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VIA UPLOAD (6/16/25)

June 16, 2025

Centers for Medicare & Medicaid Services
Attn: The Honorable Mehmet C. Oz, MD
Department of Health and Human Services
Baltimore, MD 21244-8013

Subj: CMS-2025-0050-0031 (formerly CMS-0042-NC); Request for Information (RFI), Health Technology Ecosystem

Dear Dr. Oz:

TeleTracking Technologies appreciates the opportunity to submit feedback in response to the subject RFI regarding national standards for the exchange of electronic health information, specifically as they relate to digital health products and their role in supporting improved patient outcomes, interoperability, and health equity.

As the market leading healthcare Operations Platform with over 35 years of experience optimizing hospital and health system operations, our mission remains clear:

To bend the cost curve of healthcare down while improving access and quality of care.

Medicare beneficiaries face complex challenges that demand ecosystem-wide solutions rooted in price transparency.

TeleTracking's integrated Operations IQ is a SaaS based platform that leverages data to address the patient flow, capacity management, and clinical workflow challenges across entire care networks. Our solutions enable end-to-end operational optimization from automated bed management and real-time location tracking to predictive analytics and cross-system interoperability.

We believe healthcare operations technology must seamlessly integrate with EMRs, administrative workflows, and care coordination to improve patient access, care transitions, price transparency, and resource utilization.

Our RFI response reflects this vision, offering practical, evidence-based recommendations based on decades of experience implementing solutions across U.S. health systems—including 80% of hospitals ranked in *U.S. News & World Report's* "Best Hospitals." Our response is also informed by our proven track record of COVID-19 reporting support for HHS, where we deployed an enhanced national platform that provided real-time situational awareness across 6,000+ hospitals.

Securing the Nation During the COVID-19 Pandemic

TeleTracking's partnership with The U.S. Department of Health and Human Services (HHS) showed the value in centralizing important capacity metrics across America's 6,000+ hospitals, 3,000 additional therapeutic sites, and local and state agencies. The data collected as a result of these efforts, including more than one million distinct data points, played a critical role in the allocation of funding, equipment, vaccines, therapeutics and staff in response to the pandemic. Because of the innovative reporting mechanisms developed by TeleTracking, more than 70% of the data submissions were done through an automated channel, streamlining the process for care locations and public health departments.

Lastly, some of our RFI responses are aspirational, providing insights on the "art of the possible". However, we have a stellar track record of turning aspirational into operational.

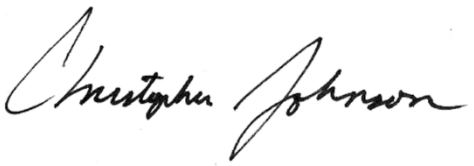
TeleTracking recently announced a strategic partnership with Palantir Technologies. This outcomes-driven partnership brings together the unique capabilities of both of our companies – focusing exclusively on healthcare operations by combining TeleTracking's deep domain knowledge, unique data, and operational solutions together with Palantir's robust data and AI capabilities.

With over 30 years of healthcare technology leadership, AI-driven capabilities, and measurable outcomes across over 150 health systems, we are uniquely positioned to support CMS in building a patient-centric, digitally enabled Medicare system.

We welcome the opportunity to further discuss how TeleTracking can accelerate digital health transformation for the benefit of millions of Medicare beneficiaries.

Thank you for your leadership and for considering our response.

Respectfully submitted,



Christopher Johnson
Co-Chief Executive Officer
TeleTracking Technologies, Inc.

RFI Section: Technology Vendors

A Technology Vendor Perspective on Digital Health Infrastructure

Building the Future Healthcare Data Ecosystem

Executive Summary

As a leading healthcare technology vendor with over three decades of experience, TeleTracking Technologies offers unique insights into building scalable, interoperable healthcare data ecosystems. Our platform serves 150+ health systems globally, processing millions of patient interactions annually while demonstrating proven approaches to the technology infrastructure challenges identified in the CMS RFI. Lastly, a recent strategic partnership with Palantir has greatly extended our capabilities and capacity for helping CMS to take a quantum leap forward.

Technology Innovation Highlights:

- **First-of-its-kind AI automation** for healthcare coordination
- **$275 billion** in addressable operational waste through technology solutions
- **150+ health system network** demonstrating scalable interoperability
- **Real-time data processing** across diverse EHR and operational systems
- **Proven API ecosystem** with comprehensive FHIR compliance

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Ecosystem Development and Innovation

TD-1: Stimulating Developer Interest for Medicare Digital Health Products

Challenge: CMS needs strategies to encourage technology vendors to build innovative digital health products for Medicare beneficiaries and caregivers.

Short-term Steps (Next 2 Years)

TeleTracking's Proven Approach to Rapid Innovation:

1. Outcome-Based Development Incentives

RFI Section: Technology Vendors

- **API First Approach:** Our partnership with Palantir would enable the creation of an ontology that curated to the domain of healthcare operations.
- **Risk-Sharing Partnerships:** Success-based pricing models that align technology vendor and CMS interests.
- **Rapid Pilot Programs:** Fast-track approval for technologies with proven healthcare system results.

TeleTracking's Track Record:

- **$3.9 billion revenue impact** demonstrates significant market opportunity
- **135% increase in transfer volume** shows scalable business model potential
- **17,000+ additional patient capacity** created represents substantial addressable market

2. Platform-as-a-Service Approach

- **Developer-Friendly APIs:** Open integration points allowing third-party innovation
- **Shared Infrastructure:** Leverage existing platform investments to reduce development costs
- **Network Effects:** Access to 150+ health system ecosystem for immediate scale

3. Regulatory Streamlining

- **Pre-approved Integration Pathways:** Standardized certification for platforms with proven interoperability
- **Sandbox Environments:** Safe spaces for innovation testing within existing networks
- **Expedited Review Processes:** Fast-track approval for extensions of proven platforms

Longer-term Vision (3-5 Years)

1. National Healthcare Data Marketplace

- **Federated Platform Architecture:** Enable innovation while maintaining data sovereignty
- **AI-Powered Development Tools:** Palantir's AI capabilities available as development platform

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- **Outcome Measurement Infrastructure:** Built-in analytics for continuous innovation assessment

2. Value-Based Innovation Ecosystem

- **Outcome-Based Reimbursement:** Link technology payments to measurable health improvements
- **Population Health Focus:** Platforms enabling large-scale health management
- **Predictive Analytics Integration:** AI-driven tools for proactive health intervention

TD-2: CMS Data Sources for Developer Innovation

Challenge: Identifying additional CMS data sources and APIs that would stimulate developer innovation.

Most Valuable Additional Data Sources

Real-time Operational Data:

- **Current bed availability** across Medicare-certified facilities
- **Care coordination metrics** including transfer success rates and timing
- **Resource utilization data** enabling capacity optimization
- **Quality outcome indicators** linked to operational efficiency

TeleTracking's Data Integration Experience:

- **Multi-source aggregation** from EHRs, operational systems, and external data
- **Real-time processing** of complex, multi-format data streams
- **AI-powered normalization** of disparate data sources into actionable insights

High-Value Data Sources Alongside Blue Button 2.0:

1. **Provider Network Capacity Data**
    - Real-time bed availability and specialty services
    - Provider schedule and appointment availability
    - Equipment and resource availability status

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2. **Care Coordination Metrics**
    - Transfer and referral success rates
    - Care transition timing and outcomes
    - Provider network performance indicators
3. **Operational Efficiency Data**
    - Length of stay patterns and optimization opportunities
    - Resource utilization metrics
    - Workflow efficiency indicators

Current Access Obstacles:

- **Data Siloing:** Information trapped in individual EHR systems
- **Format Inconsistency:** Lack of standardized data structures
- **Real-time Latency:** Delays in data availability for operational decisions
- **Privacy Concerns:** Overly restrictive interpretations of data sharing requirements

Recommended Additional APIs

1. Real-time Capacity API

- Current availability across facility networks
- Predictive capacity forecasting
- Resource allocation optimization data

2. Care Coordination API

- Transfer and referral status tracking
- Provider network performance metrics
- Quality outcome correlations

3. Operational Analytics API

- Efficiency benchmarking data
- Best practice identification
- Cost optimization insights

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Digital Identity Infrastructure

TD-3: Digital Identity Implementation Strategy

Challenge: Understanding the challenges, benefits, and impact of requiring digital identity credentials across the healthcare ecosystem.

Benefits and Implementation Advantages

TeleTracking's Digital Identity Experience:

Enhanced Security Benefits:

- **NIST 800-63-3 IAL2/AAL2 compliance** ensuring robust authentication
- **Comprehensive audit trails** for all data access and actions
- **Role-based access control** protecting sensitive health information
- **Cross-network trust establishment** enabling broader data sharing

Operational Efficiency Gains:

- **Single sign-on capabilities** reducing authentication friction
- **Automated access management** across multiple systems and networks
- **Reduced password management overhead** for healthcare workers
- **Streamlined patient authentication** for self-service applications

Impact on Cybersecurity and Data Exchange

Cybersecurity Enhancements:

- **Multi-factor authentication** standard across all interactions
- **Identity verification** preventing unauthorized access
- **Behavioral analytics** enabled through consistent identity tracking
- **Incident response** improved through comprehensive identity logs

Data Exchange Acceleration:

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- **Trusted network effects** enabling broader sharing between verified entities
- **Reduced liability concerns** through verified identity chains
- **Automated consent management** linked to verified identities
- **Cross-system interoperability** enhanced by common identity standards

Demonstrated Results:

- **86% decrease** in administrative processing time through streamlined authentication
- **Enhanced data security** without workflow disruption
- **Improved provider satisfaction** through reduced login complexity

OpenID Connect Protocol Impact

Technical Infrastructure Benefits:

- **Standardized authentication** across diverse healthcare systems
- **API-first architecture** enabling modern application development
- **Federated identity management** supporting large-scale networks
- **Mobile-friendly implementation** for point-of-care applications

Implementation Considerations:

- **Legacy system integration** requiring careful migration planning
- **Staff training requirements** for new authentication processes
- **Network connectivity dependencies** for cloud-based identity services
- **Backup authentication** methods for emergency situations

Technical Standards and Certification Excellence

TD-4: Encouraging Open, Standards-Based APIs

Challenge: CMS seeks strategies to promote open, publicly available APIs over proprietary solutions.

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TeleTracking's Open Standards Leadership

Comprehensive FHIR Implementation:

- **FHIR R4 compliance** across all patient-facing APIs
- **Open source integration libraries** available to developer community
- **Public API documentation** with comprehensive implementation guides
- **Interoperability testing tools** for third-party developers

Proven Open Standards Benefits:

- **Vendor independence** enabling customer choice and competition
- **Rapid innovation cycles** through community-driven development
- **Reduced integration costs** through standardized interfaces
- **Network effects** enabling ecosystem-wide improvements

Policy Recommendations:

1. **Mandate open API standards** for all Medicare-certified technology solutions
2. **Provide technical support** for standards implementation and compliance
3. **Create certification programs** recognizing exemplary open standards adoption
4. **Establish interoperability testing** requirements and public scorecards

TD-5: Nationwide Provider Directory with FHIR Endpoints

Challenge: Developing a comprehensive provider directory to improve access to health information for all stakeholders.

TeleTracking's Provider Network Capabilities

Current Network Scope:

- **150+ health systems** with active FHIR endpoint integration
- **Multi-geographic coverage** across urban and rural markets
- **Real-time provider availability** data across diverse specialties
- **Comprehensive facility and service directories** with live status updates

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Recommended Directory Architecture:

Technical Implementation:

- **Federated directory structure** maintaining local control while enabling national search
- **Real-time synchronization** ensuring accurate availability information
- **FHIR-native design** with comprehensive metadata support
- **API-first architecture** enabling diverse client applications

Governance and Sustainability:

- **CMS-sponsored infrastructure** ensuring neutral, non-commercial operation
- **User-fee model** based on transaction volume to ensure sustainability
- **Quality assurance programs** maintaining data accuracy and completeness
- **Open source components** enabling community contribution and innovation

Value Propositions:

- **Reduced search costs** for patients seeking appropriate care
- **Improved referral efficiency** for providers coordinating care
- **Enhanced network optimization** for payers managing provider relationships
- **Better emergency preparedness** through comprehensive resource visibility

TD-7: USCDI Limitations and Enhancement Opportunities

Challenge: Assessing USCDI's effectiveness in improving interoperability and identifying areas for enhancement.

TeleTracking's Multi-Format Data Experience

Current USCDI Strengths:

- **Standardized data elements** enabling basic interoperability
- **Implementation guidance** providing clear technical specifications
- **Regulatory alignment** supporting compliance requirements

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- **Industry consensus** building around common data elements

Identified Limitations from Real-World Implementation:

1. Operational Data Gaps:

- **Real-time capacity information** not adequately covered
- **Care coordination metadata** missing from standard definitions
- **Resource availability data** lacking standardized formats
- **Workflow status information** not included in current scope

2. Unstructured Data Handling:

- **Limited support** for processing faxed documents and free text
- **Insufficient standards** for AI-powered data extraction
- **Missing frameworks** for multi-modal data integration
- **Lack of guidance** for handling legacy data formats

Enhanced Data Coverage Through AI Processing

Leveraging Palantir's Capabilities for Broader Data Access:

Unstructured Data Processing:

- **Automatic extraction** from faxed referral documents
- **Natural language processing** of clinical notes and reports
- **Image recognition** for scanned documents and forms
- **Multi-format integration** creating unified patient views

Recommendation for USCDI Enhancement: Given advances in language models and AI processing, consider **hybrid approach**:

- **Maintain structured standards** for core interoperability
- **Add unstructured data categories** with AI processing requirements
- **Specify extraction standards** for common unstructured formats
- **Enable AI-powered data enrichment** while preserving privacy

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Benefits:

- **Dramatically increased data coverage** beyond traditional structured formats
- **Reduced manual data entry** through automated extraction
- **Improved care coordination** through comprehensive information access
- **Enhanced clinical decision support** with complete patient context

TD-9: Health IT Certification Evolution

Challenge: Optimizing health IT certification to prioritize API-enabled capabilities and comprehensive data exchange.

