# Entity Resolution

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# Why?

Who are the people/organizations who are submitting comments? What are they interested in?

**Entity examples**

6  CMS-2025-0050-0011,https://api.regulations.gov/v4/comments/CMS-2025-0050-0011,Individual,Medicare.gov needs to indicate Part B drugs when beneficiaries input their drugs when searching for Medicare plans. There is too much confusion around Part B vs Part D drugs.  It needs to be clearer.  I worked in Medicare for 22 years.,United States,"[{'name': 'pageCount', 'label': 'Page Count', 'tooltip': 'Number of pages In the content file'}]",Sara,Knipp,2025-06-05T18:59:00Z,09000064b8d6bd1a,,1,2025-05-28T04:00:00Z,,2025-05-16T04:00:00Z,SC,Public Comment,Comment on CMS-2025-0050-0001,mar-7zks-asf7,false

7  CMS-2025-0050-0012,https://api.regulations.gov/v4/comments/CMS-2025-0050-0012,,Use the Counterpart Assistant created by Clover Health,," [{'name': 'pageCount', 'label': 'Page Count', 'tooltip': 'Number of pages In the content file'}]",Anonymous,Anonymous,2025-06-05T19:00:23Z,09000064b8d6ef3c,,1,2025-05-28T04:00:00Z,,2025-05-16T04:00:00Z,,Public Comment,Comment on CMS-2025-0050-0001,mar-a0if-nsny,false

8  CMS-2025-0050-0013,https://api.regulations.gov/v4/comments/CMS-2025-0050-0013,,Counterpart Assistant from Clover Health.  Easy to use. ,," [{'name': 'pageCount', 'label': 'Page Count', 'tooltip': 'Number of pages In the content file'}]",Anonymous,Anonymous,2025-06-05T19:03:09Z,09000064b8d719cf,,1,2025-05-28T04:00:00Z,,2025-05-16T04:00:00Z,,Public Comment,Comment on CMS-2025-0050-0001,mar-crka-9dv0,false

# Parsing Public Comments to Match Keywords

```
email_fuzzy_matches
✓  0.0s  🥾 Open 'email_fuzzy_matches' in Data Wrangler

[('ipilldispenser', 'ipilldispenser', 100.0),
 ('mama', 'mama', 100.0),
 ('chroniccare', 'chroniccare', 100.0),
 ('forcetherapeutics', 'forcetherapeutics', 100.0),
 ('davita', 'davita', 100.0),
 ('stellarhealth', 'stellarhealth', 100.0),
 ('wellstarhealth', 'stellarhealth', 81.4814814814815),
 ('sutterhealth', 'stellarhealth', 80.0),
 ('sutterhealth', 'stellarhealth', 80.0),
 ('wavital', 'davita', 76.92307692307692),
 ('teladochealth', 'stellarhealth', 76.92307692307692),
 ('clicktherapeutics', 'forcetherapeutics', 76.47058823529412),
 ('betteridentitycoalition', 'betteridentity', 75.67567567567568),
 ('sparehealth', 'stellarhealth', 75.0),
 ('amga', 'mama', 75.0),
 ('oscarhealth', 'stellarhealth', 75.0),
 ('wellspanhealth', 'stellarhealth', 74.07407407407408),
 ('waveoneassociates', 'moran-associates', 72.72727272727273),
 ('stchealth', 'stellarhealth', 72.72727272727273),
 ('syntaxhealth', 'stellarhealth', 72.0),
 ('clarishealth', 'stellarhealth', 72.0),
 ('terroshealth', 'stellarhealth', 72.0),
```

# Sample Comment

QUA INC

Peg Graham, MBA, MPH

Founder

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Centers for Medicare and Medicaid
Via Regulations.gov website
Re:  CMS-9115-P
3/5/2019

My comment reflects a family caregiver concern.  We hope you do not intend to leave Durable Medical Equipment out of the interoperability mix.  So often, DME devices are left out of the big policy picture, yet these basic products, - sometimes referred to as Home Medical Equipment (HME), other times as assistive devices - enable millions to ambulate and perform activities of daily living (ADLs), such as bathing, toileting, dressing.       Yes, I am speaking not just about complex rehab, but about basic devices (such as manual wheelchairs) that enable many older adults to age in their own homes.

