will be implemented at the point of data capture; i.e., these technical standards will be of limited use if they are only implemented "downstream" in data cleaning processes.
Pg number(s)	7	7	8	8
Section(s)	In-Scope	Introduction	PROJECT US@ TECHNICAL WORKGROUP	RELATED DOCUMENTS - AHIMA Companion Guide
Current content	The Project US@ Technical Workgroup that developed this specification used USPS Publication 28 as a foundation, maintaining alignment throughout, with additional constraints and the addition of metadata.			
Suggested content/change	The Project US@ Technical Workgroup that developed this specification used USPS Publication 28 as a foundation, maintaining alignment throughout, with additional constraints and the addition of metadata. Addresses which don't receive USPS service are in scope provided that they can be represented the same way.			
Other Improvements*				
Disposition	Accept with modification	Defer	Accept	Accept
Disposition comments	There are and will be adresses in patient health data that are not deliverable and sometimes the Post Office will be unable to deliver mail to all addresses provided by patients. However, even if not mailable, standardized address data are still valuable for patient matching. Added "Note that standardizing addresses for patients, even if those addresses are not considered mailable, is still an important step towards improved data quality, and therefore a valuable addition to any patient matching strategy" to In-Scope section.	Deferred Project US@ work on guidance related to geolocation data for future consideration.	The Technical Workgroup currently has representation from the VHA, and welcome additional engagement with the DoD, DHA, branches of service, and the VA in ongoing Project US@ work.	The Project US@ AHIMA Companion Guide is designed to provide guidance and best practices to support conformance to the Project US@ Technical Specification and improve patient matching. The Companion Guide will be released with Final Version 1.0 of the Technical Specification.
Disposition Date	8/24/21	8/24/21	8/24/21	8/24/21

Comment number	5	6	7	8	9
Commenter name	Freida Hall	Joan Kegerize	Joan Kegerize	Freida Hall	Joan Kegerize
Commenter Organization	Quest Diagnostics	American Clinical Laboratory Association	American Clinical Laboratory Association	Quest Diagnostics	American Clinical Laboratory Association
Comment(s)	Unicode should be an option in addition to ISO. Unicode is commonly used for foreign language mapping because ISO is restricted to 256 values while Unicode can represent anything.	Unicode should be an option in addition to ISO. Unicode is commonly used for foreign language mapping because ISO is restricted to 256 values while Unicode can represent anything.	Suggest adding hyperlink to Publication 28	Suggest adding hyperlink to Publication 28	Please spell out first iteration of acronym and include appendix of acronyms
Pg number(s)	35	35	6	6	7
Section(s)	APPENDIX A. DIACRITIC MAPPING GUIDANCE	APPENDIX A. DIACRITIC MAPPING GUIDANCE	Background	Background	Intended Audience
Current content			ONC received public comments on the use of USPS Publication 28 in response to a Request for Information (RFI) on patient matching in the 21st Century Cures Act proposed rule, which sought comment on additional opportunities that may exist in patient matching and ways that ONC can lead and contribute to coordination efforts with respect to patient matching; particularly in ways that accurate patient matching can facilitate improved patient safety, better care coordination, and advanced interoperability.	ONC received public comments on the use of USPS Publication 28 in response to a Request for Information (RFI) on patient matching in the 21st Century Cures Act proposed rule, which sought comment on additional opportunities that may exist in patient matching and ways that ONC can lead and contribute to coordination efforts with respect to patient matching; particularly in ways that accurate patient matching can facilitate improved patient safety, better care coordination, and advanced interoperability.	SDOs, health information technology (IT) developers, federal and state agencies, data scientists, researchers, health information professionals, and other stakeholders responsible for standards, technology, and systems containing patient addresses.
Suggested content/change					Standards Development Organizations (SDOs), health information technology (IT) developers, federal and state agencies, data scientists, researchers, health information professionals, and other stakeholders responsible for standards, technology, and systems containing patient addresses.
Other Improvements*					
Disposition	Accept	Accept	Accept with modification	Accept with modification	Accept with modification
Disposition comments	Modified Appendix A. Diacritic Mapping Guidance to include Unicode.	Modified Appendix A. Diacritic Mapping Guidance to include Unicode.	Added hyperlink to first mention of Pub 28, removed reference in footnote.	Added hyperlink to first mention of Pub 28, removed reference in footnote.	First iteration of acronym appears on Page 6, and is spelled out. Added Appendix H: Acronyms.
Disposition Date	8/24/21	8/24/21	8/24/21	8/24/21	8/24/21

Comment number	10	11	12	13
Commenter name	Freida Hall	Nick Radov	Stephanie Fraser	xx
Commenter Organization	Quest Diagnostics	UnitedHealth Group	NextGate	xx
Comment(s)	Please spell out first iteration of acronym and include appendix of acronyms	This document also appears to contain an abstract data model, which is separate from either formats or content.	We suggest that the "Intended Audience" section be revised and refined to address both the audience and the intended users per our detailed comments to the right on this item.	It seems tone-deaf to say that Spanish and other non-English words may be difficult to match. Spanish words are composed of letters recognized by English letter applications. There is nothing more difficult about matching "Feliz Rd" than there is about matching "Happy Rd".
Pg number(s)	7	7	7	12
Section(s)	Intended Audience	Purpose	Introduction	All
Current content	SDOs, health information technology (IT) developers, federal and state agencies, data scientists, researchers, health information professionals, and other stakeholders responsible for standards, technology, and systems containing patient addresses.	This document describes both standardized patient address formats and content.		
Suggested content/change	Standards Development Organizations (SDOs), health information technology (IT) developers, federal and state agencies, data scientists, researchers, health information professionals, and other stakeholders responsible for standards, technology, and systems containing patient addresses.	This document describes an abstract address data model as well as standardized patient address formats and content.	In the objectives bullets or otherwise under Purpose, it would be helpful to identify at a high level who (roles and organizations) would be using this standard and where it would be used in the patient matching workflow.	
Other Improvements*			For the Companion Guide, we suggest focusing on roles/organizations that should use this standard and risks of use at a sub-optimal place in workflows or by multiple parties as data moves in the ecosystem. In our experience, complex rules-based address standardization may be best done well after the address is obtained in patient registration and likely not at that stage or in EHR/billing software. Standardization may be best accomplished when an Enterprise Master Patient Index is used, often via a specialized data conversion application connected to the EMPI via an API.	
Disposition	Accept with modification	Accept with modification	Accept with modification	Accept with modification
Disposition comments	First iteration of acronym appears on Page 6, and is spelled out. Added Appendix H: Acronyms.	Edited text in Purpose section to "This document describes an address data model as well as standardized patient address formats and content".	Aligned intended audience sections across Technical Specification and AHIMA Companion Guide. Project US@ guidance is not limited to address conversion or transformation. We believe better quality data at capture will have positive downstream effects, including lower reliance on conversion applications to achieve the same goal.	Edited text in Spanish and other Non-English Words section to include phonetic algorithms as one potential reason why non-English words (and addresses) are challenging to match.
Disposition Date	8/24/21	8/24/21	8/24/21	8/24/21

Comment number	14	15	16	17	18
Commenter name	xx	Joan Kegerize	Freida Hall	David Lee	Stephanie Fraser
Commenter Organization	xx	American Clinical Laboratory Associations	Quest Diagnostics	New York City Department of Health and Mental Hygiene	NextGate
Comment(s)	X12 already supports standardized address information that is interoperable across health care systems and business uses. The challenges with addresses and patient maching aren't as much about whether DR or Drive is used, it is that patient data persists over the lifetime of the health care consumer while address information is dynamic and logistically challenging to syncronize.	Please refer to the original "source of truth", in this case the USPS Publication 28, vs. copying content from USPS Publication 28 into this new specification. This will simplify maintenance of subsequent revisions.	Please refer to the original "source of truth", in this case the USPS Publication 28, vs. copying content from USPS Publication 28 into this new specification. This will simplify maintenance of subsequent revisions.	It is noted that other types of addresses, such as those representing locations associated with healthcare providers or other entities, are out of scope for Project US@. Standardization of these data are very important for public health -- not just for practical epidemiological investigation and analysis, but for matching of patient records in public health registries. NYC DOHMH highly encourages the Technical Workgroup to consider these locations for future work.	The Introduction and the overall document are very well done. Based on our experience, we agree that more consistent and accurate patient address information can enhance the performance of patient matching algorithms. This guide will be an excellent resource to our team members who deal with address standardization.
Pg number(s)		9	9	7	7
Section(s)	All	STANDARDIZED PATIENT ADDRESSES	STANDARDIZED PATIENT ADDRESSES	OUT-OF-SCOPE	Introduction
Current content					
Suggested content/change					
Other Improvements*					We agree with the importance of data governance and standardization (including recent work by ONC in certification criteria and USCDI and work by the Pew Foundation and Project US@ on using USPS address standards and tools). NextGate has found that address verification tools can enhance identification accuracy. Variations in address structure, complex address formatting/order and data decay (14% of the population moved each year), are a few of the obstacles hindering our effort to fully understand the complex nature of verifying addresses.
Disposition	Accept with modification	Accept with modification	Accept with modification	Defer	Defer
Disposition comments	Added clarification to the Description of the Problem section.	Clarified why USPS Publication 28 is the foundational standard to build on for healthcare. Constraints in Project US@ are more stringent than in Pub 28, and Pub 28 is designed to improve mailability, not patient matching.	Clarified why USPS Publication 28 is the foundational standard to build on for healthcare. Constraints in Project US@ are more stringent than in Pub 28, and Pub 28 is designed to improve mailability, not patient matching.	Deferred Project US@ work on guidance related to other types of addresses for future consideration.	The AHIMA Companion Guide contains guidance and best practices on patient identity and address verification and validation. Deferred additional work on guidance related to address verification and validation for future consideration.
Disposition Date	8/24/21	8/24/21	8/24/21	8/24/21	8/24/21

