Version	Section	EHNs Comments	CRISP Response
Pre Release Comments	Appendix A. CRISP EHN 837 Flat File Data Submission Dictionary	Link is to a blank page. Please provide updated link.	Not yet published but will be once the draft specs are sent out on 12/19/25.
Pre Release Comments	Section 1.3 Applicable Transactions	I would recommend including in the instructions this clarification from the regulation designed to reduce duplication: "2) Only the EHN that receives the transaction from or returns the transaction to the originating submitter directly is required to submit the transaction information to the State-designated HIE."	CRISP agrees that it would be helpful, and added this language to the revised version sent to all EHNs on 12/19/25.
Pre Release Comments	Section 2.3.1 Definition for Non-Telehealth or Virtual Care	Reviewer agrees with Criteria 1	CRISP acknowledged and kept in revised version sent to all EHNs on 12/19/25.
Pre Release Comments	Section 2.3.1 Definition for Non-Telehealth or Virtual Care	Recommendation that CRISP clarity Criteria 2. For Example when Criteria 1 is not met (it is a different state) but Criteria is met "MD". Service was rendered outside of the state of Maryland. Claim could potentially be sent to an out of state health insurance company since the Patient could also be an out of state resident and rendering provider is out of state. In summary there is a scenario where the insurance plan, the rendering provider and the patient are all out of state. We believe this is an out of scope transaction.	CRISP added more clarity to this section in the revised version sent out to all EHNs on 12/19/25.
Pre Release Comments	Section 2.3.1 Definition for Non-Telehealth or Virtual Care	Recommendation that CRISP clarity Criteria 3. We believe there are scenarios where this is an out of scope transaction. In this case the services were rendered out of state and the patient may or may not have explicitly gone out of state to do so. The criteria doesn't follow the HIPAA minimum necessary rule(s) and potentially in conflict with other state HIPAA privacy laws.	CRISP added more clarity to this section in the revised version sent out to all EHNs on 12/19/25.
Pre Release Comments	Section 2.3.1 Definition for Non-Telehealth or Virtual Care	Availity has reservations regarding this specific request regarding patient privacy / HIPAA rules. Availity believes that data should only be sent to CRISP for services rendered within the state of Maryland. For example a FL based resident with out of state insurance coverage who is obtaining services from a state of MD telehealth provider as part of using a telehealth service could potentially be in scope based on the requirements. That state may also have state HIPAA privacy laws forbidding the sharing of this information.	CRISP discussed with MHCC and added more clarity to this section in the revised version sent out to all EHNs on 12/19/25.
Pre Release Comments	Section 2.3.2 2.3.2 Telehealth & Virtual Care	We are not sure this section is needed since the cascading logic would be based on claim data submitted by the provider and should be sufficient to identify location.	CRISP discussed with MHCC and are leaving in for other EHNs to provide their comments on it when we send on 12/19/25.
Pre Release Comments	Section 2.4 Opt Outs and legally protected health Information	A reminder that legally protected data should be omitted as part of the reportable logic. We are thinking that our logic would be basing the removal of the data by filtering the claims data by the ICD-10, CPT, HCPCS, and/or NDC codes if present in the capture. It would be very helpful if the requirement was clearly included in the specifications with a link or instructions to pull the latest code set.	COMAR 10.11.08
Pre Release Comments	Section 2.4 Opt Outs and legally protected health Information	We will need clear guidance in regards to Opt Out provisions as clearinghouses in general and Payerpath specifically do not have direct patient facing communication. I understand you to be handling that element, but clarification here would be good	CRISP held a call with our legal counsel (12/12/25) and added more clarity to this. Updated language is in revised document and sent out to all EHNs on 12/19/25.
Pre Release Comments	Section 2.5.2.1 Data at Rest	We found this section to be ambiguous. I could not tell if the intent was to describe CRISP responsibilities on your own environment or to prescribe a requirement for submitters.	CRISP added more clarity to this section in the revised version sent out to all EHNs on 12/19/25.
Pre Release Comments	Section 2.6.2 Submission Acknowledgement & Data Quality Reports (DQR)	We would want example copies of all proprietary (non-X12) reports to ensure we are able to code and parse them correctly. You seem to indicate three in the SFTP section, but only the TA1 and 999 in Figure 3: Acknowledgements? flat file processing status response), submission rejection notifications, and rejection data quality reports	CRISP added more clarity to revised version sent out to all EHNs on 12/19/25.
Pre Release Comments	Section 2.6.2.1 Requirements	Definition for Non-Telehealth or Virtual Care Availity follows EHNAC and MHCC rules related to Data at Rest on our platform. Not sure how this criteria applies to the integration when Availity will be sending transactions to CRISP and picking up acknowledgements from CRISP. This appears to be a CRISP technology requirement not an Availity one.	CRISP added more clarity to this section in the revised version sent out to all EHNs on 12/19/25.
Pre Release Comments		Is the requirement that Availity send the data both on an encrypted connection and that the file itself must also be encrypted when placed on the CRISP SFTP file location?	

	Section 2.6.2.1 Requirements	MFA use is not typically used in machine to machine integrations. Please provide details / requirements on MFA requirements.	CRISP added more clarity to this section in the revised version sent out to all EHNs on 12/19/25.
Pre Release Comments	Section 2.6.3 General Submission Standards	Typically each ST/SE contains 5,000 or fewer transactions. Availity can support multiple ST/SE's per file.	CRISP updated language to reflect 5,000 or fewer.
Pre Release Comments	Section 2.6.3.2.	All resubmissions must be received within five business days of original rejection and no later than the due date for the subsequent monthly submission deadline. We feel like setting a limited timeframe on this may be too restrictive. Certainly we would correct any deficiencies and resubmit as soon as possible, but the timeframe will vary largely on the issue to be corrected. We would need to analyze the issue including possibly corresponding with you to understand the problem and then work to resolve it taking into account development, testing and release schedules.	The timing here is 5 days after re-establishment the means of reporting. CRISP understands that correcting issues or deficiencies may take longer and precedes the 5 day period. EHNs can contact CRISP to request more time.
Pre Release Comments	Section 2.6.3.4 (b)	maintain the ability to regenerate on demand the exact data output for each submission for a period of no less than XXX months from the date of original submission. We think 12 months or less (based on other EHN feedback) is reasonable for this requirement.	CRISP agreed and reflected on the revise version sent to all EHNS on 12/19/25.
Pre Release Comments	Section 2.6.4.1 2.6.4. Secure File Transfer Protocol (SFTP)	Please provide requirements and operational process to change passwords.	CRISP added more clarity to this section in the revised version sent out to all EHNs on 12/19/25.
Pre Release Comments	Section 2.6.4.2 Secure Operations Web Portal	Please confirm that the web portal is the only use case that MFA will be utilized.	That is correct it is for those who will submit a flat file.
Pre Release Comments	Section 3.1 General Requirements	Please provide filtering requirements as part of this implementation guide beyond 2.3.1	CRISP added more clarity to this section in the revised version sent out to all EHNs on 12/19/25.
Pre Release Comments	Section 3.2.2 Specific Loop & Segment Overrides (A)	Availity can provide NM109 per payer implementation guide requirements	CRISP removed NM109.
Pre Release Comments	Section 3.2.2 Specific Loop & Segment Overrides (C)	Availity does not edit, add, remove this type of information in our processing. Availity would send data as is provided by the submitter/provider to our platform.	CRISP updated language and added more clarity to this section in the revised version sent out to all EHNs on 12/19/25.
Pre Release Comments	Section 4 Flat File Submission	Please provide sample files	CRISP provided sample flat file to all EHNs on 12/19/25.
Pre Release Comments	Section 4.2.1.1 Cascading Logic by loop level	The 2310B (prof) and 2310D (Inst) loops do not include an N4 segment so we do not capture a Rendering Provider address or state.	CRISP updated the document to reflect this correction and sent out in revised version to all EHNs on 12/19/25.
	General	The draft specifications are specific to file-based exchange (batch 837s). Currently, the our Clearinghouse is only involved in 270 transactions. Once Eligibility 270 is required, Section 2.5.3, General Submission Standards, will need to be revised to reflect real-time inquiries. We will plan to contribute to any draft specifications for 270 transactions to CRISP.	CRISP acknowledges.
Public Comment Period (1/26)	Section 1.3 Applicable Transactions	Request CRISP clarify this statement to explicitly identify which EHN is responsible for submitting the transaction to CRISP. Based on our discussions with CRISP, we understand that the EHN responsible for submission is the one that initially receives the original transaction from the submitter. We recommend that this be clearly stated in the technical documentation. When the EHN receiving the original submission forwards the transaction to a downstream trading partner, that partner may apply its own edits. This could lead to rejections that the original EHN will not be aware of when the transaction is ultimately submitted to CRISP.	CRISP agrees and added more clarity to this section in the revised version.
Public Comment Period (1/26)	Section 1.3 Applicable Transactions	We understand that the EHN responsible for submission is the one that initially receives the original transaction from the submitter. We recommend that this be clearly stated in the technical documentation and it is noted that this may impact the transaction detail based on editing that occurs during the transaction flow between EHNs.	CRISP agrees and added more clarity to this section in the revised version.

