June 16, 2025

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–0042–NC
P.O. Box 8013
Baltimore, MD 21244–8013

**Re: Health Technology Ecosystem Request for Information (RIN 0938–AV68)**

Dear Administrator Oz:

Zelis Healthcare (Zelis) appreciates the opportunity to comment on the Request for Information issued by the Centers for Medicare & Medicaid Services, Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology, and Department of Health and Human Services on the health technology ecosystem. We agree that effective and responsible adoption of technology can empower patients to make better decisions for their health and well-being and support the Administration's goal of improving the state of data interoperability and broader health technology infrastructure.

Zelis strives to modernize the healthcare financial experience by providing a connected technology platform that eliminates inefficiencies and aligns interests across payers, providers, and healthcare consumers. Our platform serves more than 750 national and regional payers and third-party administrators, touching over 850,000 providers and 120 million American healthcare consumers each year. Zelis functions across the healthcare system to identify, optimize, and solve problems holistically, with technology built by healthcare experts to drive real, measurable results for clients.

We are also on a mission to improve the healthcare financial experience for all. That mission is made possible by making the flow of information seamless so that patients can focus on their care. As such, we often consider where and how we can assist. For example, if an adult with an aging parent suddenly must step in to become the primary healthcare decision-maker on their parent's behalf, they often do not know how to make the best decision for that parent based on cost, medical needs, and geographic realities. Taking on that responsibility can be daunting and overwhelming, but being able to easily access more information about the patients' options and cost of care would go a long way toward helping the caregiver gain and maintain the confidence to act as a critical bridge and make informed decisions. In this way, access to electronic health information (EHI) helps humanize the healthcare system.

Lastly, Zelis further supports the Departments' goals of increasing access to effective digital capabilities needed to make informed health decisions and increasing data availability for all stakeholders contributing to health outcomes. We appreciate the opportunity to provide input as a subject matter expert in such areas.

**Patients and Caregivers Section**
*Data Access and Integration*

**PC-8. In your experience, what health data is readily available and valuable to patients or their caregivers or both?**

Zelis Perspective and Comments
In order for all parties to make appropriate care choices, timely access to meaningful information is required. Transforming data into actionable information is at the core of what we do. Through our tools and data services, millions of Americans can easily find important information, including details on physicians; actual costs, including detailed out of pocket costs for thousands of medical procedures; and quality information on both doctors and facilities. This provides patients and their caregivers access to the right information to make informed healthcare decisions.

Zelis further makes health data readily available to help consumers find a doctor, understand cost and quality, read ratings and reviews, and understand how to use their benefits effectively. This is exactly the type of data that we strive to make available and that we believe is the most valuable.

Additionally, since we believe information is only valuable if it is accessible and actionable, Zelis is also exploring the power of generative AI to personalize the healthcare experience by enabling conversational provider search in plain language to simplify navigation.

We applaud the Departments' desire to make information as valuable as this more accessible within the healthcare ecosystem.

**PC-8(a). What data is valuable, but hard for patients and caregivers, or app developers and other technical vendors, to access for appropriate and valuable use (for example, claims data, clinical data, encounter notes, operative reports, appointment schedules, prices)?**

Zelis Perspective and Comments
Zelis works to bridge the gap between payers, providers, and patients by bringing together important information to help find a doctor or the cost of a procedure. Zelis also powers recommendations and next best actions for patients to help them utilize their benefits and stay healthy. Being able to access encounter notes and recommendations from doctors would enable a more precise and meaningful set of recommendations, and place those at the fingertips of patients and caregivers within a provider directory experience where they are already seeking information on care decisions.

Beyond claims and clinical data, our experience indicates that the most valuable sources include the following, which provide critical context on affordability, access, and real-world patient experience:
- **Utilization Management Data** (e.g., prior authorizations, step therapy) to understand access barriers and treatment delays.
- **Coverage Criteria and Definitions** of "evidence-based treatments," especially in the context of denials.
- **Pharmacy Pricing Information** like cash prices, GoodRx, manufacturer programs, and rebates to assess true medication costs.
- **Detailed Benefit Design** showing what is and is not covered.
- **Intermediary Transparency** around roles of PBMs and utilizations management organizations that influence access decisions.

**PC-8(b). What are specific sources, other than claims and clinical data, that would be of highest value, and why?**

- EDI transaction feeds (Eligibility, Claims, Authorizations, etc.) – These would provide transparency on how payers are operating their services.
- Insurance plans' definitions of/criteria for medical necessity for coverage decisions within their policies and guidelines, including documentation requirements – This would provide clarity on what is and is not covered by a health plan.
- Clear relationships between insurance companies and other companies for any services that impact the consumer, such as PBMs, utilization management providers, and telehealth providers – This would provide transparency on which services are supplied by the payer versus their partners.
- All records required for retention, including those under ERISA, HIPAA, State laws, Medicare, and Medicaid – This would provide clarity on how well the payer is meeting its compliance responsibilities.
- Master Plan Documents and Written Plan Documents for offered plans – This would provide needed definitions of specific plan offerings and administration details.

