



**Integrated Healthcare Association**  
**Coded Division of Financial Responsibility (DOFR) – Release 1.0**  
**Public Comment Summary**

The Integrated Healthcare Association (IHA) conducted a call for public comments for Release 1.0 of the Coded Division of Financial Responsibility (DOFR) from September 26 (the initial launch date) through November 26, 2011. Over 80 questions and comments were received from webinars, meetings and presentations on the DOFR, and from the public comment survey link on IHA’s website. IHA and the DOFR Workgroup sincerely thank all who provided input at these events and/or submitted comments via the public comment process. A detailed Public Comment Response document is available at [www.iha.org/dofr.html](http://www.iha.org/dofr.html).

IHA and the DOFR workgroup received many comments regarding supplemental coding, duplicate codes, and a data table format. Many other valuable, specific suggestions were received, which IHA and the DOFR Workgroup will consider for future releases. IHA will maintain a rigorous, cumulative change log for each DOFR release.

A highlight of the DOFR Workgroup response to public comments and changes that were ultimately incorporated into Release 1.1 is provided below:

**Release 1.1 Key Changes:** Coding for DME, Orthotics and Prosthetics has been added, and the term “hospital” was changed to “facility” in the financial matrix column headers.

**Implementation:** The Coded DOFR is a customizable tool to be utilized between contracting parties in their negotiations. It is not prescriptive, but does reflect the best tool developed by a multi-stakeholder group representing each industry sector. California health plans and providers, and their associations have expressed support of the Coded DOFR as a tool to clarify definitions, support process improvement and automation, and address historical issues and challenges between contracting parties.

**Flexibility:** The Coded DOFR is a customizable tool, and may be modified by consolidating row or columns or adding, for example:

- Service rows
- Financial responsibility columns
- Case rate columns
- Authorization or Benefit Administration information
- Columns for supplemental coding information (e.g., place of service or type of bill coding)

**Case Rates:** As noted in the DOFR End User Agreement, “IHA does not assign or recommend use of fee schedules, relative values, conversion factors, related components, contracting and/or designation or risk.” Coded DOFR users may opt to customize the DOFR by adding a case rate column.

**Medi-Cal Codes:** IHA will consider this for a future release.

Stakeholders may continue to submit additional comments or suggestions outside of the public comment period to Cindy Ernst at IHA ([cernst@iha.org](mailto:cernst@iha.org) or 510-208-1743).