Public Comment Period (1/26)	Section 1.3 Applicable Transactions	The CE requests that CRISP clarify this statement to explicitly identify which EHN is responsible for submitting the transaction to CRISP. Based on our discussions with CRISP, we understand that the EHN responsible for submission is the one that initially receives the original transaction from the submitter. We recommend that this be clearly stated in the technical documentation. Additionally, we note that when the EHN receiving the original submission forwards the transaction to a trading partner, that partner may apply its own edits. This could lead to rejections that the original EHN will not be aware of when the transaction is ultimately submitted to CRISP.	CRISP agrees and added more clarity to this section in the revised version.
Public Comment Period (1/26)	Section 1.3 Applicable Transactions	We request that CRISP revise this statement to clarify that the EHN that initially receives the transaction is responsible for submitting it to CRISP to remove any ambiguity for downstream EHNs receiving the transaction. We recommend a revision like the following: "If an EHN forwards a transaction to another EHN as a trading partner, the forwarding EHN is not obligated to submit the forwarded transaction to CRISP. "Please note that when the initial EHN forwards a claim transaction data to a trading partner, it is subject to additional validation, EHN edit checks, and payer-specific edits that may cause the transaction to reject. The initial EHN will not be aware of potential errors from the trading partner at this point in the process. In this scenario, the initial EHN submits the original claim as well as subsequent resubmissions of that claim (when applicable).	CRISP agrees and added more clarity to this section in the revised version. Also please see additions to Section 2.3.
Public Comment Period (1/26)	Section 2.1 -Figure 1: Submission Process Overview	CRISP to provide details on the testing process prior to go-live, it will be critical to have a testing process prior to go-live. 2. CRISP to provide details regarding the Data Quality Reports, what is the expectation with these reports, what will be provided and what is the intended use? 3. CRISP provide details on the reference of "Last in Chain", what does this mean specific to the data flow? 4. The current graphic suggests a real-time transmission. COMAR 10.25.07 does not indicate that submissions may occur in real time. To avoid misunderstanding, we recommend revising the graphic so it does not imply that CRISP expects real-time submissions.	CRISP agrees and graphic has been updated in revised version.
Public Comment Period (1/26)	Section 2.1 Submission Process Overview - Figure 1: Submission Process Overview	Recommend that CRISP provide submission workflow for all transactions and formats. EHNs should be given the opportunity to review and provide feedback to additional flows. Current graphic suggests a real-time transmission. To avoid misunderstanding, we recommend revising the graphic so it does not imply that CRISP expects real-time submissions	CRISP agrees and graphic has been updated in revised version.
Public Comment Period (1/26)	Section 2.1 Submission Process Overview - Figure 1: Submission Process Overview	The CE is concerned that depicting only one submission process flow (X12) could unintentionally limit access to the flat file submission option for EHNs. We request that, once CRISP drafts the flat file submission overview, EHNs be given the opportunity to review and provide feedback to ensure a shared understanding of the process flow. We also note that the current graphic suggests a real-time transmission. COMAR 10.25.07 does not indicate that submissions may occur in real time. To avoid misunderstanding, we recommend revising the graphic so it does not imply that CRISP expects real-time submissions.	CRISP agrees and graphic has been updated in revised version.
Public Comment Period (1/26)	Section 2.1 Submission Process Overview - Figure 1: Submission Process Overview	We are concerned that representing only one submission process flow could inadvertently make the flat file submission process unavailable to EHNs. We also request that after CRISP drafts the flat file submission overview EHNs be given the opportunity to review it and provide feedback to ensure a shared understanding of the process flow. Additionally, we would like to understand the multiple data recipients represented in this graphic and the including in multiple databases. As the purposes of use are limited to the 4 uses indicated in the legislation, we think highlighting who the data recipients are would be helpful in understanding how the sharing aligns to the purposes of use.	CRISP agrees and graphic has been updated in revised version.
Public Comment Period (1/26)	Section 2.2 Submission Schedule	This section addresses timing for submissions when an EHN experiences a technical or security issue but does not address what happens if CRISP encounters such an issue. The technical specification does not provide detailed guidance on the process the EHNs should follow in this case. We recommend that the technical specification include clear details on CRISP's process for notifying impacted EHNs in the event of a CRISP incident. We ask CRISP to provide explicit guidance on its communication obligations in these scenarios.	CRISP agrees and has added a section with more language and clarity in the revised version.
Public Comment Period (1/26)	Section 2.2 Submission Schedule	This CE members observed that this section addresses timing for submissions when an EHN experiences a technical or security issue but does not address what happens if CRISP encounters such an issue. For example, if CRISP were to experience a security breach, CE members would immediately stop sending data to CRISP to prevent additional protected data from being impacted. However, the technical specification does not provide detailed guidance on the process the EHNs should follow. We recommend that the technical specification include clear details on CRISP's process for notifying impacted EHNs in the event of a cybersecurity incident. We ask CRISP to provide explicit guidance on its communication obligations in these scenarios.	CRISP agrees and has added a section with more language and clarity in the revised version.

Public Comment Period (1/26)	Section 2.2 Submission Schedule	This paragraph covers the timing for a submission when the EHN is experiencing a technical or security issue but does not address what happens in the event CRISP experiences a technical or security issue. For example, if CRISP were to be the target of a ransomware attack, we would assume that EHNs would cease sending data to CRISP to limit exposure or breach of additional data. Along those lines, the technical specification does not include a section around CRISP notification requirements to EHNs should there be a cybersecurity incident, whether that be a ransomware attack or breach.	CRISP agrees and has added a section with more language and clarity in the revised version.
Public Comment Period (1/26)	Section 2.3.1- Criteria 3: Patient Address	The only appropriate criteria for determining a transaction's eligibility for submission to CRISP are the service facility state and the billing state, remove patient.	CRISP removed patient state and updated criteria and language for this section in the revised version.
Public Comment Period (1/26)	Section 2.3.1- Definition for Non - Telehealth or Virtual Care	If Criteria 1 and 2 are MISSING or NOT AVAILABLE use: Recommend removing the patient state as a submission criterion. Patient address should not be used because a patient may reside in Maryland but receive services outside the state. The only appropriate criteria for determining a transaction's eligibility for submission to CRISP are the service facility state and the billing state. If neither the service facility state nor the billing state equals Maryland, the transaction should not be submitted to CRISP.	CRISP removed patient state and updated criteria and language for this section in the revised version.
Public Comment Period (1/26)	Section 2.3.1- Definition for Non - Telehealth or Virtual Care - If Criteria 1 and 2 are MISSING or NOT AVAILABLE use:	Deleted this section.	CRISP removed patient state and updated criteria and language for this section in the revised version.
Public Comment Period (1/26)	Section 2.3.1 Definition for Non-Telehealth or Virtual Care- Criteria 1: Service Location	The CE members recommend removing the patient state as a submission criterion. Patient address should not be used because a patient may reside in Maryland but receive services outside the state. The only appropriate criteria for determining a transaction's eligibility for submission to CRISP are the service facility state and the billing state. If neither the service facility state nor the billing state equals Maryland, the transaction should not be submitted to CRISP.	CRISP removed patient state and updated criteria and language for this section in the revised version.
Public Comment Period (1/26)	Section 2.3.1 Definition for Non-Telehealth or Virtual Care- Criteria 1: Service Location	Please clarify the cascading hierarchy the EHN needs to use when checking for the Service Facility State. The following is our recommendation for using the cascading logic: Check for the state in the line level Service Facility State is present and equals MD, use the line level state, if the line level does not exist or does not equal MD, check the claim level If the claim level Service Facility State is present and equals MD, use the claim level state. If the claim level state does not exist or does not equal MD, check the billing provider state. If the billing provider state equals MD, then use the billing provider and this claim will be sent to CRISP	CRISP removed patient state and updated criteria and language for this section in the revised version.
Public Comment Period (1/26)	Section 2.3.1- Figure 2: X12N 837 Technical Mapping for location Determination	Concerns with the hierarchy shown here because it suggests that the claim-level Service Facility State is checked first, followed by the line level. This does not align with the X12 Implementation Guide situational rules. Recommend listing the 2420C first, followed by the 2310C. The correct situational logic is to check the line level first, and if not present, then check the claim level.	CRISP updated figure and added more clarity to figure 2.
Public Comment Period (1/26)	Section 2.3.1- Figure 2: X12N 837 Technical Mapping for location Determination	Recommend removing the patient state per comments above.	CRISP updated figure and added more clarity to figure 2.
Public Comment Period (1/26)	Section 2.3.1- Figure 2: X12N 837 Technical Mapping for location Determination	The CE is concerned with the hierarchy shown here because it suggests that the claim-level Service Facility State is checked first, followed by the line level. This is misleading and does not align with the X12 Implementation Guide situational rules. CE members recommend listing the 2420C first, followed by the 2310C. The correct situational logic is to check the line level first, and if not present, then check the claim level. DELETED - some of the wording	CRISP updated figure and added more clarity to figure 2.
Public Comment Period (1/26)	Section 2.3.1- Figure 2: X12N 837 Technical Mapping for location Determination	Please remove the patient state and refer to the CE comment about criterion 3 above. They also DELETED more out of the table	After discussions with EHNs and CCE, CRISP removed state from non-telehealth/non-virtual care. CRISP retains patient state in table only for telehealth/virtual care visits.
Public Comment Period (1/26)	Section 2.3.1- Figure 2: X12N 837 Technical Mapping for location Determination	We recommend that CRISP follow the situational rules set in the X12 Implementation Guides. In X12, the line level is checked first and the claim is checked second. Please adjust criterion 1 to reflect the line level state (2420C N402) first and the claim level state (2310C N402) as the second criteria check.	CRISP updated this figure and provided new language to add clarity in the revised version.

	Section 2.3.1- Figure 2: X12N 837 Technical Mapping for location Determination	The 837I mapping in the chart does not align with the mapping in criterion 2 above. In criteria 2, the billing state (2010AA N402) is to be used when the service facility state is not present. Please clarify in the above criteria 2 if this is different from professional or update the chart to so it is consistent with the criterion above.	CRISP updated this figure and provided new language to add clarity in the revised version.
Public Comment Period (1/26)			
	Section 2.3.1- Figure 2: X12N 837 Technical Mapping for location Determination	Deleted 3 - We reiterate our concern that a Maryland resident could receive care in DC or other surrounding states and submitting such data would be a HIPAA violation for EHNs as that data is not subject to the Maryland law.	CRISP updated this figure and provided new language to add clarity in the revised version.
Public Comment Period (1/26)			
	Section 2.3.2 Telehealth & Virtual Care	Using patient address for this does not guarantee that the service was delivered in Maryland. Recommend removal of patient address as a requirement.POS 2 applies when telehealth services are provided outside the patient's home. For example, a patient may be located in Maryland but receive telehealth services from a provider in another state. In such cases, the service should not be eligible for submission to CRISP. In the 837P transaction, the place of service appears in the 2400 SV105 and/or the 2300 CLM05-1 segments. The X12 Implementation Guide situational rules require checking the service line level first and, if not present, then the claim level. This logic should be explicitly stated in the technical specification. The 837I transaction uses a facility type code rather than a place of service. Therefore, institutional transactions should be considered out of scope.	Discussed with MHCC, EHNs, and CCE. Telehealth remains in scope, but adding provider location criteria to the requirements. CRISP updated based on discussions to the revised version.
Public Comment Period (1/26)			
	Section 2.3.2 Telehealth & Virtual Care	The CE members have concerns about including telehealth and virtual care at this time. The CE recommends that telehealth and virtual care remain out of scope until comprehensive discussions can be conducted with MHCC to address the associated complexities. A few of our concerns and complexities are as follows: • Removal of Patient Address: The Cooperative Exchange recommends eliminating patient address as a criterion for submission to CRISP. • Use of POS 2: POS 2 applies when telehealth services are provided outside the patient's home. For example, a patient may be located in Maryland but receive telehealth services from a provider in another state. In such cases, the service should not be eligible for submission to CRISP. • Place of Service in 837P: In the 837P transaction, the place of service appears in the 2400 SV105 and/or the 2300 CLM05-1 segments. The X12 Implementation Guide situational rules require checking the service line level first and, if not present, then the claim level. This logic should be explicitly stated in the technical specification. • Institutional Transactions: The 837I transaction uses a facility type code rather than a place of service. Therefore, institutional transactions should be considered out of scope.	Discussed with MHCC, EHNs, and CCE. Telehealth remains in scope, but adding provider location criteria to the requirements. CRISP updated based on discussions to the revised version.
Public Comment Period (1/26)			