**Payers Section**

**PA-4. What would be the value to payers of a nationwide provider directory that included FHIR end points and used digital identity credentials?**

Zelis Perspective and Comments
Creation and maintenance of a trusted, nationwide provider directory would allow payers, and those vendors who support payers, such as Zelis, to have a single source of truth for common provider demographic data. This would free payers and others within the ecosystem from the administrative burden of having to correct and maintain basic provider data. It would also reduce instances of incorrect data being shared with patients.

Poor data quality leads to administrative waste that costs patients, payers, providers and American taxpayers millions of dollars annually. As the largest payer, CMS is uniquely positioned and trusted to provide this service and enforce data accuracy compliance, which can be utilized across the ecosystem to improve accuracy, reduce waste, and spur innovation.

**Technology Vendors, Data Providers, and Networks Section**
*Ecosystem*

**TD-1. What short term (in the next 2 years), and longer-term steps can CMS take to stimulate developer interest in building digital health products for Medicare beneficiaries and caregivers?**

Zelis Perspective and Comments
In the short term, we encourage CMS to continue providing and expanding on building a core provider data set that is easily accessible via API or data download. Simplifying the complexity of this data would allow the free market and innovators to focus on building products and services on top of an already solid foundation, instead of having to spend time normalizing and correcting the data.

In its most basic form, a provider record should not change. For example, take Dr. Smith, a practicing gastroenterologist. There is a core set of data about Dr. Smith that will not change. At Zelis, we think of this as the "golden record," the unreputable truth about Dr. Smith. What may change are key attributes about Dr. Smith, such as joining a different provider practice, the contractual rate of Dr. Smith's services, or whether Dr. Smith is part of a new benefit design or network. With this distinction in mind, we suggest building something of a golden record on

providers into provider directories and/or facilitating the update of provider directories with all of the previously mentioned key attributes that are consistently subject to change.

We further encourage CMS to take the following key steps to enhance data transparency, which would stimulate developer interest in building the types of digital health products that satisfy the Transparency in Coverage requirements:

- **Publish deidentified, HIPAA-compliant claims data** in a standardized, developer-friendly format to enable better cost tracking and care management.
- **Create episode-of-care bundles** to offer clearer visibility into the full cost of treatment across providers and services. These bundles should include a standardized set of codes that are usually billed together for common procedures and would allow for a standardized way to compare actual costs as patients shop for healthcare services.
- **Require prescription drug (Rx) costs** to be published, aligning with existing transparency requirements for payers and hospitals. We support and appreciate the Administration's recent movement in this area.

By creating a trusted, reliable, standardized provider record and expanding access to claims data, CMS would empower innovators to focus on building up from the existing foundation to extend, augment, create, and/or enhance that record with information that Medicare beneficiaries and caregivers care about.

**TD-2**. **Regarding CMS Data, to stimulate developer interest—**
**TD-2(a). What additional data would be most valuable if made available through CMS APIs?**

Zelis Perspective and Comments
Zelis would re-emphasize the importance of accurate, basic provider data – Name, Practice, Specialty, Location, Contact Information. Additional provider information beyond the basic demographic profile that would be valuable includes whether the provider is actively practicing or not, accepting new patients, the hours available, and all locations where the provider practices.

**TD-2(b). What data sources are most valuable alongside the data available through the Blue Button 2.0 API?**

Zelis Perspective and Comments
Alongside the Blue Button 2.0 API, which provides Medicare Parts A, B, and D claims, patient demographics, and coverage details, the most valuable data sources include additional personal health information such as vaccination records, active prescriptions, and recent medical appointments. These sources support a more comprehensive view of a member's health and enhance consumer engagement in preventative care and health management.

**TD-2(d). What other APIs should CMS and ASTP/ONC consider including in program policies to unleash innovation and support patients and providers?**

Zelis Perspective and Comments
We respectfully suggest that CMS consider making available more provider network confirmation details – e.g., whether a provider is actively practicing, if they are open to new patients, their hospital affiliations, and all practice locations.

In our experience, patient care comes down to questions of cost and quality. The Administration has continued to make great strides with its focus on making cost information more accessible and available through policy

initiatives such as the Transparency in Coverage rules. Zelis applauds this effort and respectfully suggests that CMS enact an additional policy to develop and standardize a trusted source of quality measures. Making this data set accessible via API would enable industry innovators such as Zelis to put the most accurate cost and quality information into the hands of the American consumer. By empowering consumers with the right information in this way, CMS can assist in improving the health of all Americans.

