



June 10th, 2025

Mehmet Oz, M.D.
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-1833-P Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026 Rates; Requirements for Quality Programs; and Other Policy Changes

Submitted electronically via www.regulations.gov

Dear Administrator Oz,

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 2026 Rates Process Proposed Rule.

Over the past 28 years, athenahealth has delivered data-driven insights from across the company’s connected network of more than 160,000 providers serving nearly one-fourth of the U.S. population. Our healthcare providers serve in both 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. 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 in that context that we offer the following comments.

Request for Information: Performance-based Measures

athenahealth shares CMS’s vision for widespread engagement between hospitals and public health agencies. Historically, the Public Health and Clinical Data Exchange objective has included measures requiring reporting via attestation to account for factors such as the ongoing development of connections between hospitals and public health agencies, as well as variation across state and local requirements. We encourage CMS to continue requiring attestation, rather than shifting to a numerator/denominator reporting structure. Reporting numerators and denominators fundamentally alters the architecture used to support public health reporting, with no clear added value for the end user. We urge CMS to account for the administrative and financial burden that will be placed on health IT developers and the clinicians they support as they work to comply with these regulatory requirements.

We applaud CMS’s investment in defining data completeness to ensure quality and usability. We encourage CMS to adopt a framework that public health agencies and health technology developers can reference to clarify what, at a minimum, should be included in a public health agency integration. The current process has led to a patchwork of individual states and public health agencies defining their own data completeness requirements, creating challenges in streamlining and scaling integrations.

Request for Information: Digital Quality Measurement in CMS Quality Programs

80 Guest Street Boston, MA 02135

athenahealth offers the following observations regarding the Digital Quality Measure (dQM) roadmap as outlined on the Electronic Clinical Quality Improvement (eCQI) Resource Center. The dQM roadmap, as propounded in https://ecqi.healthit.gov/dqm?qt-tabs_dqm=dqm-strategic-roadmap, relies heavily on the Fast Healthcare Interoperability Resources (FHIR) based measure calculation tool; however, CMS is proposing to move away from this method without identifying an alternative approach. Clear guidance on CMS's new direction is essential for certified health IT developers, particularly regarding the architecture and processes required for data submission.

Moreover, the transition to FHIR based electronic Clinical Quality Measures (eCQMs) requires a clear understanding of patient data migration and aggregation across EHR systems. While the Quality Data Model (QDM) and QRDA I specification currently serve as interoperability standards for data aggregation, the evolution of these standards within the context of FHIR remains unclear. Certified health IT developers need guidance on how these changes will impact the migration process, in addition to detailed information regarding revised certification requirements for FHIR-based eCQMs. A two-year transition period would allow vendors sufficient time to update their systems and obtain certification, provided there is clarity about the new requirements. As developers continue investing in United States Core Data for Interoperability (USCDI), detailed information about certification, measure calculation, and submission mechanisms will support modular investments that align with the transition to FHIR-based eCQMs.

Finally, the proposed rule encourages health IT developers to use the Measure Authoring Development Integrated Environment (MADiE), however, current access limitations require a U.S. Social Security Number (SSN) for login. By restricting access to MADiE based on SSN requirements, CMS will inadvertently hinder broader engagement and ultimately slow progress in the advancement of quality measure development. athenahealth strongly encourages CMS to consider alternative access solutions that accommodate a wider range of contributors. An alternate solution is for CMS to consider implementing administrative or organizational-level accounts for MADiE. Under this approach, organizations manage access, assigning internal accountability, and oversight for user activity. Implementing a more inclusive access policy would not only enhance the utilization and adoption of MADiE but also support the overall goal of improving healthcare quality through diverse perspectives and expertise.

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

Regards,

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

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