Comment Letter: CMS-0042-NC – Health Technology Ecosystem RFI Response

Submitted by: XSELL Technologies
Date: June 16, 2025

To: **Stephanie Carlton**, Deputy Administrator of the Centers for Medicare & Medicaid Services
Steven Posnack, Acting Assistant Secretary for Technology Policy and Acting National Coordinator for Health Information Technology

Re: Request for Information – CMS-0042-NC

Thank you for the opportunity to submit comments on **CMS-0042-NC** regarding the evolving digital health ecosystem and the opportunity to create a more patient-centered, intelligent Medicare experience.

XSELL Technologies is an AI company purpose-built for healthcare, focused on reducing administrative burden and elevating member experience through Agentic Voice™ — our AI-powered phone-based engagement platform. Agentic Voice enables Medicare organizations to automate critical administrative workflows such as health risk assessments, appointment reminders, transportation coordination, and benefits education through natural-language, voice-first conversations.

Our comments below focus on the use of Agentic Voice to improve access, reduce administrative complexity, and deliver a more personalized experience for Medicare members. We also include specific policy recommendations to enable more efficient deployment and scale of these technologies.

1. Enhancing Access Through Voice-First Design
Relevant RFI Sections: PC-1.b, PC-6, VB-3

Agentic Voice is designed to meet Medicare members where they are: on the phone, in their preferred language, and with no apps or portals to navigate. This is particularly impactful for seniors with limited digital literacy or access.

Recommendations:

- CMS should formally recognize voice-based, AI-powered agents as qualifying digital tools under member engagement quality measures.
- Include phone-based engagement within the definition of "digital health tools" under future ONC certification pathways.
- Incentivize Medicare organizations to adopt voice-first platforms through demonstration programs that prioritize accessibility for digitally underserved beneficiaries.

2. Modernizing Robocall Classifications to Reflect Agentic Voice Advancements
Relevant RFI Sections: PC-1.b, PC-6, VB-3

Current legislative and regulatory frameworks treat all non-human telephone interactions—ranging from basic robocalls to conversational AI agents—as functionally identical. This one-size-fits-all approach fails to account for the dramatic advancements in agentic voice technologies, which now offer human-like, responsive, and context-aware experiences. Unlike legacy IVR systems or outbound robocalls, agentic voice platforms are built with architectures that prioritize conversational latency, user personalization, and real-time comprehension—making them a fundamentally different class of interaction.

Recommendations:

- CMS and the FCC should establish a distinct classification for Agentic Voice technologies separate from traditional robocalls and IVRs, based on key factors like system architecture, responsiveness, and human-likeness.
- Legislative and regulatory bodies should modernize definitions within TCPA and related frameworks to reflect the emergence of agentic voice, using criteria such as latency, dialog capability, and intent recognition.
- Encourage cross-agency collaboration to develop standards that support the ethical and responsible deployment of agentic voice in healthcare, ensuring consumer protections while enabling innovation in patient communication.
- Design demonstration projects or safe harbor programs to test agentic voice in high-touch use cases like Medicare outreach, with appropriate oversight to distinguish them from spam or fraud-related robocalls.

3. Scaling Administrative Efficiency Without Sacrificing Member Experience
Relevant RFI Sections: PR-2, TD-1, VB-1

Agentic Voice reduces costly manual labor by automating key administrative functions — HRA completion, member onboarding, appointment scheduling, and post-discharge outreach. Our solution ensures that structured data from each interaction is securely transmitted downstream to clinical systems, enhancing coordination and risk adjustment.

Recommendations:

- CMS should introduce a streamlined regulatory designation for administrative AI tools that operate outside the scope of clinical decision-making.
- Expand the scope of the Blue Button and Provider Access APIs to include social risk data (Z-codes), prior auth status, and member communication preferences.
- Allow Medicare organizations to count Agentic Voice interactions toward care management touchpoints or supplemental benefit activity, where applicable.

4. Enabling Seamless Data Flow and Integration
Relevant RFI Sections: TD-2, PC-12, PR-4

Our platform generates structured data from phone-based interactions — including SDOH insights, transportation needs, appointment outcomes, and medication barriers. This data can be used to inform clinical decision support, quality reporting, and real-time care team alerts.

Recommendations:

- CMS should encourage adoption of write-access FHIR APIs that allow external vendors (with consent) to update scheduling systems, risk profiles, or intake forms.
- Promote real-time data sharing between AI systems and clinical teams through alignment with USCDI standards.
- Fund pilot programs that demonstrate improved quality metrics (e.g., HEDIS or Stars) through structured conversational data capture.

5. Supporting Value-Based Models Through Proactive Engagement
Relevant RFI Sections: VB-2, VB-3

Agentic Voice enables Medicare organizations to deliver longitudinal support across the member journey: welcome calls, enrollment education, post-discharge check-ins, chronic care reminders, and retention efforts. Every engagement is tracked, structured, and fed back into care systems.

Recommendations:

- Permit AI-guided administrative interactions to satisfy touchpoint requirements under Chronic Care Management (CCM) or other value-based care models.
- Create reimbursement or incentive models that recognize technology-enabled outreach for preventive care, medication adherence, and member satisfaction.
- Encourage use of AI-based tools in REACH and other alternative payment models to improve quality performance and reduce avoidable utilization.