Public Comment Period (1/26)	Section 2.3.2 Telehealth & Virtual Care	We suggest that telehealth and virtual care be out of scope until we can have detailed discussions with MHCC about the complexities of telehealth and virtual care. Our first concern is, as stated above, the patient address should not be used as part of the criterion for a transaction's eligibility for submission to CRISP. Our second concern is with the use of POS 2. The POS 2 is used when a telehealth service is not provided in the patient's home. The patient could be in Maryland, and receiving telehealth services from a provider not in Maryland. In this example this transaction is not eligible for submission to CRISP. An additional use case - a Maryland resident may do a telehealth visit while in DC. In such cases, the service was not provided in Maryland but rather in DC. The POS is found in two elements in the X12 837P transaction. We recommend, after we can have discussions with MHCC, that CRISP follow the situational rules in the X12 Implementation Guides and check the line level and if not present, use the claim level. • 837P: the 2400 SV105 and the 2300 CLM05-1The institutional claim transaction uses a facility type code, not POS. The facility type codes are different from POS so we assume that institutional is out of scope for telehealth and virtual care. Please add a statement that institutional is out of scope.	Discussed with MHCC, EHNs, and CCE. Telehealth remains in scope, but adding provider location criteria to the requirements. CRISP updated based on discussions to the revised version.
Public Comment Period (1/26)	Section 2.4 Opt Outs and Legally Protected Health Information	Who will manage the patient opt-out process. Will this responsibility fall to CRISP or MHCC? We recommend that CRISP explicitly state in the technical specification that the opt-out process is not the responsibility of EHNs and clearly identify the responsible party along with the defined process.	CRISP will manage opt out and has added more language to this section in the revised version.
Public Comment Period (1/26)	Section 2.4 Opt Outs and Legally Protected Health Information	How does a patient opt out?	Patients can opt-out of CRISP at any time via our website (https://connect.crisphealth.org/OptoutForm).
Public Comment Period (1/26)	Section 2.4 Opt Outs and Legally Protected Health Information	What actually stops CRISP from receiving data that a patient has opted out of CRISP receiving?	CRISP does not reject data sent to us; however, when we receive data for a patient who has opted out, we have programmatic controls in place to ensure that this data is not shared—whether through our portal, national network queries, or any outbound feeds.
Public Comment Period (1/26)	Section 2.4 Opt Outs and Legally Protected Health Information	The CE members seek clarification on who will manage the patient opt-out process. Will this responsibility fall to CRISP or MHCC? We recommend that CRISP explicitly state in the technical specification that the opt-out process is not the responsibility of EHNs and clearly identify the responsible party along with the defined process.	CRISP will manage opt out and has added more language to this section in the revised version.
Public Comment Period (1/26)	Section 2.4 Opt Outs and Legally Protected Health Information	The CE members affirmed their commitment to complying with all applicable laws and business associate agreements when sharing protected data.	CRISP acknowledges.
Public Comment Period (1/26)	Section 2.6.2.1 Requirements	We recommend designating TLS 1.3 as the default and preferred encryption standard, with TLS 1.2 permitted only as a transitional fallback where operationally necessary.	CRISP updated to the suggested standards in the revised version.
Public Comment Period (1/26)	Section 2.6.2.1 Requirements- Cipher Suites	Response: We agrees with the explicit prohibition of weak or deprecated cipher suites. NIST Reference:• NIST SP 800-52 Rev. 2• NIST SP 800-53 Rev. 5 (IA-7, SC-12)Recommendation:CE recommends that cipher suite requirements be reviewed and updated periodically as part of CRISP's annual security standards review to remain aligned with evolving NIST guidance.	CRISP updated language in revised version.
Public Comment Period (1/26)	Section 2.6.2.1 Requirements- CRISP Security Requirements	Response:CE agrees with the intent of strong access control requirements but notes that password complexity alone is no longer sufficient under current federal guidance. NIST Reference:• NIST SP 800-63B (Digital Identity Guidelines)• NIST SP 800-53 Rev. 5 (IA Family Controls)• HIPAA Security Rule and 2026 NPRM Recommendation: We recommend explicitly aligning authentication requirements with NIST SP 800-63B, including longer password lengths, risk-based credential rotation, and MFA for administrative and portal access, rather than reliance on traditional complexity rules.	CRISP updated language in revised version.
Public Comment Period (1/26)	Section 2.6.2.1 Requirements- Data at rest	We concur with the AES-256 encryption standards NIST Reference:• NIST SP 800-53 Rev. 5 (SC-28)• NIST CSF2.0•HIPAA Security Rule and 2026 NPRM Addressable Encryption Safeguards Recommendation: We recommend clarifying that encryption key management practices (generation, storage, rotation, revocation) align with NIST-aligned key lifecycle controls and separation of duties principles.	CRISP updated language in revised version.
Public Comment Period (1/26)	Section 2.6.2.1 Requirements- Data in Transit	TLS 1.2 is no longer the accepted minimum standard. TLS 1.3 should be the minimum standard.	CRISP updated language in revised version.

Public Comment Period (1/26)	Section 2.6.2.1 Requirements- Data in Transit	The CRISP requirements align with HIPAA encryption standard requirements. However, note that TLS 1.2, while still widely deployed, is no longer considered best practice for new or state-mandated implementations. NIST Reference:• NIST SP 800-53 Rev. 5 (SC-8, SC-12, SC-13)• NIST SP 800-52 Rev. 2 (Guidelines for TLS)• NIST Cybersecurity Framework 2.0 and NIST SP800-63B Rev.4 Digital Identity Guidelines Recommendation: We recommend designating TLS 1.3 as the default and preferred encryption standard, with TLS 1.2 permitted only as a transitional fallback where operationally necessary. Secure configuration baselines (e.g., forward secrecy, certificate validation, modern cipher suites) should be explicitly required.	CRISP updated language in revised version.
Public Comment Period (1/26)	Section 2.6.2.2 Security Requirement Updates	Recommend that CRISP include a section outlining the process and protocol to be followed in the event of a security incident. Specifically, clarify: Notification Process: How will EHNs be notified? Timing: What is the expected timeframe for initial and subsequent notifications? Breach Notifications: Will CRISP handle notifications to individuals whose data may have been compromised, or will EHNs be responsible? Ongoing Updates: How will EHNs receive updates during and after the incident? Data Breached: Will CRISP provide each EHN with details on the EHN's data that was breached?	CRISP will adhere to our same operations and reporting standards as we do with our CRISP participants. CRISP updated language in the revised version.
Public Comment Period (1/26)	Section 2.6.2.2 Security Requirement Updates	Response: We agree that CRISP must retain flexibility to respond to emerging cybersecurity threats. NIST Reference:• NIST Cybersecurity Framework (Identify, Protect)• NIST SP 800-53 Rev. 5 (Risk Management Controls)• NIST SP 800-61 (Incident Response)Recommendation:CE recommends establishing clear governance guardrails, including defined criteria for emergency updates, advance notice and testing windows for non-emergency changes, and objective thresholds and documented remediation pathways before suspending data submissions.	CRISP updated language in revised version.
Public Comment Period (1/26)	Section 2.6.2.2 Security Requirement Updates	CE members recommend that CRISP include a dedicated section outlining the process and protocol to be followed in the event of a security incident. Specifically, clarify: • Notification Process: How will EHNs be notified? • Timing: What is the expected timeframe for initial and subsequent notifications? • Breach Notifications: Will CRISP handle notifications to individuals whose data may have been compromised, or will EHNs be responsible? • Ongoing Updates: How will EHNs receive updates during and after the incident? • Data Breached: Will CRISP provide each EHN with details on the EHN's data that was breached?	CRISP will adhere to our same operations and reporting standards as we do with our CRISP participants. CRISP updated language in the revised version.
Public Comment Period (1/26)	Section 2.6.2.2 Security Requirement Updates	Please specify what is considered sufficient notice. Please note that EHNs have strict policies in place to review and get approval for any security changes. These processes are not days, but weeks. We take the security of this data very seriously and expect that if CRISP is going to make changes (other than emergency changes) that we would have time to comment and an additional 60 days to implement changes.	CRISP updated language in revised version to specify at least 60 days notice.
Public Comment Period (1/26)	Section 2.6.2.2 Security Requirement Updates	Please add a section that indicates what happens in the event of a CRISP security incident. How will EHNs be notified? What will be the timing of the notification? Will CRISP be performing breach notifications to individuals whose data may have been compromised or will EHNs be responsible for the notifications? How will EHNs receive ongoing updates during and after a security incident?	CRISP will adhere to our same operations and reporting standards as we do with our CRISP participants. CRISP updated language in the revised version.
Public Comment Period (1/26)	Section 2.6.2.2 Security Requirement Updates (Batch Sizing Limits)	Request confirmation that CRISP expects separate zipped files for X12 and flat file submissions, rather than a single zip file containing all individual X12 and flat files together.	Confirmed. Separate zip files.
Public Comment Period (1/26)	Section 2.6.3 General Submission Standards	CRISP provided a flat file map that combines both professional and institutional transaction information into a single map. CE members have concerns with this approach because validation and batching processes differ significantly between professional and institutional claim transactions. EHNs submit these two lines of business in separate submissions, and aggregating the data introduces additional burden and increases the risk of submitting incorrect information. The CE strongly recommends that CRISP separate the maps into distinct professional and institutional versions. Additionally, we recommend that CRISP clearly state that professional and institutional eligible claim transactions must be submitted in non-aggregated, separate flat files.	CRISP agrees and updated the language and mapping in the revised version of the Submission Guidance and flat file layouts.

