Progress Federal Solutions

Centers for Medicare & Medicaid Services (CMS)
Assistant Secretary for Technology Policy/ Office of the National Coordinator for Health Information Technology, Department of Health and Human Services

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Health Tech Ecosystem RFI – Progress Federal Solutions

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About Progress Federal Solutions: MarkLogic Corporation was acquired by Progress Software Corporation (PRGS on the NASDAQ) in February 2023. We are the FOCI and FCI compliant Federal provider for all Progress Software products and tools, referred to in this response as Progress Federal Solutions. For over 40 years, Progress has been providing visionary software that grows with its customers and solves complex problems with simple direct solutions. Progress Federal Solutions remains an industry leader with vast government experience in the Enterprise Data Platform (EDP) space specializing in NoSQL (any data) which enables organizations to turn data into valuable, linked, and actionable intelligence.

INTRODUCTION

At Progress Federal Solutions, we transform how agencies work with their data. The Progress Data Platform helps unlock data value, make fast decisions, and ensure secure data agility. Combine disparate and siloed data with metadata in one semantic data layer for quicker, smarter decisions. In this response, we address the following use case categories from the CMS Health Tech Ecosystem RFI - Patients & Caregivers, Providers, Technology Vendors, Data Providers, and Networks.

USE CASE ALIGNMENT & RECCOMENDATIONS

Patients & Caregivers

Data Access & Integration

PC-9: Given that the Blue Button 2.0 API only includes basic patient demographic, Medicare coverage, and claims data (Part A, B, D), what additional CMS data sources do developers view as most valuable for inclusion in the API to enable more useful digital products for patients and caretakers?

(a) What difficulties are there in accessing or utilizing these data sources today?

Beyond the claims and demographic data currently offered, developers would strongly benefit from access to additional CMS datasets such as:

- Part C (Medicare Advantage) encounter data
- Part D prior authorization and formulary coverage rules
- Medicaid and dual-eligibility data
- Chronic Conditions Warehouse (CCW) indicators
- Quality performance data (e.g., HEDIS, CAHPS, Star Ratings
- Social determinants of health indicators
- Appeals, grievances, or utilization review history

Currently, accessing many of these data types is difficult due to:

- Fragmentation across CMS systems and databases
- Lack of standardized metadata and harmonization across benefit types
- Delays in data timeliness and refresh cycles
- Inconsistent patient identity resolution and data linking
- Insufficient semantic tagging and context for developers to easily integrate data into apps

The Progress Data Platform is designed to address these very barriers—enabling unified access, metadata-driven integration, and data enrichment at scale.

(b) What suggestions do you have to improve the Blue Button 2.0 API experience?

To create a more developer-friendly, patient-enabling experience, we recommend:

- Broaden FHIR Resource Coverage: Add more clinical and administrative FHIR resources (e.g., CarePlan, Goal, RiskAssessment, CoverageEligibilityResponse, Communication) to reflect real-world patient navigation needs.

- Include Provenance and Metadata: Integrate metadata such as source system, date of refresh, and semantic context to help developers confidently interpret and use data.
- Enable Cohort or Bulk APIs: Build on FHIR's Bulk Data Access (Flat FHIR) so approved applications can support caregivers, population-level analytics, or longitudinal research more effectively.
- Improve Developer Documentation and Sandbox Realism: Offer enriched sample datasets, better test coverage, and workflows that reflect real-world patient journeys.
- Support Smart-on-FHIR Extensions: Enhance plug-and-play integration with digital health tools by standardizing authentication and context-passing for patient-facing apps.

These enhancements would allow data platforms like PDP to provide more immediate value downstream by normalizing, indexing, and enriching these APIs for clinical, administrative, and quality-focused applications.

(c)Is there non-CMS data that should be included in the API?

Yes, integrating select non-CMS data sources via the Blue Button 2.0 API (or its future iterations) could significantly increase its utility for digital health products:

- Public health data (e.g., CDC's Social Vulnerability Index, local immunization registries)
- Commercial pharmacy fill and prior auth data (e.g., Surescripts)
- Device and RPM feeds from connected health tools (e.g., Apple Health, Fitbit, Omron)
- Provider network directories and scheduling availability
- Survey data and patient-reported outcomes, such as functional status or caregiver assessments

By enabling trusted platforms like PDP to integrate these enriched data types, CMS could empower the next generation of health applications—ones that support coordinated care, proactive engagement, and health equity with real-time intelligence at the point of need.

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?

Several operational data use cases stand out as transformational when enabled through a unified, secure, and interoperable data platform:

- **Binding Cost Estimates for Pre-Defined Periods**
  Patients and caregivers often face opaque and unpredictable costs. Enabling binding cost estimates requires harmonizing claims, clinical, and eligibility data—something Progress supports through semantic models and real-time data services.
- **Viewing Provider Schedule Availability**
  This requires near-real-time integration of EHR, scheduling, and credentialing data

across organizations. The Progress platform facilitates this by normalizing and federating access to structured and unstructured scheduling data while maintaining provider and system-level context.

- **Using Third-Party Apps for Appointment Management**
  Through API enablement and semantic data services, we empower third-party app ecosystems to connect securely with provider systems while maintaining identity and access controls. This promotes innovation and competition without compromising security or interoperability.
- **Accessing Patient-Facing Quality Metrics**
  The Progress platform ingests and links disparate data sources—clinical outcomes, patient surveys, population health registries—to create patient-facing dashboards tied to nationally recognized quality frameworks.
- **Finding the Right Provider for Specific Healthcare Needs**
  We support intelligent provider search by integrating data from clinical expertise directories, patient outcomes, care team affiliations, and social determinants of health, surfaced through knowledge graphs to aid navigation and choice.