*Technical Standards and Certification*

**TD-4. How can CMS better encourage use of open, standards-based, publicly available APIs over proprietary APIs?**

Zelis Perspective and Comments
CMS represents a trusted source of data across the ecosystem. As such, we suggest that CMS focus on development of the data and grant access only to those parties who agree to leverage standardized, publicly available APIs. As one of the largest stewards of health information, CMS can set an example of the power of scaled standardization by way of removing friction for consumers and allowing transparency solutions to support a greater breadth of patients and provider networks. Enforcement of adherence to standards-based, publicly available APIs facilitates efficient care coordination and allows a shopping consumer to compare options on a more equal basis.

**TD-5. How could a nationwide provider directory of FHIR endpoints improve access to health information for patients, providers, and payers? Who should publish such a directory, and should users bear a cost?**

Zelis Perspective and Comments
Development and maintenance of a nationwide provider directory that all parties, patients, payers, and providers can trust would be a game changer for the healthcare industry. Ensuring a solid foundation of data empowers others to leverage that data in new and different ways, from consumer "apps," to price transparency platforms, to health records that do not require wasting energy and resources on sourcing, correcting, and maintaining the data.

We also encourage CMS to be the responsible party for capture, maintenance, and enforcement of an accurate data set for a national provider directory. Healthcare stakeholders across payers, providers, and industry vendors could call on that directory data via a standardized FHIR API to ensure consistency and accuracy tied back to the national provider directory for innovative solutions in the market.

Additionally, the larger healthcare system, as well as taxpayers, would benefit greatly from the reduced administrative waste stemming from CMS publishing and maintaining a nationwide provider directory, which would more than offset the cost of owning and operating that directory.

Lastly, Zelis stands opposed to any costs directly applied to American consumers for access purposes. Making access open and free will likely spur innovation within the ecosystem in ways that would be otherwise lost.

*Data Exchange*

**TD-12. Should CMS endorse non-CMS data sources and networks, and if so, what criteria or metrics should CMS consider?**

Zelis Perspective and Comments

The most important step is to create a trusted data source using CMS data and relying on CMS authority to ensure compliant, complete, and accurate data on core provider information. CMS can drive real value across the industry by enforcing and making available other existing, standardized data sets beyond that which populate provider directories, such as current CMS ratings data as well as both CMS and commercial claims data (similar to state all payer claims databases).

However, we caution that moving beyond industry standards and CMS data may not be feasible or impactful for the agency to endorse or require of industry stakeholders. In our experience, the more impactful sources are typically based in analytics, may evolve over time, and are often customized by stakeholder. As such, having a national, accurate, and up-to-date set of non-standardized data could prove to be very challenging.

**TD-13. What new opportunities and advancements could emerge with APIs providing access to the entirety of a patient's electronic health information (EHI)?**

Zelis Perspective and Comments

Today, the onus is on patients to be the keeper of their medical history. Even with the advances in and funding of health information technology and exchange, the process of sharing health information is cumbersome and buried under piles of paperwork. As such, we respectfully advise CMS to consider implementing policy actions that maintain the high privacy standards Americans demand, while finding a simpler way to allow patients to access and share their EHI with caregivers and providers.

**TD-13(a). What are the primary obstacles to this?**

Zelis Perspective and Comments

While this may not be the case in every instance, in our experience, the primary obstacle for smaller-scale healthcare providers is not technological, but rather policy- and regulatory-based. Standardization in documentation, integration and connectivity would be helpful. For most Americans, the latest trip to the doctor starts with a clipboard and pages of small font and legalese. We respectfully suggest that CMS and the Administration consider ways to make electronic access to and sharing of this information simpler.

By contrast, for most Americans, paying for care at the end of a doctor visit could be as simple as tapping one's smartphone to access both insurance cards and preferred payment methods. Zelis envisions a day when both of those activities are equally seamless and appreciates the Administration's drive to promote the arrival of such a day.

*Compliance*

**TD-19. Regarding price transparency implementation:**
**TD-19(a). What are current shortcomings in content, format, delivery, and timeliness?**

Zelis Perspective and Comments

As a leader in the price transparency space, Zelis is an expert in provider data. We process over 4.75 billion records annually and 250 million+ searches across our financial technology solutions. We have helped over 50 million members view pricing information to make informed care decisions via our price transparency tools, and we process 99 percent (several petabytes) of the related MRF files in the industry today.

In order to cultivate a generation of true healthcare consumers, CMS should consider policies and regulations that promote transparency and the usage of member shared savings models that incentivize members by allowing them to share in the savings they generate when making the most cost-efficient care decisions.

