

To: CMS-0042-NC, Centers for Medicare & Medicaid Services
From: GetSetUp
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Subject: Response to RFI on Digital Health Products and Interoperability for Medicare Beneficiaries

Executive Summary

GetSetUp is a digital-health learning platform dedicated to eliminating digital-literacy barriers for Medicare and Medicaid beneficiaries. Partnering with state HHS agencies, value-based-care organizations, MCOs, D-SNPs, caregivers, and payers, we have delivered more than 14 million live and on-demand sessions across 32 states over the past five years, boosting telehealth adoption, care navigation, and benefits literacy.

Drawing on this experience, we urge CMS to create a “Digital Engagement Pathway” certification and to pilot reimbursement for evidence-based digital-literacy platforms beginning in PY 2026, so that equitable, outcome-driven digital-health engagement can scale nationwide.

Section B: Patients and Caregivers

PC-1 to PC-6: Digital Health Engagement and Navigation

GetSetUp functions as a digital “personal assistant” for Medicare beneficiaries, enabling them to:

- Find, learn and act on Star Ratings measures (e.g., flu shots, cancer screenings, chronic disease control).
- Navigate health plan portals and apps, which is critical to avoiding disenrollment, complaints, and poor CAHPS scores.
- Build digital skills that enable safe and confident health tech usage.

In our experience, many older adults don’t use even basic features of plan apps due to digital literacy gaps. GetSetUp closes this gap with live training, peer support, and on-demand digital navigation sessions.

Real-World Example: *Wyoming Department of Health*

Wyoming partnered with GetSetUp to engage rural Medicare and Medicaid members with telehealth and fall-prevention programs. The state focused on delivering:

- Digital onboarding for MyHealthRecord.gov
- Chronic condition self-management classes
- Online mental health and social connection programs for isolated seniors

Participants showed high retention, improved confidence in accessing digital tools, and better understanding of wellness benefits.

PC-5a: CMS Role in Evaluation and Support

CMS should develop a "Digital Engagement Pathway" certification for tools like GetSetUp that measurably improve digital literacy, care engagement, and patient satisfaction.

We suggest CMS pilot inclusion of platforms like GetSetUp in supplemental benefits evaluations and Health Equity Index modifiers.

Section C. Providers – PR-1: Encouraging Digital Health App Adoption by Providers

GetSetUp recommends that CMS adopt a multi-tiered approach that recognizes the role of provider trust, workflow integration, and patient readiness in digital product adoption.

a. Current Obstacles:

- **Digital Literacy Gaps Among Patients:** Many older adults, particularly in rural or underserved communities, struggle to use portals, telehealth, and digital benefits without training.
- **Workflow Fragmentation:** Providers are overwhelmed with EHR tasks; they are unlikely to recommend apps that don't integrate into clinical documentation or patient follow-up.
- **Lack of Reimbursement:** Time spent by providers or care teams introducing digital tools is often uncompensated.
- **Low Awareness or Confidence:** Providers may be unfamiliar with non-clinical engagement platforms (e.g., digital health literacy or social support tools) and their ability to drive awareness and action.

b. Information Providers Should Share:

- **How the digital tool complements clinical care** (e.g., preparing for a telehealth visit, understanding medication, accessing benefits).
- **Clear instructions on use** and who to contact for support.
- **How patient data will be protected** and whether the app is CMS-endorsed or part of an approved benefit.
- **Evidence-based outcomes**, if available i.e., "this class enhanced balance and can reduce fall risk" or "this assistant can help you manage your diabetes plan."

c. Provider Responsibilities:

- **Ensure Relevance and Accessibility:** Recommend tools that are culturally, linguistically, and digitally appropriate for the patient.
 - **Provide Context:** Clearly explain that digital tools supplement, not replace—clinical care.
 - **Monitor Use, When Possible:** Use platforms (like GetSetUp) that can report on patient engagement, allowing for better-informed care planning.
 - **Support Informed Consent and Privacy:** Help patients understand data-sharing and app permissions, especially those with cognitive challenges.
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Section D: Payers

PA-2: Accelerating API and Data Use

While Blue Button APIs are a great start, plans often lack tools to *activate* members with this data. GetSetUp closes that loop by offering:

- AI-curated class recommendations based on claims and plan features/benefits
- Class reminders and personalized nudges for plan actions (e.g., flu shot, AWWV)
- “Helen,” GetSetUp’s AI assistant, who translates benefit language into simple, actionable steps.

