

February 13th, 2023

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; Contract Year 2024 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, Medicare Parts A, B, C, and D Overpayment Provisions of the Affordable Care Act and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications

Submitted electronically via www.regulations.gov

Dear Administrator Brooks-LaSure,

athenahealth, Inc. (“athenahealth” or “athena”) appreciates the opportunity to respond to the Contract Year 2024 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs Proposed Rule (CMS-4201-P)

Over the past 26 years, athenahealth has built a network of approximately 385,000 healthcare providers in both the ambulatory and acute settings in all 50 states. We provide electronic health record (EHR), practice management, care coordination, patient engagement, data analytics, revenue cycle management, and related services to physician practices and hospitals. More than 155,000 providers utilize athenahealth’s nationwide, cloud-based network. We also support on-premise software solutions. athenahealth’s vision is to create a thriving healthcare ecosystem that delivers accessible, high quality, and sustainable healthcare for all. We work towards this vision partially by reducing the burden of regulatory requirements and administrative challenges facing healthcare providers today.

We applaud the administration’s efforts to simplify and align regulatory requirements in pursuit of improved patient outcomes.

Standardize Coverage Between Medicare and Medicare Advantage for Clinical Trials

athenahealth supports the CMS proposal to align Part D clinical trial policies with standard Medicare and encourages billing requirements for Medicare Advantage plans to be consistent with Medicare requirements. Aligning and standardizing requirements across plans will allow for a more seamless way to process clinical trial claims. athenahealth strongly supports an annual utilization review and CMS creating clear policies and guidelines when Medicare Advantage plans deviate from Medicare guidelines. The successful alignment of coverage between Medicare and Medicare Advantage was most recently demonstrated through modifications to the Place of Service codes for telehealth (CMS MM12427). This standardization allowed physicians, medical coders, and health IT vendors to process telehealth claims in

a consistent format. We encourage CMS to follow this example as they consider updates to clinical trial related billing.

CMS Must Allow Reasonable Time to Adopt NCPDP SCRIPT v2022011

athenahealth supports the adoption of NCPDP SCRIPT version 2022011. The complexity of modifications to Rx Orders, Medication History and Electronic Prior Authorization present challenges to implement on the current timeline. The January 2025 deadline is not sufficient time to fully scope, build, test and deploy three separate interface integrations across the industry to the highest quality. Rushed timelines have the potential for significant compliance and patient safety issues. We encourage CMS to extend the adoption deadline to ensure the objectives are implemented properly across the industry.

We look forward to continuing to work with your team to improve healthcare. Please do not hesitate to contact me directly at 845-323-3454.

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.