Comment number	19	20	21	22
Commenter name	Nick Radov	xx	xx	Joan Kegerize
Commenter Organization	UnitedHealth Group	xx	xx	American Clinical Laboratory Association
Comment(s)	There a significant number of patients who reside in Mexico at least part time but receive care in the US. This is common along the southern border region. We can defer that issue for version 1.0 but recommend targeting Mexican addresses in a future version.	Why aren't you referencing the ISO standards?	AHIMA doesn't have any authority over SDOs or healthcare stakeholders so why would they be writing a companion guide that would be forced on the whole industry?	Applying the proposed matching rules with existing patient records will not work effectively unless the existing patient records have the same rules applied. However, the receiving system cannot surreptitiously alter the patient address data for historical/audit (and maybe CLIA) purposes. Many fields recommended may not be supported by sending or receiving system therefore the anticipated matching likely will not be successful.
Pg number(s)	7	56	8	9
Section(s)	Out-of-Scope	All	All	STANDARDIZED PATIENT ADDRESSES
Current content	Generally, speaking, international addresses are also out-of-scope, with the exception of limited guidance for Canadian and other internal addresses in alignment with Publication 28.			
Suggested content/change	Generally, speaking, international addresses are also out-of-scope, with the exception of limited guidance for Canadian and other internal addresses in alignment with Publication 28. Limited guidance for Mexican addresses may be added in a future version of this specification.			
Other Improvements*				
Disposition	Defer	Defer	Reject	Reject
Disposition comments	The AHIMA Companion Guide includes guidance and best practices on the capture and management of patient addresses in Mexico. This version of the technical specification does not include guidance on Mexico addresses, as related guidance was not included in Publication 28, and our goal was to maintain alignment between USPS Publication 28 and Project US@ as much as possible for Version 1.1. Deferred additional Project US@ work on guidance related to international addresses, including Mexico, for future consideration.	Deferred Project US@ work on guidance related to international addresses and geolocation data for future consideration.	No claim of authority has been made by AHIMA, nor has any ONC certification or other regulatory requirement been referenced at this time. ONC partnered with AHIMA as the nation's authority on health information management, and an ideal collaborator to bridge techology and process for the purpose of improved patient matching.	Out of scope. Project US@ does not prescribe how data should be stored and used or obligate systems to change any existing data.
Disposition Date	8/24/21	8/24/21	8/24/21	8/24/21

Comment number	23	24	25	26	27	28
Commenter name	xx	xx	xx	xx	Robert Fisher	xx
Commenter Organization	xx	xx	xx	xx	xx	xx
Comment(s)	Terms like "SHOULD", "SHOULD NOT", "RECOMMENDED", "MAY", and "OPTIONAL" lead to inconsistant usage and require implementors to support all combinations. Please change to more precise language that will actually standardize the formatting of addresses or give up on refining the USPS' standard which is well-understood, implemented consistently everywhere, and proven.	Saying an address "should" be one way but then immediately saying that another alternative is permissible does not result in consistency. In fact, it encourages inconsistency by acknowledging the legitimacy of alternatives.	Are the abreviations with "()" another exception to the"no punctuation" recommendation on page 11?	If the primary purpose of the specification is for patient matching, why would they apply to business addresses, which aren't part of patient matching?	I need aii my health and medical records dating back to 1999 to the present. I had a sugery for my feet in 2000 and again in 2016, but for the life of me i can't remember the doctors name or where they were done. I filed a claim for veteran benifits and i need supporting medical records because i recieved a honarable mdicai discharge in 1977 and it involved foot problems. The more i can prove the more points for benifits i can recieve. Please help.	The federal government is not an ANSI-accredited SDO, doesn't employ consensus-based approvals, and isn't supposed to create standards that an SDO has already published, so why is this work being done under the auspices of ONC?
Pg number(s)	9	11	24	29		
Section(s)	All	All	All	All	All	All
Current content						
Suggested content/change						
Other Improvements*						
Disposition	Reject	Reject	Reject	Reject	Reject	Reject
Disposition comments	We must allow flexibility for developers and health information professionals, especially during the initial phases of adoption and implementation of Project US@.	We must allow flexibility for developers and health information professionals, especially during the initial phases of adoption and implementation of Project US@.	Abbreviations containing the letter S in parentheses at the end of the abbreviation allows for the plural representation of the word in an abbreviated form. Added text for clarity.	Some patients use business addresses for one or more of their addresses for a number of reasons. For example, patients may be housed in a homeless shelter or domestic violence shelter, they may reside in a correctional facility, dormitory, long term care facility, or work camp, or they may live in a remote area where it is common practice to receive mail at a nearby business. Regardless of the reason, our goal is to standardize all patient addresses as much as possible and whenever feasible.	Out of scope.	This work is being led by ONC to improve patient matching. USPS Publication 28 contains guidance to improve mailability.
Disposition Date	8/24/21	8/24/21	8/24/21	8/24/21	8/24/21	8/24/21

Comment number	29	30
Commenter name	Stefi Silva	Philips Johnson
Commenter Organization	Availity, LLC	b.well Connected Health, Inc.
Comment(s)	Would this Project US spec be used as an external code reference? Would it take the place of existing code set references (i.e. 19, 156, 116, 26)?	
Pg number(s)		
Section(s)	All	All
Current content		
Suggested content/change		
Other Improvements*		Project US@ Companion Guide: We encourage the Companion Guide's authors to get the USPS to allow free-of-charge access to their APIs for patient matching purposes. This change will make these APIs more widely accessible across the health IT community, and thereby promote address standardization across the nation's HIT infrastructure. We know through ONC and CMS rulemaking that interoperability objectives must be pursued through a combination of technical and business standards. According to researchers, a postal address standard can increase patient matching by as much as 20% and increase the accuracy of patient matches by at least 2.5%. See "Evaluating the Effect of Data Standardization and Validation on Patient Matching Accuracy," JAMIA May 2019, accessed July 13, 2021 at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7787357/). To fully realize these benefits, making the USPS' APIs open to all HIT developers will help ensure that disparate systems across the HIT community are implementing the Project US@ technical standard. If only some developers in an API transaction follows the standard, our nation's HIT investments will only yield a partial benefit: "[M]aximal benefit requires that all systems adopt the same standardization rules." Id. Financial barriers can impede adoption of a standard and frustrate a vital national purpose. Conversely, eliminating financial barriers can promote a standard and advance these purposes. These considerations are already in play in the USPS' current API terms of service. To facilitate interstate commerce, USPS eliminates financial barriers by making its address standard APIs available free of charge to developers helping entities engaged in shipping and e-commerce. The current terms can be found at https://registration.shippingapis.com/ under the heading "Use Requirements for Business User and Developer", which reads: "User agrees to use the USPS Web site, APIs and USPS data to facilitate USPS shipping transactions only." To advance the vital national purpose of promoting interoperability across our nation's HIT infrastructure, this text in the USPS APIs terms and conditions could be modified to read: "User agrees to use the USPS Web site, APIs and USPS data to (i) facilitate USPS shipping transactions or (ii) to facilitate access to, or the linking of, health records referring to individuals that are maintained by or on behalf of health care providers, health plans or other "covered entities" under 45 CFR Parts A-E." By making this change, USPS' address standard APIs would accessible by healthcare organizations, their health technology vendors and developers that help patients exercise their HIPAA right of access.
Disposition	Reject	Reject
Disposition comments	Out of scope.	Out of scope. At the time of this publication, USPS address validation services could not be used by healthcare providers, payers, public health agencies, and others who seek to improve patient matching without relying on a 3rd party application to do so, unless they use USPS services for the sole purpose of improved mailability per current terms and conditions.
Disposition Date	8/24/21	8/24/21

Comment number	31	32	33	34	35
Commenter name	Stephanie Fraser	Freida Hall	Joan Kegerize	Joan Kegerize	Freida Hall
Commenter Organization	NextGate	Quest Diagnostics	American Clinical Laboratory Association	American Clinical Laboratory Association	Quest Diagnostics
Comment(s)	We agree with the value of historical addresses.	'|' (referred to as vertical bar) is a standard HL7 delimiter universally used which will cause messages to fail if '|' is used in the manner suggested. To use the '|' vertical bar character in a text field, you must follow the HL7 V2 Standard rules for "Use of Escape Sequences in Text Fields".	'|' (referred to as vertical bar) is a standard HL7 delimiter universally used which will cause messages to fail if '|' is used in the manner suggested. To use the '|' vertical bar character in a text field, you must follow the HL7 V2 Standard rules for "Use of Escape Sequences in Text Fields".	Change "is" to "may be". Otherwise it appears you are asserting system functionality to support unlimited historical address that may not be supported by all systems.	Change "is" to "may be". Otherwise it appears you are asserting system functionality to support unlimited historical address that may not be supported by all systems.
Pg number(s)	10	10	10	10	10
Section(s)	Current and Historical Addresses	Address Field Parsing	Address Field Parsing	Current and Historical Addresses	Current and Historical Addresses
Current content		PRIMARY ADDRESS NUMBER| PREDIRECTIONAL| STREET NAME| SUFFIX| POSTDIRECTIONAL| SECONDARY ADDRESS IDENTIFIER| SECONDARY ADDRESS	PRIMARY ADDRESS NUMBER| PREDIRECTIONAL| STREET NAME| SUFFIX| POSTDIRECTIONAL| SECONDARY ADDRESS IDENTIFIER| SECONDARY ADDRESS	There is no limit to the number of historical patient addresses that systems could maintain.	There is no limit to the number of historical patient addresses that systems could maintain.
Suggested content/change				There may be no limit to the number of historical patient addresses that systems could maintain.	There may be no limit to the number of historical patient addresses that systems could maintain.
Other Improvements*					
Disposition	Accept	Accept	Accept	Accept	Accept
Disposition comments	No change needed.	Depiction of address format modified.	Depiction of address format modified.	Accepted proposed modification and clarified.	Accepted proposed modification and clarified.
Disposition Date	8/31/21	8/31/21	8/31/21	8/31/21	8/31/21