We would like to propose CMS consider allowing digital engagement platforms like GetSetUp to **access selected FHIR/claims feeds** (via member consent) to proactively guide users toward screenings, medication adherence, or wellness benefits.

Section E: Technology Vendors, Data Providers, and Networks

TD-1: Stimulating Developer Interest

From our experience, developers like GetSetUp are eager to innovate when meaningful engagement data and flexible APIs are available.

Short-Term Recommendations:

- Fund **interoperability accelerators** that include aging-focused user scenarios (e.g., onboarding older adults to telehealth or portals).
- Establish a **Digital Health Engagement Sandbox** to test integrations with Blue Button, TEFCA, and Star Ratings-linked APIs.

Long-Term Recommendations:

- Create an **Engagement Readiness Index** using behavioral datasets (CAHPS, HOS, digital literacy indicators) to support development of tools that personalize health guidance.
- Certify platforms like GetSetUp to access and contextualize claims and benefit data using age-friendly UX and AI.

TD-2: Data to Stimulate Developer Innovation

a. Valuable Additional CMS API Data:

- Annual Wellness Visit history
- Screening and immunization records
- SDoH and Health Equity Index-related tags
- Survey response metadata (e.g., from CAHPS, HOS)

b. Most Valuable Non-CMS Data Sources:

- Plan benefit utilization (e.g., OTC, dental, transportation)

- Community service availability (e.g., SNAP, housing)
- Broadband or device access data from FCC or other sources

c. Obstacles to Access:

- Limited patient-friendly documentation of APIs
- Lack of real-time access or data freshness
- Privacy frameworks not optimized for non-clinical engagement tools

d. Suggested API Expansions:

- A **Digital Literacy API** that allows platforms to query user readiness scores
- A **Health Engagement Events API** (e.g., missed appointments, disenrollment risk flags)
- A **Benefits Education API** to surface personalized benefit messages from MA plans

Section F: Value-Based Care

VB-1. Incentives to Encourage Digital Health Use in APMs (e.g., ACOs, MSSP)

Recommended Incentives:

- **Reimbursement for digital literacy and care navigation interventions** that improve preventive care use, CAHPS scores, and reduce disenrollment.
- **CMS recognition of community-based digital platforms** (like GetSetUp) as certified APM enablers, especially when tied to health equity efforts.
- **Bonus points or shared savings credits** for engaging “digitally at-risk” populations (e.g., older adults, limited English proficiency) through proven tools.

Key Obstacles:

- Lack of integration between community digital engagement platforms and clinical EHR workflows.
- Limited digital fluency among patients and caregivers—especially rural, dual-eligible, and minority populations.
- Few CMS incentives to measure or reward health literacy improvements and digital engagement efforts.

Real-world example: In Michigan, GetSetUp partnered with a Health & Human Services ACO to reduce fall-related hospitalizations among older adults. By delivering virtual classes focused on home safety, balance exercises, and how to properly use mobility aids, GetSetUp empowered members to recognize and address fall risks. The program also taught participants how to schedule home safety assessments and physical therapy sessions through their health plan’s digital tools resulting in increased use of preventive services and fewer ER visits due to falls.

VB-2. Integrating AI, Population Analytics, and Engagement into APMs

GetSetUp recommends CMS enable:

- **AI-guided segmentation** of members based on social risk and engagement potential.
- **Attribution of preventive actions (e.g., class attendance, portal usage, benefit navigation)** toward quality performance scoring.
- **Use of digital engagement metadata** (e.g., loneliness risk, class interest, plan questions) as part of holistic care planning and stratification models.

GetSetUp's AI assistant, Helen, tags SDoH and behavioral needs during user chats e.g., "confused about insulin," "no access to Wi-Fi," or "isolated." This insight can enrich risk scores, trigger alerts, and personalize outreach.

Thank you for reviewing our recommendations. GetSetUp is eager to share additional data, demonstrate our platform, or serve as a pilot site for CMS or ONC initiatives that advance digital-literacy certification and engagement-based quality measures. For follow-up, please contact Lawrence Kosick at lawrence@getsetup.io or 831-236-7700.