

June 16, 2025

Submitted via regulations.gov

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services

Dr. Thomas Keane
Assistant Secretary for Technology Policy
National Coordinator for Health IT
U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services (HHS)
Attention: CMS-0042-NC, Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Request for Information; Health Technology Ecosystem (CMS-0042-NC)

Dear Secretary Kennedy, Administrator Oz, and Assistant Secretary Keane:

Machinify appreciates the Administration's focus on breaking down long-held barriers to greater use of technology to address health care's most intractable problems and welcomes the opportunity to provide insight into our role and perspective on the health tech ecosystem.

The U.S. has [one of the most expensive health systems](#) in the world, where health insurers pay out nearly \$4.5 trillion in reimbursements, equating to \$13,400 per person. Of this, it is estimated almost \$1 trillion is considered wasteful spending, with approximately \$500 billion attributed to administrative complexity and pricing failures.

Machinify's software reduces cost and waste. We are a leading edge payer operating system and automation platform that reduces the total cost of health care through payment and program integrity innovations. We have over 45 years of experience deploying cost containment and recovery solutions to more than 70 U.S. commercial and government sponsored health and pharmacy payers covering over 160 million member lives across all lines of business, including Medicare Advantage, Managed Medicaid, and Part D.

Our technology platform delivers superior operational efficiency, recovery outcomes, and compliance performance by integrating best-in-class data analytics, intelligent automation, and rule-based workflow systems that integrate state and federal rules and regulations. The platform intelligence, advanced scoring logic, and validation by subject matter expertise combine to produce findings of unparalleled quality, improving payer credibility with providers and pave the way for better payer-provider relations.

Machinify is aligned with the Make America Healthy Again (MAHA) movement in sharing a core goal of reducing administrative burden through AI powered products and increasing clinical data collection for claims processing and real-time data sharing. Some of the lessons we have learned

over 45+ years of experience in health care payment are transferable to other parts of the health care sector. For example:

- **Timing matters.** It is critical in both payment and clinical contexts to have access to information *before* action is taken. With respect to payment, it is better to be able to resolve potential issues pre-payment rather than being in a pay-and-chase posture. Real-time information is also critical in clinical contexts to drive health outcome improvements.
- **There is a bidirectional relationship between operational and clinical data.** In some contexts, operational efficiencies are dependent on interoperable clinical data. In other contexts, clinical insights may be gleaned from payment data.
- **It is not necessary to reinvent the wheel.** As an industry leading payment integrity solution for the past 45+ years, we deploy our solutions broadly to more than 70 payers. In this and other spaces, there are market solutions working today that can broadly meet government needs. The Centers for Medicare & Medicaid Services (CMS) can and should deploy these solutions rather than bespoke, proprietary approaches to the same challenges.

Below are our responses to some of the questions posed in the Request for Information (RFI).

Comment Responses

PC-12. What are the most valuable operational health data use cases for patients and caregivers that, if addressed, would create more efficient care navigation or eliminate barriers to competition among providers or both?

Key barriers to competition include 1) a lack of transparency about patient care needs and 2) policies that make it hard to get information out of the electronic health record (EHR), such as policies that unduly limit access to EHR data and/or that make it costly to access data or switch EHR systems.

Operational use cases that promote transparency and reduce costs associated with data access will eliminate barriers to market competition. Data transparency results in greater data access, which levels the playing field across providers. Policies that restrict or disincentivize EHR vendors from charging high costs to providers seeking to switch EHRs or more easily get data out of their EHRs will result in greater data flow. This data flow will make it easier to ensure consistency across providers and foster more efficient care. It also enables program integrity platforms like Machinify's to identify and resolve claims issues before payment is made, more quickly driving improved provider education around billing and other administrative tasks as well as compliant coding/billing behaviors.

PR-2. What are obstacles that prevent development, deployment, or effective utilization of the most useful and innovative applications for physician workflows, such as quality measurement, clinical documentation, and billing tasks? How could these obstacles be mitigated?

Obstacles preventing development, deployment or effective utilization of applications for claims resolution/program integrity workflows include the post-payment nature of the interaction and the high-friction pathway for obtaining clinical data.

Shifting claims resolution from post-payment to pre-payment—meaning after care is delivered but before payment is made—significantly improves the efficiency of provider workflows. By identifying and addressing issues such as coding errors, eligibility discrepancies, or missing documentation before payment is processed, providers and payers can avoid the costly and time-intensive process of recovering funds or reprocessing claims after payment. Because pre-payment

resolution occurs shortly after services are rendered, it allows for timely intervention without disrupting care delivery or delaying necessary reimbursements. This reduces administrative burdens, minimizes claim denials and rework, and helps ensure cleaner, more accurate payments. For both providers and payers, the result is lower operational costs, faster revenue cycle turnaround, and a more predictable and transparent payment process.

PR-4. What changes or improvements to standards or policies might be needed for patients' third-party digital products to have access to administrative workflows, such as auto-populating intake forms, viewing provider information and schedules, and making and modifying an appointment?

Two ways that CMS could improve access to administrative workflows for both providers and patients are to: 1) reduce reliance on customized technical solutions and instead leverage COTS products used by the rest of the industry; and 2) eliminate artificial silos across contractors that breed inefficiency and lack of coordination.

- **CMS does not need a customized technical product to meet its program integrity and payment needs.** Proprietary COTS software products such as Machinify's have been deployed in the commercial market for decades. The facts associated with right payer recoveries are generally consistent across markets with little variation across lines of business. CMS' needs reflect relatively common performance requirements that can – and are today -- satisfied in other markets with COTS products.
- **CMS could create efficiencies and increase its recoveries by combining siloed work where appropriate.** In the commercial market today, it is common for cross-cutting program integrity and payment functions to be performed within a continuous workflow. For example, most health plans do not hire one vendor to perform systems analysis and design, database maintenance and support, programming, data analysis, and system documentation, and a separate vendor to perform the activities associated with identifying and developing debts. Operating in a cloud environment, a single vendor is able to offer a combined set of recovery services with limited custom system and database build, reducing errors and time lags associated with sharing data across multiple vendors.

We appreciate the opportunity to respond to this RFI, and welcome questions about our services and capabilities. Please do not hesitate to reach out if we can be helpful in any way.

Sincerely,

David Pierre, Chief Executive Officer
Machinify, Inc

Ryan Little, President, Right Payer Solutions
Machinify, Inc