Comment number	36	37	38	39	40
Commenter name	Freida Hall	Joan Kegerize	Nick Radov	Nick Radov	Nick Radov
Commenter Organization	Quest Diagnostics	American Clinical Laboratory Association	UnitedHealth Group	UnitedHealth Group	UnitedHealth Group
Comment(s)	Suggest adding hyperlink to the AHIMA Guide when it is published	Suggest adding hyperlink to the AHIMA Guide when it is published.	Depending on the character set there may be multiple other white space characters beyond just a regular space such as CR, LF, tab, etc.	Often the problem is not with conversion to Unicode per se, but rather a discrepancy in character set encoding.	I think the character shown is actually a single quote rather than an apostrophe. (MS Word might have changed the intended character.)
Pg number(s)	10	10	11	11	12
Section(s)	Address Field Parsing	Address Field Parsing	Punctuation	Diacritics	Punctuation
Current content	Field parsing for mailing purposes are outlined in the Project US@ AHIMA Companion Guide.	Field parsing for mailing purposes are outlined in the Project US@ AHIMA Companion Guide.	Double spaces MUST be changed to single space,	In addition, diacritic marks that do not successfully convert to Unicode will often display as an inverted question mark.	' Apostrophes
Suggested content/change	Field parsing for mailing purposes are outlined in the Project US@ <u>AHIMA Companion Guide.</u>	Field parsing for mailing purposes are outlined in the Project US@ <u>AHIMA Companion Guide.</u>	All white space characters including groups of multiple white space characters MUST be changed to a single space,	In addition, diacritic marks and other characters (code points) outside the US-ASCII character set will often display as an inverted question mark due to failure to convert between encodings (7 bit ASCII versus UTF-8 versus Windows-1252).	'Apostrophes
Other Improvements*					
Disposition	Accept	Accept	Accept	Accept	Accept
Disposition comments	The Technical Specification and the AHIMA Companion Guide are available at https://oncprojecttracking.healthit.gov/wiki/pages/viewpage.action?pageId=180486153.	The Technical Specification and the AHIMA Companion Guide are available at https://oncprojecttracking.healthit.gov/wiki/pages/viewpage.action?pageId=180486153.	Accepted as proposed. Unprintable characters may also be considered white space. Added exceptions for Canadian addresses to Punctuation section.	Accepted as proposed.	Edited text to correct format.
Disposition Date	8/31/21	8/31/21	8/31/21	8/31/21	8/31/21

Comment number	41	42	43	44	45
Commenter name	Nick Radov	Nick Radov	Freida Hall	Joan Kegerize	Paul Wilder
Commenter Organization	UnitedHealth Group	UnitedHealth Group	Quest Diagnostics	American Clinical Laboratory Association	CommonWell Health Alliance
Comment(s)	BOX is supposed to be capitalized.	Were the ASCII map characters supposed to be upper case?	Please add for clarification. The reference to multiple historical addresses does not mean that systems supporting this specification must support all historical addresses received	Please add for clarification. The reference to multiple historical addresses does not mean that systems supporting this specification must support all historical addresses received.	I feel this document is missing context on why we want standardized addresses and the bigger context in which this is important. I understand the AHIMA companion guide will come later, but do feel this document on its own could setup context. Optimally, I am hopeful the AHIMA guide fills in this "why?" gap and includes a discussion on on patient matching where address is treated as one demographic of many and the importance of them all being as accurate as possible and how to get there. For example, the use of portals and kiosks can allow patients to review the accuracy upfront knowing bad data upfront is likely mismatch later. The address is clearly important for matching in healthcare, but equally or potentially more important are standards for treatment of a person's name, date of birth, etc. I am hopeful this document will be referenced in a higher-level document to create standards for the rest of the demographics and how to treat them in matching as well as warnings/advice on what errors to avoid and/or try to account for. For example, does the addition of Jr or Sr to a name help or hurt matching? What is the danger or not of including these in the Family Name field itself - where Jr might be accidentally treated as a last name when it shouldn't be? Middle names are also often put into first name fields, and both are used as equal first names, which can cause matching problems even for a deterministic algorithm.
Pg number(s)	18	35	31	31	All
Section(s)	RURAL ROUTE ADDRESSES	APPENDIX A. DIACRITIC MAPPING GUIDANCE	PATIENT ADDRESS METADATA SCHEMA	PATIENT ADDRESS METADATA SCHEMA	All
Current content	RR 4 Box 87A				
Suggested content/change	RR 4 BOX 87A		(Content column:)The reference to multiple historical addresses does not mean that systems supporting this specification must support all historical addresses received	(Content column:)The reference to multiple historical addresses does not mean that systems supporting this specification must support all historical addresses received	
Other Improvements*					
Disposition	Accept	Accept	Accept with modification	Accept with modification	Accept with modification
Disposition comments	Corrected typo.	Corrected formatting in diacritic mapping table.	Clarified that developers MAY support historical addresses.	Clarified that developers MAY support historical addresses.	Added Description of the Problem section.
Disposition Date	8/31/21	8/31/21	8/31/21	8/31/21	8/31/21

Comment number	46	47	48	49
Commenter name	Stefi Silva	Hans Buitendijk	Jay Lyle	Paul Wilder
Commenter Organization	Availity, LLC	Cerner	Dept of Veterans Affairs	CommonWell Health Alliance
Comment(s)	If there are differences between this specification and the USPS specification, which takes precedence?	Is it expected to be permissible to continue using the current USPS services to validate/standardize addresses, or would that result in conflict with the guidance in this document? While the document indicates "The Project US@ Technical Workgroup that developed this specification used USPS Publication 28 as a foundation, maintaining alignment throughout, with additional constraints and the addition of metadata." at various other places it indicates certain topics are out of scope, thus not being clear whether an implementation using this guide vs. the USPS services as-is would yield address formats that cannot be used interchangeable. Where the guidance does yield incompatible formats we urge these be aligned before publication.	The rules seem tailored for postal rather than physical addresses. There is usually no difference, but sometimes there is. Should non-postal addresses receive similar scrutiny?	The validation and verification section of the document states, "Guidance is provided throughout this document on address verification where appropriate." However, I don't see guidance in other areas of the documents except for implied guidance in the street name section on page 13 which mentions using the street name as seen on a government issued IDs. Maybe this section should include guidance that, when possible, use a validatable address exactly as it stated by the authorizing entity - such as pulling exact spelling and context from a government issued ID. For the most part, the standards in this document are unnecessary to be followed if the person's address is pulled from a normalized source such as a driver's license or ID card, or a utility. There are "free" sources to extract an address that conforms to the postal and government standard for addressing. It might be worth mentioning what some of those are and encourage verification workflows in the HIT application that aren't necessarily dependent on an API or other technical source.
Pg number(s)				9
Section(s)	All	All	All	Verification and Validation
Current content				At the time of this publication, USPS address verification and validation services could not be used by healthcare providers, payers, public health agencies, and others without relying on a 3rd party application to do so. We encourage these application developers to conform to the Project US@ specification to support patient matching efforts led by their clients. Guidance is provided throughout this document on address verification where appropriate, and similar to other areas across this specification, is subject to change.
Suggested content/change				
Other Improvements*				
Disposition	Accept with modification	Accept with modification	Accept with modification	Accept with modifications
Disposition comments	Publication 28 provides standardized format guidance to improve mailability. Project US@ provides guidance to improve patient matching. Clarification added.	Added clarification to the In Scope section.	Acknowledged the challenge of non-mailable patient addresses and the value of data standardization to any address for patient matching to In Scope section.	The AHIMA Companion Guide contains guidance and best practiices on patient identity and address verification and validation.
Disposition Date	8/31/21	8/31/21	8/31/21	8/31/21

Comment number	50	51	52	53
Commenter name	Nick Radov	Keith Salzman	xx	Katelyn Fontaine
Commenter Organization	UnitedHealth Group	Dept of Veterans Affairs	xx	Medical Information Technology, Inc.
Comment(s)	The address field construction and parsing recommendations are potentially ambiguous in terms of exactly what characters or strings are allowed in various elements.	Consideration should be given to other permanent or semi-permanent ways of contacting patients who either do not have an address or are not reachable by their historic addresses (e.g., homeless patients in general and veterans specifically, who are known to their provider by name and preferred contact method- cell phone, e-mail address, or other communication/locating mechanisms). The expansion to those other identifiers should be addressed as a follow-on effort or noted so that those patients are not disenfranchised from the outset.	It appears as though ONC wants us to maintain two difference address "standards", one for addresses associated with medical records and one for all other addresses. This is not simplification and it doesn't provide consistency or efficiency.	We would encourage ONC to mandate third-party verification/validation tools to update to the proposed standard in draft v1. We support the standardization and applaud the work to make patient matching streamlined. However, we have concerns that developing a native tool that conforms to this standard would be a big lift for the industry. Unless a verification/validation tool can be integrated into an EHR, the standards would rely on a user, and user error is inevitable.
Pg number(s)	10			9
Section(s)	Address Field Parsing	All	All	Verification and Validation
Current content				
Suggested content/change				
Other Improvements*	In order to remove any possible ambiguity I recommend adding an appendix showing Street Address Line and Last Line in Augmented Backus-Naur Form (ABNF) as per IETF RFC 5234 <https://datatracker.ietf.org/doc/html/rfc5234>. Interoperability developers are accustomed to working with ABNF and it removes any possibility of misunderstanding which values are valid or invalid.			
Disposition	Defer	Defer	Defer	Reject
Disposition comments	Deferred Project US@ work on guidance related to address field parsing for future consideration.	Deferred additional Project US@ work on guidance related to homeless, veteran, and other patient addresses for future consideration.	Deferred Project US@ work on guidance related to other types of addresses for future consideration.	Out of scope. No ONC certification or other regulatory requirement exists at this time.
Disposition Date	8/31/21	8/31/21	8/31/21	8/31/21

Comment number	54	55	56	57
Commenter name	Joan Kegerize	Freida Hall	Freida Hall	Stephanie Fraser
Commenter Organization	American Clinical Laboratory Association	Quest Diagnostics	Quest Diagnostics	NextGate
Comment(s)	You are proposing solutions that may not be needed in all systems. Some systems already have patient matching software and/or interface processes that minimize patient match issues and have field tested between established trading partner. There must be a process for established organizations/systems to request exemption from adhering to the proposed patient matching rules if there are limited patient matching issues.	You are proposing solutions that may not be needed in all systems. Some systems already have patient matching software and/or interface processes that minimize patient match issues and have field tested between established trading partner. There must be a process for established organizations/systems to request exemption from adhering to the proposed patient matching rules if there are limited patient matching issues.	Applying the proposed matching rules with existing patient records will not work effectively unless the existing patient records have the same rules applied. However, the receiving system cannot surreptitiously alter the patient address data for historical/audit (and maybe CLIA) purposes.