Public Comment Period (1/26)	Section 2.6.3 General Submission Standards	CRISP provided a flat file map that contains both professional and institutional transaction information in one map. We have concerns with the flat file map containing both lines of business because the validation and batching processes are different for professional and institutional claim transactions. EHN submitters send the two lines of business in different submissions and aggregating the data poses additional burden and risk to sending incorrect data. The X12 to flat file mapping is a complex process that requires an expert understanding of the X12 transactions. Our comments on the flat file map will provide details of our concerns. We found that there are components missing, cascading data is not accurate, and having the same map is confusing, just to name a few. We strongly recommend that the maps be separated to a professional map and an institutional map, respectively. We also recommend that CRISP state that the professional and institutional eligible claim transactions be submitted in their in non-aggregated, separate flat files.	CRISP agrees and updated the language and mapping in the revised version of the Submission Guidance and flat file layouts.
Public Comment Period (1/26)	Section 2.6.3 General Submission Standards- (2 -B Batch Sizing)- Splitting Logic	The CE members request that CRISP establish naming conventions to indicate whether a claim transaction submission is professional or institutional.	CRISP agrees and updated the language in the revised version.
Public Comment Period (1/26)	Section 2.6.3 General Submission Standards- (2 -B Batch Sizing)- Splitting Logic	We recommend adding a component to the naming convention that identifies whether the file is a professional claim transaction or an institutional claim transaction.	CRISP agrees and updated the language in the revised version.
Public Comment Period (1/26)	Section 2.6.3 General Submission Standards- (2- B) Batch Sizing Flat File	The CE members request confirmation that CRISP expects separate zipped files for X12 and flat file submissions, rather than a single zip file containing all individual X12 and flat files together.	Confirmed. Separate zip files.
Public Comment Period (1/26)	Section 2.6.3 General Submission Standards- (2- B) Batch Sizing Flat File	Please confirm that CRISP expects separate, zipped flat files as opposed to a single zip file with each individual flat file included in the single zip file.	Confirmed. Separate zip files.
Public Comment Period (1/26)	Section 2.6.3.1 Figure 3: Components Definitions	Request clarification regarding the submission date. Should this reflect the date the file was transmitted or the date it was generated? Please note that the submission date may differ from the file generation date	CRISP updated language in the revised version to clarify EHN flexibility.
Public Comment Period (1/26)	Section 2.6.3.1 File Naming Convention - Figure 3: Components Definitions	Recommend option to separate Professional from Institutional	CRISP agrees and updated language in the revised version.
Public Comment Period (1/26)	Section 2.6.3.1 File Naming Convention - Figure 3: Components Definitions	The CE members request clarification regarding the submission date. Should this reflect the date the transaction was transmitted or the date it was generated? Please note that the submission date may differ from the file generation date.	CRISP updated language in the revised version to clarify EHN flexibility.
Public Comment Period (1/26)	Section 2.6.3.1 File Naming Convention - Figure 3: Components Definitions	The CE members emphasize that they cannot submit aggregated X12 or flat files containing both professional and institutional data. This requires CRISP to assign a distinct FILETYPE for each line of business. We recommend that CRISP introduce a new FILETYPEs and ensure that each line of business is assigned its own FILETYPE designation.	CRISP agrees and updated language in the revised version.
Public Comment Period (1/26)	Section 2.6.3.1 File Naming Convention - Figure 3: Components Definitions	We recommend adding a new component that identifies the file as either professional or institutional claim transaction.	CRISP agrees and updated language in the revised version.
Public Comment Period (1/26)	Section 2.6.3.1 File Naming Convention - Figure 3: Components Definitions	Please clarify generated or transmitted as the date, we may generate the file on a different day we submit it as we will be running our own validation checks prior to submission.	CRISP updated language in the revised version to clarify EHN flexibility.
Public Comment Period (1/26)	Section 2.6.3.1 File Naming Convention - Figure 3: Components Definitions	As stated above, please provide direct clarification that professional and institutional claim transactions can be sent in separate flat files. The professional and institutional transactions eligible for submission to CRISP, would require different FILETYPEs. We ask that CRISP add another FILETYPE and indicate which is for professional and institutional.	CRISP agrees and updated language in the revised version.
Public Comment Period (1/26)	Section 2.6.4.1 Secure File Transfer Protocol (SFTP)	We recommend for sections 1 and 2: 1. For Public Key Authentication, If Availity connects to CRISP, we need support for 4096 bit RSA If CRISP connects to Availity, CRISP should expect to use an RSA 4096 bit or ed25519 SSH key that needs to be rotated every 12 months. Availity's host identification supports ssh-ed25519 and ecdsa-sha2-nistp521, not RSA 2. For Service Accounts	CRISP agrees and updated language in the revised version.
Public Comment Period (1/26)	Section 2.6.4.1 Secure File Transfer Protocol (SFTP)	We recommend that CRISP include a clearly defined key rotation process and associated timeframe within the technical specification.	Information on key rotation provided in previous section (follows NIST standards). Additional details on key change overlap timing and other details will be provided in the connection instructions.
Public Comment Period (1/26)	Section 2.6.4.1 Secure File Transfer Protocol (SFTP) Connectivity Testing	Recommend implementing a general non zero byte file for testing. Potentially single transaction test file.	CRISP agrees and updated language in the revised version.

Public Comment Period (1/26)	Section 2.6.4.1 Secure File Transfer Protocol (SFTP)- Connectivity Testing	The CE members observed that the CRISP endpoint is currently set to port 22, which is commonly associated with non-secure sFTP. We recommend validating this configuration and specifying the secure port that CRISP will use for transaction transmissions in the technical specification.	CRISP confirms that Port 22 is the standard IANA-assigned port for SFTP, which is an encrypted and secure protocol. This is not Port 21 (Standard FTP) which is nonsecure. CRISP will utilize Port 22 for all SFTP connections to ensure standardization across trading partners, protected by the SSHv2 / TLS 1.3 encryption requirements defined in Section 2.6.2. The security of the connection is ensured through IP allow-listing (which blocks unauthorized scanners regardless of port) and public key authentication, consistent with NIST best practices. Using non-standard ports introduces unnecessary firewall complexity for trading partners without providing a material security benefit.
Public Comment Period (1/26)	Section 2.6.4.1 Secure File Transfer Protocol (SFTP)- Connectivity Testing	CE members do not support the use of a 0-byte “handshake” file. Instead, we recommend implementing a single-claim handshake using the EHN’s preferred transmission method—either X12 or flat file.	CRISP acknowledges and updated language in the revised version.
Public Comment Period (1/26)	Section 2.6.4.1 Secure File Transfer Protocol (SFTP)- Connectivity Testing	We observed that the CRISP endpoint is currently set to port 22, which is commonly associated with non-secure sFTP. We recommend validating this configuration and specifying the secure port that CRISP will use for transaction transmissions in the technical specification.	CRISP confirms that Port 22 is the standard IANA-assigned port for SFTP, which is an encrypted and secure protocol. This is not Port 21 (Standard FTP) which is nonsecure. CRISP will utilize Port 22 for all SFTP connections to ensure standardization across trading partners, protected by the SSHv2 / TLS 1.3 encryption requirements defined in Section 2.6.2. The security of the connection is ensured through IP allow-listing (which blocks unauthorized scanners regardless of port) and public key authentication, consistent with NIST best practices. Using non-standard ports introduces unnecessary firewall complexity for trading partners without providing a material security benefit.
Public Comment Period (1/26)	Section 2.6.4.1 Secure File Transfer Protocol (SFTP) Directory Structure	Request clarification on the phrase “upload split X12 batch.” Does CRISP intend for the X12 and flat files to be separated into distinct files, or for the X12 batches themselves to be split? We recommend adding clear explanatory details to the technical specification to avoid ambiguity.	CRISP updated the revised version to clarify.
Public Comment Period (1/26)	Section 2.6.4.1 Secure File Transfer Protocol (SFTP)- Public Key Authentication (Preferred)	Deleted somethings and added this comment- The CE members acknowledge that EHNs will need to provide their public key. We recommend that CRISP include a clearly defined key rotation process and associated timeframe within the technical specification	Information on key rotation provided in previous section (follows NIST standards). Additional details on key change overlap timing and other details will be provided in the connection instructions.
Public Comment Period (1/26)	Section 2.6.4.1 Secure File Transfer Protocol (SFTP)- Public Key Authentication (Preferred)	To clarify, the expectation is for the EHN to provide CRISP with a public key. Please advise in the technical document if CRISP will have a public key rotation and the timeframes associated with that rotation.	Information on key rotation provided in previous section (follows NIST standards). Additional details on key change overlap timing and other details will be provided in the connection instructions.
Public Comment Period (1/26)	Section 2.6.4.1 Secure File Transfer Protocol (SFTP)- Directory Structure	The CE members request clarification on the phrase “upload split X12 batch.” Does CRISP intend for the X12 and flat files to be separated into distinct files, or for the X12 batches themselves to be split? We recommend adding clear explanatory details to the technical specification to avoid ambiguity.	CRISP updated the revised version to clarify.
Public Comment Period (1/26)	Section 2.6.4.1 Secure File Transfer Protocol (SFTP)- Service Account	We agree that CRISP needs a complex and rotation password requirements. Optum has specific requirements that must be met in order for us to share the eligible transactions via sFTP to CRISP. Optum requirements: Minimum length: 14 characters, but could just use SSH Key for Authentication. Maximum length: 50 characters Must contain a combination of each of the following: 1 or more numeric characters 1 or more upper case letters 1 or more lower case letters 1 or more of the following characters , ; : ‘ ^ | “ . (` _ * > ~ { %) / ? $ @ } < # & + ! -][Cannot contain: Cannot contain easily guessable words or patterns (Optum, ecg, uhg, uhc, rally) Cannot contain your msid Cannot contain your ECG2 User ID Cannot contain your First or Last Name Cannot contain spaces Last 10 passwords cannot be reused. Please type a new password.	CRISP acknowledges.
Public Comment Period (1/26)	Section 2.6.4.1 Secure File Transfer Protocol (SFTP)- Service Account	Deleted this sections and added comment - The CE members do not support the use of username and password authentication for transaction transmissions to CRISP, as service account authentication introduces risks that do not exist with sFTP. If CRISP elects to implement username/password authentication, CE members recommend incorporating strong password complexity requirements along with a defined password rotation process and timeframe. It is important to note that CRISP will need to comply with each EHN’s password policies, which vary significantly. This variability poses challenges for CRISP, as meeting all EHN-specific requirements may not be feasible.	CRSIP agree to a strong preference for public key. Language updated in working version to reflect this.
Public Comment Period (1/26)	Section 2.6.4.2 Secure Operations Web Portal	If CRISP connects to Availity for authentication then whatever is used must meet Availity standards at a minimum.	CRISP acknowledges.