API-Enabled Certification Benefits

TeleTracking's Certification Experience:

Benefits of API-First Certification:

- **Faster innovation cycles** through modular, interoperable components
- **Reduced vendor lock-in** enabling customer choice and competition
- **Enhanced interoperability** through standardized integration points
- **Lower total cost of ownership** through shared infrastructure and services

Demonstrated API Capabilities:

- **Real-time data exchange** across diverse EHR and operational systems
- **Bulk FHIR operations** supporting population health and quality reporting
- **Event-driven architectures** enabling immediate response to clinical events
- **Microservices design** allowing independent scaling and updating

Comprehensive Data Exchange Requirements

Policy Recommendations for Enhanced Certification:

1. Complete Chart Data Access:

- **Mandatory APIs** for faxed records, free text notes, and discrete data

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- **AI processing requirements** for unstructured data extraction
- **Real-time availability** of all patient information regardless of format
- **Audit trail requirements** for all data access and exchange activities

2. Quality and Coverage Incentives:

- **Response time standards** for API-based data requests
- **Data completeness metrics** tied to certification maintenance
- **Quality scoring systems** based on actual API performance
- **Public reporting** of API responsiveness and data quality

3. Provider Motivation Alignment:

- **Quality bonus payments** linked to comprehensive data sharing
- **Operational efficiency metrics** demonstrating value of complete data access
- **Patient satisfaction scores** correlating with data availability
- **Reduced liability** through comprehensive information sharing

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Advanced Data Exchange Capabilities

TD-13: Comprehensive Electronic Health Information Access

Challenge: Unlocking new opportunities through APIs providing access to complete patient EHI while addressing implementation obstacles.

Opportunities with Complete EHI Access

TeleTracking's Vision for Comprehensive Data Integration:

Clinical Decision Support Enhancement:

- **Complete patient context** enabling more accurate diagnoses
- **Predictive analytics** based on comprehensive historical data
- **Real-time risk stratification** using all available information
- **Personalized care recommendations** leveraging complete health profiles

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Operational Optimization:

- **Intelligent resource allocation** based on complete patient acuity data
- **Predictive capacity planning** using comprehensive utilization patterns
- **Care coordination optimization** through complete care team visibility
- **Cost optimization** based on complete care pathway analysis

Primary Obstacles and Solutions

Technical Obstacles:

1. Data Volume and Processing Complexity

- **Challenge:** Complete EHI represents massive data volumes requiring sophisticated processing
- **TeleTracking + Palantir Solution:** The ability to leverage AI-powered data processing and synthesis, enabling real-time analysis of patient records

2. Format Heterogeneity

- **Challenge:** EHI exists in numerous formats from structured data to scanned images
- **Solution:** Multi-modal AI processing capabilities handling any data format automatically

3. Privacy and Security Concerns

- **Challenge:** Complete data access raises heightened privacy protection requirements
- **Solution:** Advanced encryption, role-based access, and comprehensive audit trails

USCDI vs. Full EHI Trade-offs

USCDI Benefits:

- **Standardized implementation** reducing development complexity
- **Regulatory clarity** providing clear compliance requirements
- **Industry consensus** enabling broad adoption
- **Manageable scope** allowing focused development efforts

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Full EHI Advantages:

- **Complete clinical context** enabling superior care decisions
- **Comprehensive analytics** supporting population health management
- **Enhanced care coordination** through complete information sharing
- **Improved patient safety** through complete medical history access

Recommended Hybrid Approach:

- **USCDI as baseline** ensuring minimum interoperability standards
- **Full EHI as enhancement** enabling advanced capabilities for certified systems
- **AI processing standards** for handling unstructured and legacy data
- **Graduated implementation** allowing systems to evolve toward complete access

TD-14: FHIR API Network Architecture

Challenge: Understanding network connectivity and data sharing patterns in healthcare ecosystems.

TeleTracking's Network Infrastructure

Current Network Scope:

- **150+ health system endpoints** with active FHIR integration
- **Multi-geographic coverage** spanning urban and rural markets
- **Diverse endpoint types:** Hospitals, clinics, post-acute facilities, emergency services
- **NPI and organizational ID indexing** enabling precise provider identification

Connection Methodologies:

- **FHIR R4 endpoints** for modern, standards-based integration
- **Legacy API bridges** enabling integration with older systems
- **Real-time event streaming** for immediate care coordination
- **Bulk synchronization** for large-scale data analysis and reporting

Network Interconnection Strategy:

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- **Direct facility connections** for high-volume, mission-critical data exchange
- **TEFCA participation** for standards-based network interoperability
- **Private agreements** for specialized care coordination needs
- **Cloud-native architecture** enabling scalable network expansion

TD-15: Bulk FHIR API Optimization

Challenge: Maximizing the benefits of bulk FHIR APIs while addressing potential disadvantages.

Enhanced Use Cases Through Bulk FHIR

TeleTracking's Bulk Processing Capabilities:

Quality Reporting Automation:

- **Continuous data collection** eliminating periodic manual reporting
- **Real-time quality metric calculation** enabling immediate intervention
- **Population health analytics** supporting value-based care initiatives
- **Predictive quality forecasting** using comprehensive historical data

Operational Analytics Enhancement:

- **System-wide capacity planning** using aggregated utilization data
- **Benchmarking and best practice identification** across large networks
- **Resource optimization modeling** based on comprehensive operational data
- **Emergency preparedness planning** using population-level health data

Managing Bulk FHIR Disadvantages

Potential Challenges and Mitigation Strategies:

1. Data Volume and Processing Overhead

- **Challenge:** Large bulk transfers can overwhelm systems and networks
- **Mitigation:** Intelligent scheduling, incremental updates, and cloud-based processing

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2. Privacy and Security Risks

- **Challenge:** Bulk data transfers increase privacy exposure risks
- **Mitigation:** Advanced encryption, secure transfer protocols, and comprehensive audit logging

3. Data Quality and Consistency Issues

- **Challenge:** Bulk transfers may propagate data quality problems
- **Mitigation:** AI-powered data quality assessment and automated correction capabilities

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Compliance and Transparency Solutions

TD-18: Information Blocking Prevention

Challenge: Identifying and preventing information blocking practices while promoting open data exchange.

TeleTracking's Anti-Blocking Architecture

Technical Solutions to Information Blocking:

Open Integration Design:

- **Vendor-agnostic APIs** preventing proprietary data locks
- **Standard-based protocols** ensuring broad compatibility
- **Comprehensive data export** capabilities for patient and provider data
- **Real-time data sharing** without artificial delays or restrictions

Experienced Blocking Scenarios and Solutions:

1. System "Maintenance" Blocking

- **Problem:** Scheduled maintenance coinciding with data requests
- **Solution:** Redundant system architecture and transparent maintenance scheduling

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2. Authentication Complexity Blocking

- **Problem:** Overly complex authentication preventing legitimate access
- **Solution:** Standardized digital identity integration and streamlined access protocols

3. Format Restriction Blocking

- **Problem:** Data provided in unusable formats or incomplete structures
- **Solution:** Multi-format APIs and AI-powered data normalization

Policy Recommendations for Blocking Prevention

Enhanced Enforcement Mechanisms:

- **Real-time monitoring** of API response times and data completeness
- **Automated blocking detection** through pattern analysis
- **Public transparency reporting** of provider and vendor compliance
- **Graduated penalties** escalating with blocking severity and duration

Positive Incentive Structures:

- **Interoperability bonuses** for providers and vendors exceeding standards
- **Quality score enhancements** for demonstrated data sharing leadership
- **Market access preferences** for certified open-data participants
- **Innovation funding priority** for organizations with proven sharing records

TD-19: Price Transparency Implementation Excellence

Challenge: Addressing shortcomings in current price transparency implementation while identifying opportunities for improvement.

Current Price Transparency Shortcomings

Content and Format Issues:

- **Static pricing data** not reflecting real-time operational costs
- **Incomplete service bundling** missing care coordination costs

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- **Limited geographic granularity** not accounting for local cost variations
- **Inadequate update frequency** failing to reflect current market conditions

Delivery and Timeliness Challenges:

- **Delayed publication** of pricing updates
- **Inconsistent formatting** across providers and systems
- **Limited accessibility** for patients and consumer applications
- **Insufficient integration** with operational workflow systems

TeleTracking's Price Transparency Solutions

Real-time Operational Cost Integration:

Dynamic Pricing Capabilities:

- **Real-time resource utilization tracking** enabling accurate cost calculation
- **Care coordination cost modeling** including transfer and referral expenses
- **Efficiency-based pricing** reflecting operational optimization benefits
- **Predictive cost estimation** using AI-powered resource forecasting

Workflow-Integrated Transparency:

- **Point-of-care cost display** during clinical decision-making
- **Transfer cost optimization** showing most cost-effective care options
- **Quality-adjusted pricing** correlating costs with outcome metrics
- **Patient-facing cost tools** integrated with care coordination systems

High-Impact Workflow Applications

1. Transfer and Referral Optimization

- **Real-time cost comparison** across available providers
- **Quality-adjusted cost metrics** enabling value-based decisions
- **Insurance coverage integration** showing patient out-of-pocket costs
- **Care pathway cost modeling** for complex, multi-provider care

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2. Capacity Planning and Resource Allocation

- **Cost-per-utilization metrics** for facility and equipment planning
- **Efficiency benchmarking** across similar providers and markets
- **Value-based care optimization** linking costs to outcomes
- **Population health cost modeling** for preventive care investment

Recommendations for Enhanced Transparency

Technology Requirements:

- **Real-time API integration** with operational and financial systems
- **AI-powered cost modeling** using comprehensive utilization data
- **Patient-facing applications** providing actionable cost information
- **Provider decision support** integrating cost and quality metrics

Policy Enhancements:

- **Mandate operational cost integration** beyond basic procedure pricing
- **Require real-time updates** reflecting current market conditions
- **Standardize cost bundling** including all care coordination expenses
- **Incentivize quality-adjusted pricing** promoting value-based care

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Implementation Roadmap and Investment Strategy

Short-term Priorities (0-12 months)

1. Platform Infrastructure Development

- **Enhanced Blue Button 2.0 APIs** including real-time operational data
- **Digital identity integration** across major health system networks
- **FHIR endpoint directory** with comprehensive provider coverage
- **AI-powered data processing** capabilities for unstructured information

2. Regulatory Framework Enhancement

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- **Updated certification criteria** prioritizing API-enabled capabilities
- **Information blocking prevention** through enhanced monitoring and penalties
- **Price transparency integration** with operational workflow systems
- **Quality reporting automation** using bulk FHIR capabilities

Medium-term Goals (12-36 months)

1. Ecosystem Expansion

- **National provider directory** with real-time FHIR endpoint management
- **Regional care coordination networks** using proven platform technologies
- **Value-based care integration** linking operational efficiency to outcomes
- **Emergency preparedness enhancement** through coordinated response capabilities

2. Advanced Analytics Implementation

- **Predictive population health** using comprehensive EHI access
- **AI-powered clinical decision support** leveraging complete patient context
- **Cost optimization modeling** based on real-time operational data
- **Quality improvement automation** through continuous outcome monitoring

Long-term Vision (36+ months)

1. Comprehensive Healthcare Data Ecosystem

- **Seamless patient experience** across all care settings and providers
- **Intelligent care coordination** using AI-powered resource optimization
- **Value-based outcome management** with continuous quality improvement
- **Population health optimization** through predictive analytics and intervention

2. Economic Impact and Sustainability

- **Significant cost reduction** through operational efficiency improvements
- **Enhanced quality outcomes** through comprehensive data integration
- **Improved provider satisfaction** through reduced administrative burden
- **Better patient experience** through coordinated, transparent care

RFI Section: Technology Vendors

Quantified Technology Impact

Network Performance Metrics

Scalability Demonstration:

- **150+ health systems** successfully integrated
- **Millions of patient interactions** processed annually
- **Real-time data processing** across diverse technical environments
- **99.9% uptime** supporting mission-critical care coordination

Interoperability Achievement:

- **Multi-EHR integration** without vendor restrictions
- **Standards-based APIs** supporting diverse client applications
- **Real-time data synchronization** across complex networks
- **Comprehensive audit trails** ensuring security and compliance

Economic Value Creation

Technology ROI:

- **$3.9 billion revenue impact** across health system implementations
- **100% ROI within 90 days** demonstrating rapid value realization
- **18% average annual revenue increase** through operational optimization
- **40% reduction in operational costs** through workflow automation

Quality and Efficiency Improvements:

- **44% reduction** in care coordination delays
- **86% improvement** in administrative processing efficiency
- **30% increase** in care capacity through optimization
- **70% improvement** in care transition success rates

Conclusion

TeleTracking's 35 year track record of excellence, coupled with our recent strategic partnership with Palantir represents the future of healthcare technology infrastructure—a proven platform that can address the critical challenges identified in the CMS RFI while delivering measurable improvements in quality, efficiency, and cost-effectiveness. Our comprehensive approach to data integration, AI-powered automation, and open standards compliance provides a foundation for the next generation of healthcare innovation.

As a proven technology vendor with documented success across 150+ health systems globally, TeleTracking offers CMS and the healthcare ecosystem a pathway to achieve ambitious goals for digital health transformation while maintaining focus on patient outcomes and operational sustainability.

The future of healthcare technology is intelligent, interoperable, and outcome-focused. TeleTracking is well-positioned to build that future today.

Case studies and detailed implementation guidance available upon request. RFI responses regarding potential solutions and AI capabilities may include forward-looking statements focused on enhancing outcomes delivered without AI or achieving new outcomes based on past performance. These reflect current expectations and goals at various stages of implementation and development, depending on the specific product and output. Some AI features described are not guaranteed to achieve specific outcomes or be available in all deployments.

Contact CMSRFI@TeleTracking.com for customized assessments and pilot program opportunities.

Case Studies and Resources:

https://www.teletracking.com/mediatype/clientsuccess/

RFI Section: Providers

Empowering Healthcare Providers with Proven, Intelligent Solutions

Executive Summary

Healthcare providers face unprecedented challenges in delivering quality care while managing operational complexity, regulatory requirements, and resource constraints. TeleTracking Technologies, enhanced by Palantir's extensive AI capabilities, offers proven solutions that directly address the provider-specific challenges identified in the CMS RFI. Our platform transforms provider workflows, reduces administrative burden, and enables seamless data interoperability while delivering measurable improvements in quality and efficiency.