Many fields recommended may not be supported by sending or receiving system therefore the anticipated matching likely will not be successful. | As outlined in our comments above, we do not believe that a wide extent of stakeholders should be expected or encouraged to apply this standard. For example, in our experience, complex rules-based address standardization may be best done well after address is established in patient registration and likely not in EHR/billing/revenue cycle software. Such standardization may be best accomplished when an Enterprise Master Patient Index is used, often via a specialized data conversion application connected to the EMPI via an API. |
Pg number(s)	9	9	9	9
Section(s)	STANDARDIZED PATIENT ADDRESSES	STANDARDIZED PATIENT ADDRESSES	STANDARDIZED PATIENT ADDRESSES	Verification and Validation
Current content				At the time of this publication, USPS address verification and validation services could not be used by healthcare providers, payers, public health agencies, and others without relying on a 3rd party application to do so. We encourage these application developers to conform to the Project US@ specification to support patient matching efforts led by their clients. Guidance is provided throughout this document on address verification where appropriate, and similar to other areas across this specification, is subject to change.
Suggested content/change				
Other Improvements*				
Disposition	Reject	Reject	Reject	Reject
Disposition comments	Out of scope. No ONC certification or other regulatory requirement exists at this time.	Out of scope. No ONC certification or other regulatory requirement exists at this time.	Out of scope. Project US@ does not prescribe how data should be stored and used or obligate systems to change any existing data.	Project US@ guidance is not limited to address conversion or transformation. We believe better quality data at capture will have positive downstream effects, including lower reliance on conversion applications to achieve the same goal.
Disposition Date	8/31/21	8/31/21	8/31/21	8/31/21

Comment number	58	59	60	61
Commenter name	Freida Hall	Joan Kegerize	Freida Hall	Joan Kegerize
Commenter Organization	Quest Diagnostics	American Clinical Laboratory Association	Quest Diagnostics	American Clinical Laboratory Association
Comment(s)	If an order for lab test is received inbound to the lab from an EHR vendor which does not meet this patient address standard, the lab cannot alter the data in the result outbound to the provider. This also calls into question who is the owner/source of truth for the data and who will govern compliance. It is not the lab's responsibility to correct erroneous data received from the provider.	Laboratories are already regulated by the Clinical Laboratory Improvements Amendments of 1988 (CLIA) [https://ecfr.federalregister.gov/current/title-42/chapter-IV/subchapter-G/part-493/subpart-K/subject-group-ECFR9482366886d579f/section-493.1291]. CLIA regulation (c)(1) requires that laboratories use patient name and/or patient identification for identification, therefore laboratories should not be required to alter their well-established CLIA conformance processes. (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. Additionally, § 493.1241 Standard: Test request. [https://ecfr.federalregister.gov/current/title-42/chapter-IV/subchapter-G/part-493/subpart-K/subject-group-ECFR5f8f0b6639946fd/section-493.1241] does not require the ordering provider to include patient address in the laboratory test request. The source of truth for the patient address is the ordering provider so Laboratories should not change the address but should report what is provided by the ordering provider if it is provided.	Laboratories are already regulated by the Clinical Laboratory Improvements Amendments of 1988 (CLIA) [https://ecfr.federalregister.gov/current/title-42/chapter-IV/subchapter-G/part-493/subpart-K/subject-group-ECFR9482366886d579f/section-493.1291]. CLIA regulation (c)(1) requires laboratories to use patient name and/or patient identification for identification, therefore laboratories should not be required to alter their well-established CLIA conformance processes. (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. Additionally, CLIA regulates test request (orders) requirements for patients. § 493.1241 Standard: Test request. [https://ecfr.federalregister.gov/current/title-42/chapter-IV/subchapter-G/part-493/subpart-K/subject-group-ECFR5f8f0b6639946fd/section-493.1241]. CLIA does not require the ordering provider to include patient address in the test request.	Please add text clarifying that any federally required standard/specification format requirements supersede this suggestion. For example the HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm) [http://www.hl7.org/implement/standards/product_brief.cfm?product_id=98] is federally required. [https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base] Requiring systems that have expended tremendous effort and funds to implement federally required interfaces to now rip and replace with new process that will require additional development, testing and roll out is not fiscally responsible and/or feasible. Laboratories may never see the patient; they may only process the patient specimen received in conjunction with the order/test from the ordering/referring provider. Without patient contact, laboratories are dependent upon receiving correctly formatted information from the provider. The source of truth for the patient address is the provider so laboratories should not change the address but should report what is provided by the provider if it is provided. Changing or altering address data from the provider might result in a delay in posting laboratory results in the EHR since the data does not match what the provider sent the laboratory in the order/test.
Pg number(s)	9	9	9	9
Section(s)	Content and Exchange	Content and Exchange	Content and Exchange	All
Current content				
Suggested content/change				
Other Improvements*				
Disposition	Reject	Reject	Reject	Reject
Disposition comments	Out of scope.	Out of scope. No ONC certification or other regulatory requirement exists at this time.	Out of scope. No ONC certification or other regulatory requirement exists at this time.	Out of scope. No ONC certification or other regulatory requirement exists at this time.
Disposition Date	8/31/21	8/31/21	8/31/21	8/31/21

Comment number	62	63	64	65
Commenter name	Freida Hall	Joan Kegerize	Joan Kegerize	Freida Hall
Commenter Organization	Quest Diagnostics	American Clinical Laboratory Association	American Clinical Laboratory Association	Quest Diagnostics
Comment(s)	Please add text clarifying that any federally required standard/specification format requirements supersede this suggestion. For example the HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm) [http://www.hl7.org/implement/standards/product_brief.cfm?product_id=98] is federally required. [https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base] Requiring systems that have expended tremendous effort and funds to implement federally required interfaces to now rip and replace with new process that will require additional development, testing and roll out is not fiscally responsible and/or feasible. Laboratories typically do not see the patient, only the specimen and therefore are dependent on the data provided by the provider requesting the test.	The laboratory is not the owner of matching patient address. Any patient matching needs be done at the EHR level. If an order for lab test is received inbound to the lab from an EHR vendor which does not meet this patient address standard, the lab cannot alter the data in the result outbound to the provider. The laboratory best practice is not to change or alter data. Changing or altering data can result in a delay in posting results in the EHR. This also calls into question who is the owner/source of truth for the data and who will govern compliance. It is not the lab's responsibility to correct erroneous data received from the provider.	Please add text clarifying that any federally required specification format supersedes this suggestion, such as the HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm), February 2010 (Meaningful Use Stage 1) and HL7 VERSION 2.5.1 IMPLEMENTATION GUIDE: S&I FRAMEWORK LAB RESULTS INTERFACE, RELEASE 1 – US REALM, DSTU, July 2012 (Meaningful Use Stage 2) For example the HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm) [http://www.hl7.org/implement/standards/product_brief.cfm?product_id=98] is federally required. [https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base] Requiring systems that have expended tremendous effort and funds to implement federally required interfaces to now rip and replace with new process that will require additional development, testing and roll out is not fiscally responsible and/or feasible. Laboratories typically do not see the patient, only the specimen and therefore are dependent on the data provided by the provider requesting the test.	Please add text clarifying that any federally required specification format supersedes this suggestion, such as the HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm), February 2010 (Meaningful Use Stage 1) and HL7 VERSION 2.5.1 IMPLEMENTATION GUIDE: S&I FRAMEWORK LAB RESULTS INTERFACE, RELEASE 1 – US REALM, DSTU, July 2012 (Meaningful Use Stage 2) For example the HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm) [http://www.hl7.org/implement/standards/product_brief.cfm?product_id=98] is federally required. [https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base] Requiring systems that have expended tremendous effort and funds to implement federally required interfaces to now rip and replace with new process that will require additional development, testing and roll out is not fiscally responsible and/or feasible. Laboratories typically do not see the patient, only the specimen and therefore are dependent on the data provided by the provider requesting the test.
Pg number(s)	9	9	10	10
Section(s)	Content and Exchange	Content and Exchange	Address Field Parsing	All
Current content				
Suggested content/change				
Other Improvements*				
Disposition	Reject	Reject	Reject	Reject
Disposition comments	Out of scope. No ONC certification or other regulatory requirement exists at this time.	Out of scope.	Out of scope. No ONC certification or other regulatory requirement exists at this time.	Out of scope. No ONC certification or other regulatory requirement exists at this time.
Disposition Date	8/31/21	8/31/21	8/31/21	8/31/21

Comment number	66	67	68	69
Commenter name	Riki Merrick	Joan Kegerize	Freida Hall	Joan Kegerize
Commenter Organization	Association of Publich Health Laboratories	American Clinical Laboratory Association	Quest Diagnostics	American Clinical Laboratory Association
Comment(s)	allow # - which is a delimiter in HL7 V2 messages – so if there is guidance on how to represent these address elements in HL7 the specification should highlight that delimiters must be properly escaped = \E\.	The patient's business address is typically not received by the laboratory with a "patient record" and therefore can't be used to match patients. Please clarify, this entire section is optional.	The patient's business address is typically not received by the laboratory with a "patient record" and therefore can't be used to match patients. Please clarify, this entire section is optional.	The context of usage of these words must be considered, e.g. some addresses contain the words you are suggesting to remove. Please change SHOULD to MAY as this should be negotiated with trading partners. As example: ATTENTION HOMES, Pine Street, Boulder, CO
Pg number(s)	12	29	29	30
Section(s)	Punctuation	STANDARDIZED PATIENT BUSINESS ADDRESSES	STANDARDIZED PATIENT BUSINESS ADDRESSES	Remove Certain Words
Current content		This section applies to patient records that contain business address information.	This section applies to patient records that contain business address information.	Developers SHOULD replace or remove certain words as listed below. ... Remove ATTENTION, ATTN:.
Suggested content/change		This section is optional and applies to patient records that contain business address information. The patient's business address is typically not received by the laboratory with a "patient record" (i.e. an order for laboratory test) and therefore can't be used to match patients.	This section is optional and applies to patient records that contain business address information. The patient's business address is typically not received by the laboratory with a "patient record" (i.e. an order for laboratory test) and therefore can't be used to match patients.	Developers MAY replace or remove certain words as listed below subject to trading partner agreement....Remove ATTN:.
Other Improvements*				
Disposition	Reject	Reject	Reject	Reject
Disposition comments	Standards-specific guidance is out of scope.	Some patients use business addresses for one or more of their addresses for a number of reasons. For example, patients may be housed in a homeless shelter or domestic violence shelter, they may reside in a correctional facility, dormitory, long term care facility, or work camp, or they may live in a remote area where it is common practice to receive mail at a nearby business. Regardless of the reason, our goal is to standardize all patient addresses as much as possible and whenever feasible.	Some patients use business addresses for one or more of their addresses for a number of reasons. For example, patients may be housed in a homeless shelter or domestic violence shelter, they may reside in a correctional facility, dormitory, long term care facility, or work camp, or they may live in a remote area where it is common practice to receive mail at a nearby business. Regardless of the reason, our goal is to standardize all patient addresses as much as possible and whenever feasible.	
Disposition Date	8/31/21	8/31/21	8/31/21	8/31/21

Comment number	70	71	72
Commenter name	Freida Hall	Joan Kegerize	Freida Hall
Commenter Organization	Quest Diagnostics	American Clinical Laboratory Association	Quest Diagnostics
Comment(s)	The context of usage of these words must be considered, e.g. some addresses contain the words you are suggesting to remove. Please change SHOULD to MAY as this should be negotiated with trading partners. As example: ATTENTION HOMES, Pine Street, Boulder, CO	Please add text clarifying that any federally required standard/specification format requirements supersede the metadata schema requirements.