	Section 2.6.4.2 Secure Operations Web Portal	Deleted this section and added this comment- CE members do not support the use of a web portal and recommend removing this section from the technical specification. The proposed portal is intended as a backup process if sFTP becomes unavailable, such as during a security incident. However, in the event of a security incident, EHNs would not transmit data to CRISP by any method to avoid further breach exposure. Additionally, many CE members have indicated that EHN security protocols prohibit the use of web portals for transmitting protected data, regardless of the reason for sFTP unavailability.	CRISP agrees and we have deleted this section in the revised version.
Public Comment Period (1/26)			
Public Comment Period (1/26)	Section 2.6.5 Proposed Alternative Connectivity Mechanisms (Request for Comment from EHNs)	Deleted this section.	CRISP agrees and we have deleted this section in the revised version.
Public Comment Period (1/26)	Section 2.6.5.1 AS2 (applicability Statement 2)	We do not generally support AS2 and request that it be removed from this section. Would like to ensure that it is not required.	CRISP acknowledges and we have deleted this section in the revised version.
Public Comment Period (1/26)	Section 2.6.5.1 AS2 (applicability Statement 2)	Deleted this section	CRISP agrees and we have deleted this section in the revised version.
Public Comment Period (1/26)	Section 2.6.5.1 HTTPS POST (API-Bases Submission)	The HTTPS POST (API-Based Submission) only applies to the submission of X12 transactions, not a flat file. The use of this connectivity mechanism is a good option, but it should not be a mandated methodology.	CRISP agrees and we have removed this in the revised version.
Public Comment Period (1/26)	Section 2.6.6 Connectivity Setup & Testing Process	Recommend that CRISP include information on connectivity setup, testing, and certification within the technical specification well in advance of the testing phase. Providing these details early will allow EHNs sufficient time to review, raise questions, and share additional feedback before testing begins.	CRISP acknowledges. We updated the language in the revised version to acknowledge that we will provide this type of information in a separate connectivity instructions, likely issued jointly with CRISP and our vendor. We will work with our vendor issue these as soon as possible.
Public Comment Period (1/26)	Section 2.6.6 Connectivity Setup & Testing Process	CE members do not support the use of AS2 and request that it be removed from this section. Instead, CE members recommend leveraging current technologies, as AS2 introduces several risks: · Complex setup and ongoing maintenance requirements. · Encryption vulnerabilities · Potential HIPAA compliance risks · Operational downtime risks - persistent, always on connections mean network outages can halt data exchange and disrupt critical workflows · Limited scalability for large payloads	Thank you for your feedback. CRISP acknowledges and we have deleted this section in the revised version.
Public Comment Period (1/26)	Section 2.6.6 Connectivity Setup & Testing Process	CE members recommend that CRISP include detailed information on connectivity setup, testing, and certification within the technical specification well in advance of the testing phase. Providing these details early will allow EHNs sufficient time to review, raise questions, and share additional feedback before testing begins.	CRISP acknowledges. We updated the language in the revised version to acknowledge that we will provide this type of information in a separate connectivity instructions, likely issued jointly with CRISP and our vendor. We will work with our vendor issue these as soon as possible.
Public Comment Period (1/26)	Section 2.6.6 Connectivity Setup & Testing Process	CE members recommend that CRISP include detailed information on connectivity setup, testing, and certification within the technical specification well in advance of the testing phase. Providing these details early will allow EHNs sufficient time to review, raise questions, and share additional feedback before testing begins.	CRISP acknowledges. We updated the language in the revised version to acknowledge that we will provide this type of information in a separate connectivity instructions, likely issued jointly with CRISP and our vendor. We will work with our vendor issue these as soon as possible.
Public Comment Period (1/26)	Section 2.6.6 Connectivity Setup & Testing Process	Deleted AS2	CRISP agrees and we have deleted this section in the revised version.
Public Comment Period (1/26)	Section 2.6.6 Connectivity Setup & Testing Process - Functional test (Handshake)	Recommend adding success criteria for flat file transmissions	CRISP updated language in the revised version.
Public Comment Period (1/26)	Section 2.6.6 Connectivity Setup & Testing Process (a) - Success Criteria	CE members recommend adding clear success criteria for flat file transmissions. We believe the appropriate success indicator would be an “Accepted” status in the CSV response. Please confirm and incorporate this success criterion into the technical specification.	CRISP updated language in the revised version.
Public Comment Period (1/26)	Section 2.7 Data Quality, Validation, Error Correction and Resubmission	Please provide clarification on the versioning referenced by CRISP. Does this pertain to X12 standards, payer companion guides, or another specification? We recommend that CRISP clearly define what is meant by “versioning” in the technical specification and consider including an illustrative example for clarity.	CRISP agrees that this language is confusing. We have removed this language.
Public Comment Period (1/26)	Section 2.7 Data Quality, Validation, Error Correction and Resubmission	CE members seek clarification on the versioning referenced by CRISP. Does this pertain to X12 standards, payer companion guides, or another specification? We recommend that CRISP clearly define what is meant by “versioning” in the technical specification and consider including an illustrative example for clarity.	CRISP agrees that this language is confusing. We have removed this language.
Public Comment Period (1/26)	Section 2.7 Data Quality, Validation, Error Correction and Resubmission	We don’t understand what versioning CRISP is referring to, X12, or payer companion guides, etc. Please clarify in the technical document how CRISP defines versioning and consider providing an example.	CRISP agrees that this language is confusing. We have removed this language.

Public Comment Period (1/26)	Section 2.7.1 Validation Gates	Certain trading partners may submit X12 transactions to the EHN that do not fully align with HIPAA standards. Under established Trading Partner Agreements (TPAs) and Business Associate Agreements (BAAs), these partners are permitted to transmit non-compliant data or adjust the use of specific segments or elements within the X12 transaction. For instance, a payer may require a unique provider identifier that is not part of the standard X12 format. In such cases, with an agreement in place, the submitter can include that identifier in a segment or element typically designated for a different value. Please note that these variations may appear in the claim information provided to CRISP.	Thank you for noting this. CRISP understands and acknowledges.
Public Comment Period (1/26)	Section 2.7.1 Validation Gates	CE members want to ensure CRISP is aware that certain trading partners may submit X12 transactions to the EHN that do not fully align with HIPAA standards. Under established Trading Partner Agreements (TPAs) and Business Associate Agreements (BAAs), these partners are permitted to transmit non-compliant data or adjust the use of specific segments or elements within the X12 transaction. For instance, a payer may require a unique provider identifier that is not part of the standard X12 format. In such cases, with an agreement in place, the submitter can include that identifier in a segment or element typically designated for a different value. Please note that these variations may appear in the claim information provided to CRISP.	Thank you for noting this. CRISP understands and acknowledges.
Public Comment Period (1/26)	Section 2.7.1 Validation Gates	We would be remiss not to remind CRISP that some trading partners submit X12 transactions to the EHN that are not HIPAA-compliant. Under trading partner agreements and business associate agreements, trading partners may send non-compliant data or modify the use of a segment or element within the X12 transaction. For example, a payer might require a special provider identifier that does not exist in the standard X12 format. With an agreement in place, the submitter can include that identifier in a segment or element typically reserved for a different value. Please note that this data may appear in the claim information we provide to CRISP.	Thank you for noting this. CRISP understands and acknowledges.
Public Comment Period (1/26)	Section 2.7.1.1 Gate 1 - Transmission & Integrity (File Level)	We have concerns that the current draft does not include an explanation of the duplicate check logic. We request that CRISP provide detailed information on the logic they intend to apply to submitted transactions. It is important for us to clearly understand which elements will be evaluated. For instance, a flat file may be resubmitted due to errors; if a single element in that file changes, it should not be considered a duplicate. However, we are concerned that such a file could be incorrectly rejected as a duplicate under the current approach.	Duplicates will be identified using a file-level checksum, so only truly identical files will be rejected. The intent here is to avoid accidental resubmission of the same file or repeated transfers of the same file, and that resubmitted files contain updated file names per the stated convention. If additional clarification is required, please explain. A specific checksum algorithm (e.g. MD5) is not stated in the guidance to give the processing vendor flexibility to adjust if needed.
Public Comment Period (1/26)	Section 2.7.1.1 Gate 1- Transmissions & Integrity (File Level) - Duplicate File Check	CE members would like to note that the current draft does not include an explanation of the duplicate check logic. To ensure alignment, we request that CRISP provide detailed information on the logic intended for evaluating submitted transactions. It is important for us to understand which elements will be assessed. For example, a transaction (X12 or flat file) may be resubmitted due to corrections; if a single element changes, it should not be classified as a duplicate. Our concern is that, under the current approach, such a file could be incorrectly rejected as a duplicate. We recommend that CRISP add the specific duplicate check logic to the technical specification.	Duplicates will be identified using a file-level checksum, so only truly identical files will be rejected. The intent here is to avoid accidental resubmission of the same file or repeated transfers of the same file, and that resubmitted files contain updated file names per the stated convention. If additional clarification is required, please explain. A specific checksum algorithm (e.g. MD5) is not stated in the guidance to give the processing vendor flexibility to adjust if needed.
Public Comment Period (1/26)	Section 2.7.1.2 Gate 2 - Syntax & Structure (SNIP Level 1 & 2)	Transaction Submission Criteria: Should transactions submitted to CRISP be based on the received date or the encounter date? Using the encounter date would be very difficult to manage operationally. Accepted Transactions: Does CRISP expect to receive only claim transactions that have been accepted by the EHN? Please note that EHNs do not have access to claim transactions that fail initial validation because they are un-processable. Additionally, CE members request a list of possible SNIP Level 1 & 2 errors that EHNs could receive from CRISP. This information will help EHNs streamline their validation processes.	CRISP agrees to NOT use encounter date for this effort as we agree with the level of difficultly to manage. Instead, please submit based on a transaction date of the EHN's choosing. Each EHN can select the "transaction date" most appropriate for the EHNs operations (EHNs have suggesting processing date, date stamp of receipt -- any of these are acceptable). We request when an EHN selects a "transaction date" to please consistently use that same field as the transaction date across submissions. CRISP expects to receive only transaction accepted into the EHNs system. We understand some transaction fail initial validation and these are not considered reportable transactions. We have added information to Section 2.3 Identifying Transactions to Report to CRISP on unprocessed and rejected transactions.
Public Comment Period (1/26)			