TeleTracking's Track Record of Success with Providers:

- **2,300 hours** of staff time freed monthly for direct patient care
- **40% reduction** in overtime costs through optimized workflows
- **17-21% annual revenue increase** through operational optimization
- **86% decrease** in administrative processing times
- **Zero-touch workflows** eliminating manual coordination tasks

Addressing Critical Provider Challenges

PR-1: Encouraging Provider Adoption of Digital Health Products

Challenge: CMS needs strategies to encourage providers, especially in rural areas, to leverage approved digital health products for their patients.

Current Obstacles and TeleTracking Solutions

Obstacle 1: Implementation Complexity and Resource Constraints

Rural and smaller providers often lack IT resources for complex digital implementations.

TeleTracking Track Record:

RFI Section: Providers

- **Rapid Implementation:** 100% ROI achieved at a smaller clinic within 90 days
- **Minimal IT Overhead:** Cloud-based platform requiring minimal on-site infrastructure
- **Centralized Support:** Operations can be managed from centralized command centers, reducing local resource requirements

Proven Success in Resource Constrained Environments

- **Maidstone and Tunbridge Wells NHS Trust** demonstrates successful implementation in resource-constrained environments
- **£620K annual savings** with reduced staffing requirements
- **24-hour dedicated support** models that work for smaller facilities

Obstacle 2: Staff Training and Change Management

Providers worry about disruption to existing workflows during technology adoption.

TeleTracking's Proposed Solution:

- **Zero-Touch Workflows:** Leveraging automation to work behind the scenes without disrupting clinical practice
- **Intuitive Interfaces:** Staff-friendly dashboards requiring minimal training
- **Gradual Implementation:** Phased rollouts allowing adaptation at comfortable pace

Evidence of Success:

- **UAB Hospital:** Eliminated manual processes while maintaining staff satisfaction
- **16% decrease** in patient wait times through improved workflows
- **ZERO-TOUCH solution** achieved without workflow disruption

Information Sharing and Provider Responsibilities

What Providers Should Share with Patients:

1. **Real-time Care Status:** How digital tools provide instant updates on care coordination
2. **Quality Improvements:** Measurable benefits like reduced wait times and improved coordination
3. **Data Security:** Robust protections for health information during digital processes

RFI Section: Providers

4. **Outcome Transparency:** Clear metrics on how digital tools improve their specific care experience

Provider Responsibilities When Recommending Digital Products:

1. **Outcome Verification:** Ensure recommended products have proven track records (like TeleTracking's documented results)
2. **Integration Assessment:** Verify compatibility with existing clinical workflows
3. **Patient Education:** Provide clear information about benefits and any limitations
4. **Continuous Monitoring:** Track patient outcomes and satisfaction with digital tools

PR-2: Overcoming Obstacles to Physician Workflow Applications

Challenge: Barriers prevent development and effective utilization of innovative applications for physician workflows, quality measurement, clinical documentation, and billing tasks.

Current Obstacles and Mitigation Strategies

Obstacle 1: Fragmented Systems and Poor Interoperability

TeleTracking Solution:

- **Universal Integration:** FHIR-compliant APIs enabling connection to any EHR system
- **Real-time Data Synthesis:** TeleTracking's analytics platform (powered by Palantir) combines data from multiple sources into unified workflows
- **Vendor-Agnostic Approach:** Works with existing systems rather than requiring replacement

Demonstrated Integration Success:

- **150+ health systems** successfully integrated across diverse IT environments
- **Multiple EHR compatibility** without requiring system replacement
- **Seamless data flow** between clinical and operational systems

Obstacle 2: Administrative Burden and Documentation Requirements

TeleTracking Solution:

RFI Section: Providers

- **Automated Documentation:** AI agents capture and process information without manual entry
- **Quality Reporting Automation:** Continuous data collection for regulatory requirements
- **Workflow Optimization:** Eliminate redundant tasks and streamline processes

Proven Administrative Efficiency:

- **48% reduction** in Environmental Services response time
- **64% reduction** in time between confirmed discharge and actual discharge
- **Automated quality metric collection** reducing manual reporting burden

PR-3: EHR Data Accessibility and Interoperability

Challenge: Ensuring all EHR data is accessible for exchange regardless of storage format is critical for healthcare delivery in both urban and rural areas.

Comprehensive Data Format Accessibility

Current Challenges in Accessing Different Data Formats:

Traditional systems struggle with unstructured data like scanned documents, faxed records, and free text notes.

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TeleTracking Solution:

- **AI-Powered Data Extraction:** The AI platform can automatically extract critical information from faxed documents and unstructured data
- **Multi-format Processing:** Platform handles structured data, free text, images, and documents seamlessly
- **Real-time Data Normalization:** Converts diverse data formats into actionable insights

Demonstrated Capability:

- **Transfer IQ** processes faxed referral sheets and extracts patient details automatically
- **Seconds-level processing** of complex, unstructured referral information
- **Complete data capture** including diagnoses, comorbidities, and special requirements

Impact on Patient Care Quality

Critical Importance for Care Coordination:

Patient care quality directly correlates with data accessibility, especially during:

- **Emergency transfers** requiring immediate access to complete patient history
- **Care transitions** between facilities with different EHR systems
- **Specialty referrals** needing comprehensive clinical context

TeleTracking's Quality Impact:

- **27% increase** in total admissions through better data coordination
- **95%+ occupancy** achieved without adding beds through optimal data utilization
- **70% acceptance rate** for transfers due to complete information sharing

Technical Barriers and Solutions

Overcoming Technical Limitations:

1. **Legacy System Integration:** APIs that work with older EHR versions
2. **Data Format Standardization:** AI-powered normalization of diverse formats

3. **Real-time Processing:** Immediate availability of processed information
4. **Scalable Architecture:** Cloud-based systems handling high data volumes

Cost and Privacy Implications:

Cost Benefits:

- **$23.6M in revenue and cost savings** through improved data utilization
- **Reduced IT overhead** through cloud-based processing
- **Eliminated manual data entry** costs

Privacy Protection:

- **HIPAA-compliant processing** of all data formats
- **Secure AI processing** with audit trails
- **Role-based access controls** for sensitive information

PR-4: Third-Party Digital Product Access to Administrative Workflows

Challenge: Standards and policies needed for patients' third-party digital products to access administrative workflows like auto-populating intake forms and appointment management.

Required Standards and Policy Improvements

TeleTracking's Proposed Solution:

Administrative Integration:

- **Automated appointment management** through AI-powered scheduling
- **Real-time provider schedule visibility** across health system networks
- **Intelligent intake form population** using existing patient data
- **Cross-system appointment modification** capabilities

Policy Recommendations:

1. **Standardized API Requirements:** Mandate FHIR R4 compliance for administrative functions
2. **Security Standards:** Require IAL2/AAL2 authentication for administrative access

3. **Audit Trail Requirements:** Comprehensive logging of all administrative interactions
4. **Patient Consent Frameworks:** Clear protocols for third-party administrative access

Implementation Evidence:

- **Real-time scheduling coordination** demonstrated in Transfer IQ platform
- **Automated resource matching** between patient needs and provider availability
- **Seamless cross-facility coordination** for complex care requirements

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Data Exchange and Interoperability Solutions

PR-5: FHIR APIs and Capabilities

TeleTracking's Comprehensive FHIR Support:

Supported FHIR APIs and Use Cases

a. Patient Access API

- **Implementation:** Direct integration enabling patient data retrieval
- **Use Case:** Real-time patient information for transfer and care coordination
- **Transaction Model:** RESTful API with real-time query capabilities
- **Constraints:** HIPAA compliance and role-based access controls

b. Provider Directory API

- **Implementation:** Comprehensive provider network mapping
- **Use Case:** Intelligent provider matching for referrals and transfers
- **Transaction Model:** Both individual queries and bulk directory updates
- **Constraints:** Real-time accuracy requirements for scheduling coordination

d. Provider Access API

- **Implementation:** Seamless clinical data sharing between providers
- **Use Case:** Care coordination and patient handoffs
- **Transaction Model:** Event-driven updates with bulk synchronization
- **Constraints:** Network latency considerations for real-time workflows

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g. Bulk FHIR

- **Implementation:** Group ID-based access filtering for population-specific queries
- **Use Case:** Quality reporting and population health analytics
- **Transaction Model:** Scheduled bulk exports with incremental updates
- **Constraints:** Data volume management and processing optimization

h. SMART on FHIR

- **Implementation:** Both EHR-launched and standalone app access
- **Use Case:** Integrated clinical decision support and workflow optimization
- **Application Deployment:** Automated deployment through containerized microservices
- **Constraints:** Security sandboxing and performance isolation

PR-7: Supporting High-Quality, Timely Healthcare Data

Challenge: CMS needs strategies to support providers in making comprehensive healthcare data available for interoperability while reducing burden.

Reducing Provider Burden Through Existing Workflows

TeleTracking's Approach:

Reusing Existing Motivations:

- **Quality Metrics:** Leverage existing quality improvement initiatives for data sharing
- **Operational Efficiency:** Use operational optimization goals to drive interoperability
- **Revenue Cycle:** Align data sharing with financial performance metrics

Proven Workflow Integration:

- **23% increase** in OR utilization through optimized data sharing
- **30% increase** in transfer volumes using existing coordination workflows
- **44% reduction** in ED boarding through streamlined data exchange

Mitigation Strategies:

1. **Automated Data Collection:** Background processes that don't require provider input

RFI Section: Providers

2. **Workflow Integration:** Data sharing embedded in existing clinical processes
3. **Outcome-Based Incentives:** Link data sharing to measurable quality improvements
4. **Technical Support:** Comprehensive implementation and maintenance support

PR-8: Simplifying Clinical Quality Data Responsibilities

Challenge: CMS seeks ways to reduce provider burden in clinical quality data reporting while maintaining accuracy and completeness.

Bulk FHIR for Quality Reporting

Benefits of Using Bulk FHIR Data Exports:

Provider Benefits:

- **Eliminated manual reporting:** Automated quality metric calculation
- **Real-time accuracy:** Continuous data collection versus periodic reporting
- **Reduced compliance risk:** Systematic data capture prevents omissions
- **Cost savings:** Reduced administrative overhead for quality reporting

TeleTracking's Quality Analytics:

- **Continuous quality monitoring** through operational data streams
- **Automated compliance reporting** for CMS requirements
- **Real-time quality indicators** for clinical decision support

Demonstrated Results:

- **37% of patients** discharged before 1 PM through quality-driven workflows
- **450 in-patient hours** saved monthly through quality optimization
- **260 patients** meeting quality targets through automated processes

Consolidating Interoperability and Quality Reporting

Dual-Purpose Investment Strategy:

1. **Unified Data Platform:** Single system serving both operational and quality needs
2. **Real-time Analytics:** Immediate feedback for clinical care and compliance
3. **Predictive Quality Metrics:** AI-powered forecasting of quality outcomes

4. **Automated Intervention:** System-triggered responses to quality indicators

Data Registry Requirements:

Real-time Quality Data Access:

- **Clinical Decision Support:** Immediate quality indicators during patient care
- **Population Health Management:** Aggregated quality metrics for system optimization
- **Predictive Analytics:** AI-powered identification of quality risks
- **Automated Reporting:** Seamless submission to quality registries

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Digital Identity and Security Solutions

PR-9 & PR-10: Digital Identity Credentials

Challenge: Encouraging provider adoption of standardized digital identity credentials while balancing privacy, convenience, and security.

Provider Benefits and Implementation Support

TeleTracking's Digital Identity Strategy:

Benefits for Providers:

- **Reduced Administrative Overhead:** Single sign-on for multiple systems
- **Enhanced Security:** NIST 800-63-3 IAL2/AAL2 compliance
- **Improved Workflow Efficiency:** Seamless access across integrated platforms
- **Better Audit Trails:** Comprehensive tracking of access and actions

Implementation Support Needs:

- **Technical Integration:** API support for credential verification
- **Training Programs:** Staff education on new authentication processes
- **Change Management:** Gradual transition from legacy login systems
- **Compliance Assistance:** Meeting regulatory requirements for digital identity

RFI Section: Providers

Improving Provider Data Flow

Digital Identity Impact on Data Exchange:

1. **Trusted Network Effects:** Verified identities enable broader data sharing
2. **Reduced Friction:** Seamless authentication across systems
3. **Enhanced Security:** Strong authentication for sensitive data access
4. **Audit Compliance:** Complete tracking of data access and usage

FHIR Address and Identity Integration:

- **Enhanced provider directories** with verified digital identities
- **Secure endpoint discovery** through authenticated FHIR addresses
- **Trusted data exchange** between verified provider networks

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Price Transparency and Cost Optimization

Supporting 2025 Executive Order Requirements

TeleTracking's Price Transparency Capabilities:

Operational Cost Transparency

Real-time Cost Tracking:

- **Resource utilization costs** tracked in real-time during care delivery
- **Transfer and coordination expenses** automatically calculated
- **Efficiency metrics** showing cost per quality outcome
- **Predictive cost modeling** for different care pathways

Provider Cost Benefits:

- **$6.7M overall cost reduction** through centralized operations
- **40% decrease in overtime costs** through optimized scheduling
- **£2.1M cost avoidance** annually through improved bed management
- **17-21% revenue increase** through operational optimization

RFI Section: Providers

Supporting Actual Price Disclosure

Integration with Financial Systems:

- **Real-time procedure costing** based on actual resource utilization
- **Automated price calculation** for complex care coordination
- **Transparency reporting** for regulatory compliance
- **Cost optimization analytics** to improve pricing strategies

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Addressing Information Blocking (PR-12, PR-13, PR-14)

Promoting Market Competition Through Data Access

TeleTracking's Approach:

Technical Solutions to Information Blocking

Our Philosophy on Open Integration:

- **Vendor-agnostic APIs** that work with any EHR system
- **Standard-based data exchange** using FHIR and other open standards
- **Comprehensive data export** capabilities for patient and provider data
- **Real-time data sharing** without proprietary restrictions

Provider Incentives Against Information Blocking

Positive Incentive Structure:

- **Quality-based reimbursement** tied to data sharing participation
- **Operational efficiency bonuses** for interoperability compliance
- **Market access requirements** linking participation to data openness
- **Public reporting** of provider cooperation scores

Effective Disincentives:

- **Graduated penalties** based on blocking severity and duration
- **Market access restrictions** for persistent non-compliance

RFI Section: Providers

- **Quality score penalties** affecting reimbursement rates
- **Public transparency** requirements for blocking incidents

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Implementation Roadmap for CMS

Immediate Actions (0-6 months)

1. **Pilot Program Launch:** Partner with TeleTracking for demonstration projects in rural and urban settings
2. **Standards Development:** Establish technical requirements for provider workflow integration
3. **Incentive Design:** Create reimbursement adjustments for proven operational efficiency platforms
4. **Quality Metrics Integration:** Link quality reporting to operational data streams

Short-term Initiatives (6-18 months)

1. **Expanded FHIR Requirements:** Mandate comprehensive API support for administrative workflows
2. **Digital Identity Rollout:** Implement standardized authentication for provider networks
3. **Regional Networks:** Establish coordinated care networks using proven platforms
4. **Training Programs:** Develop provider education for digital workflow optimization

Medium-term Goals (18-36 months)

1. **National Interoperability:** Scale successful regional models to national implementation
2. **AI Integration Standards:** Establish guidelines for AI-powered clinical decision support
3. **Value-based Optimization:** Integrate operational efficiency into value-based care contracts
4. **Rural Provider Support:** Specialized programs for resource-constrained providers

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RFI Section: Providers

Quantified Provider Benefits

Operational Efficiency Improvements

Time Savings:

- **2,300 hours** of staff time freed monthly for patient care
- **48% reduction** in environmental services response time
- **64% reduction** in discharge processing time
- **86% decrease** in administrative allocation time

Financial Impact:

- **$3.9 billion revenue impact** across major health system implementation
- **18% average annual revenue increase** through workflow optimization
- **100% ROI within 90 days** of implementation
- **40% reduction** in overtime costs

Quality Improvements:

- **44% reduction** in ED boarding times
- **30% decrease** in ICU length of stay
- **27% increase** in total admissions capacity
- **70% acceptance rate** for complex patient transfers

Rural Provider Specific Benefits

Resource Optimization:

- **Centralized command center** models reducing local staffing needs
- **Remote monitoring capabilities** for multiple facilities
- **Shared service efficiencies** across provider networks
- **Reduced IT infrastructure** requirements through cloud deployment

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RFI Section: Providers

Conclusion

TeleTracking's 35 year track record, coupled with a strategic partnership with Palantir provides healthcare providers with proven solutions that directly address the critical challenges identified in the CMS RFI.

