



January 4, 2021

Ms. Seema Verma
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Don Rucker, M.D.
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street, SW
Washington, DC 20201

Dear Administrator Verma and Dr. Rucker:

athenahealth, Inc. (“athenahealth” or “athena”) appreciates the opportunity to respond to the changes outlined in the Interim Final Rule titled *Reducing Provider and Patient Burden by Improving Prior Authorization Processes, and Promoting Patients’ Electronic Access to Health Information for Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, and Issuers of Qualified Health Plans on the Federally-facilitated Exchanges; Health Information Technology Standards and Implementation Specifications (CMS-9123-P)*.

Over the past 22 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. Since announcing a combination with Virence Health in early 2019, 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.

CMS’s Interim Final Rule contains core principles and characteristics that, if properly implemented, and with a few caveats, will streamline prior authorization and increase the ease of information sharing across the entire healthcare continuum. Below please find our specific comments on the rule:

1) Enable Bi-directional Information Flow between Clinicians and Payers

athenahealth's applauds CMS’s effort to encourage bidirectional information flow between clinicians and payers. The prior authorization process is overly burdensome and unnecessarily costly for the entire healthcare system. Standardizing the data shared between payers and providers will increase efficiency and allow providers to prioritize patient care over administrative tasks. CMS’s continued partnership across HHS and with private sector initiatives will reduce unnecessary and duplicative tasks to promote a more connected, thriving ecosystem.

2) ePrior Authorization Must Not Create Administrative and Financial Burden for Providers

We commend the administration’s commitment to reducing regulatory burdens and improving patient care. Consistent with the principles of the Patients over Paperwork Initiative, we must balance the need to reduce costly, redundant or unnecessary clinical interventions while supporting a clinician’s ability to make the best decision for their patients. Greater connectivity will undoubtedly drive down the administrative costs and burden of prior authorization to both providers and payers. It is incumbent upon CMS to continue to work closely with ONC to ensure consistency with ONC’s finalized 21st Century Cures Act Information Blocking rule.

3) Encourage Flexibility That Allows the Industry to Lead and Innovate

Athenahealth appreciates CMS's flexibility to leverage capabilities of API's (synchronous RESTful FHIR for single patient and asynchronous Bulk/Flat FHIR for multiple patients) to improve data exchange, streamline administrative processes and drive better connectivity. This approach will promote the adoption of technologies that reduce burden while allowing iterative technological improvements to achieve the shared goal of improved information exchange. CMS should ensure that all parties have the flexibility to respond to market forces and reduce the financial and administrative burden on providers already operating on razor-thin margins. As payer and provider innovation and integration are expanding, CMS must exercise caution around regulation that unintentionally determines business models for the industry. In our experience, meaningful information exchange occurs in response to market demands when two or more entities solve for a business use case. As CMS continues to promote interoperation, overregulating the engineering of specific technology processes risks embedding outdated technology and stifling innovative approaches.

4) Balance Data Flow and Privacy to Benefit Patients

We commend CMS's policy goal of expanding patient access to their healthcare data and allowing greater control of where their data flow. However, patient control of data must be balanced with the need for clinicians to access vital patient information. For Value Based Care to succeed, clinicians must have a holistic view of a patient's continuum of care, including behavioral health information. Furthermore, healthcare regularly occurs across state lines, and a patchwork of state rules on patient access and control presents challenges in creating a nationwide ecosystem of information exchange.

5) Encourage Fax Reduction to Facilitate Efficient, Effective, and Secure Electronic Data Exchange

Athenahealth applauds CMS for its efforts to continuously improve electronic data exchange to help ensure more timely, better quality, and highly coordinated care. Fax technology limits the industry's ability to reach true interoperability, while time-consuming inefficiencies signal an ever-increasing administrative and financial burden in healthcare. We are supportive of alternative secure means of information exchange that include structured data to help streamline communication. Direct messaging is a promising option, though not without improvements. Not all Health systems/EHR/HISP opt in to share provider's direct addresses, causing a significant failure rate in attempted Direct messages. We support CMS's modernization of data exchange technology and encourage the agency to continue its focus on sharing information electronically in real time.

In summary, athenahealth appreciates the opportunity to provide comments and input on the Interim Final Rule. Given the abbreviated timeframe to respond to regulatory language, we look forward to continued collaboration with CMS as we share additional feedback on the RFIs. We trust that such input will be useful to the agency. Please do not hesitate to reach out for further discussion.

Regards,

A handwritten signature in black ink, appearing to read "J. Michaels".

Jennifer Michaels
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