

August 30, 2024

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

**Re: CMS-1807-P Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments**

Submitted electronically via [www.regulations.gov](http://www.regulations.gov)

Dear Administrator Brooks-LaSure,

athenahealth, Inc. (“athenahealth” or “athena”) appreciates the opportunity to respond to the proposed changes outlined in the CY 2025 Payment Policies Under the Physician Fee Schedule proposed rule.

Over the past 27 years, athenahealth has delivered data-driven insights from across the company’s connected network of more than 155,000 providers serving nearly one-fourth of the U.S. population. Our healthcare providers serve in both ambulatory and acute settings in all 50 states. athenahealth strives to cure complexity and simplify the practice of healthcare. Our innovative technology includes electronic health records, revenue cycle management, and patient engagement solutions that help healthcare providers, administrators, and practices eliminate friction for patients while getting paid efficiently. athenahealth partners with practices with purpose-built software backed by expertise to produce the insights needed to drive better clinical and financial outcomes. We’re inspired by our vision to create a thriving ecosystem that delivers accessible, high-quality, and sustainable healthcare for all. It is with that context that we offer the following comments and clarifying questions.

**1. CMS and Congress Must Act to Avert the Proposed 2.8% Reduction to the Conversion Factor**

Healthcare providers are not immune to economic uncertainty. CMS’s proposal to decrease the conversion factor by 2.8% comes at a time when physician practices are under pressure from growing inflation, clinical workforce shortages, and significant challenges to meet regulatory requirements. Compounding this burden is a growing elderly population in need of care, with an estimated 11,000 people aging into Medicare each day<sup>1</sup>. If Congress fails to mitigate these cuts by the end of the year, there will be a profound impact on clinicians and patients, including the country’s most vulnerable populations.

athenahealth quantified the potential financial impact of the proposed cut by looking at our top-100 small practice customers who see the highest percentage of Medicare patients. We found the average practice stands to lose approximately \$56,000 annually, which in some cases, equates to the cost of maintaining one full-time employee. These cuts combined with rising practice expenses and staffing costs have a huge impact and unravel the progress practices have been making with value-based care models.

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<sup>1</sup> <https://www.protectedincome.org/peak65/>

We know that many independent physicians are already feeling the financial impact of keeping their practices running. A recent survey conducted by the Harris Poll on behalf of athenahealth revealed that the majority of physicians (62%) do not believe their practice is on a “sound financial footing” and nearly half (48%) said they are considering major changes to their practice operations to offset financial burdens<sup>2</sup>. With payment reductions of this magnitude proposed again for 2025, it is imperative that action is taken to provide both short and long-term solutions to this challenge.

**2. Request for Information Regarding Public Health Reporting and Data Exchange**

athenahealth shares in CMS’s vision for the widespread engagement across HHS to advance the public health information infrastructure in collaboration with the CDC and ONC. However, athenahealth does not recommend shifting to a numerator/denominator reporting requirement for current and future measures in the Public Health and Clinical Data Exchange objective. This approach fundamentally changes the architecture used to support public health reporting with no clear value add. 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 regulatory requirements. To enhance engagement, we encourage CMS to consider focusing on resourcing and capabilities of public health agencies to ensure readiness to connect with and receive data from electronic health record vendors.

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".

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

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<sup>2</sup> 2023 Physician Sentiment Survey, commissioned by athenahealth and fielded by Harris Poll, Jan 2024