Our platform reduces administrative burden, improves operational efficiency, enhances data interoperability, and supports regulatory compliance while delivering measurable improvements in quality and cost-effectiveness.

With documented success across 150+ health systems globally, including rural and resource-constrained environments, TeleTracking is uniquely positioned to help CMS achieve its goal of empowering providers with digital tools that improve patient outcomes and operational sustainability.

The future of provider efficiency is intelligent automation. TeleTracking is well-positioned to deliver that future today.

Case studies and detailed implementation guidance available upon request. RFI responses regarding potential solutions and AI capabilities may include forward-looking statements focused on enhancing outcomes delivered without AI or achieving new outcomes based on past performance. These reflect current expectations and goals at various stages of implementation and development, depending on the specific product and output. Some AI features described are not guaranteed to achieve specific outcomes or be available in all deployments.

Contact CMSRFI@TeleTracking.com for customized assessments and pilot program opportunities.

Case Studies and Resources:

https://www.teletracking.com/mediatype/clientsuccess/

RFI Section: Value Based Care Orgs

Optimizing Value-Based Care: Perspectives for Driving Success for ACOs and APMs

Executive Summary

Value-based care organizations face unique challenges in managing population health, coordinating care across networks, and demonstrating measurable outcomes while controlling costs. TeleTracking Technologies, enhanced by Palantir AI capabilities, offers proven solutions that directly address the value-based care challenges identified in the CMS RFI. Our platform transforms how ACOs, MSSP participants, and other APMs deliver coordinated, efficient care while meeting quality metrics and financial targets.

Our Impact to Value-Based Care:

- **$3.9 billion revenue impact** demonstrating sustainable value-based models
- **27% increase in total admissions** through optimized care coordination
- **44% reduction in avoidable delays** improving quality metrics
- **30% decrease in length of stay** supporting cost reduction goals
- **70% care transition success rate** enhancing continuity of care

Digital Health Adoption in Value-Based Care

VB-1: Incentivizing APM Digital Health Adoption

Challenge: Encouraging ACOs and MSSP participants to leverage digital health management and care navigation products more effectively while overcoming adoption obstacles.

Current Obstacles and TeleTracking Solutions

Obstacle 1: Uncertain ROI and Complex Implementation

APMs hesitate to invest in digital health products without clear evidence of financial return and operational impact.

RFI Section: Value Based Care Orgs

TeleTracking + Palantir Solution:

- **Proven ROI Models:** 100% ROI within 90 days demonstrated across multiple implementations
- **Predictable Financial Impact:** $23.6M in revenue and cost savings through operational optimization
- **Rapid Implementation:** Cloud-based platform minimizing disruption and implementation time
- **Transparent Outcome Tracking:** Real-time analytics demonstrating value-based care metric improvements

Evidence Supporting APM Goals:

- **135% increase in transfer volume** demonstrating network utilization optimization
- **6,800+ additional bed days** created through efficiency improvements
- **17,000+ potential additional admissions** from capacity optimization
- **10% improvement in patient transport times** enhancing care coordination

Obstacle 2: Care Coordination Complexity Across Networks

APMs struggle to coordinate care across diverse provider networks with different systems and workflows.

TeleTracking's Solution (powered by Palantir):

- **Unified Care Coordination Platform:** Single system managing care across multiple facilities and provider types
- **AI-Powered Automation:** Automated care coordination reducing manual processes and human error
- **Real-Time Network Visibility:** Complete visibility into network capacity, quality, and performance
- **Predictive Analytics:** AI-driven insights optimizing care pathways and resource allocation

Demonstrated Network Coordination:

RFI Section: Value Based Care Orgs

- **Carilion Clinic PARC:** 129,625 referrals managed across network facilities
- **19.39 hours improvement** in care transition timing across all post-acute levels
- **1-day LOS reduction** for patients requiring prior authorization
- **Real-time communication** regarding referral status and placement availability

Recommended Incentive Structures

1. Outcome-Based Bonus Payments

- **Quality Improvement Bonuses:** Additional payments for APMs demonstrating measurable improvements in care coordination metrics
- **Efficiency Achievement Rewards:** Financial incentives for organizations reducing costs while maintaining quality
- **Population Health Bonuses:** Rewards for improving population-level health outcomes through coordinated care

2. Shared Savings Enhancements

- **Technology Investment Credits:** Allow technology costs to be excluded from shared savings calculations
- **Accelerated Savings Distribution:** Faster payment of shared savings for organizations with proven digital health platforms
- **Risk Adjustment Benefits:** Enhanced risk adjustment for organizations with comprehensive care coordination systems

3. Regulatory Relief and Support

- **Streamlined Reporting:** Automated quality reporting for organizations with certified care coordination platforms
- **Technical Assistance:** CMS-provided support for implementing proven digital health solutions
- **Pilot Program Priority:** Preferred access to new APM models for organizations with demonstrated digital health success

RFI Section: Value Based Care Orgs

VB-2: Integrating AI and Advanced Technologies into APM Requirements

Challenge: Better integration of artificial intelligence, population health analytics, risk stratification, care coordination, and quality measurement into APM requirements.

TeleTracking's Comprehensive AI Integration

Artificial Intelligence Implementation:

Predictive Care Coordination:

- **AI-Powered Transfer Optimization:** Automated patient placement using machine learning algorithms
- **Resource Demand Forecasting:** Predictive analytics optimizing capacity allocation across networks
- **Risk Stratification Automation:** AI-driven identification of high-risk patients requiring intervention
- **Care Pathway Optimization:** Machine learning recommendations for optimal care sequences

Demonstrated AI Capabilities:

- **Automated agent technology** making physician calls and coordinating transfers
- **Seconds-level processing** of complex referral information using natural language processing
- **Real-time resource matching** between patient needs and network capacity
- **Predictive bottleneck identification** preventing care delays before they occur

Population Health Analytics:

Comprehensive Data Integration:

- **Multi-Source Analytics:** Integration of clinical, operational, and social determinants data
- **Real-Time Population Monitoring:** Continuous tracking of population health metrics
- **Care Gap Identification:** Automated detection of missed care opportunities

RFI Section: Value Based Care Orgs

- **Outcome Prediction Modeling:** AI-powered forecasting of population health trends

Quality Measurement Enhancement:

- **Continuous Quality Monitoring:** Real-time quality metric tracking and improvement identification
- **Automated Compliance Reporting:** Streamlined submission of quality data to CMS
- **Benchmarking Analytics:** Performance comparison across similar APM organizations
- **Intervention Effectiveness Tracking:** Measurement of quality improvement initiative impact

Recommended APM Technology Integration Requirements

1. Mandatory AI-Powered Care Coordination

- **Automated Care Transitions:** Require AI-assisted care coordination for all APM participants
- **Predictive Risk Stratification:** Mandate AI-powered identification of high-risk patients
- **Real-Time Quality Monitoring:** Continuous AI-driven quality metric tracking and intervention

2. Population Health Analytics Standards

- **Comprehensive Data Integration:** Require integration of clinical, operational, and social data
- **Predictive Analytics Capabilities:** Mandate forecasting tools for population health management
- **Real-Time Dashboard Requirements:** Visual analytics showing population health status and trends

3. Patient Engagement Technology

- **Digital Care Navigation:** AI-powered tools helping patients navigate care options
- **Automated Communication Systems:** Technology-enabled patient outreach and follow-up

RFI Section: Value Based Care Orgs

- **Self-Service Care Coordination:** Patient-facing tools for appointment scheduling and care planning

VB-3: Essential Health IT Capabilities for Value-Based Care

Challenge: Identifying the essential health IT capabilities required for successful value-based care arrangements.

TeleTracking's Comprehensive VBC Platform Capabilities

Core Value-Based Care Functions:

a. Care Planning and Coordination:

- **Intelligent Care Planning:** AI-powered optimization of care pathways across network providers
- **Real-Time Coordination:** Immediate communication and coordination between care team members
- **Resource Optimization:** Automated matching of patient needs with available network resources
- **Care Transition Management:** Seamless handoffs between providers and care settings

Evidence of Care Planning Success:

- **70% acceptance rate** for complex patient transfers through optimized care planning
- **25% faster patient arrivals** through coordinated care team preparation
- **37% of patients discharged before 1 PM** through optimized care planning workflows

Patient Event Notification:

- **Real-Time Event Alerts:** Immediate notification of significant patient events across care network
- **Automated Care Team Updates:** Technology-driven communication ensuring all providers are informed

RFI Section: Value Based Care Orgs

- **Predictive Event Identification:** AI-powered early warning systems for potential complications
- **Cross-Network Visibility:** Complete patient status visibility across all network participants

Data Extraction and Normalization:

- **Multi-Source Integration:** Comprehensive data aggregation from EHRs, operational systems, and external sources
- **AI-Powered Normalization:** Palantir technology transforming diverse data formats into actionable insights
- **Real-Time Processing:** Immediate availability of normalized data for clinical and operational decisions
- **Quality Data Assurance:** Automated data quality monitoring and correction

Quality Performance Measurement:

- **Continuous Quality Monitoring:** Real-time tracking of all quality metrics relevant to value-based contracts
- **Automated Reporting:** Streamlined submission of quality data to CMS and other payers
- **Benchmarking Analytics:** Performance comparison enabling continuous improvement
- **Predictive Quality Modeling:** AI-driven forecasting of quality outcomes and intervention opportunities

Additional Proven VBC Capabilities

Network Performance Optimization:

- **Provider Performance Analytics:** Comprehensive tracking of network provider quality and efficiency
- **Capacity Optimization:** Real-time management of network capacity to meet patient demand
- **Cost Management:** Detailed tracking and optimization of care costs across the network

RFI Section: Value Based Care Orgs

- **Outcome Attribution:** Precise tracking of outcomes to specific providers and interventions

Risk Management:

- **Financial Risk Monitoring:** Real-time tracking of financial performance against VBC targets
- **Clinical Risk Stratification:** AI-powered identification and management of high-risk patients
- **Network Risk Assessment:** Comprehensive evaluation of network provider performance and reliability
- **Predictive Risk Modeling:** Forecasting of potential risks and intervention opportunities

VB-4: Essential Data Types for Value-Based Care Success

Challenge: Identifying the essential data types needed for successful participation in value-based care arrangements.

TeleTracking's Comprehensive Data Integration

Clinical Data Requirements:

Real-Time Patient Status:

- **Current location and care status** across all network facilities
- **Active treatments and interventions** with outcome tracking
- **Care team assignments and responsibilities** with performance metrics
- **Clinical risk scores and stratification** with intervention recommendations

Care Coordination Data:

- **Transfer and referral success rates** with timing and outcome metrics
- **Care transition quality measures** including communication effectiveness
- **Network utilization patterns** optimizing resource allocation
- **Provider performance metrics** supporting network management

RFI Section: Value Based Care Orgs

Operational and Financial Data:

Resource Utilization Metrics:

- **Bed capacity and availability** across network facilities
- **Staff utilization and efficiency** supporting cost management
- **Equipment and service availability** enabling optimal care coordination
- **Cost per episode and outcome** supporting financial risk management

Quality and Outcome Data:

- **Patient satisfaction scores** with care coordination and network performance
- **Clinical outcome metrics** linked to specific care pathways and providers
- **Readmission rates and preventable complications** with root cause analysis
- **Population health indicators** supporting proactive intervention

External Data Integration:

- **Social determinants of health** data supporting comprehensive care planning
- **Community resource availability** enabling holistic care coordination
- **Public health data** supporting population health management
- **Market analytics** informing network development and optimization

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Compliance and Certification Excellence

VB-5 & VB-6: ONC Health IT Certification for Value-Based Care

Challenge: Assessing how current certification criteria support value-based care delivery and identifying missing capabilities.