	Section 2.7.1.2 Gate 2 - Syntax & Structure (SNIP Level 1 & 2)	CE members seek clarification regarding SNIP Level 1 & 2 validation: Transaction Submission Criteria: Should transactions submitted to CRISP be based on the received date or the encounter date? CE members do not support using the encounter date, as this would be very difficult to manage operationally. Accepted Transactions: Does CRISP expect to receive only claim transactions that have been accepted by the EHN? Please note that EHNs do not have access to claim transactions that fail initial validation because they are un-processable. Additionally, CE members request a list of possible SNIP Level 1 & 2 errors that EHNs could receive from CRISP. This information will help EHNs streamline their validation processes.	CRISP agrees to NOT use encounter date for this effort as we agree with the level of difficultly to manage. Instead, please submit based on a transaction date of the EHN's choosing. Each EHN can select the "transaction date" most appropriate for the EHNs operations (EHNs have suggesting processing date, date stamp of receipt -- any of these are acceptable). We request when an EHN selects a "transaction date" to please consistently use that same field as the transaction date across submissions. CRISP expects to receive only transaction accepted into the EHNs system. We understand some transaction fail initial validation and these are not considered reportable transactions. We have added information to Section 2.3 Identifying Transactions to Report to CRISP on unprocessed and rejected transactions.
Public Comment Period (1/26)			
Public Comment Period (1/26)	Section 2.7.1.2 Gate 2 - Syntax & Structure (SNIP Level 1 & 2)	We request that CRISP update “mandatory” to “required” and add “loops, segments, elements, and composite elements” to align with the X12 Implementation Guides.	CRISP updated language in the revised version.
Public Comment Period (1/26)	Section 2.7.1.2 Gate 2 - Syntax & Structure (SNIP Level 1 & 2)	We request that CRISP update this to “loops, segments, elements, and composite elements” to align with the X12 Implementation Guides.	CRISP updated language in the revised version.
Public Comment Period (1/26)	Section 2.7.1.2 Gate 2 - Syntax & Structure (SNIP Level 1 & 2)	We request that CRISP remove “optional” because situational is present and it aligns with the X12 Implementation Guides.	CRISP updated language in the revised version.
	Section 2.7.1.2 Gate 2 - Syntax & Structure (SNIP Level 1 & 2)	We ask CRISP to confirm the following: The transactions submitted to CRISP, should the be submitted based on date received or encounter date? We do not recommend the use of encounter date because we may get a claim with **a** date of service in January, in March. This is impossible to track. Does CRISP expect to receive only EHN accepted claim transactions? We do not have access to claim transactions that fail initial validation because they were un-processable. We do have access to claim transactions that reject at the EHN for WEDI SNIP 3 and up, and payer rejections. Does CRISP expect to receive those claims transactions, keeping in mind that they are not accurate? Is CRISP using the state Medicaid versioning and requirements? We recommend that CRISP provide the errors we could receive as SNIP 1 or 2 so we are familiar with the possible errors we will see.	CRISP agrees to NOT use encounter date for this effort as we agree with the level of difficultly to manage. Instead, please submit based on a transaction date of the EHN's choosing. Each EHN can select the "transaction date" most appropriate for the EHNs operations (EHNs have suggesting processing date, date stamp of receipt -- any of these are acceptable). We request when an EHN selects a "transaction date" to please consistently use that same field as the transaction date across submissions. CRISP expects to receive only transaction accepted into the EHNs system. We understand some transaction fail initial validation and these are not considered reportable transactions. We have added information to Section 2.3 Identifying Transactions to Report to CRISP on unprocessed and rejected transactions.
Public Comment Period (1/26)			
Public Comment Period (1/26)	Section 2.7.1.2 Gate 2 - Syntax & Structure (SNIP Level 1 & 2)	We request that CRISP update the word “mandatory” to “required” and add “loops, segments, elements, and composite elements” to align with the X12 Implementation Guides.	CRISP updated language in the revised version.
	Section 2.7.1.2 Gate 2 - Syntax & Structure (SNIP Level 1 & 2)	We request that CRISP remove “optional” because situational is present and it aligns with the X12 Implementation Guides.	CRISP updated language in the revised version.
Public Comment Period (1/26)			
	Section 2.7.1.2 Gate 2 - Syntax & Structure (SNIP Level 1 & 2)	We request that CRISP update this to “loops, segments, elements, and composite elements” to align with the X12 Implementation Guides.	CRISP updated language in the revised version.
Public Comment Period (1/26)			
	Section 2.7.2 Submission Acknowledgement & Data Quality Reports (DQR) Figure 4: Acknowledgments	The TA1 is requested by the submitter in the ISA14 of the X12 transaction. Please confirm if CRISP is going to return a TA1 only when requested or on all eligible submitted transactions. If CRISP intends for the EHN to request a TA1, then the flat file map must be updated with an element for the request of the TA1.	CRISP updated language in the revised version. CRISP will return acknowledgements on all submitted transactions for active confirmation of receipt or documentation of rejection. To clarify, TA1 / 999 acknowledgements will only be sent in response to native X12N submissions, and flat file response CSVs will only be sent in response to flat file submissions.
Public Comment Period (1/26)			
	Section 2.7.2 Submission Acknowledgement & Data Quality Reports (DQR) Figure 4: Acknowledgments	CE members recommend that CRISP consider returning the 999 with “rejected with errors” and the appropriate reasons for errors populated. Providing this information will streamline the error correction and resubmission process.	CRISP updated language in the revised version.
Public Comment Period (1/26)			
	Section 2.7.2 Submission Acknowledgement & Data Quality Reports (DQR) Figure 4: Acknowledgments	The TA1 is requested by the submitter in the ISA14 of the X12 transaction. Please confirm if CRISP is going to return a TA1 only when requested or on all eligible submitted transactions. If CRISP intends for the EHN to request a TA1, then the flat file map must be updated with an element for the request of	CRISP updated language in the revised version. CRISP will return acknowledgements on all submitted transactions for active confirmation of receipt or documentation of rejection. To clarify, TA1 / 999 acknowledgements will only be sent in response to native X12N submissions, and flat file response
Public Comment Period (1/26)			

Public Comment Period (1/26)	Section 2.7.2 Submission Acknowledgement & Data Quality Reports (DQR) Figure 4: Acknowledgments	We recommend that CRISP consider returning the 999 with “rejected with errors” and the appropriate reasons for errors populated. Providing this information will streamline the error correction and resubmission process.	CRISP updated language in the revised version.
Public Comment Period (1/26)	Section 2.7.2 Submission Acknowledgement & Data Quality Reports (DQR)- Figure 4: Acknowledgments	Recommend that CRISP consider returning the 999 with “rejected with errors” and the appropriate reasons for errors populated. Providing this information will streamline the error correction and resubmission process.	CRISP updated language in the revised version.
Public Comment Period (1/26)	Section 2.7.3.2 Resubmission Requirements	It may not be feasible to resubmit only the rejected file. In practice, the file must be corrected, and the entire job rerun to generate a clean file for submission to CRISP. We recommend that CRISP prepare to accept resubmission of the entire file in cases where a rejection occurs.	CRISP added more clarity and changed to ten business days of original rejections.
Public Comment Period (1/26)	Section 2.7.3.2 Resubmission Requirements	Request CRISP allow at least ten business days from the original rejection for resubmission.	CRISP added more clarity and changed to ten business days of original rejections.
Public Comment Period (1/26)	Section 2.7.3.2 Resubmission Requirements	CE members would like CRISP to understand that it may not be feasible to resubmit only the rejected file. In practice, the file must be corrected, and the entire job rerun to generate a clean file for submission to CRISP. We recommend that CRISP prepare to accept resubmission of the entire file in	CRISP acknowledges this and discussed with HIEs and CCE.
Public Comment Period (1/26)	Section 2.7.3.2 Resubmission Requirements	CE members request CRISP allow ten business days from the original rejection for resubmission.	CRISP added more clarity and changed to ten business days of original rejections.
Public Comment Period (1/26)	Section 2.7.3.2 Resubmission Requirements	We recommend splitting 2.6.3.2 into two sections, one for the X12 transactions and one for flat files. This will allow for the consideration of the differences between the two different submission file types. The instructions need to be specific to the file type that is submitted for clarity.	Addressed in revised version to extent possible prior to data processing vendor selection.
Public Comment Period (1/26)	Section 2.7.3.3 Nullification / Voiding	The process should include instructions on how the following events would be handled by CRISP: 1. The EHN does not realize that they submitted an incorrect file immediately and the file has processed at CRISP. How would CRISP identify and delete this data? 2. How will CRISP attest that the invalid data was permanently deleted from the CRISP system? What evidence will CRISP provide?	CRISP will notify EHNs and purge data from our systems. CRISP will provide documentation of data destruction. Language added to the revised version.
Public Comment Period (1/26)	Section 2.7.3.3 Nullification / Voiding	CE members have concerns regarding the handling of files when CRISP receives invalid data or an incorrect file The data could include, but is not limited to, transactions for services that did not occur in Maryland or HIPAA-protected information. These types of issues could result in a HIPAA violation which requires If the submitted data results in a HIPAA violation, the EHN is required to report it internally and OCR. CRISP must establish a detailed process for addressing these situations and incorporate it into the technical specification. The process should include instructions on how the following events would be handled by CRISP: The EHN does not realize that they submitted an incorrect file immediately and the file has processed at CRISP. How would CRISP identify and delete this data? How will CRISP attest that the invalid data was permanently deleted from the CRISP system? What evidence will CRISP provide? We recommend that these detailed process be added to the technical specification.	CRISP will notify EHNs and purge data from our systems. CRISP will provide documentation of data destruction. Language added to the revised version.
Public Comment Period (1/26)	Section 2.7.3.3 Nullification / Voiding	We have concerns regarding the handling of files when CRISP receives invalid data or an incorrect file. Such data could include, but is not limited to, transactions for services that did not occur in Maryland or HIPAA-protected information. If the submitted data results in a HIPAA violation, the EHN is required to report it internally. We recommend that CRISP establish a detailed process for addressing these situations and incorporate it into the technical documentation. Additionally, we need clarity on whether CRISP will attest to permanently deleting the file or provide evidence that the incorrect data has been completely removed from the CRISP system.	CRISP will notify EHNs and purge data from our systems. CRISP will provide documentation of data destruction. Language added to the revised version.
Public Comment Period (1/26)	Section 2.7.3.4 Data Retention & Audit Capability Requirements (B)	May not be possible to regenerate the exact data output for each submission. EHNs will retain 12 months of data; however, the original output files may not be stored for that long of a period of time, as doing so would require significant storage capacity. If CRISP requests a resubmission, the job will be rerun with the same set of transactions, and CRISP will receive the same data, but not the identical original output. This is the case for both X12 and flat file submissions. We recommend that CRISP update the technical specification to clarify that the same data will be provided upon resubmission, though the output will not be an exact replica of the original.	CRISP acknowledges this and discussed with HIEs and CCE. CRISP updated the language in the revised version to address this concern.