For example the HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm) [http://www.hl7.org/implement/standards/product_brief.cfm?product_id=98] is federally required. [https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base]

Requiring systems that have expended tremendous effort and funds to implement federally required interfaces to now rip and replace with new process that will require additional development, testing and roll out is not fiscally responsible and/or feasible.
                                            Laboratories typically do not see the patient, only the specimen and therefore are dependent on the data provided by the provider requesting the test. | Please add text clarifying that any federally required standard/specification format requirements supersede the metadata schema requirements.

For example the HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm) [http://www.hl7.org/implement/standards/product_brief.cfm?product_id=98] is federally required. [https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base]

Requiring systems that have expended tremendous effort and funds to implement federally required interfaces to now rip and replace with new process that will require additional development, testing and roll out is not fiscally responsible and/or feasible.

Laboratories typically do not see the patient, only the specimen and therefore are dependent on the data provided by the provider requesting the test. |
| Pg number(s) | 30 | 31 | 31 |
| Section(s) | Remove Certain Words | PATIENT ADDRESS METADATA SCHEMA | PATIENT ADDRESS METADATA SCHEMA |
| Current content | Developers SHOULD replace or remove certain words as listed below.
...
Remove ATTENTION, ATTN:. | | |
Suggested content/change	Developers MAY replace or remove certain words as listed below subject to trading partner agreement....Remove ATTN:.		
Other Improvements*			
Disposition	Reject	Reject	Reject
Disposition comments		Out of scope. No ONC certification or other regulatory requirement exists at this time.	Out of scope. No ONC certification or other regulatory requirement exists at this time.
Disposition Date	8/31/21	8/31/21	8/31/21

Comment number	73	74	75
Commenter name	Nick Radov	Joan Kegerize	Freida Hall
Commenter Organization	UnitedHealth Group	American Clinical Laboratory Association	Quest Diagnostics
Comment(s)	This table appears to be a direct copy of USPS Publication 28 Appendix C1. Could we just reference that instead of repeating it?	Please add text clarifying that any federally required standard/specification format requirements supersede "required standard suffix abbreviations" For example the HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm) [http://www.hl7.org/implement/standards/product_brief.cfm?product_id=98] is federally required. [https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base] Requiring systems that have expended tremendous effort and funds to implement federally required interfaces to now rip and replace with new process that will require additional development, testing and roll out is not fiscally responsible and/or feasible. Laboratories typically do not see the patient, only the specimen and therefore are dependent on the data provided by the provider requesting the test.	Please add text clarifying that any federally required standard/specification format requirements supersede "required standard suffix abbreviations" For example the HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm) [http://www.hl7.org/implement/standards/product_brief.cfm?product_id=98] is federally required. [https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base] Requiring systems that have expended tremendous effort and funds to implement federally required interfaces to now rip and replace with new process that will require additional development, testing and roll out is not fiscally responsible and/or feasible. Laboratories typically do not see the patient, only the specimen and therefore are dependent on the data provided by the provider requesting the test.
Pg number(s)	39	39	39
Section(s)	APPENDIX B. STREET SUFFIX ABBREVIATIONS	APPENDIX B. STREET SUFFIX ABBREVIATIONS	APPENDIX B. STREET SUFFIX ABBREVIATIONS
Current content			
Suggested content/change			
Other Improvements*			
Disposition	Reject	Reject	Reject
Disposition comments	There are many reasons why we do not simply reference Publication 28 throughout, including: (1) we want to avoid creating multiple dependencies on disparate resources, potentially introducing misalignment later; (2) we have strived to develop the technical specification and the companion guide as a comprehensive package, reducing the need to reference multiple resurces or places within a resource to answer one question; and (3) our goal was to align with USPS Publication 28 as much as possible for Version 1.1 to help facilitate adoption.	Out of scope. No ONC certification or other regulatory requirement exists at this time.	Out of scope. No ONC certification or other regulatory requirement exists at this time.
Disposition Date	8/31/21	8/31/21	8/31/21

Comment number	76	77	78	79
Commenter name	xx	Molly Murray	xx	xx
Commenter Organization	xx	Pew Charitable Trusts	xx	xx
Comment(s)	Why does ONC continually want to reinvent the wheel? Creating multiple "standards" only introduces confusion, never clarity.		As a patient in the U.S. healthcare system, I should be allowed the option to opt-in to obtain a Unique Patient Identifier for myself and my family that must be utilized with every provider and facility rendering care throughout my lifetime vs. imperfect back-end patient matching logic using potentially incomplete data sets. Address data standardization will not fully solve the root problems that exist with patient matching in the U.S.	If the goal is to create a unified standard for patient address, why wouldn't project US@ use the outcome of this project, specific to address standardization requirements for the healthcare industry, as input to inform future revisions of USPS publication 28? i.e. couldn't the project US@ draft technical specification be harmonized with the USPS standard so that there is ONE standard supporting all US postal address needs/requirements? Many healthcare industry systems and solutions utilize USPS Address Information System (AIS) products and formats and other like 3rd party solutions to originate, validate, an maintain address information.

Multiple distinct standards will create maintenance burden and disparity within the healthcare industry. |
Pg number(s)				
Section(s)	All	All	All	All
Current content				
Suggested content/change				
Other Improvements*		In order to be most effective at improving match rates, Pew recommends that the US@ address standard be a required standard within the United States Core Data for Interoperability (USCDI) data set. By mandating this address standard, vendors will be required to update their systems to ensure compliance. Additionally, Pew suggests that ONC, in conjunction with other stakeholders, including the SDOs involved in Project US@, develop an application programming interface (API) to update current addresses in EHR systems to the US@ standard. Such an API, similar to the one already available through USPS to support address standardization for mail, would reduce the burden of implementing the new standard for vendors and for health care organizations.		
Disposition	Reject	Reject	Reject	Reject
Disposition comments	The goal of Project US@ is to create the first technical specification for patient address desined to improve patient matching.	Out of scope. I encourage everyone to submit comments on the Patient Demographics Data Class in the upcoming Draft Version 3 of the USCDI via the ONDEC sysrem, found here: https://www.healthit.gov/isa/ONDEC.	Out of scope.	Out of scope. Publication 28 provides standardized format guidance to improve mailability. Project US@ provides guidance to improve patient matching. Clarifying text was added to the In Scope section of the technical specification.
Disposition Date	8/31/21	8/31/21	8/31/21	8/31/21

Comment number	80	81	82	83	84
Commenter name	xx	xx	Keith Salzman	Hans Buitendijk	xx
Commenter Organization	xx	xx	Dept of Veterans Affairs	Cerner	xx
Comment(s)	If the goal of project US@ is to improve patient matching, why wasn't the standardization of patient name included in addition to patient address?	If this gets approved or adopted, how does it work in practice. Let's suppose a patient shows up to a health care facility and provides an address and it is entered into the registration system. Does the system itself constrain the way the address is "entered" into the system? Or are there standardization procedures which operate in the background to attempt to standardize the address for future uses? Or is there just a standard which can be used to try to "enforce" formatting of the address in a certain way for data exchange? Or something else?	Look at whether other identity matching capabilities like Lexus-Nexis (https://risk.lexisnexis.com/our-technology) would enhance this initial effort.	The document is not clear whether the USPS will adopt this and enhance their current services to reflect this document's guidance.	The proposed address standards should not be forced on the industry as a second address standard. If ONC thinks this is important, they should get the USPS to change the address standard that everyone already has to support.
Pg number(s)					
Section(s)	All	All	All	All	All
Current content					
Suggested content/change					
Other Improvements*					
Disposition	Reject	Reject	Reject	Reject	Reject
Disposition comments	Patient names are out of scope for the Technical Specification. Please see the AHIMA Companion Guide for reference to recently developed naming convention guidance.	Out of scope.	Out of scope.	Out of scope.	Out of scope.
Disposition Date	8/31/21	8/31/21	8/31/21	8/31/21	8/31/21