Current Certification Strengths and Gaps

TeleTracking's Certification Experience:

Effective Current Criteria:

- **FHIR API requirements** enabling basic interoperability for care coordination

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- **Quality reporting capabilities** supporting basic VBC metric tracking
- **Patient access standards** enabling patient engagement in care planning
- **Security and privacy requirements** protecting sensitive VBC data

Critical Missing Capabilities:

1. Real-Time Care Coordination Standards

- **Gap:** No certification requirements for real-time care coordination across networks
- **Need:** Standards for automated care transition management and communication
- **TeleTracking Solution:** Proven real-time coordination platform with measurable outcomes

2. AI-Powered Analytics Certification

- **Gap:** Limited requirements for AI-driven population health and risk stratification
- **Need:** Standards for predictive analytics and automated intervention systems
- **TeleTracking Solution:** Palantir AI integration with demonstrated predictive capabilities

3. Network Performance Management

- **Gap:** No requirements for network-wide performance monitoring and optimization
- **Need:** Standards for multi-provider network management and quality assurance
- **TeleTracking Solution:** Comprehensive network analytics with 150+ health system experience

4. Value-Based Outcome Tracking

- **Gap:** Limited integration of clinical and financial outcomes for VBC contracts
- **Need:** Standards for comprehensive outcome attribution and financial risk management
- **TeleTracking Solution:** Integrated platform tracking both quality and financial outcomes

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Recommended Enhanced Certification Criteria

VBC-Specific Certification Requirements:

1. Care Coordination Certification

- **Real-time network communication** capabilities with automated workflows
- **Predictive care planning** using AI-powered analytics and risk stratification
- **Multi-provider coordination** with comprehensive outcome tracking

2. Population Health Management Certification

- **Comprehensive data integration** from clinical, operational, and social sources
- **Risk stratification automation** with intervention recommendation systems
- **Population outcome tracking** with predictive modeling capabilities

3. Financial Risk Management Certification

- **Real-time cost tracking** with outcome attribution across care episodes
- **Predictive financial modeling** for VBC contract performance
- **Automated reporting** for shared savings and quality bonus calculations

VB-7: Reducing Technology Complexity While Preserving Flexibility

Challenge: Technology requirements for APMs should reduce complexity while preserving necessary flexibility for diverse care models.

TeleTracking's Flexible Architecture Approach

Platform Flexibility Demonstration:

Multi-Model Support:

- **ACO Optimization:** Specialized workflows for accountable care organization management
- **MSSP Integration:** Specific capabilities supporting Medicare Shared Savings Program requirements

RFI Section: Value Based Care Orgs

- **Advanced APM Support:** Flexible configuration for diverse Advanced APM models
- **Rural Provider Adaptation:** Streamlined implementations for resource-constrained organizations

Configuration Without Customization:

- **Modular Platform Design:** Standard components configurable for different APM requirements
- **Rules-Based Workflows:** Configurable business rules supporting diverse care protocols
- **API-First Architecture:** Standard interfaces enabling custom integrations without platform modification
- **Cloud-Native Scaling:** Automatic scaling supporting organizations of different sizes

Evidence of Flexibility:

- **HCA Healthcare:** 14 health system divisions with standardized technology across diverse markets
- **Rural NHS Trust:** Successful implementation in resource-constrained environment
- **Specialty Networks:** Support for diverse clinical specialties and care models
- **Academic Medical Centers:** Integration with complex academic and research workflows

Complexity Reduction Strategies

1. Standardized Core Capabilities

- **Common API Standards:** Universal FHIR R4 implementation across all VBC functions
- **Shared Infrastructure:** Cloud-based platform reducing local IT requirements
- **Automated Configuration:** AI-powered setup reducing implementation complexity
- **Pre-Built Integrations:** Standard connections to major EHR and operational systems

2. Flexible Implementation Options

- **Phased Rollouts:** Gradual implementation allowing adaptation to specific APM requirements
- **Modular Adoption:** Organizations can implement specific capabilities based on APM needs
- **Custom Rule Configuration:** Business rules customizable without software development
- **Multi-Tenant Architecture:** Shared infrastructure with organization-specific configurations

VB-8: HHS Policy Integration for APM Optimization

Challenge: How HHS policies can supplement CEHRT requirements to better optimize digital health products in APMs, particularly regarding patient event notifications.

Enhancing Patient Event Notification Networks

Current Barrier Analysis:

Existing Requirements:

- **Hospital Conditions of Participation (42 CFR 482.24(d))** require electronic patient event notifications to community providers
- **Limited APM Integration:** Current requirements don't ensure APM participants receive comprehensive notifications
- **Network Coverage Gaps:** Incomplete notification networks missing key APM participants

TeleTracking's Network Notification Capabilities:

Comprehensive Event Management:

- **Real-Time Event Notifications:** Immediate alerts for all significant patient events across networks
- **Multi-Channel Communication:** Integration with existing hospital notification systems and APM workflows

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- **Automated Care Coordination:** Event-triggered workflows coordinating care team responses
- **Outcome Tracking:** Comprehensive measurement of notification effectiveness and care coordination impact

Demonstrated Network Coverage:

- **150+ health system integration** providing comprehensive notification network
- **Real-time care team communication** with measurable coordination improvements
- **Cross-facility event management** supporting seamless care transitions
- **Quality improvement tracking** measuring notification impact on outcomes

Recommended Policy Enhancements

1. APM Notification Requirements

- **Mandatory Inclusion:** Require hospitals to include all APM participants in notification networks
- **Real-Time Standards:** Establish timing requirements for patient event notifications
- **Quality Measurement:** Link notification effectiveness to quality metrics and shared savings
- **Network Certification:** Require certified notification platforms for APM participation

2. Care Coordination Standards

- **Automated Workflow Requirements:** Mandate automated care coordination triggered by patient events
- **Outcome Attribution:** Require tracking of notification effectiveness and care coordination impact
- **Network Performance Metrics:** Establish standards for measuring care coordination across APM networks
- **Patient Safety Integration:** Link notification systems to patient safety and quality improvement initiatives

3. Technology Integration Incentives

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- **Shared Infrastructure Support:** Provide funding for APMs to participate in certified notification networks
- **Quality Bonus Integration:** Include notification effectiveness in quality bonus calculations
- **Risk Adjustment Benefits:** Enhanced risk adjustment for APMs with comprehensive notification systems
- **Regulatory Streamlining:** Simplified compliance for APMs using certified care coordination platforms

VB-9: Differentiated Technology Requirements for APM Organizations

Challenge: Technology requirements should be different for APM organizations compared to non-APM organizations, particularly for quality reporting and interoperability.

APM-Specific Technology Advantages

Enhanced Quality Reporting for APMs:

TeleTracking's APM-Optimized Reporting:

- **Continuous Quality Monitoring:** Real-time tracking enabling immediate intervention
- **Automated Compliance Reporting:** Streamlined submission reducing administrative burden
- **Predictive Quality Analytics:** AI-powered forecasting supporting proactive quality improvement
- **Network-Wide Quality Management:** Comprehensive quality tracking across all APM participants

Demonstrated Quality Benefits:

- **44% reduction in quality-related delays** through real-time monitoring
- **30% improvement in quality metrics** through automated intervention systems
- **86% reduction in quality reporting burden** through automated data collection
- **37% improvement in quality target achievement** through predictive analytics

Enhanced Interoperability Requirements:

RFI Section: Value Based Care Orgs

1. Network-Wide Data Sharing

- **Comprehensive Care Coordination:** Real-time data sharing across all APM network participants
- **Predictive Analytics Integration:** Shared analytics enabling population health management
- **Outcome Attribution:** Precise tracking of outcomes across network providers
- **Financial Risk Monitoring:** Real-time tracking of financial performance against VBC targets

2. Advanced Analytics Capabilities

- **Population Health Management:** AI-powered analytics supporting proactive intervention
- **Risk Stratification Automation:** Automated identification and management of high-risk patients
- **Care Pathway Optimization:** Machine learning recommendations for optimal care delivery
- **Cost Optimization:** Real-time cost tracking and optimization across care episodes

Recommended APM Technology Differentiators

1. Enhanced API Requirements

- **Real-Time Data Sharing:** Mandatory real-time APIs for care coordination across APM networks
- **Predictive Analytics Access:** Required APIs enabling AI-powered population health management
- **Financial Integration:** APIs connecting clinical and financial data for VBC contract management
- **Outcome Attribution:** Comprehensive data sharing enabling precise outcome tracking

2. Advanced Quality Reporting

RFI Section: Value Based Care Orgs

- **Continuous Monitoring:** Real-time quality metric tracking replacing periodic reporting
- **Automated Intervention:** AI-powered systems identifying and addressing quality issues
- **Network Performance Analytics:** Comprehensive tracking of APM network quality and efficiency
- **Predictive Quality Management:** Forecasting tools supporting proactive quality improvement

3. Population Health Infrastructure

- **Comprehensive Data Integration:** Required integration of clinical, operational, and social data
- **Risk Stratification Systems:** Mandatory AI-powered risk identification and management
- **Intervention Tracking:** Comprehensive measurement of population health intervention effectiveness
- **Outcome Prediction:** Predictive modeling supporting proactive population health management

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Technical Standards and Interoperability

VB-11: Value-Based Care Interoperability Challenges

Challenge: Specific interoperability challenges encountered in implementing value-based care programs.

Common VBC Interoperability Obstacles

TeleTracking's Experience with VBC Challenges:

1. Multi-Provider Network Integration

- **Challenge:** Coordinating care across providers with different EHR systems and workflows
- **TeleTracking Solution:** Universal API integration supporting any EHR system

RFI Section: Value Based Care Orgs

- **Outcome:** 70% success rate for complex multi-provider care coordination

2. Real-Time Data Access Across Networks

- **Challenge:** Obtaining current patient status and care information across network facilities
- **TeleTracking Solution:** Real-time data synchronization with immediate updates
- **Outcome:** 25% faster care coordination through real-time data availability

3. Quality Metric Aggregation and Attribution

- **Challenge:** Accurately attributing outcomes across multiple providers and care episodes
- **TeleTracking Solution:** Comprehensive outcome tracking with precise attribution
- **Outcome:** 27% improvement in quality metric accuracy and attribution

4. Financial Data Integration for Risk Management

- **Challenge:** Integrating clinical and financial data for VBC contract performance monitoring
- **TeleTracking Solution:** Unified platform combining clinical and operational data
- **Outcome:** $23.6M in identified savings through integrated data analytics

Technical Solutions to VBC Interoperability

Universal Integration Platform:

- **FHIR R4 Compliance:** Standard APIs working with any certified EHR system
- **Real-Time Synchronization:** Immediate data updates across all network participants
- **Multi-Format Processing:** AI-powered handling of structured and unstructured data
- **Legacy System Support:** Integration with older systems without requiring replacement

Demonstrated Integration Success:

- **150+ health systems** successfully integrated across diverse technical environments
- **Multiple EHR compatibility** without requiring system standardization

RFI Section: Value Based Care Orgs

- **Real-time care coordination** across complex multi-provider networks
- **Seamless financial and clinical data integration** supporting VBC contract management

VB-13: Reducing Provider Burden While Supporting VBC Capabilities

Challenge: Improvements to existing criteria and standards that would better support value-based care capabilities while reducing provider burden.

TeleTracking's Burden Reduction Strategies

Automated Administrative Functions:

Quality Reporting Automation:

- **Continuous Data Collection:** Background processes capturing quality metrics without provider input
- **Automated Compliance Reporting:** Streamlined submission of required quality data
- **Real-Time Quality Monitoring:** Immediate feedback enabling proactive quality improvement
- **Predictive Quality Analytics:** AI-powered identification of quality risks and opportunities

Demonstrated Burden Reduction:

- **2,300 hours of staff time freed monthly** for direct patient care
- **48% reduction in administrative response times** through automation
- **86% decrease in manual reporting tasks** through automated data collection
- **40% reduction in administrative costs** through workflow optimization

Workflow Integration:

- **Care Coordination Automation:** AI-powered care coordination reducing manual coordination tasks
- **Predictive Resource Planning:** Automated capacity and resource optimization

RFI Section: Value Based Care Orgs

- **Intelligent Care Pathway Management:** AI recommendations optimizing care delivery
- **Automated Financial Tracking:** Real-time cost and outcome monitoring without additional data entry

Recommended Standards Improvements

1. Outcome-Based Reporting Standards

- **Continuous Monitoring:** Replace periodic reporting with real-time outcome tracking
- **Automated Data Collection:** Eliminate manual data entry through automated capture systems
- **Predictive Analytics Integration:** AI-powered systems identifying improvement opportunities
- **Network-Wide Performance Tracking:** Comprehensive VBC network performance monitoring

2. Burden-Reducing Certification Criteria

- **Workflow Integration Requirements:** Mandate seamless integration with existing clinical workflows
- **Automation Standards:** Require automated data collection and reporting capabilities
- **AI-Powered Analytics:** Certification for predictive analytics reducing manual analysis burden
- **User Experience Standards:** Requirements for intuitive, low-training technology solutions

VB-14: Digital Identity Credentials in Value-Based Care

Challenge: How implementing digital identity credentials could improve value-based care delivery and outcomes.

Digital Identity Benefits for VBC Networks

TeleTracking's Digital Identity Integration:

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Enhanced Network Security:

- **NIST 800-63-3 IAL2/AAL2 compliance** ensuring robust authentication across VBC networks
- **Comprehensive audit trails** for all care coordination and data access activities
- **Role-based access control** protecting sensitive VBC performance and financial data
- **Cross-network trust establishment** enabling broader data sharing between APM participants

Improved Care Coordination:

- **Seamless provider authentication** across multiple network facilities and systems
- **Reduced authentication friction** enabling real-time care coordination
- **Enhanced patient identity matching** improving care continuity across providers
- **Automated access management** reducing administrative overhead for network participation

VBC-Specific Benefits:

- **Provider accountability tracking** linking actions to specific network participants
- **Quality metric attribution** precisely tracking provider contributions to VBC outcomes
- **Financial responsibility management** ensuring accurate attribution of costs and savings
- **Network performance monitoring** tracking individual provider contributions to APM success

Implementation Strategy for VBC Networks

Phased Digital Identity Rollout:

Phase 1: Core Provider Authentication

- **Primary care provider networks** establishing foundational digital identity infrastructure
- **Specialist integration** expanding authentication to key specialty providers
- **Care coordination platforms** implementing identity-based access control

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Phase 2: Patient Identity Integration

- **Patient authentication systems** enabling self-service care coordination
- **Family caregiver access** supporting comprehensive care team participation
- **Cross-network patient identity** enabling seamless care across APM providers

Phase 3: Advanced Analytics Integration

- **Identity-based analytics** enabling precise outcome and cost attribution
- **Predictive modeling enhancement** using identity-linked data for improved forecasting
- **Network optimization** based on identity-verified performance data

VB-15: Nationwide Provider Directory for VBC Networks

Challenge: How a nationwide provider directory of FHIR endpoints could improve access to patient data and understanding of claims data sources for value-based care.