Public Comment Period (1/26)	Section 2.7.3.4 Data Retention & Audit Capability Requirements (B)	CE members have confirmed that it is not possible to regenerate the exact data output for each submission. EHNs will retain 12 months of data; however, the original output files will not be stored, as doing so would require significant storage capacity. If CRISP requests a resubmission, the job will be rerun, and CRISP will receive the same data, but not the identical original output. This is the case for both X12 and flat file submissions. We recommend that CRISP update the technical specification to clarify that the same data will be provided upon resubmission, though the output will not be an exact replica of the original.	CRISP acknowledges this and discussed with HIEs and CCE. CRISP updated the language in the revised version to address this concern.
Public Comment Period (1/26)	Section 2.7.3.4 Data Retention & Audit Capability Requirements (B)	We recommend that CRISP allow flexibility in how previously submitted data is regenerated and provided in the event of a resubmission request. Our current processes do not enable us to reproduce the exact original output in the same format as initially submitted. To fulfill such requests, we must rerun the job to regenerate the transaction file. While we can confirm that CRISP will receive the same underlying data, we cannot guarantee that it will meet the specific requirements outlined here. We request that CRISP revise the language to allow for resubmission of the original data, even if the format or structure is not identical to the initial submission.	CRISP acknowledges this and discussed with HIEs and CCE. CRISP updated the language in the revised version to address this concern.
Public Comment Period (1/26)	Section 2.7.3.4 Data Retention & Audit Capability Requirements (Re-Submission)	As stated above, we can regenerate and re-transmit, but we cannot provide the exact file in its original form.	CRISP acknowledges this and discussed with HIEs and CCE. CRISP updated the language in the revised version to address this concern.
Public Comment Period (1/26)	Section 3.1 General Requirements - Filtering	The CE members affirmed their commitment to complying with all applicable laws and business associate agreements when sharing protected data.	Thank you for noting this.
Public Comment Period (1/26)	Section 3.1 General Requitements	Requirements is misspelled	Corrected the spelling and it is now Requirements in the revised version.
Public Comment Period (1/26)	Section 3.1 General Requitements	Requirements is misspelled	Corrected the spelling and it is now Requirements in the revised version.
Public Comment Period (1/26)	Section 3.2.2 Specific Loop & Segment Overrides (A)	CRISP did not provide an element for the payer ID in the flat file mapping, only the payer name. Please note that the payer IDs do vary for many plans across EHNs, we do not all use the same payer IDs. If CRISP requires the payer ID, please add it to the flat file map.	Element added to the flat file mapping.
Public Comment Period (1/26)	Section 3.2.2 Specific Loop & Segment Overrides (A)	CRISP did not provide an element for the payer ID in the flat file mapping, only the payer name. Please note that the payer IDs do vary for many plans across EHNs, we do not all use the same payer IDs. If CRISP requires the payer ID, please add it to the flat file map.	Element added to the flat file mapping.
Public Comment Period (1/26)	Section 3.2.2 Specific Loop & Segment Overrides (A)	CRISP did not provide an element for the payer ID in the flat file mapping, only the payer name. Please note that the payer IDs do vary for many plans across EHNs, we do not all use the same payer IDs. If CRISP requires the payer ID, please add it to the flat file map. A note on the payer name. Please be aware that submitters send different names for the same payer, it all depends on how the practice management system is configured. For example, one submitter might send UHC and another send United Healthcare. We are just ensuring that CRISP is aware of the potential differences they could see in the payer name.	Element added to the flat file mapping.
Public Comment Period (1/26)	Section 3.2.2 Specific Loop & Segment Overrides (B)	We do not see a valid reason for CRISP or state agencies to trace errors back to a specific batch processed by the EHN. Inbound X12 transactions undergo validation at the EHN, and any un-processable transactions are not submitted to CRISP. Additionally, other errors (e.g., payer-specific, SNIP 3 and above) should not affect the integrity of the data provided by the EHN. Therefore, CE members recommend removing any requirement for a clearinghouse or payer tracing number. The requirement remains that the EHN receiving the transactions first is responsible for submission to CRISP, making any errors inherently attributable to the submitting EHN.	CRISP understands and has removed this language as suggested from the revised version.

Public Comment Period (1/26)	Section 3.2.2 Specific Loop & Segment Overrides (B) - Clearinghouse Traceability	Deleted - Clearinghouse Traceability and added this comment - CE members do not see a valid reason for CRISP or state agencies to trace errors back to a specific batch processed by the EHN. Inbound X12 transactions undergo validation at the EHN, and any un-processable transactions are not submitted to CRISP. Additionally, other errors (e.g., payer-specific, SNIP 3 and above) should not affect the integrity of the data provided by the EHN. Therefore, CE members recommend removing any requirement for a clearinghouse or payer tracing number. The requirement remains that the EHN receiving the transactions first is responsible for submission to CRISP, making any errors inherently attributable to the submitting EHN.	CRISP understands and has removed this language as suggested from the revised version.
Public Comment Period (1/26)	Section 3.2.2 Specific Loop & Segment Overrides (B) - Clearinghouse Traceability	Deleted	CRISP understands and has removed this language as suggested from the revised version.
Public Comment Period (1/26)	Section 4 Flat File Submissions	Request confirmation on CRISP's data submission requirements. Claims failing initial validation cannot be included, as they are not accessible. Please also define how CRISP categorizes payer or trading partner rejections. While CRISP will receive claims from the initial EHN, rejection details will not be available at this stage.	Agreed on claims failing initial submission. Language added to section 2.3 of revised version. Language also included in Section 4 of the revised version.
Public Comment Period (1/26)	Section 4 Flat File Submissions	CE members request confirmation on CRISP's data submission requirements. Claims failing initial validation cannot be included, as they are not accessible. Please also define how CRISP categorizes payer or trading partner rejections. While CRISP will receive claims from the initial EHN, rejection details will not be available at this stage. The only adjudicated claims CRISP will receive are Coordination of Benefits (COB) claims routed to secondary or tertiary payers	Agreed on claims failing initial submission. Language added to section 2.3 of revised version. Language also included in Section 4 of the revised version.
Public Comment Period (1/26)	Section 4 Flat File Submissions	We need clarification on CRISP's expectations regarding the data to be submitted. As previously noted, we do not have access to claims that fail initial validation; therefore, these claims cannot be provided. Additionally, please clarify how CRISP defines payer or trading partner rejections. While CRISP will receive claims data from the initial EHN, trading partner or payer rejection details will not be available at this stage. Please note that the only adjudicated claims data CRISP will receive are Coordination of Benefits (COB) claims submitted to the EHN with a destination of a secondary or tertiary payer.	Agreed on claims failing initial submission. Language added to section 2.3 of revised version. Language also included in Section 4 of the revised version.
Public Comment Period (1/26)	Section 4.1 General Requirements (C)	We recommended in 3.2.2 B that we remove the Payer Claim Control Number.	Corrected to intermediary control number; payer claim control number removed. Intermediary control number retained for submission troubleshooting use only.
Public Comment Period (1/26)	Section 4.2.1 "Unwinding" 837 Transactions (Denormalization) (Results)	We have concerns on the X12 to flat file mapping and the X12 hierarchy. Those comments are available to you in the excel flat file mapping document.	CRISP addresses provided in the Excel flat file mapping document in the "Flat File" tab.
Public Comment Period (1/26)	Section 4.2.1.1 Cascading Logic by Loop Level (B-Unwinding Logic)	We advise against copying all of the Subscriber information into Patient elements when the patient's relationship to the insured is "self." Doing so creates redundant data in the flat file which could increase the file size. CRISP should interpret the absence of patient-specific elements as an indication that the subscriber and patient are the same individual. Information that should not be copied to the patient elements when the patient relationship to self are as follows: Last Name First Name	There is value for downstream use cases in populating both fields and the cost of slightly increased file size is de minimis; the draft guidance to populate both is retained.
Public Comment Period (1/26)	Section 4.2.1.1 Cascading Logic by Loop Level (C) The Claim Header Level (Loop 2300)	Deleted the Payer Claim Control Number and added this comment- We recommended in 3.2.2 B that we remove the Payer Claim Control Number	Corrected to intermediary control number; payer claim control number removed. Intermediary control number retained for submission troubleshooting use only.
	Section 4.2.1.1 Cascading Logic by Loop Level (D-Rendering Provider)	CE members recommend that the rendering provider mapping have two sections; 1 for professional and one for institutional because the mapping is not the same. The rendering loops CRISP refers to here is in professional transactions only. We recommend that you add the following in a separate section for institutional. 1. If the 2420C is present, use the line level rendering provider name, if it is not present, move to 2310D 2. If the 2310D is present, use the claim level, if not present, move to 2310A 3. If 2310A is present, use the attending provider name, if not present, null We highly recommend using NULL in the flat file for the rendering when the line, claim, and attending levels are null because the billing should have its own elements for the NPI, name, and address.	Please see comments in the "Flat File" tab.
Public Comment Period (1/26)			