The First Trump Administration took the bold step of allowing health plans to include the reward cost of such programs as part of the claims expense when calculating the medical loss ratio (MLR). To drive increased adoption and promotion of transparency, we suggest that CMS consider incentivizing full adoption and promotion of member shared savings programs by allowing payers to credit the full administrative, operational, and marketing costs as claims expenses when calculating their MLR.

Further, Zelis transforms and corrects provider data to make it actionable and usable. Each of our payer clients maintains its own data set, which requires a unique implementation and maintenance approach. Having a core provider data set that can be accessible from CMS would allow entities such as Zelis to implement and operate more efficiently by removing the wasted resources that data ingestion and transformation entail.

**TD-19(b). Which workflows would benefit most from functional price transparency?**

<u>Zelis Perspective and Comments</u>
Helping consumers understand the cost of care before they access that care, in turn, helps alleviate surprise costs and undue stress. That should extend to the provider office, where patients should also be able to ask for price transparency information and the cost of services before they enter the exam room.

Zelis makes it simple for millions of consumers to find the right doctor at the right price for thousands of healthcare services. In our experience, consumers are concerned about the cost of care so much that nearly one in four are skipping medical care because of the cost. Zelis partners with others in the ecosystem to power price transparency into the provider workflow so that doctors can understand the financial implications of their care recommendations, an important consideration when treating the "whole patient," and illustration of an area that would benefit from the type of transparency the Administration is intending to achieve.

**TD-19(c). What improvements would be most valuable for patients, providers, or payers, including CMS?**

<u>Zelis Perspective and Comments</u>
Zelis supports the Administration's continued focus on price transparency and is constantly striving to do our part by providing compliant solutions and services to our payer and provider customers.

Currently, payers have contracted rates data reflecting the real costs of each in-network medical procedure, which is essential to calculate consumers' out-of-pocket costs for services. This, in turn, gives consumers the information they need to make wiser healthcare choices.

However, many medical services involve more than a single billing code, making it difficult for consumers to truly price-comparison shop. Requiring payers to disclose the actual costs of common services across a new list of "shoppable services" would allow an apples-to-apples comparison and empower consumers even further to make lower-cost healthcare choices. To that end, we suggest that CMS consider developing and publishing that new list of "shoppable services," which would contain specific bundles of billing codes for the most common medical procedures that are frequently billed under more than one code.

CMS may also want to consider posting its national Medicare Prospective Payment System rates in a standardized machine-readable file, including breakdowns by the identified common medical procedure bundles it develops, allowing organizations and consumers to compare private plan contracted rates to Medicare rates.

By offering a trusted set of provider data along with additional CMS rate information, CMS would be making available two critical components to improve access and reliability of price transparency solutions in the market.

**TD-19(d). What would further motivate solution development?**

Zelis Perspective and Comments

Our experience indicates that motivating solution development requires harnessing the power of the American consumer. Price transparency solutions such as those offered by Zelis empower consumers with the freedom to shop. By implementing policies and regulations that incentivize the creation and use of shared savings programs for patients, CMS can provide a stronger call to action to consumers. Under these programs, consumers are paid a share of savings generated by their selection of lower-cost, high-quality care. These types of shared savings models represent a "win-win" for consumers and payers—without limiting choice.

We have found that consumer shared savings programs work. As an example, in 2024, Zelis' member-shared savings program, SmartShopper®, saved the US healthcare system over $82.8 million and paid $9.7 million in shared savings back to consumers.
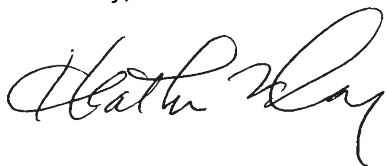
As a successful authority in this, and many of the other areas mentioned above, we would welcome the opportunity to partner with CMS as the agency moves forward in its endeavors to enhance price transparency, develop solutions, and augment the health technology ecosystem/landscape. We are well positioned to bring unique expertise and knowledge to the process, with insights from across the industry, health plans, providers, and patients/consumers.

**Conclusion**

Thank you for your consideration of these comments. In summary, Zelis appreciates the Departments' hard work toward empowering patients via technology that improves their health and well-being. We also appreciate the Departments' acknowledgement of many related concerns that have been raised by requesting input from the public about comprehensive ideas to address them. While this is a major first step in the right direction, we urge the Departments to consider the feedback of all parties and continue to collaborate with the stakeholders in the process to improve and refine it. All these things are imperative to the enhancement of data interoperability and the sustainable functioning of broader health technology infrastructure.

Thank you again for the opportunity to provide feedback on this Request for Information. Zelis looks forward to continued engagement on these and related issues and the ability to offer additional comments during any future rulemaking processes.

Sincerely,

Heather Cox
President, Insights & Empowerment
Zelis Healthcare