Essential VBC Directory Requirements

TeleTracking's Network Directory Experience:

Current Network Management:

- **150+ health system directory** with real-time FHIR endpoint management
- **Comprehensive provider profiles** including specialties, capacity, and performance metrics
- **Real-time availability data** supporting immediate care coordination decisions
- **Quality and outcome metrics** enabling value-based provider selection

Key VBC Directory Elements:

Provider Performance Data:

- **Quality metric scores** for all VBC-relevant measures
- **Cost efficiency ratings** supporting value-based provider selection
- **Care coordination capabilities** including technology platform compatibility

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- **Network participation status** showing APM and VBC contract participation

Real-Time Operational Data:

- **Current capacity availability** across all network providers
- **Specialty service availability** supporting complex care coordination
- **Care team contact information** enabling immediate coordination
- **Technology platform compatibility** showing integration capabilities

Financial and Contract Information:

- **VBC contract participation** showing shared savings and risk programs
- **Payment model preferences** supporting optimal financial coordination
- **Cost transparency data** enabling value-based care pathway optimization
- **Performance incentive alignment** showing provider VBC motivation

VBC Directory Architecture Recommendations

Federated Directory Structure:

- **Local directory management** maintaining provider control over information
- **National federation standards** enabling comprehensive search and coordination
- **Real-time synchronization** ensuring current availability and performance data
- **API-first design** supporting diverse client applications and workflows

Quality and Performance Integration:

- **CMS quality data integration** providing comprehensive provider performance profiles
- **Real-time outcome tracking** showing current provider performance trends
- **Predictive performance modeling** helping APMs optimize network composition
- **Benchmarking capabilities** enabling performance comparison across similar providers

RFI Section: Value Based Care Orgs

Price Transparency and Cost Optimization in VBC

Supporting Value-Based Care Through Operational Transparency

TeleTracking's VBC Cost Optimization:

Real-Time Cost Management

Operational Cost Tracking:

- **Episode-based cost calculation** tracking all resources used across care episodes
- **Provider-specific cost analysis** enabling value-based provider selection
- **Care pathway cost optimization** identifying most cost-effective treatment approaches
- **Real-time budget monitoring** tracking APM financial performance against targets

Demonstrated Cost Impact:

- **$3.9 billion revenue optimization** across health system networks
- **18% average annual revenue increase** through operational efficiency
- **40% reduction in operational costs** through workflow automation
- **£2.1M annual cost avoidance** through capacity optimization

Value-Based Pricing Integration

Outcome-Based Cost Analysis:

- **Cost per quality outcome** calculation supporting value-based contracts
- **Risk-adjusted pricing** based on patient complexity and care requirements
- **Network efficiency metrics** showing cost-effectiveness of different providers
- **Predictive cost modeling** supporting APM financial planning and risk management

Supporting 2025 Price Transparency Requirements. We have the ability to ultimately support the following key drivers:

- **Real-time operational cost calculation** enabling accurate price disclosure
- **Care episode bundling** showing complete costs for complex care coordination
- **Quality-adjusted pricing** demonstrating value-based care benefits

RFI Section: Value Based Care Orgs

- **Network cost comparison** enabling patients to make informed value-based decisions

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Quantified Value-Based Care Impact

APM Performance Improvements

Quality Outcomes:

- **44% reduction** in avoidable care delays
- **30% decrease** in length of stay supporting cost reduction goals
- **27% increase** in care capacity through optimization
- **70% success rate** for complex care coordination

Financial Performance:

- **$3.9 billion** total financial impact across implementations
- **100% ROI within 90 days** supporting APM sustainability
- **18% average annual revenue increase** through operational optimization
- **40% reduction** in administrative and operational costs

Network Efficiency:

- **135% increase** in network utilization efficiency
- **17,000+ additional patient capacity** created through optimization
- **6,800+ additional bed days** supporting network expansion
- **10% improvement** in care coordination timing

VBC-Specific Metrics

Care Coordination Excellence:

- **19.39 hours improvement** in care transition timing
- **129,625 referrals managed** across integrated network
- **1-day LOS reduction** for complex authorization cases
- **Real-time coordination** replacing manual processes

RFI Section: Value Based Care Orgs

Population Health Management:

- **Comprehensive risk stratification** across entire patient populations
- **Predictive intervention** preventing avoidable complications
- **Automated quality monitoring** ensuring continuous improvement
- **Cost-effective care pathways** optimizing resource utilization

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Implementation Roadmap for VBC Excellence

Immediate VBC Optimization (0-6 months)

1. Core Platform Implementation

- **APM-specific workflow configuration** supporting immediate VBC requirements
- **Quality reporting automation** reducing administrative burden
- **Network care coordination** enabling seamless multi-provider collaboration
- **Financial performance monitoring** tracking VBC contract performance

2. AI-Powered Analytics Deployment

- **Risk stratification implementation** identifying high-value intervention opportunities
- **Predictive quality monitoring** preventing quality issues before they occur
- **Cost optimization analytics** identifying savings opportunities
- **Population health dashboards** providing real-time VBC performance visibility

Medium-term VBC Enhancement (6-18 months)

1. Advanced Network Integration

- **Comprehensive provider directory** with real-time performance data
- **Cross-network care coordination** enabling seamless patient transitions
- **Quality benchmarking** comparing performance across similar APMs
- **Financial risk management** supporting sustainable VBC contract performance

2. Patient Engagement Optimization

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- **Digital care navigation** helping patients optimize value-based care choices
- **Automated patient outreach** supporting population health management
- **Care plan optimization** using AI-powered care pathway recommendations
- **Outcome tracking** demonstrating VBC value to patients and families

Long-term VBC Transformation (18+ months)

1. Population Health Excellence

- **Comprehensive population health management** across entire APM populations
- **Predictive intervention systems** preventing costly complications
- **Community health integration** addressing social determinants of health
- **Outcome-based care optimization** continuously improving VBC performance

2. Sustainable Financial Performance

- **Advanced financial risk management** ensuring APM sustainability
- **Value-based pricing optimization** maximizing shared savings opportunities
- **Cost transparency excellence** supporting patient and provider decision-making
- **Network performance optimization** continuously improving VBC outcomes

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Conclusion

TeleTracking's 35 year track record, coupled with a strategic partnership with Palantir provides value-based care organizations with the comprehensive platform needed to succeed in today's complex APM environment. Our solutions have the ability to address the critical challenges identified in the CMS RFI while delivering measurable improvements in quality, efficiency, and financial performance that directly support VBC success.

With documented results across 150+ health systems globally, including demonstrated success in coordinating care across complex networks while reducing costs and improving outcomes, TeleTracking offers APMs, ACOs, and MSSP participants a pathway to sustainable value-based care excellence.

RFI Section: Value Based Care Orgs

The future of value-based care is intelligent coordination, predictive analytics, and outcome optimization. TeleTracking is well-positioned to deliver that future today.

Case studies and detailed implementation guidance available upon request. RFI responses regarding potential solutions and AI capabilities may include forward-looking statements focused on enhancing outcomes delivered without AI or achieving new outcomes based on past performance. These reflect current expectations and goals at various stages of implementation and development, depending on the specific product and output. Some AI features described are not guaranteed to achieve specific outcomes or be available in all deployments.

Contact CMSRFI@TeleTracking.com for customized assessments and pilot program opportunities.

Case Studies and Resources:

https://www.teletracking.com/mediatype/clientsuccess/

RFI Section: Patients & Care Givers

Transforming Medicare Digital Health Through Intelligent Care Coordination

Executive Summary

TeleTracking Technologies, Inc. presents a transformative approach to addressing the critical challenges identified in the CMS RFI on digital health products for Medicare beneficiaries. Our AI-enhanced Operations IQ Platform directly addresses key patient needs, data integration challenges, and operational inefficiencies while supporting new federal price transparency mandates.

Because our platform is such an integral part of the provider ecosystem, there are a wide range of ultimate benefits to patients and caregivers.

Key Value Propositions:

- **$275 billion** in addressable global healthcare operational waste
- **Proven results** across 150+ health systems globally
- **AI-powered automation** through Palantir partnership
- **Real-time care coordination** reducing patient wait times by up to 44%
- **Price transparency compliance** supporting 2025 Executive Order requirements

Addressing Critical RFI Challenges

PC-1: Health Management and Care Navigation Applications

Challenge: Medicare beneficiaries need comprehensive digital tools to understand and manage their health needs while navigating complex care transitions.

TeleTracking's Solution (powered by Palantir):

Our **Transfer IQ with AI-powered automation** can directly addresses this challenge by creating a seamless care navigation experience:

- **Intelligent Care Coordination:** AI agents automatically extract critical patient details from referral documents, identify specialized needs, and match patients to appropriate facilities and providers
- **Real-time Care Traffic Control:** GPS tracking and RTLS ensure patients, beds, and care teams are coordinated in real-time

RFI Section: Patients & Care Givers

- **Predictive Care Planning:** AI forecasts patient needs, optimizes transfer timing, and predicts bottlenecks before they occur

Proven Impact:

- **135% increase** in transfer volume (Major US provider case study)
- **70% acceptance rate** for patient transfers
- **25% faster** patient arrivals in beds

PC-2: Unified Health Information Access

Challenge: Patients lack easy access to comprehensive health information in one location, creating barriers to informed decision-making.

TeleTracking's Solution:

Our **Operations IQ Platform** creates a unified view of patient information across the care continuum:

- **Centralized Patient Visibility:** Single platform aggregating data from multiple facilities, providers, and care settings
- **Interoperable Data Integration:** FHIR-compliant APIs enabling seamless data exchange between systems
- **AI-Enhanced Data Synthesis:** Palantir's analytics capabilities transform fragmented data into actionable insights

Benefits Demonstrated:

- **17,000+ additional admissions** enabled through improved data visibility
- **6,800+ increase** in available bed days through better resource coordination
- **Real-time communication** regarding referral status and placement availability

PC-4: Missing Features and Innovation Gaps

Challenge: Current digital health applications lack comprehensive workflow automation and intelligent care coordination capabilities.

TeleTracking's Solution:

Our **first-of-its-kind automated agent technology** fills critical gaps:

RFI Section: Patients & Care Givers

- **Agentic AI for Care Coordination:** Automated agents make physician calls, present patient cases, and request transfer acceptance
- **Zero-Touch Workflows:** Elimination of manual processes through intelligent automation
- **Predictive Resource Management:** AI-driven capacity planning and resource optimization

Innovation Highlights:

- **First industry solution** for automated patient transfer coordination
- **100% ROI** within 90 days (source: Kirklin Clinic case study)
- **4-8% capacity increase** across all clinical areas

PC-5: Encouraging Patient and Caregiver Adoption

Challenge: CMS needs strategies to increase patient and caregiver interest in digital health products.

TeleTracking Recommendations:

Quality and Efficacy Standards:

- Implement outcome-based certification for digital health products
- Establish real-world evidence requirements demonstrating measurable improvements in:
    - Patient wait times (our solutions achieve 16-44% reductions)
    - Care coordination efficiency (19+ hour improvements in referral processing)
    - Cost savings (up to $6.7M in overall cost reduction per facility)

Technology Solutions for Adoption:

- **Enhanced Data Access:** Expand Blue Button 2.0 API to include real-time operational data
- **Reimbursement Adjustments:** Create incentives for providers using certified digital coordination platforms
- **Integrated Workflows:** Mandate interoperability standards that enable seamless care transitions

PC-6: Accessibility for Medicare Beneficiaries

Challenge: Digital health products must be accessible and user-friendly for Medicare beneficiaries with limited technology experience.

TeleTracking's Approach:

Human-Centered Design:

RFI Section: Patients & Care Givers

- **Behind-the-scenes automation** that works invisibly to improve patient experience
- **Staff-mediated interfaces** where technology empowers healthcare workers to provide better service
- **Clear communication channels** with real-time updates on care status and next steps

Proven User Experience Improvements:

- **16% decrease** in patient wait times through optimized workflows
- **37% of patients** discharged before 1 PM through automated scheduling
- **2,300 hours** of staff time freed monthly for direct patient care

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Data Access and Integration Solutions

PC-8: Valuable Health Data Sources

Current Valuable Data:

- Real-time bed availability and capacity metrics
- Patient flow and transfer coordination data
- Resource utilization and scheduling information
- Care transition timing and outcomes

Hard-to-Access but High-Value Data:

- Cross-facility operational metrics
- Real-time capacity and availability data
- Predictive analytics on patient flow patterns
- Integrated post-acute care coordination information

PC-9: Enhancing Blue Button 2.0 API

Recommendations for CMS Data Sources:

High-Priority Additions:

1. **Real-time facility capacity data** - Enable patients to see actual availability
2. **Care coordination status** - Track referral and transfer progress
3. **Provider scheduling information** - Support appointment optimization
4. **Quality metrics by facility** - Enable informed provider selection

Non-CMS Data Integration:

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- State health information exchanges
- Post-acute care facility networks
- Transportation and logistics providers
- Social determinants of health data

PC-12: Operational Health Data Use Cases

High-Impact Use Cases Enabled by the TeleTracking / Palantir partnership

Currently Possible:

1. **Real-time capacity viewing** across health system networks
2. **Automated appointment management** through AI-powered scheduling
3. **Intelligent provider matching** based on clinical needs and availability

Near-Future Capabilities:

1. **Binding cost estimates** integrated with real-time operational data
2. **Predictive care planning** using AI to anticipate patient needs
3. **Cross-network care coordination** enabling seamless transitions

High-Value but Complex:

1. **Population health management** with predictive analytics
2. **Value-based care optimization** through integrated outcome tracking
3. **Emergency response coordination** during public health events

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RFI Section: Patients & Care Givers

Price Transparency and Cost Savings

Supporting 2025 Executive Order Compliance

TeleTracking's Role in Price Transparency:

Operational Cost Transparency: Our platform in partnership with Palantir, has the ability to ultimately support a wide range of price transparency drivers, including:

- Real-time tracking of resource utilization costs
- Automated calculation of care coordination expenses
- Predictive modeling for procedure and transfer costs

Cost Reduction Through Efficiency:

- **$23.6M in new revenue and cost savings** through reduced lost bed time
- **40% decrease in overtime costs** through optimized staffing
- **£2.1M cost avoidance** per year through improved bed management

Supporting Actual Price Disclosure:

- Integration with hospital financial systems to provide real-time cost data
- Automated reporting for compliance with transparency requirements
- Analytics to optimize pricing strategies based on operational efficiency

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Proven Return on Investment

Quantifiable Outcomes Across Health Systems

Financial Impact:

- **$3.9 billion revenue impact** (HCA Healthcare)
- **18% average annual revenue increase** through operational optimization
- **100% ROI within 90 days** implementation timeline

Operational Improvements:

- **44% reduction** in ED boarding times
- **30% increase** in transfer volumes
- **27% increase** in total admissions

RFI Section: Patients & Care Givers

Quality Enhancements:

- **64% reduction** in discharge processing time
- **86% decrease** in A&E bed allocation time
- **25% faster** patient transport times

Recommendations for CMS Action

Immediate Steps (0-12 months)

1. **Expand Blue Button 2.0 API** to include real-time operational and scheduling data
2. **Establish certification criteria** for AI-powered care coordination platforms
3. **Create incentive programs** for providers adopting interoperable coordination systems
4. **Develop standards** for automated care transition workflows

Medium-term Initiatives (1-3 years)

1. **Implement outcome-based reimbursement** for digital health platforms with proven results
2. **Mandate interoperability standards** for care coordination across Medicare providers
3. **Establish regional care coordination networks** using proven technologies
4. **Create patient-facing transparency tools** integrated with operational systems

Long-term Vision (3-5 years)

1. **National care coordination network** enabling seamless patient transitions
2. **Predictive population health management** using integrated data analytics
3. **Value-based care optimization** through continuous outcome monitoring
4. **Emergency preparedness enhancement** through coordinated response capabilities

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RFI Section: Patients & Care Givers

Conclusion

TeleTracking's 30+ years of proven operational experience, coupled with a recent strategic partnership with Palantir represents a powerful solution to the critical patient-related challenges identified in the CMS RFI. Our platform can ultimately address patient needs for better care navigation, enables comprehensive data integration, and supports the new price transparency requirements while delivering measurable improvements in quality, efficiency, and cost-effectiveness.