6. Encouraging Sustainable AI Development and Deployment
Relevant RFI Sections: TD-1, TD-5

Unlike standard AI systems that rely on massive models retrained infrequently—often at great cost and with significant energy requirements—XSELL's Agentic Voice is designed for real-world adaptability. It uses a smaller, faster model that learns continuously from minimal examples, catching and correcting errors (such as hallucinations) on the fly. This architecture allows the solution to update in real-time, reducing hardware demand, environmental load, model drift, and the complexity of enterprise-wide reengineering.

Recommendations:

- CMS should establish a sustainability scoring rubric for digital health and AI solutions that considers energy usage, model retraining frequency, hardware footprint, and carbon impact.
- Incorporate environmental sustainability as a scoring factor in future RFPs or technology procurement processes.
- Prioritize inclusion of lightweight, continuously adaptive AI systems in demonstration pilots, especially those focused on accessibility and population-scale deployment.

Conclusion

Agentic Voice represents a scalable, accessible solution that improves experience and reduces administrative cost for Medicare members. With targeted CMS action — including interoperability support, recognition of AI-based engagement, flexible quality program alignment, and sustainability considerations — technologies like ours can help create a more connected, compassionate, and environmentally conscious Medicare ecosystem.

We respectfully request consideration for inclusion in any forthcoming demonstration projects or procurement pathways related to voice-based digital engagement.

Sincerely,
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The Impact of XSELL's Agentic Platform in the Member Journey

1

24/7 PLAN EDUCATION HOTLINE

Annual enrollment is approaching. Helen calls XSELL Health's Plan Education Hotline for 24/7 FAQs about their Medicare Advantage plan.

Agentic Voice informs Helen what benefits are included and helps determine her eligibility.

2

ENROLLMENT SCHEDULING

Given Helen's excitement around the benefits, Agentic Voice proactively schedules time for Helen to speak with a Medicare Specialist during the annual enrollment period.

Helen is instructed to call the enrollment services on October 18 between 9-11am. If she has additional questions prior to enrollment, Helen can call the hotline service.

3

DATABASE UPDATE

Agentic Voice shares a summary of the call with Helen with XSELL Health's systems.

The call summary details Helen's questions and primary concerns regarding plan coverage. It also flags that an enrollment date was set, denoting the window Helen should call in.

4

ANNUAL ENROLLMENT

Helen calls XSELL Health's enrollment services. Amy, XSELL Health's Medicare Specialist, takes Helen through enrollment.

Supported by real-time ai, based on top performing strategies, Amy guides Helen efficiently through her enrollment. Throughout the conversation, Amy has given Helen confidence XSELL Health is the right choice.

The call summary and VoC insights are saved with the member's profile.

5

HEALTH RISK ASSESSMENT

Agentic Voice calls Helen to perform a Health Risk Assessment. During the assessment it is disclosed that Helen's spouse passed away last year. Due to the loss of her husband, Helen had struggled with loneliness, but does not feel depressed. This is flagged for future follow up.

Helen's answers to the HRA are shared with XSELL Health's EHR.

6

WELCOME CALL

Helen receives a call from XSELL Health confirming enrollment. Agentic Voice assists Helen with her PCP selection and pharmacy preferences.

Agentic Voice overviews "what's next" for Helen as a Member of XSELL Health.

7

APPOINTMENT SCHEDULING

Agentic Voice calls to help Helen schedule her annual wellness visit.

Helen discloses that she will need transportation to the appointment since her husband is no longer around to drive her.

8

TRANSPORTATION COORDINATION

Agentic Voice proceeds to schedule a ride share service to and from the physician's office on his behalf of Helen. Agentic Voice assures Helen the vehicle will support her needs and get her to her appointment early.

Helen was given instructions on how to reschedule with Agentic Voice in the event her scheduled appointment time needs a modification.

9

APPOINTMENT REMINDER & PREP

48 hours before the scheduled wellness visit, Agentic Voice calls to remind Helen of her appointment and once again confirm her ride share details to and from the clinic.

Helen appreciates the call and is looking forward to her appointment.

10

MEDICATION ADHERENCE

Agentic Voice follows up with Helen to ensure she is taking the medication prescribed to her during her annual wellness visit.

Sensing some hesitation from Helen, Agentic Voice coordinates a prescription refill on her behalf to make things easier.

11

BILLING INQUIRY

Helen calls XSELL Health with questions regarding her recent bill.

Agentic Voice overviews the bill and explains the copay to Helen. Helen is relieved to get her concerns about the charges answered quickly.

12

MEMBER SATISFACTION SURVEY

As AEP approaches, Agentic Voice calls to check-in on Helen. Helen discloses she is satisfied with XSELL Health's services.

She did mention that her sister recommended looking into her plan provider. This is flagged for a retention follow up from a Medicare Specialist.

13

MEMBER RETENTION

Helen receives a call from John, XSELL Health's Medicare Specialist regarding her satisfaction with the plan.

This proactive measure to check in made Helen feel valued as a Member. She felt each of her engagements with XSELL Health showcased their concern for her quality of care.