Comment number	85	86	87	88
Commenter name	James Noland, Shelby Denhof	Jay Lyle	Joan Kegerize	Freida Hall
Commenter Organization	Michigan Health Information Network Shared Services (MiHIN), Velatura Services, LLC	Dept of Veterans Affairs	American Clinical Laboratory Association	Quest Diagnostics
Comment(s)	In order to reduce the likelihood that data entry is the cause of potential mismatches, sticking to a consistent strategy of always abbreviating directional that are not part of the street name to their letter equivalents should be adopted	The rules seem strict (e.g., "predirectional MUST be abbreviated to the appropriate one– or two–character abbreviation"). What is the use case for this level of specification? The constrained form may be useful for matching and indexing, but the burden of transform should be automatable, and if it is automatable, then the human-facing rules can be less rigid.	This info appears to be outside of the scope of this specification since it is dictating product functionality, e.g. "coding rules".\n\nPlease remove or further clarify this entire Appendix.\n\nThis would also be a problem with "international" (Canadian or Mexican) addresses.	This info appears to be outside of the scope of this specification since it is dictating product functionality, e.g. "coding rules".\n\nPlease remove or further clarify this entire Appendix.\n\nThis would also be a problem with "international" (Canadian or Mexican) addresses.
Pg number(s)	14		61	61
Section(s)	Address Elements Abbreviations	Predirectional	Determining Address Ranges	Determining Address Ranges
Current content	If two directional words appear consecutively as one or two words, before the street name or following the street name or suffix, then the two words SHOULD become either the pre– or the post-directionals.		APPENDIX G. ALPHANUMERIC/FRACTIONAL ADDRESSES\n...\nThe following coding rules are being provided to eliminate the inconsistency in the way some alphanumeric ranges are coded. The rules that follow apply to both the primary and secondary ranges in street records, rural route box numbers, and highway contract box numbers.	APPENDIX G. ALPHANUMERIC/FRACTIONAL ADDRESSES\n...\nThe following coding rules are being provided to eliminate the inconsistency in the way some alphanumeric ranges are coded. The rules that follow apply to both the primary and secondary ranges in street records, rural route box numbers, and highway contract box numbers.
Suggested content/change	If two directional words appear consecutively as one or two words, before the street name or following the street name or suffix, then the two words SHOULD become either the pre– or the post-directionals. Example North E Main Street becomes NE Main Street			
Other Improvements*				
Disposition	Accept	Accept	Accept	Accept
Disposition comments	Corrected mistake in example.	The Technical Work Group agreed to reduce MUST to SHOULD.	Removed from Technical Specification due to reliance on USPS resources.	Removed from Technical Specification due to reliance on USPS resources.
Disposition Date	9/8/21	9/8/21	9/8/21	9/8/21

Comment number	89	90	91	92
Commenter name	Nick Radov	Riki Merrick	Stephanie Fraser	Joan Kegerize
Commenter Organization	UnitedHealth Group	Association of Publich Health Laboratories	NextGate	American Clinical Laboratory Association
Comment(s)	Many of these examples spell out the complete street suffix name like "HIGHWAY" instead of using the abbrevations from the preceding appendix like "HWY". Was that intentional or an error? If it was intentional then can we add an explanation on when to use the complete suffix versus the abbrevation?	I cannot ascertain how this translation was derived from the preceding text (page 22) – it would be helpful to explain how B113 turns into 13:	This rule could introduce some confusion, especially if used by registration staff or other users. For example, in the example, where "East End" becomes "E End," important context and meaning could be lost. In such a case, it is not East "End Avenue" but rather "East End" (a neighborhood in a city) Avenue. The "North Bay" example provided could have a similar issue.	Please revise this statement to: Trading partners SHOULD use the abbreviations below when capturing or transforming patient address
Pg number(s)	54	22	13	56
Section(s)	APPENDIX C. ADDRESS STANDARDIZATION - COUNTY, STATE, LOCAL HIGHWAYS	Numbered Streets	Street Address Line: Predirectional	APPENDIX D. TWO–LETTER STATE AND POSSESSION ABBREVIATIONS
Current content	COUNTY HIGHWAY 140		Directional is a term used to refer to the part of the address that gives directional information for a patient address (i.e., N, S, E, W, NE, NW, SE, SW). If a directional word is found as the first word in the street name and there is no other directional to the left of it, then the predirectional MUST be abbreviated to the appropriate one– or two–character abbreviation.	Use the abbreviations below when capturing or transforming patient addresses.
Suggested content/change				Trading partners SHOULD use the abbreviations below when capturing or transforming patient address.
Other Improvements*			We suggest consideration of spelling out predirectional address information if the predirectional and the following word are a compound term describing a geographic feature as opposed to when the predirectional modifies a Street, Avenue, etc.	
Disposition	Accept with modication	Accept with modifications	Reject	Reject
Disposition comments	Edited text as proposed. If the words state, highway, or county appear in a patient's street name, then these words should not be abbreviated.	Corrected mistake in example.	We siscourage the use of geographic features if the patient's record contains elements of a street address.	MUST stated earlier in Technical Specification.
Disposition Date	9/8/21	9/8/21	9/8/21	9/8/21

Comment number	93	94	95
Commenter name	Freida Hall	Joan Kegerize	Freida Hall
Commenter Organization	Quest Diagnostics	American Clinical Laboratory Association	Quest Diagnostics
Comment(s)	Please revise this statement to: Trading partners SHOULD use the abbreviations below when capturing or transforming patient address	Please change 'SHOULD' to 'MAY' to clarify this is optional and subject to trading partner (sending system/receiving system) agreement. Inserting uppercase 'UNKNOWN' may violate some of the format standards required to be implemented for CMS Meaningful Use, Promoting Interoperability, and ONC EHR Certification. Implementing this suggestion could take thousand of hours to develop software, roll out to systems/clients, test interfaces, etc. Further if this change were to be implemented, trading partners (sending system/receiving system) must implement in synchrony.

Refer to the "HL7 Address Format" tab worksheet to see current extensive HL7 format requirements. | Please change 'SHOULD' to 'MAY' to clarify this is optional and subject to trading partner (sending system/receiving system) agreement. Inserting uppercase 'UNKNOWN' may violate some of the format standards required to be implemented for CMS Meaningful Use, Promoting Interoperability, and ONC EHR Certification. Implementing this suggestion could take thousand of hours to develop software, roll out to systems/clients, test interfaces, etc. Further if this change were to be implemented, trading partners (sending system/receiving system) must implement in synchrony.

Refer to the "HL7 Address Format" tab worksheet to see current extensive HL7 format requirements. |
Pg number(s)	56	10	10
Section(s)	APPENDIX D. TWO–LETTER STATE AND POSSESSION ABBREVIATIONS	Unknown Address	Unknown Address
Current content	Use the abbreviations below when capturing or transforming patient addresses.	If elements of a patient's address are unknown, then UNKNOWN (spelled out, all capital letters) SHOULD be entered for that element in the patient record.	If elements of a patient's address are unknown, then UNKNOWN (spelled out, all capital letters) SHOULD be entered for that element in the patient record.
Suggested content/change	Trading partners SHOULD use the abbreviations below when capturing or transforming patient address.	If elements of a patient's address are unknown, then UNKNOWN (spelled out, all capital letters) MAY be entered for that element in the patient record.	If elements of a patient's address are unknown, then UNKNOWN (spelled out, all capital letters) MAY be entered for that element in the patient record.
Other Improvements*			
Disposition	Reject	Accept with modification	Accept with modification
Disposition comments	MUST stated earlier in Technical Specification.	If components of a patient's address are unknown, then those fields SHOULD be left blank. If those fields are not left blank, then UNKNOWN (spelled out, all capital letters) MUST be entered for that element in the patient record. Patient matching algorithms SHOULD NOT match on the value UNKNOWN, developers SHOULD flag UNKNOWN in their patient matching solution to avoid misclassification. See the Patient Address Metadata Schema. Developers MAY indicate UNKNOWN for any component of a patient address in accordance with the standard(s) in use (e.g., if a standard only allows numeric text in the ZIP code field, then that field may be left blank).	If components of a patient's address are unknown, then those fields SHOULD be left blank. If those fields are not left blank, then UNKNOWN (spelled out, all capital letters) MUST be entered for that element in the patient record. Patient matching algorithms SHOULD NOT match on the value UNKNOWN, developers SHOULD flag UNKNOWN in their patient matching solution to avoid misclassification. See the Patient Address Metadata Schema. Developers MAY indicate UNKNOWN for any component of a patient address in accordance with the standard(s) in use (e.g., if a standard only allows numeric text in the ZIP code field, then that field may be left blank).
Disposition Date	9/8/21	9/28/21	9/28/21

Comment number	96	97	98	99
Commenter name	Joan Kegerize	Freida Hall	Nick Radov	Freida Hall
Commenter Organization	American Clinical Laboratory Association	Quest Diagnostics	UnitedHealth Group	Quest Diagnostics
Comment(s)	The context of usage of these words must be considered, e.g. some addresses contain 'Unknown' you are suggesting to change case. Please change SHOULD to MAY as this should be negotiated with trading partners. As example: Unknown Street, Gadsden, AL	The context of usage of these words must be considered, e.g. some addresses contain 'Unknown' you are suggesting to change case. Please change SHOULD to MAY as this should be negotiated with trading partners. As example: Unknown Street, Gadsden, AL	The use of a specific sentinel value for unknown addresses is problematic. In our experience end users don't get properly trained on data entry or don't consistently follow that training; they may enter other values like "unknown" (lower case), "UNK" (abbreviation), "Not known", etc. Also, the word "UNKNOWN" is commonly used by software developers in test data so this will lead to conflicts and the need to revise existing test scripts.	A common practice is to leave the field (or attribute) blank if unknown.
Pg number(s)	10	10	10	10
Section(s)	Unknown Address	Unknown Address	Unknown Address	Unknown Address
Current content			If elements of a patient's address are unknown, then UNKNOWN (spelled out, all capital letters) SHOULD be entered for that element in the patient record. Developers SHOULD flag UNKNOWN in their patient matching solution to avoid misclassification.	
Suggested content/change			Add a separate data element to the model to specifically indicate that an address is unknown.	
Other Improvements*				
Disposition	Accept with modification	Accept with modification	Accept with modification	Accept with modification
Disposition comments	If components of a patient's address are unknown, then those fields SHOULD be left blank. If those fields are not left blank, then UNKNOWN (spelled out, all capital letters) MUST be entered for that element in the patient record. Patient matching algorithms SHOULD NOT match on the value UNKNOWN, developers SHOULD flag UNKNOWN in their patient matching solution to avoid misclassification. See the Patient Address Metadata Schema. Developers MAY indicate UNKNOWN for any component of a patient address in accordance with the standard(s) in use (e.g., if a standard only allows numeric text in the ZIP code field, then that field may be left blank).	If components of a patient's address are unknown, then those fields SHOULD be left blank. If those fields are not left blank, then UNKNOWN (spelled out, all capital letters) MUST be entered for that element in the patient record. Patient matching algorithms SHOULD NOT match on the value UNKNOWN, developers SHOULD flag UNKNOWN in their patient matching solution to avoid misclassification. See the Patient Address Metadata Schema. Developers MAY indicate UNKNOWN for any component of a patient address in accordance with the standard(s) in use (e.g., if a standard only allows numeric text in the ZIP code field, then that field may be left blank).	If components of a patient's address are unknown, then those fields SHOULD be left blank. If those fields are not left blank, then UNKNOWN (spelled out, all capital letters) MUST be entered for that element in the patient record. Patient matching algorithms SHOULD NOT match on the value UNKNOWN, developers SHOULD flag UNKNOWN in their patient matching solution to avoid misclassification. See the Patient Address Metadata Schema. Developers MAY indicate UNKNOWN for any component of a patient address in accordance with the standard(s) in use (e.g., if a standard only allows numeric text in the ZIP code field, then that field may be left blank).	If components of a patient's address are unknown, then those fields SHOULD be left blank. If those fields are not left blank, then UNKNOWN (spelled out, all capital letters) MUST be entered for that element in the patient record. Patient matching algorithms SHOULD NOT match on the value UNKNOWN, developers SHOULD flag UNKNOWN in their patient matching solution to avoid misclassification. See the Patient Address Metadata Schema. Developers MAY indicate UNKNOWN for any component of a patient address in accordance with the standard(s) in use (e.g., if a standard only allows numeric text in the ZIP code field, then that field may be left blank).
Disposition Date	9/28/21	9/28/21	9/28/21	9/28/21