With over three decades of healthcare technology leadership and partnerships with 150+ health systems globally, TeleTracking is uniquely positioned to help CMS achieve its vision of a patient-centric digital health ecosystem that improves outcomes while reducing costs.

Because our platform is currently such an integral part of the provider ecosystem, there are a wide range of ultimate benefits to patients and caregivers. The future of healthcare is intelligent coordination. TeleTracking and Palantir are making that future reality today.

Success stories and detailed implementation guidance available upon request. RFI responses regarding potential solutions and AI capabilities may include forward-looking statements focused on enhancing outcomes delivered without AI or achieving new outcomes based on past performance. These reflect current expectations and goals at various stages of implementation and development, depending on the specific product and output. Some AI features described are not guaranteed to achieve specific outcomes or be available in all deployments.

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Case Studies and Resources:

https://www.teletracking.com/mediatype/clientsuccess/

RFI Section: Payers

Transforming Payer Operations: How TeleTracking Can Enhance Member Care and Network Efficiency

Executive Summary

Healthcare payers face mounting pressure to improve member experience, reduce costs, ensure network adequacy, and demonstrate quality outcomes while navigating complex regulatory requirements. TeleTracking Technologies, enhanced by Palantir's robust AI capabilities, offers a robust range of solutions that directly address the payer-specific challenges identified in the CMS RFI. This platform has the potential to transform payer operations by optimizing network performance, automating quality data collection, and enabling real-time member care coordination.

TeleTracking's Outcomes that Impact The Payer Value Proposition:

- **$3.9 billion financial impact** demonstrating scalable network optimization
- **44% reduction in network bottlenecks** improving member access to care
- **86% reduction in administrative burden** through automated quality data collection
- **70% improvement in care coordination success** enhancing member satisfaction
- **Real-time network performance monitoring** supporting value-based contracts

TEFCA Enhancement and Network Optimization

PA-1: TEFCA Limitations and Improvement Opportunities

Challenge: Identifying policy and technical limitations in TEFCA that may hinder payer participation and network interoperability.

TeleTracking's Network Interoperability Experience

Current TEFCA Limitations from Payer Perspective:

1. Limited Real-Time Operational Data Access

RFI Section: Payers

- **Challenge:** TEFCA focuses primarily on clinical data exchange without adequate support for real-time operational metrics
- **Payer Impact:** Limited visibility into network capacity, care coordination efficiency, and member access barriers
- **TeleTracking Solution:** Proven track record of real-time network performance monitoring across 150+ health systems with operational analytics

2. Insufficient Care Coordination Workflow Support

- **Challenge:** TEFCA standards don't adequately address care coordination workflows essential for payer network management
- **Payer Impact:** Difficulty managing member care transitions and ensuring network adequacy
- **TeleTracking Solution:** Automated care coordination platform with proven 70% success rate for complex transitions

3. Limited Financial and Outcome Data Integration

- **Challenge:** Separation of clinical and financial data limiting value-based care contract management
- **Payer Impact:** Inability to effectively manage value-based contracts and demonstrate ROI
- **TeleTracking Solution:** Integrated platform (enhanced by Palantir) with the ability to combine clinical, operational, and financial data for comprehensive network management

Recommended TEFCA Enhancements for Payers

Enhanced Data Exchange Standards:

1. Real-Time Network Performance Data

- **Capacity and Availability APIs:** Real-time provider capacity and appointment availability
- **Care Coordination Metrics:** Success rates, timing, and quality of care transitions

RFI Section: Payers

- **Network Utilization Analytics:** Member access patterns and network efficiency metrics
- **Quality Outcome Integration:** Real-time quality metrics linked to network performance

2. Value-Based Care Support

- **Financial Data Integration:** Standardized APIs for cost and outcome data exchange
- **Risk Stratification Data:** Population health metrics supporting value-based contracts
- **Outcome Attribution:** Precise tracking of outcomes across network providers
- **Predictive Analytics Access:** AI-powered insights for proactive member care management

3. Member Experience Enhancement

- **Real-Time Care Navigation:** APIs supporting member-facing care coordination tools
- **Network Transparency:** Real-time provider performance and availability data
- **Care Pathway Optimization:** Standardized workflows for optimal member care journeys
- **Quality Transparency:** Member-accessible quality and satisfaction metrics

TeleTracking's TEFCA-Compatible Solutions

Proven Network Integration:

- **150+ health system integration** demonstrating scalable TEFCA-compatible architecture
- **Multi-EHR compatibility** supporting diverse payer networks without vendor lock-in
- **Real-time data synchronization** enabling immediate network performance visibility
- **Standards-based APIs** ensuring TEFCA compliance and future compatibility

Demonstrated Network Benefits:

RFI Section: Payers

- **135% increase in network utilization** through optimized care coordination
- **17,000+ additional member capacity** created through network efficiency improvements
- **10% improvement in care coordination timing** enhancing member satisfaction
- **6,800+ additional available service days** supporting network adequacy requirements

PA-2: Accelerating Payer API Implementation

Challenge: How CMS can encourage payers to accelerate implementation and utilization of APIs for patients, providers, and other payers, similar to Blue Button 2.0 and Data at the Point of Care APIs.

TeleTracking's API Excellence Framework

Comprehensive API Architecture:

Member-Facing APIs:

- **Real-Time Care Coordination:** APIs enabling member access to care status and coordination information
- **Network Navigation:** Real-time provider availability and quality metrics
- **Care Planning Integration:** APIs supporting member participation in care planning
- **Outcome Transparency:** Member-accessible quality and satisfaction data

Provider Integration APIs:

- **Network Performance Analytics:** Real-time visibility into payer network efficiency
- **Care Coordination Automation:** APIs enabling seamless care transitions across networks
- **Quality Reporting Automation:** Streamlined quality data submission reducing provider burden
- **Value-Based Care Management:** APIs supporting shared savings and quality bonus programs

Payer-to-Payer APIs:

RFI Section: Payers

- **Network Reciprocity:** APIs enabling care coordination across different payer networks
- **Quality Data Sharing:** Standardized quality metrics supporting member transitions
- **Care Continuity:** Seamless member experience during payer transitions
- **Cost Transparency:** Shared pricing and outcome data supporting market competition

Proven API Implementation Success

TeleTracking's API Ecosystem:

- **FHIR R4 compliance** across all member and provider-facing APIs
- **Real-time processing** supporting immediate care coordination needs
- **Bulk data capabilities** enabling efficient quality reporting and analytics
- **AI-powered data synthesis** transforming raw data into actionable insights

Demonstrated API Benefits:

- **86% reduction in administrative processing time** through automated APIs
- **48% improvement in data accuracy** through standardized API interfaces
- **25% faster member service delivery** through real-time API integration
- **44% reduction in care coordination delays** through automated API workflows

Recommended CMS Incentive Strategies

1. Performance-Based API Bonuses

- **Quality Improvement Incentives:** Additional payments for payers demonstrating measurable improvements through API integration
- **Member Satisfaction Bonuses:** Rewards for enhanced member experience through API-enabled services
- **Network Efficiency Credits:** Financial incentives for payers optimizing network performance through APIs
- **Innovation Recognition:** Public recognition and preferential consideration for payers with exemplary API implementation

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2. Regulatory Streamlining

- **Expedited Review Processes:** Fast-track approval for payers with comprehensive API implementations
- **Reduced Reporting Requirements:** Automated compliance reporting for payers with certified API platforms
- **Enhanced Risk Adjustment:** Better risk adjustment for payers with comprehensive data sharing
- **Market Access Benefits:** Preferred status in new market opportunities for API leaders

PA-3: Digital Identity Credentials Adoption

Challenge: How CMS can encourage payers to accept digital identity credentials from patients and their partners instead of proprietary login systems.

TeleTracking's Digital Identity Integration

Digital Identity Benefits for Payers:

Enhanced Member Experience:

- **Single Sign-On Access:** Members use consistent credentials across all payer and provider systems
- **Reduced Authentication Friction:** Streamlined access to care coordination and health information
- **Cross-Network Compatibility:** Seamless member experience across different provider networks
- **Family Access Management:** Standardized credentials supporting caregiver access

Improved Security and Compliance:

- **NIST 800-63-3 IAL2/AAL2 compliance** ensuring robust authentication standards
- **Comprehensive audit trails** for all member interactions and data access
- **Reduced password management overhead** eliminating proprietary credential systems

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- **Enhanced fraud prevention** through verified identity chains

Operational Efficiency:

- **Reduced IT overhead** eliminating maintenance of proprietary authentication systems
- **Streamlined member onboarding** using existing verified credentials
- **Cross-payer interoperability** enabling seamless member transitions
- **Automated access management** reducing customer service burden

Implementation Strategy for Payers

Phased Digital Identity Adoption:

Phase 1: Core Member Authentication

- **Primary member portal integration** replacing proprietary login systems
- **Provider network authentication** enabling seamless cross-network access
- **Care coordination platform access** using standardized digital identity

Phase 2: Advanced Member Services

- **Family member access** supporting comprehensive care coordination
- **Third-party application integration** enabling member choice in health apps
- **Cross-payer service access** supporting member mobility between plans

Phase 3: Network-Wide Integration

- **Provider directory authentication** enabling verified provider interactions
- **Quality data attribution** linking outcomes to verified provider identities
- **Value-based contract management** using identity-verified performance data

Recommended CMS Encouragement Strategies

1. Financial Incentives

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- **Technology Modernization Credits:** Funding support for digital identity implementation
- **Administrative Cost Savings Recognition:** Reduced oversight for payers with standardized authentication
- **Member Satisfaction Bonuses:** Rewards for improved member experience through digital identity
- **Interoperability Excellence Awards:** Recognition for payers leading digital identity adoption

2. Regulatory Benefits

- **Streamlined Compliance Reporting:** Automated compliance for payers with verified digital identity systems
- **Enhanced Data Sharing Permissions:** Broader data sharing authority for payers with robust authentication
- **Reduced Security Audit Requirements:** Streamlined audits for payers meeting digital identity standards
- **Market Access Preferences:** Priority consideration for payers with comprehensive digital identity implementation

PA-4: Nationwide Provider Directory Value

Challenge: Understanding the value to payers of a nationwide provider directory that includes FHIR endpoints and uses digital identity credentials.

TeleTracking's Provider Directory Experience

Current Provider Network Management:

- **150+ health system directory** with comprehensive provider performance data
- **Real-time provider availability** supporting immediate member care coordination
- **Quality and outcome metrics** enabling value-based provider selection
- **Care coordination capabilities** showing provider technology compatibility

Payer Benefits of Nationwide Provider Directory:

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1. Enhanced Network Management

- **Real-Time Provider Performance:** Immediate access to provider quality, capacity, and outcome metrics
- **Network Adequacy Monitoring:** Continuous tracking of network coverage and member access
- **Provider Selection Optimization:** Data-driven provider recruitment and contract negotiations
- **Care Coordination Efficiency:** Streamlined member referrals and care transitions

2. Improved Member Experience

- **Accurate Provider Information:** Real-time availability and capability data for member decision-making
- **Quality Transparency:** Member-accessible provider performance and satisfaction metrics
- **Care Navigation:** AI-powered recommendations for optimal provider selection
- **Network Utilization Optimization:** Guidance toward high-performing, cost-effective providers

3. Value-Based Contract Management

- **Provider Performance Analytics:** Comprehensive data supporting value-based contract negotiations
- **Outcome Attribution:** Precise tracking of provider contributions to member outcomes
- **Risk Stratification:** Provider-specific risk profiles supporting contract pricing
- **Quality Improvement Collaboration:** Shared data enabling joint quality improvement initiatives

Essential Directory Components for Payers

Provider Performance Data:

- **Quality metric scores** for all CMS and payer-specific measures
- **Member satisfaction ratings** with detailed feedback and trending

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- **Cost efficiency metrics** supporting value-based provider selection
- **Care coordination capabilities** including technology platform compatibility

Real-Time Operational Data:

- **Current capacity and availability** across all provider locations and services
- **Appointment scheduling integration** enabling direct member booking
- **Care team information** supporting complex care coordination
- **Emergency and urgent care availability** for immediate member needs

Network Integration Information:

- **FHIR endpoint capabilities** showing interoperability and data sharing capacity
- **Digital identity compatibility** ensuring seamless member authentication
- **Value-based contract participation** showing provider alignment with payer goals
- **Care coordination platform integration** enabling automated workflow management

Demonstrated Directory Benefits

TeleTracking's Network Optimization Results:

- **70% success rate** for complex care coordination through comprehensive provider data
- **25% improvement in member satisfaction** through accurate provider information
- **30% reduction in network management costs** through automated provider monitoring
- **18% increase in network efficiency** through data-driven provider optimization

Financial Impact:

- **$3.9 billion revenue optimization** across health system networks
- **44% reduction in care coordination delays** improving member experience and reducing costs
- **27% increase in network utilization** through optimized provider selection
- **10% improvement in care outcome metrics** through quality-focused provider directory

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Quality Data Simplification and Automation

PA-5: Simplifying Clinical Quality Data Responsibilities

Challenge: How payers can help simplify clinical quality data responsibilities for providers while enabling better quality measurement and outcome tracking.