As you may know, there is a long history of non-cooperation between the ordering clinician and the DME supplier re documentation required by Medicare that has plagued this particular interaction, causing lots of confusion among families about whether something is covered, etc. We know that the CMS Document Lookup initiative is addressing this challenge.  However, it seems that the proposed rule interoperability rule is an opportunity to completely address post-acute patient/caregiver burden if the Documentation Requirement/Medical Necessity "pain point" can be ameliorated via an API.

Here's the question:  Under the proposed interoperability rule, will patients - and/or their family caregivers - be able to direct hospitals or MD offices to provide the supporting documentation directly from their Electronic Medical/Health Record to justify coverage of an assistive device and/or supplies?  This assumes, of course, that the device is deemed necessary.

This question is separate and apart from the ongoing re-evaluation of the CMS Competitive Bidding Program, which, as I understand it, is solely concerned with pricing.  However, there is overlap.    We believe that, going forward, sensors should—and will—be embedded in DME, relaying important status changes in ADL to clinicians.  Both the interoperability rule and future DME pricing practices should contemplate the integration of basic assistive devices in future digital health/remote monitoring solutions.           This point is further developed in a March HME News Commentary, "Categorize Functional, Digital Contributions."
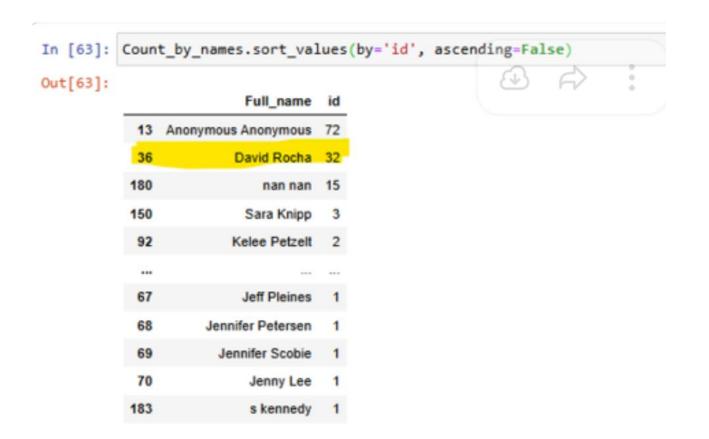
Respectfully submitted,
Peg (Margaret) Graham

Full disclosure:  I own the U.S. patent for ThePPAL®, a SELF-Lift-&-Transfer Bedside Commode for older adult wheelchair users who have difficulty accessing their bathrooms.  Our goal is to provide a toileting option equal in quality of experience to that of a flush toilet.  We are currently working with a Rehabilitation Engineering Research Center on a series of grant applications to bring this product to market.  In support of that effort, we are concurrently engaged in a Customer Discovery process, interviewing post-acute care Subject Matter Experts on the potential for new business models to support innovation in basic DME.  Our premise is that a NEXT GENERATION of DME is needed if we are to successfully address the needs of our aging population, especially in light of the caregiver gap that we all know is already here and only going to get worse.

# Sample Keywords Output

```json
mirrulations > {} CMS-2025-0050-keywords.json > ...
1  {
2      "Keywords": {
3        "names": ["Peg Graham"],
4        "orgs": ["Centers for Medicare and Medicaid", "QUA INC"],
5        "acronyms": ["ADL", "HME", "DME"]
6      }
7  }
8
```

# Who is David Rocha?

```
In [63]: Count_by_names.sort_values(by='id', ascending=False)
Out[63]:
```

| | Full_name | id |
|---|---|---|
| 13 | Anonymous Anonymous | 72 |
| 36 | David Rocha | 32 |
| 180 | nan nan | 15 |
| 150 | Sara Knipp | 3 |
| 92 | Kelee Petzelt | 2 |
| ... | ... | ... |
| 67 | Jeff Pleines | 1 |
| 68 | Jennifer Petersen | 1 |
| 69 | Jennifer Scobie | 1 |
| 70 | Jenny Lee | 1 |
| 183 | s kennedy | 1 |

Allows us to better identify those people and organizations making multiple public comments through multiple dockets. We can see if their messages share the same sentiment from comment to comment.

# Next Steps

- Refine data cleaning process to better identify people, orgs, and relevant acronyms
- Deduplicate - Similar comments by same organization/person
- Identify topics/agenda which are of public interest
- Build dashboard to allow searching of records by org or person
  - Ex: Search all CMS dockets from 2000-2010 that reference "Cigna"