Comment number	100	101	102	103
Commenter name	Nick Radov	Connie Schmidt	Riki Merrick	Joan Kegerize
Commenter Organization	UnitedHealth Group	Cerner	Association of Publich Health Laboratories	American Clinical Laboratory Association
Comment(s)	"Cardinality" isn't quite the right column heading here. If we just want to state whether the data element is mandatory or optional then the heading should probably be "Optionality". Or if we really want Cardinality then the column values should indicate minimum to maximum occurrences like: 0..1, 1..1, 1..*, etc.	In Metadata requirements, including Time in the Begin and End Date/Time fields seems unnecessary and could lead to overly complex logic w/o added benefit. Best to use Date alone and, if needed, designate that the (for example) address is inclusive of the specified Begin Date.	In the same table I am not sure what the unknown element indicates when other elements are	Following this recommendation could cause unexpected problems, e.g. if you entered UNKNOWN text in numeric zip code field the message likely will be rejected.
Pg number(s)	31	31	31	10
Section(s)	PATIENT ADDRESS METADATA SCHEMA	Patient Address Metadata Schema	PATIENT ADDRESS METADATA SCHEMA	Unknown Address
Current content	Cardinality			
Suggested content/change	Optionality			
Other Improvements*				
Disposition	Accept	Accept with modification	Accept with modification	Accept with modification
Disposition comments	Edited column heading.	The Technical Work Group agreed to remove Source, Time, Begin Date, and End Date from the metadata model as this data is typically captured through provenance.	If components of a patient's address are unknown, then those fields SHOULD be left blank. If those fields are not left blank, then UNKNOWN (spelled out, all capital letters) MUST be entered for that element in the patient record. Patient matching algorithms SHOULD NOT match on the value UNKNOWN, developers SHOULD flag UNKNOWN in their patient matching solution to avoid misclassification. See the Patient Address Metadata Schema. Developers MAY indicate UNKNOWN for any component of a patient address in accordance with the standard(s) in use (e.g., if a standard only allows numeric text in the ZIP code field, then that field may be left blank). Edited metadata model to clarify: Precedence should be given to any data available for the patient, where the existence of an uknown flag for a specific data element would not preclude that patient's address information from matching.	If components of a patient's address are unknown, then those fields SHOULD be left blank. If those fields are not left blank, then UNKNOWN (spelled out, all capital letters) MUST be entered for that element in the patient record. Patient matching algorithms SHOULD NOT match on the value UNKNOWN, developers SHOULD flag UNKNOWN in their patient matching solution to avoid misclassification. See the Patient Address Metadata Schema. Developers MAY indicate UNKNOWN for any component of a patient address in accordance with the standard(s) in use (e.g., if a standard only allows numeric text in the ZIP code field, then that field may be left blank).
Disposition Date	9/28/21	9/28/21	9/28/21	9/28/21

Comment number	104	105	106	107
Commenter name	Freida Hall	Joan Kegerize	Joan Kegerize	Freida Hall
Commenter Organization	Quest Diagnostics	American Clinical Laboratory Association	American Clinical Laboratory Association	Quest Diagnostics
Comment(s)	Following this recommendation could cause unexpected problems, e.g. if you entered UNKNOWN text in numeric zip code field the message likely will be rejected.	A common practice is to leave the field (or attribute) blank if unknown.	2.0 and 3.0 should be optional for laboratories which may not see the patient	2.0 and 3.0 should be optional for laboratories which may not see the patient
Pg number(s)	10	10	31	31
Section(s)	Unknown Address	Unknown Address	PATIENT ADDRESS METADATA SCHEMA…2.0 Begin Date/Time3.0 Current or Historical	PATIENT ADDRESS METADATA SCHEMA…2.0 Begin Date/Time3.0 Current or Historical
Current content				
Suggested content/change				
Other Improvements*				
Disposition	Accept with modification	Accept with modification	Reject	Reject
Disposition comments	If components of a patient's address are unknown, then those fields SHOULD be left blank. If those fields are not left blank, then UNKNOWN (spelled out, all capital letters) MUST be entered for that element in the patient record. Patient matching algorithms SHOULD NOT match on the value UNKNOWN, developers SHOULD flag UNKNOWN in their patient matching solution to avoid misclassification. See the Patient Address Metadata Schema. Developers MAY indicate UNKNOWN for any component of a patient address in accordance with the standard(s) in use (e.g., if a standard only allows numeric text in the ZIP code field, then that field may be left blank).	If components of a patient's address are unknown, then those fields SHOULD be left blank. If those fields are not left blank, then UNKNOWN (spelled out, all capital letters) MUST be entered for that element in the patient record. Patient matching algorithms SHOULD NOT match on the value UNKNOWN, developers SHOULD flag UNKNOWN in their patient matching solution to avoid misclassification. Developers MAY indicate UNKNOWN for any component of a patient address in accordance with the standard(s) in use (e.g., if a standard only allows numeric text in the ZIP code field, then that field may be left blank).	Clarified that any element indicated as mandatory should be interpreted as mandatory if known. Project US@ is intended to be adopted and implemented in accordance with relevant standards, law and regulation.	Clarified that any element indicated as mandatory should be interpreted as mandatory if known. Project US@ is intended to be adopted and implemented in accordance with relevant standards, law and regulation.
Disposition Date	9/28/21	9/28/21	9/28/21	9/28/21

Comment number	108	109	110	111
Commenter name	Riki Merrick	xx	Freida Hall	Joan Kegerize
Commenter Organization	Association of Publich Health Laboratories	xx	Quest Diagnostics	American Clinical Laboratory Association
Comment(s)	In HL7 the elements are split out more than in the described 2 lines – it would be helpful to have a mapping of the line one (and the additional business name for a patient's business address) and line two elements to the individual elements in the XAD datatype. In addition the request to explicitly label any part of the address that is unknown as "UNKNOWN" may cause some issues with translation into HL7 datatype elements that may be restricted to numeric values like zip code (maybe not in the base standard, but certainly in IGs) or have other restrictions like state (USPS abbreviations). The same should be done for CDA and FHIR address datatypes. Some of the metadata is also present in HL7 datatypes, but not all of them – so would need to see, if some of them should be added.	Health care consumers have more than one address at any given time (home, mailing, school/accedmic, DOD addresses, non-physical address such as P.O. Boxes, etc.) how does this proposal handle the multiples?	How would you know the patient address is a business to apply the suggested format for Street Address Line?	Please clarify how would you know the patient address is a business to apply the suggested format for Street Address Line.
Pg number(s)		7	10	10
Section(s)	Unknown Address	PATIENT ADDRESS METADATA SCHEMA	PATIENT ADDRESS METADATA SCHEMA	PATIENT ADDRESS METADATA SCHEMA
Current content			Only to be used for patient addresses containing businesses	Only to be used for patient addresses containing businesses
Suggested content/change				
Other Improvements*				
Disposition	Accept with modification	Accept	Accept	Accept
Disposition comments	If components of a patient's address are unknown, then those fields SHOULD be left blank. If those fields are not left blank, then UNKNOWN (spelled out, all capital letters) MUST be entered for that element in the patient record. Patient matching algorithms SHOULD NOT match on the value UNKNOWN, developers SHOULD flag UNKNOWN in their patient matching solution to avoid misclassification. See the Patient Address Metadata Schema. Developers MAY indicate UNKNOWN for any component of a patient address in accordance with the standard(s) in use (e.g., if a standard only allows numeric text in the ZIP code field, then that field may be left blank).	Reference metadata model to indicate type of address for each address provided by the patient. Guidance is also provided in the AHIMA Companion Guide on data collection of multiple addresses of various types.	Reference metadata model to indicate type of address for each address provided by the patient, including business addresses. Guidance is also provided in the AHIMA Companion Guide on data collection of business addresses for patients.	Reference metadata model to indicate type of address for each address provided by the patient, including business addresses. Guidance is also provided in the AHIMA Companion Guide on data collection of business addresses for patients.
Disposition Date	9/28/21	10/7/21	10/7/21	10/7/21