Public Comment Period (1/26)	Section 4.2.1.1 Cascading Logic by Loop Level (D-Rendering Provider)	In addition to recommending that professional and institutional have separate X12 to flat file mappings, we recommend that the rendering provider mapping have two sections; one for professional and one for institutional. The mappings for the two lines of business are not interchangeable. We have additional comments in the excel flat file mapping under 837 layout. Professional: We recommend that the professional mapping to the flat file go as follows:2420A if present, use the line level, if not present, go to the 2310BIf the 2310B is present, use the claim level, if not, go to the billing provider null Populate with the 2010AA billing provider information or null. We highly recommend using NULL for the rendering provider if the 2420A or 2310B are not present and adding elements for the billing provider that will always be present. Institutional: The mapping for institutional missed the attending provider. The rendering provider name situational rule for the claim level rendering points to the attending provider name, not the billing. We recommend the following mapping for the name:1. If the 2420C is present, use the line level rendering provider name, if it is not present, move to 2310D2. If the 2310D is present, use the claim level, if not present, move to 2310A3. If 2310A is present, use the attending provider name, if not present, null We highly recommend using NULL for the rendering when the line, claim, and attending levels are null because the billing should have its own elements for the NPI, name, and address. Requiring billing provider details in both the billing and rendering provider elements (instead of leaving them null when not applicable) would unnecessarily increase the file size.	Please see comments in the "Flat File" tab.
Public Comment Period (1/26)	Section 4.2.1.1 Cascading Logic by Loop Level (D-The Provider Hierarchy)	CE members would like to highlight that provider mappings differ between professional and institutional claims, except for the billing provider (Loop 2010AA). Please add the following loops for institutional claims: Rendering Provider (line): Loop 2420CRendering Provider (claim): Loop 2310DAttending Provider: Loop 2310AFor the flat file, we recommend that billing provider details—NPI, name, tax ID, and address—be placed in separate elements rather than combined with rendering provider information for both professional and institutional transactions. According to the technical specification, billing data will be included on every line of the flat file; duplicating this information in the rendering section would significantly increase file size. This concern does not apply to EHNs submitting X12 transactions to CRISP. Again, we recommend that CRISP create separate flat file maps for professional and institutional.	Addressed rendering provider cascade in working copy and separate flat file maps created for professional and institutional. As stated elsewhere, redundant information capture where retained in the post-comment layout is intentional and file size increase as a result is not a concern.
Public Comment Period (1/26)	Section 4.2.1.1 Cascading Logic by Loop Level (D-The Provider Hierarchy)	Please note that the mappings differ for professional and institutional claims. We recommend that the billing provider information—NPI, name, tax ID, and address—be included in separate elements within the flat file for both professional and institutional claims, rather than being embedded within	Addressed rendering provider cascade in working copy and separate flat file maps created for professional and institutional. As stated elsewhere, redundant information capture where retained in the post-comment layout is intentional and file size increase as a result is not a concern.
Public Comment Period (1/26)	Section 4.2.3 File Layout Specification	The document did not include a complete sample submission, making it challenging to provide comprehensive feedback on the data dictionary. Please share a full sample before finalizing the dictionary.	CRISP will be provide after the layout is finalized.
Public Comment Period (1/26)	Section 4.2.3 File Layout Specification	Section 4.2.3 File Layout Specification The provided document did not include a complete sample submission, making it difficult to ensure we have provided full comments on the data dictionary.	CRISP will be provide after the layout is finalized.
Public Comment Period (1/26)	Section 4.2.3.2 Record Structure Overview	As previously stated, we recommend that CRISP create a filetype for professional and institutional.	CRISP agrees and updated language in revised version.
Public Comment Period (1/26)	Section 4.2.3.2 Record Structure Overview	As mentioned previously in this document, there is a need for two file types, one for professional and one for institutional.	CRISP agrees and updated language in revised version.
Public Comment Period (1/26)	Section 5 CRISP -EHN Agreements	Please provide the Data Use Agreement. Availity will potentially need to make changes.	Draft CRISP - EHN Data Submission Agreement sent to all EHNs on 2/3/26
Public Comment Period (1/26)	Section 5 CRISP -EHN Agreements	According to MHCC's FAQs (1/9/26), CRISP receives transaction data as the State-Designated HIE and Health Data Utility, so a BAA is not required. While CRISP may use a DUA, there is no legal mandate for EHNs to enter into one. This section must be removed from the technical specification, as CRISP cannot require EHNs to sign a DUA. EHNs lack data rights from Covered Entities and cannot grant CRISP additional rights beyond the four purposes defined by law. Including this requirement in the mandated specification risks noncompliance and jeopardizes EHN certification under COMAR 10.25.07.	Draft CRISP - EHN Data Submission Agreement sent to all EHNs on 2/3/26
Public Comment Period (1/26)	Section 5 CRISP -EHN Agreements	Please provide a copy of the standard data use agreement referenced in section 5 of the technical specification.	CRISP provided to EHNs on 2/3/2026. Please provide comments on the document to CRISP.

Public Comment Period (1/26)	Section 5 CRISP -EHN Agreements	I think there may be some fundamental misunderstandings of clearinghouses here. We don't have data use agreements because we aren't HIEs/HINs. We have unilateral BAAs with our customers and trading partners, not standard data use agreements signed by participants, and each BAA is negotiated with each customer. We would also like to understand if the data use agreement being drafted will be provided for review and comment like the technical specifications have been. We're concerned that we're going to be handed an agreement and told to sign it or be out of compliance with the law.	Thank you for sharing your concerns. Draft CRISP - EHN Data Submission Agreement sent to all EHNs on 2/3/26
Public Comment Period (1/26)	Section 5 CRISP -EHN Agreements/Deleted this section	Per the FAQs released by MHCC on 1/9/26, CRISP is receiving transaction information pursuant to its role as the State-Designated HIE and Health Data Utility on behalf of the State, and as such a BAA is not required. CRISP may use a DUA with us but there is no legal mandate that we enter into a DUA with CRISP. Since the technical specification is mandated and all parts of it must be followed this section MUST be removed from the technical specification. CRISP has no legal authority to force EHNs to enter into a DUA. Even if we attempted to enter into a DUA with CRISP, as we have explained numerous times to MHCC, EHNs have no inherent data rights from our Covered Entities/customers. We cannot enter in a DUA on behalf of our Covered Entities that would provide CRISP with any data rights. The only allowed usage of this data are the four purposes prescribed in the legislation, and EHNs have no authority to provide any other data rights to CRISP. Consequently, this MUST be removed from the mandated technical specification. By putting this in the technical specification, which we are required to follow by COMAR 10.25.07, you are setting us up to be out of compliance and putting our certification to operate in Maryland at risk because we are unable to ent	Draft CRISP - EHN Data Submission Agreement sent to all EHNs on 2/3/26
Public Comment Period (2/26)	Section 2.1 Submission Process Overview - Figure 1: Submission Process Overview	The CE acknowledges and appreciates the addition of the two bullets clarifying the flat file and batch submission options. However, the CE continues to believe that a separate process flow for flat file submissions would be more appropriate. Depicting a single submission process flow—primarily focused on X12—may inadvertently constrain or discourage the use of the flat file submission option by EHNs.	CRISP may update the diagram in future years if this causes confusion.
Public Comment Period (2/26)	Section 2.2.1 Submission Schedule Alternations Due to System Failures	The CE appreciates CRISP's clarification in situations where an issue originates on the CRISP side. We request that CRISP provide a defined submission timeframe for when the system becomes available, aligned with the submission expectations applied during an EHN system outage. Additionally, when an outage is the result of a cybersecurity event, clarification is requested regarding the applicable reconnection timeframe.	CRISP will communicate with EHNs using the same timelines and messaging as we use with our CRISP participants. CRISP typically communicates within one hour of event identification and provides hourly notifications until the resolution is reached. CRISP will also communicate to EHNs information on a cybersecurity event using the same communication as we report for our CRISP participants.
Public Comment Period (2/26)	Section 2.3.1 Submission Responsibility	Please note that this should be "provider or their vendors".	Acknowledged and changed.
Public Comment Period (2/26)	Section 2.3.5 Telehealth & Virtual Care Criteria 3: Patient Address	The CE recommends that CRISP expand the criteria to include the subscriber address. The patient address is only populated when the patient relationship to the insured is not "self." Relying solely on the mapping guidance outlined here does not account for scenarios in which the patient relationship to the insured is "self." Suggested mapping: If the patient state code (2010CA N402) is MD or the patient ZIP code (2010CA N403) falls within the range of 206–219, use the patient state or ZIP code. If the patient state or ZIP code is not present, evaluate the subscriber state code (2010BA N402) for MD or the subscriber ZIP code (2010BA N403) within the range of 206–219. If neither the patient nor the subscriber state or ZIP code indicates Maryland, the claim should not be sent to CRISP.	Acknowledged and updated
Public Comment Period (2/26)	Section 2.3.5 Telehealth & Virtual Care Figure 2: X12N 837 Technical Mapping for Location Determination	Please add the subscriber state code and zip code to this mapping as mentioned in the previous comment.	Acknowledged and updated

	Section 2.6.2.2	Security Requirement Updates	The CE strongly recommends extending the current 60-day notice period to 90 days. Clearinghouses operate under an Agile development model, and a full Program Increment (PI) requires a minimum of 90 days to complete development, testing, and deployment to production.	Updated to 90 days, as suggested.
Public Comment Period (2/26)				
			EHNs will not have a Business Associate Agreement (BAA) with CRISP. Please replace the term “business associate agreements” with “CRISP Connectivity Agreement.”	This was intended to mean that CRISP will commit to follow the same processes for EHNs (even though EHNs are NOT BAs of CRISP) that we do for our CRISP business associates, as documented in the BAAs with those CRISP participants. We understand your confusion in reading this. The CRISP legal team has agreed to include this language in the CRISP-EHN Data Connectivity Agreement and we have updated the Technical Submission Guidance to reflect this addition.
	Section 2.6.2.3	Security Incidents		
Public Comment Period (2/26)				
	Section 2.6.2.3	Security Incidents	CE members require immediate notification upon identification of a cybersecurity incident. A delay of up to two business days prolongs risk exposure for EHNs and their data prior to notification and potential disconnection from CRISP.	CRISP understands the importance of rapid notification. We have removed this and will defer to the language in the CRISP-EHN Data Connectivity Agreement.
Public Comment Period (2/26)				
	Section 2.7.1.2	Gate 2 - Syntax & Structure (SNIP Level 1 & 2)	We request that CRISP update “mandatory” to “required” to align with the X12 Implementation Guides.	Acknowledged and changed We understand that the industry uses the more general terminology "EDI Standards and Implementation Guides" while the term "TR3" unambiguously refers to the versioned ANSI document. The documents are still formally referred to as TR3, and we are concerned about definitional risks to loosening the language to ‘EDI standards’ or ‘implementation guides’ here. We are happy to discuss more if there is a particular reason CE is asking for the change or if there is a risk in identifying these as TR3. We understand that we will need to update the language if versioning changes.
Public Comment Period (2/26)				
	Section 2.7.1.2	Gate 2 - Syntax & Structure (SNIP Level 1 & 2)	The CE notes that the industry no longer refers to these guides as Technical Report Type 3 (TR3), consistent with X12 recommendations. This terminology should be updated to “corresponding EDI Standards and Implementation Guides.”	This comment was repeated several times in this document. For ease of read and review, we have removed the repeated comments/responses.
Public Comment Period (2/26)				
	Section 2.7.3.2	Resubmission Requirements	The CE recommends that CRISP provide standardized resubmission filenames for EHNs to use. The data retention requirements specify that EHNs must retain 12 months of data submitted to CRISP; therefore, resubmitted data should be clearly identifiable through the filename.	This is addressed in Section 2.6.3.1, figure 3, and as reiterated in the sentence following this one. The ‘Version’ element of the name indicates resubmission (any value greater than 1). In these Technical Submission Guidance, CRISP is balancing the level of specificity with providing some flexibility for EHNs based on their individual systems and operations.
Public Comment Period (2/26)				
	Section 3.2.3.1	Handling "In-Flight" Data (Pre-Adjudication)	The CE recommends that claims containing payer-adjudicated data be excluded from submission to CRISP. As discussed during the post–first review call between the CE and CRISP, both the “paid amount” and coordination of benefits (COB) data constitute payer data. This information is only present on a claim when it has been adjudicated by a prior payer. CRISP would have already received the original claim data at the time of the initial submission to the primary payer. Since the original claim data remains unchanged, inclusion of payer-adjudicated data in subsequent submissions is unnecessary and should be excluded.	An EHN may choose to remove information from a transaction that the EHN considers payer-provided; however, CRISP will not require the remove of the transaction nor specific fields in the transaction.
Public Comment Period (2/26)				

		Please refer to the CE's comment on 3.2.3 about payer data. The "line paid amount" would be null but we recommend that it is removed from the mapping.	
Public Comment Period (2/26)	Section 4.2.1 Handling Missing Granulari		Included for potential future use cases, leave null if unavailable, decline to remove