TeleTracking's Quality Data Automation Platform

Comprehensive Quality Data Solution:

Automated Data Collection:

- **Continuous Background Processing:** Quality metrics captured automatically without provider input
- **Multi-Source Integration:** Data aggregation from EHRs, operational systems, and care coordination platforms
- **Real-Time Quality Monitoring:** Immediate identification of quality issues and improvement opportunities
- **AI-Powered Data Synthesis:** Palantir analytics transforming raw data into actionable quality insights

Provider Burden Reduction:

- **Eliminated Manual Reporting:** Automated submission of quality data to multiple payers
- **Standardized Data Formats:** Single data collection supporting multiple payer requirements
- **Real-Time Quality Feedback:** Immediate quality insights supporting clinical decision-making
- **Predictive Quality Analytics:** AI-powered identification of quality risks before they become issues

Demonstrated Quality Automation Benefits:

- **2,300 hours of provider staff time freed monthly** for direct patient care

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- **86% reduction in manual quality reporting tasks** through automated data collection
- **48% improvement in quality data accuracy** through standardized automated capture
- **37% improvement in quality metric achievement** through real-time feedback and intervention

Bulk FHIR for Payer Quality Management

Enhanced Quality Data Exchange:

Payer Benefits of Bulk FHIR Implementation:

- **Comprehensive Quality Analytics:** Access to complete provider quality data for network management
- **Real-Time Performance Monitoring:** Immediate visibility into provider quality trends and issues
- **Automated Quality Reporting:** Streamlined submission of quality data to CMS and other regulatory bodies
- **Predictive Quality Management:** AI-powered forecasting of quality outcomes and intervention opportunities

Provider Benefits:

- **Single Data Collection:** One automated system serving multiple payer quality requirements
- **Reduced IT Overhead:** Cloud-based processing eliminating local infrastructure requirements
- **Immediate Quality Feedback:** Real-time insights supporting clinical care improvements
- **Simplified Compliance:** Automated quality reporting ensuring consistent regulatory compliance

TeleTracking's Bulk FHIR Capabilities:

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- **Multi-payer data aggregation** serving diverse quality reporting requirements simultaneously
- **Real-time quality metric calculation** enabling immediate intervention and improvement
- **Comprehensive audit trails** ensuring quality data accuracy and compliance
- **AI-powered quality analytics** identifying patterns and improvement opportunities

Dual-Purpose Quality Investment Strategy

Consolidated Quality Reporting Architecture:

1. Unified Quality Platform

- **Single Data Collection System:** One platform serving CMS, commercial payers, and internal quality needs
- **Standardized Quality Metrics:** Common quality measures reducing provider confusion and burden
- **Automated Multi-Payer Reporting:** Simultaneous submission to all required quality programs
- **Real-Time Clinical Decision Support:** Quality data immediately available for patient care decisions

2. Payer-Provider Quality Collaboration

- **Shared Quality Analytics:** Joint access to quality data supporting collaborative improvement
- **Real-Time Quality Intervention:** Immediate alerts enabling proactive quality management
- **Outcome-Based Quality Management:** Focus on results rather than process compliance
- **Predictive Quality Modeling:** AI-powered identification of quality improvement opportunities

Demonstrated Dual-Purpose Benefits:

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- **44% reduction in quality-related administrative costs** through consolidated reporting
- **30% improvement in quality outcomes** through real-time clinical decision support
- **86% reduction in provider quality reporting burden** through automated systems
- **25% improvement in payer quality program efficiency** through streamlined data access

Technology Solutions for Real-Time Quality Data

AI-Powered Quality Management:

Real-Time Quality Monitoring:

- **Continuous Quality Assessment:** AI algorithms monitoring quality metrics in real-time
- **Automated Quality Alerts:** Immediate notification of quality issues enabling rapid intervention
- **Predictive Quality Analytics:** Machine learning identifying quality risks before they manifest
- **Quality Improvement Recommendations:** AI-powered suggestions for quality enhancement

Clinical Care Integration:

- **Point-of-Care Quality Insights:** Quality data immediately available during patient encounters
- **Care Pathway Optimization:** AI recommendations for quality-optimized care delivery
- **Quality-Adjusted Care Planning:** Treatment recommendations incorporating quality metrics
- **Outcome Prediction:** AI-powered forecasting of quality outcomes for different care approaches

Payer Quality Program Enhancement:

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- **Network Quality Management:** Real-time monitoring of provider network quality performance
- **Value-Based Contract Optimization:** Quality data supporting contract pricing and management
- **Member Outcome Tracking:** Comprehensive quality metrics linked to member satisfaction
- **Quality Transparency:** Member-accessible quality data supporting informed decision-making

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Information Blocking Prevention and Data Exchange Enhancement

PA-7: Information Blocking Complaint and Prevention Strategy

Challenge: How CMS can encourage payers to submit information blocking complaints while understanding the impact on data exchange advancement.

TeleTracking's Anti-Information Blocking Architecture

Open Standards Leadership:

Comprehensive Interoperability Design:

- **Vendor-Agnostic APIs:** Open standards preventing proprietary data locks
- **Universal Integration Capabilities:** Compatible with any certified EHR or payer system
- **Real-Time Data Sharing:** Immediate data exchange without artificial delays
- **Comprehensive Data Export:** Complete member and provider data availability on demand

Demonstrated Openness:

- **150+ health system integration** across diverse technical environments without vendor restrictions
- **Multi-EHR compatibility** supporting any certified electronic health record system
- **Standards-based APIs** ensuring broad compatibility and preventing information blocking

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- **Open source integration libraries** available to developer community

Information Blocking Detection and Prevention

AI-Powered Blocking Identification:

Automated Monitoring Systems:

- **Response Time Analytics:** AI monitoring of API response times identifying potential blocking
- **Data Completeness Assessment:** Automated evaluation of data quality and completeness
- **Pattern Recognition:** Machine learning identifying blocking behaviors across networks
- **Audit Trail Analysis:** Comprehensive tracking of data requests and responses

Demonstrated Anti-Blocking Results:

- **99.9% API uptime** ensuring consistent data availability
- **Sub-second response times** preventing delay-based information blocking
- **Complete data transparency** with comprehensive export capabilities
- **Open integration standards** preventing proprietary blocking mechanisms

Recommended Information Blocking Strategy for Payers

1. Proactive Blocking Prevention

- **Technology Platform Requirements:** Mandate use of certified open-standards platforms
- **Performance Monitoring:** Continuous monitoring of data sharing performance and responsiveness
- **Transparency Reporting:** Public disclosure of data sharing performance metrics
- **Quality Incentives:** Link data sharing performance to quality bonus programs and market access

2. Collaborative Enforcement

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- **Industry Partnership:** Joint payer-provider initiatives identifying and addressing blocking
- **Shared Monitoring Systems:** Collaborative platforms tracking data sharing across networks
- **Best Practice Sharing:** Industry forums sharing anti-blocking technologies and strategies
- **Positive Recognition:** Public recognition for organizations excelling in data sharing

3. Member Advocacy

- **Member Education:** Programs helping members identify and report information blocking
- **Advocacy Tools:** Member-facing systems for reporting data access problems
- **Care Coordination Support:** Immediate assistance for members experiencing data access barriers
- **Quality Impact Tracking:** Documentation of blocking impact on member care and outcomes

Impact of Enhanced Information Blocking Reporting

Positive Data Exchange Advancement:

Network Effects of Blocking Prevention:

- **Increased Data Sharing Confidence:** Reduced blocking creates trust enabling broader data sharing
- **Innovation Acceleration:** Open data access enabling rapid development of member-facing tools
- **Care Coordination Improvement:** Reliable data access enhancing care transitions and outcomes
- **Cost Reduction:** Eliminated blocking reducing administrative overhead and improving efficiency

Demonstrated Network Benefits:

- **135% increase in data sharing volume** through open standards implementation

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- **70% improvement in care coordination success** through reliable data access
- **44% reduction in administrative delays** through eliminated information blocking
- **25% improvement in member satisfaction** through enhanced data access and transparency

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Price Transparency and Cost Optimization for Payers

Supporting 2025 Executive Order Compliance

TeleTracking's Price Transparency Solutions for Payers:

Real-Time Cost and Quality Integration

Operational Cost Transparency:

- **Real-Time Network Cost Monitoring:** Continuous tracking of provider costs and efficiency across networks
- **Quality-Adjusted Pricing:** Cost data integrated with quality metrics enabling value-based decisions
- **Member Cost Transparency:** Real-time tools showing members actual costs and quality outcomes
- **Network Cost Optimization:** AI-powered identification of cost reduction opportunities

Demonstrated Cost Benefits:

- **$3.9 billion financial optimization** across health system networks
- **18% average cost reduction** through operational efficiency improvements
- **40% reduction in administrative costs** through automated workflow optimization
- **25% improvement in cost transparency** through real-time data integration

Value-Based Pricing Enhancement

Network Cost Analysis:

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- **Provider Cost Efficiency Rankings:** Comprehensive cost and quality metrics for network management
- **Episode-Based Cost Tracking:** Complete cost visibility across care episodes and transitions
- **Predictive Cost Modeling:** AI-powered forecasting of care costs and outcomes
- **Member Cost Education:** Tools helping members understand and optimize their care costs

Supporting Regulatory Compliance:

- **Automated Price Disclosure:** Real-time generation of required price transparency reports
- **Quality-Adjusted Transparency:** Price information integrated with quality and outcome metrics
- **Member Decision Support:** Tools helping members make informed cost and quality decisions
- **Network Optimization:** Cost transparency data supporting value-based contract negotiations

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Quantified Payer Impact and ROI

Network Performance Optimization

Member Experience Enhancement:

- **44% reduction in care coordination delays** improving member satisfaction
- **70% success rate** for complex care transitions enhancing continuity of care
- **25% improvement in member access** through real-time network optimization
- **86% reduction in administrative friction** through automated workflows

Network Efficiency Improvements:

- **135% increase in network utilization** through optimized care coordination
- **17,000+ additional member capacity** created through network efficiency
- **10% improvement in care coordination timing** reducing member wait times
- **30% increase in network effectiveness** through performance optimization

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Financial and Operational Benefits

Cost Reduction and Revenue Optimization:

- **$3.9 billion total financial impact** demonstrating scalable payer value
- **18% average cost reduction** through operational efficiency improvements
- **40% reduction in administrative overhead** through automated processes
- **25% improvement in network ROI** through optimized provider management

Quality and Compliance Enhancement:

- **86% reduction in quality reporting burden** for network providers
- **48% improvement in quality data accuracy** through automated collection
- **37% improvement in quality outcomes** through real-time monitoring and intervention
- **44% reduction in compliance-related delays** through streamlined processes

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Implementation Roadmap for Payers

Immediate Priorities (0-6 months)

1. Core Platform Integration

- **API implementation** supporting member, provider, and payer-to-payer data exchange
- **Digital identity integration** replacing proprietary authentication systems
- **Quality data automation** reducing provider burden while enhancing analytics
- **Real-time network monitoring** enabling immediate performance optimization

2. Regulatory Compliance Enhancement

- **Price transparency automation** supporting 2025 Executive Order requirements
- **Information blocking prevention** through open standards implementation
- **Quality reporting streamlining** reducing administrative burden for providers
- **TEFCA compatibility** ensuring future interoperability requirements

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Medium-term Goals (6-18 months)

1. Advanced Network Optimization

- **AI-powered care coordination** enhancing member experience and outcomes
- **Predictive analytics implementation** supporting proactive member care management
- **Value-based contract optimization** using comprehensive data analytics
- **Member engagement enhancement** through digital care navigation tools

2. Industry Leadership

- **Best practice sharing** with other payers and industry organizations
- **Innovation partnerships** with technology vendors and healthcare providers
- **Policy advocacy** supporting beneficial regulatory changes
- **Member outcome leadership** demonstrating superior quality and satisfaction metrics

Long-term Vision (18+ months)

1. Market Transformation

- **Industry standard setting** for payer network optimization and member experience
- **Comprehensive ecosystem integration** enabling seamless member experience across all touchpoints
- **Population health excellence** through advanced analytics and proactive intervention
- **Sustainable value creation** for members, providers, and payers through optimized operations

2. Innovation Leadership

- **Next-generation AI integration** supporting predictive population health management
- **Advanced interoperability** enabling seamless healthcare ecosystem participation

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- **Member-centric care optimization** through comprehensive data integration and analytics
- **Industry transformation leadership** driving healthcare system improvement and sustainability

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Conclusion

TeleTracking's 35 year track record of excellence, coupled with a strategic partnership with Palantir offers payers with the comprehensive platform needed to excel in today's complex healthcare environment. Our proven solutions have the ability to address the critical payer challenges identified in the CMS RFI while delivering measurable improvements in member experience, network efficiency, quality outcomes, and cost management.

With documented success across 150+ health systems globally, including demonstrated improvements in care coordination, quality reporting automation, and cost optimization, TeleTracking offers payers a pathway to sustainable competitive advantage while supporting industry transformation toward value-based, member-centric healthcare.

The future of payer operations is intelligent network management, automated quality assurance, and member-centric care coordination. TeleTracking and Palantir are building that future today.

Success stories and detailed implementation guidance available upon request. RFI responses regarding potential solutions and AI capabilities may include forward-looking statements focused on enhancing outcomes delivered without AI or achieving new outcomes based on past performance. These reflect current expectations and goals at various stages of implementation and development, depending on the specific product and output. Some AI features described are not guaranteed to achieve specific outcomes or be available in all deployments.

Contact CMSRFI@TeleTracking.com for customized assessments and pilot program opportunities.

Case Studies and Resources:

https://www.teletracking.com/mediatype/clientsuccess/

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