Comment number	112	113	114	115
Commenter name	Nick Radov	Joan Kegerize	Freida Hall	Lisa Watkins
Commenter Organization	UnitedHealth Group	American Clinical Laboratory Association	Quest Diagnostics	Anthem
Comment(s)	This specification shouldn't dictate a particular date / time format or representation. When data is sent for interoperability purposes it will typically use HL7 V2 or FHIR messages which already have a date / time format that we can't change. When a date / time value is displayed to a user that will depend on user preferences and OS localization settings.	While this is a general comment re: Begin Date/Time these comments should apply to all metadata requirements in this section. Please clarify the format for time, appears to be different than HL7 (Standards Development Organization) V2 format: Format: YYYY[MM[DD[HH[MM[SS[.S[S[S[S]]]]]]]]][+/-ZZZZ]^< HL7 V2 standards are federally required standards. Please use existing standards which have been vetted and in use for many years in health care, vs. creating new specifications/requirements. If Begin Date/Time is mandatory but not supplied by the provider's EHR system, the laboratory receiving system will likely default to the order data/time. Laboratories typically don't see the patient.	While this is a general comment re: Begin Date/Time these comments should apply to all metadata requirements in this section. Please clarify the format for time, appears to be different than HL7 (Standards Development Organization) V2 format: Format: YYYY[MM[DD[HH[MM[SS[.S[S[S[S]]]]]]]]][+/-ZZZZ]^< HL7 V2 standards are federally required standards. Please use existing standards which have been vetted and in use for many years in health care, vs. creating new specifications/requirements. If Begin Date/Time is mandatory but not supplied by the provider's EHR system, the laboratory receiving system will likely default to the order data/time. Laboratories typically don't see the patient.	We want to ensure equitable access to healthcare services and benefits, so would encourage as much of an effort as possible to ensure traditionally underserved populations (such as people who are unhoused, seasonal workers, transient, etc.) still have addresses on record to the extent possible for patient outreach.
Pg number(s)	31	31	31	31-32
Section(s)	PATIENT ADDRESS METADATA SCHEMA	PATIENT ADDRESS METADATA SCHEMA2.0 Begin Date/Time2.2 End Date/Time	PATIENT ADDRESS METADATA SCHEMA2.0 Begin Date/Time2.2 End Date/Time	PATIENT ADDRESS METADATA SCHEMA
Current content	00/00/00 00:00:00:00.0000			Fields such as "transitional housing", "temporary", and "housing stability" are marked "Optional."
Suggested content/change				Should these fields be discussed for "Mandatory" or "highly recommended" consideration?
Other Improvements*				
Disposition	Accept with modification	Accept with modification	Accept with modification	Defer
Disposition comments	The Technical Work Group agreed to remove Source, Time, Begin Date, and End Date from the metadata model as this data is typically captured through provenance.	The Technical Work Group agreed to remove Source, Time, Begin Date, and End Date from the metadata model as this data is typically captured through provenance.	The Technical Work Group agreed to remove Source, Time, Begin Date, and End Date from the metadata model as this data is typically captured through provenance.	Deferred additional Project US@ work on guidance related to transitional, temporary, and homeless patient addresses for future consideration.
Disposition Date	10/7/21	10/7/21	10/7/21	10/7/21

Comment number	116	117	118	119	120
Commenter name	Joan Kegerize	Freida Hall	Stephanie Fraser	Andrew McLaughlin	Joan Kegerize
Commenter Organization	American Clinical Laboratory Association	Quest Diagnostics	NextGate	Cerner	American Clinical Laboratory Association
Comment(s)	Some of the 4.1 - 4.5 values seem to map to some of the HL7 V2 Table 0190 Address Type values 4.1 Home = H - Home 4.2 Work = B - Firm/Business 4.3 Billing? 4.4 Transitional housing = C - Current or Temporary? Please provide mapping(s) from this specification to any existing HL7, X12, or NCPDP federally mandated standards.	Some of the 4.1 - 4.5 values seem to map to some of the HL7 V2 Table 0190 Address Type values 4.1 Home = H - Home 4.2 Work = B - Firm/Business 4.3 Billing? 4.4 Transitional housing = C - Current or Temporary? Please provide mapping(s) from this specification to any existing HL7, X12, or NCPDP federally mandated standards.	We suggest that more guidance on use of meta-data is needed, both in this document and in the Companion Guide. For example, how/where is it stored, does its use vary by standards (e.g., HL7 v2, HL7 FHIR, NCPDP, X12)?	We encourage ONC to assure that the address specifications proposed in the US@ specification align where applicable with the address conformance requirements for the transmission of patient address information found in the NCPDP 2017071 standards and the Surescripts best practices for electronic transmission of prescriptions. See NCPDP 2017071 SCRIPT Sections 8.1.1.1, 8.6.3 and 16.39 for relevant patient address sections.	Please clarify what 1.0 'Source' is, e.g. the doctor's EHR sending an order to the laboratory, etc.
Pg number(s)	31, 32	31, 32	31-32		31
Section(s)	PATIENT ADDRESS METADATA SCHEMA8.1 Homeless	PATIENT ADDRESS METADATA SCHEMA8.1 Homeless	PATIENT ADDRESS METADATA SCHEMA	All	PATIENT ADDRESS METADATA SCHEMA1.0 Source
Current content	This field should be optional for laboratories which may not see the patient. How would this be supported in HL7 V2?	This field should be optional for laboratories which may not see the patient. How would this be supported in HL7 V2?			
Suggested content/change					
Other Improvements*					
Disposition	Reject	Reject	Reject	Reject	Accept with modification
Disposition comments	Project US@ is intended to be adopted and implemented in accordance with relevant standards, law and regulation.	Project US@ is intended to be adopted and implemented in accordance with relevant standards, law and regulation.	Out of scope. Project US@ does not prescribe how data should be stored and used or obligate systems to change any existing data.		The Technical Work Group agreed to remove Source, Time, Begin Date, and End Date from the metadata model as this data is typically captured through provenance.
Disposition Date	10/7/21	10/7/21	10/7/21	10/7/21	10/7/21

Comment number	121	122	123	124	125
Commenter name	Freida Hall	Riki Merrick	Nick Radov	Nick Radov	Joan Kegerize
Commenter Organization	Quest Diagnostics	Association of Publich Health Laboratories	UnitedHealth Group	UnitedHealth Group	American Clinical Laboratory Association
Comment(s)	Please clarify what 1.0 'Source' is, e.g. the doctor's EHR sending an order to the laboratory, etc.	There are no definitions for any of these elements – most are self-explanatory by the name, but not so for #8 (at least for me) What is meant by having 3.0 be M, but both subcomponents are O – they should have a conditional – must have one or the other, or are they assuming if they have only 1 address it is current? Same question for Address type = 4	This table mixes together data elements (fields) with value sets. We should clearly distinguish between the two. For example "Address Type" is a field which can contain values such as "Home", "Work", "Billing", etc. But it doesn't make sense to list those values as fields themselves.	For Social Determinants of Health (SDOH) purposes there are already defined data models and codes for homelessness. I recommend consulting with the HL7 Gravity Project <https://confluence.hl7.org/display/GRAV/The+Gravity+Project> to ensure that this specification is aligned and to avoid conflicts or duplication of effort.	Since 4.0 (Address Type) is mandatory, please clarify 4.0 to 4.5. Does this refer to the Address Types specified in Publication 28, Section A2, e.g., rural route, P.O. box, etc.? If so provide hyperlink to Publication 28. Please clarify the relationship of 4.1, 4.2, 4.3, and 4.4 to 4.0. Please clarify if this is trying to represent multiple address types for a patient.
Pg number(s)	31	31 - 32	31	32	31
Section(s)	PATIENT ADDRESS METADATA SCHEMA1.0 Source	PATIENT ADDRESS METADATA SCHEMA	PATIENT ADDRESS METADATA SCHEMA	PATIENT ADDRESS METADATA SCHEMA	PATIENT ADDRESS METADATA SCHEMA4.0 - 4.5
Current content				Housing Stability	
Suggested content/change			Create a defined value set for each coded data element.		
Other Improvements*					
Disposition	Accept with modification	Accept	Accept with modification	Defer	Reject
Disposition comments	The Technical Work Group agreed to remove Source, Time, Begin Date, and End Date from the metadata model as this data is typically captured through provenance.	Added definitions.	Clarified.	Deferred Project US@ work on guidance related to homeless patients for future consideration.	Reference metdata to indicate type of address for each address provided by the patient. Guidance is provided in the Companion Guide on data collection of multiple addresses of various types.
Disposition Date	10/7/21	10/7/21	10/7/21	10/7/21	10/7/21

Comment number	126	127	128	129
Commenter name	Freida Hall	Sheryl Turney	Sheryl Turney	Riki Merrick
Commenter Organization	Quest Diagnostics	Anthem, Inc.	Anthem, Inc.	Association of Publich Health Laboratories
Comment(s)	Since 4.0 (Address Type) is mandatory, please clarify 4.0 to 4.5. Does this refer to the Address Types specified in Publication 28, Section A2, e.g., rural route, P.O. box, etc.? If so provide hyperlink to Publication 28. Please clarify the relationship of 4.1, 4.2, 4.3, and 4.4 to 4.0.	add the ability to add shelter address if they allow mail hold capability for non-residents	Add the ability to send general delivery to a post office if available	It would be helpful to indicate how these elements should be filled out – it seems some are yes/no answers, while others may have a free text entry (for example #8 housing stability (page 32).
Pg number(s)	31	32	32	31 - 32
Section(s)	PATIENT ADDRESS METADATA SCHEMA4.0 - 4.5	PATIENT ADDRESS METADATA SCHEMA	PATIENT ADDRESS METADATA SCHEMA	PATIENT ADDRESS METADATA SCHEMA
Current content		8.2 If a patient resides at a shelter or other facility, recommend capturing complete address of facility	8.2 If a patient is known to be unhoused but does not reside at a shelter; recommend collecting any available data (e.g., ZIP codes may valuable)	
Suggested content/change		Add ability to include shelter, church, or facility address if they allow mail hold capability for non-residents	Include General Delivery Post Office information	
Other Improvements*				
Disposition	Reject	Reject	Reject	Defer
Disposition comments	USPS Publication 28 provides standardized format guidance to improve mailability. Project US@ provides guidance to improve patient matching. Publication 28 is a non-normative publication, but we were informed by the subject matter expertise provided by the USPS throughout the life of the project and by the guidance outined in USPS Publication 28. Additional text was added to the In Scope section.	Some patients use business addresses for one or more of their addresses for a number of reasons. For example, patients may be housed in a homeless shelter or domestic violence shelter, they may reside in a correctional facility, dormitory, long term care facility, or work camp, or they may live in a remote area where it is common practice to receive mail at a nearby business. Regardless of the reason, our goal is to standardize all patient addresses as much as possible and whenever feasible.	General Delivery mail is typically delivered to a post office, where it is held until the patient picks the item up.	Deferred Project US@ work on guidance related to housing stability for future consideration.
Disposition Date	10/7/21	10/7/21	10/7/21	10/7/21