



June 28th, 2021

Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2022 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Proposed Changes to Medicaid Provider Enrollment; and Proposed Changes to the Medicare Shared Savings Program

Submitted electronically via www.regulations.gov

Dear Administrator Brooks-LaSure,

athenahealth, Inc. (“athenahealth” or “athena”) appreciates the opportunity to respond to the changes outlined in the FY 2022 Hospital Inpatient Prospective Payment Systems Proposed Rule.

Over the past 24 years, athenahealth has built a network of approximately 160,000 providers in both the ambulatory and acute settings. We provide electronic health record, practice management, care coordination, patient engagement, data analytics, revenue cycle management, and related services to physician practices and hospitals. More than 120,000 of our clinicians utilize our single instance, continuously updated, cloud-based platform. We also support on-premise software solutions. In both hosting paradigms, athenahealth seeks out and establishes connections with partners across the care continuum, enabling our clinicians to improve the quality of care they deliver.

It is with that context that we offer the following comment to CMS:

Reduce Burden on Proposed Changes to the Public Health and Clinical Data Exchange Objective

athenahealth recognizes CMS’s forward-thinking approach to create a more integrated case reporting and surveillance network and agrees that investments in public health are vital to modernizing the nation’s healthcare infrastructure. However, as proposed, the new Public Health and Clinical Data Exchange Objective will create additional burden for hospitals. Critical Access Hospitals (CAH) and Eligible Hospitals (EH) that provide essential services to rural communities across America may not be able to successfully integrate with additional registries to meet new requirements in an expedited timeline for the 2022 reporting period.

We urge CMS to account for the administrative and financial burden that accelerating the implementation of new registries will place on rural hospitals already vulnerable to closure. athenahealth shares the administration’s goal to improve equitable access to care and create a thriving healthcare ecosystem. We believe the facilities that provide care to underserved and rural populations are more important than ever. Many CAH and EH with limited resources expected the implementation of CMS’s prior proposal to remove the Public Health and Clinical Data Exchange Objective no later than CY 2022. A course reversal



of this proposed policy within a strict timeline will have significant implications for their ability to serve their communities, particularly in a healthcare landscape already taxed by the COVID-19 pandemic.

With respect to the Public Health and Clinical Data Exchange Objective, we ask that CMS offer more flexibility in scoring this objective. Specifically, we ask CMS to follow their own precedent by allowing an alternate exclusion when introducing a new measure, as was the case of Electronic Prescribing in 2015. The proposed changes to the Public Health and Clinical Data Exchange Objective are achievable with prior planning. However, we believe that offering an alternate exclusion in 2022 for hospitals currently in active engagement with two out of six public health registries will allow for CAH and EH to safely and effectively implement any necessary integrations to meet this objective the following year.

In summary, athenahealth appreciates the opportunity to provide comments and input on the Proposed Rule, and we look forward to continued collaboration with CMS to reduce the burden faced by clinicians today.

Regards,

A handwritten signature in black ink that reads "J. Michaels". The signature is written in a cursive, flowing style.

Jennifer Michaels
Government & Regulatory Affairs
athenahealth, Inc.