

June 9th, 2023

Administrator 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: CMS–1785–P Medicare Program; Proposed Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2024 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Rural Emergency Hospital and Physician-Owned Hospital Requirements; and Provider and Supplier Disclosure of Ownership

Submitted electronically via www.regulations.gov

Dear Administrator Brooks-LaSure,

athenahealth, Inc. (“athenahealth” or “athena”) appreciates the opportunity to respond to the proposed changes outlined in the Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2024 Rates Process Proposed Rule.

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 140,000 providers 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.

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 burdensome administrative tasks for providers so that they can focus on improving patient outcomes. It is with that context that we offer the following comments.

We applaud CMS’s continued focus on the advancement of Certified Electronic Health Record Technology utilization and improving interoperability and patient access to health information. Interoperability is part of the athenahealth DNA, and we believe that true interoperability will reduce barriers, make care easier to seek and deliver, and ultimately save lives. CMS measures that incentivize interoperability will move us towards a more connected healthcare ecosystem. However, there are instances when the realities of our healthcare landscape create gaps between the spirit of the measure and the practice of medicine.

The intent of the Health Information Exchange: Support Electronic Referral Loops by Receiving and Reconciling Health Information measure is to ensure the seamless transmission of vital healthcare information, while maintaining continuity of care between separate healthcare entities. There are a significant number of providers practicing within critical access networks that cannot satisfy this measure.

These providers exist within a single safety net system and their referrals will not be captured in the measure denominator based on the current criteria. In fact, this measure in its current form penalizes critical access providers for working within their network to care for patients. As written, the measure specification calls for the denominator to increment only when a CCDA is received from an entity that is not affiliated with the receiving CMS Certification Number (CCN). Providers in critical access networks exist within the same CCN, making both the sending and receiving party the same entity. Due to scarcity of resources, these providers have no other option but to refer patients to care within their CCN, making it impossible to fulfill this measure. This creates a scenario in which providers caring for patients within critical access networks are penalized for reasons beyond their control. We do not believe this is the spirit of the measure but is an unintended consequence that must be addressed.

CMS currently acknowledges scenarios for clinical quality measures in which a hospital using a EHR capable of reporting measure data to submit a zero in the denominator for the reporting period if the hospital does not have patients that meet the denominator criteria of that measure. athenahealth encourages CMS to allow for the same exclusion criteria for providers and entities that exist within a system where the measure itself cannot be fulfilled.

athenahealth looks forward to supporting this work and encourages CMS to continue to consider industry feedback to develop standardized approaches that reduce burden and ensure lasting value for patients and providers.

Regards,

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

Jennifer Michaels
Senior Manager, Government & Regulatory Affairs
athenahealth, Inc.