Providers

Digital Health Apps

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 reporting, clinical documentation, and billing tasks? How could these obstacles be mitigated?

Several persistent obstacles hinder the development, deployment, and effective use of innovative applications designed to improve physician workflows—including quality measurement reporting, clinical documentation, and billing. Chief among them is the **fragmentation and inaccessibility of data**. Clinical data is often siloed across multiple systems, stored in inconsistent formats, or embedded in unstructured notes, making it difficult for applications to extract meaningful insights in real time. Without streamlined access to interoperable, high-fidelity data, app developers face significant complexity, and physicians are left with disjointed or duplicative workflows.

Another key barrier is the **lack of standardized APIs and data models** across EHR vendors and health systems. While standards like FHIR are gaining traction, many production environments still rely on proprietary interfaces or partial implementations, which complicate integration and limit scalability. As a result, developers often build point solutions tailored to individual systems, increasing costs and reducing the overall return on innovation investments.

Workflow misalignment is also a major challenge. Many tools add administrative overhead or require physicians to engage in additional clicks or data entry steps, which leads to resistance and low adoption. Applications that don't embed seamlessly into existing workflows—within the EHR or the broader clinical context—are often viewed as burdens rather than enhancers of efficiency.

To mitigate these barriers, CMS and the broader healthcare ecosystem can take several steps:

- **Expand access to standardized, high-value data through APIs**, including claims, encounter, quality, and social determinants of health data, to support richer automation and decision support.
- **Promote alignment around common interoperability standards** (e.g., USCDI+, SMART on FHIR, QI-Core), and encourage EHR vendors and data registries to expose consistent, high-quality APIs.
- **Invest in low-code development platforms**, like **FastTrack UI within the Progress Data Platform**, which allow healthcare organizations to prototype and deploy custom workflow solutions that integrate easily with clinical systems—without excessive custom development.
- **Support reuse of existing data and workflows for multiple purposes** (e.g., reusing documentation for billing and quality reporting) to reduce the burden on clinicians.
- **Encourage adoption of enterprise license agreements (ELAs)** for flexible platforms that can serve multiple business and clinical functions across CMS and provider organizations. This allows for cost-effective scaling and rapid deployment of applications that support core physician workflows.

By addressing the data, integration, and workflow challenges, CMS can help create an environment where innovation not only thrives but directly translates into better, more efficient experiences for physicians and the patients they serve.

Data Exchange

PR-7. What strategies can CMS implement to support providers in making high-quality, timely, and comprehensive healthcare data available for interoperability in the digital product ecosystem? How can the burden of increasing data availability and sharing be mitigated for providers? Are there ways that workflows or metrics that providers are already motivated to optimize for that could be reused for, or combined with, efforts needed to support interoperability?

The Progress Data Platform enables a unified, governed, and semantically enriched data foundation, allowing CMS and its partners to promote scalable, secure interoperability without imposing unsustainable burdens on providers. CMS can implement the following strategies to support this transformation across the digital health ecosystem:

- Leverage Existing Provider Incentives and Metrics
  - Strategy: Align interoperability goals with clinical quality programs and operational incentives that providers already prioritize, such as:
    - MIPS Quality Measures
    - HEDIS and Star Ratings
    - Risk Adjustment and Value-Based Care Programs
  - How this mitigates burden: Rather than introducing entirely new data capture workflows, CMS can encourage reuse of structured data already collected for quality reporting, prior authorization, and population health—by requiring it to be shared using open APIs or FHIR-based endpoints. The Progress platform enables this reuse through data harmonization and semantic normalization from EHRs, claims systems, and registries

- Provide Infrastructure Support for Data Readiness and Standardization
  - Strategy: Offer funding, technical assistance, and shared services to accelerate adoption of:
    - FHIR APIs and Bulk Data Access (e.g., via TEFCA or Blue Button 2.0+)
    - Master Data Management and Provider/Patient Identity Resolution
    - Data Quality and Provenance Scoring Tools
  - How this mitigates burden: Smaller and rural providers may lack resources to standardize or expose data effectively. The Progress Data Platform can be deployed as a shared data layer (e.g., regional hubs or via state HIEs) to transform and expose data on behalf of these providers, reducing IT overhead and enabling scalability.

- Adopt a "Collect Once, Use Many" Approach
  - Strategy: Encourage integration of data collection into point-of-care workflows and leverage that data for multiple downstream needs:
    - Prior authorizations
    - Quality reporting
    - Public health surveillance
    - Digital product enablement
  - How this mitigates burden: Using semantic tagging and metadata management capabilities in the Progress Data Platform, structured and unstructured data collected during routine care can be reused without repeated documentation. This also supports automation of clinical documentation, helping to reduce time spent on EHR data entry

- Promote SMART-on-FHIR App Ecosystems and Modular Certification
  - Strategy: Incentivize or certify third-party digital health apps that integrate securely with provider systems via FHIR and OAuth 2.0.
  - How this mitigates burden: When digital tools can plug directly into EHRs using standards-based protocols, they avoid custom integration and reduce duplication of effort. Progress supports this through secure, API-first architecture and metadata-driven app enablement that aligns with CMS digital quality strategy and ONC interoperability rules.

- Shift Toward Outcome-Oriented Interoperability Measures
  - Strategy: Move from process-based interoperability requirements (e.g., did the provider expose X field) to outcome-based goals (e.g., was the patient able to access their record or schedule follow-up).
  - How this mitigates burden: Providers focus on achieving improved care coordination, patient satisfaction, or readmission rates—metrics that also benefit from better data sharing. Progress enables analytics and feedback loops to demonstrate value from data-sharing efforts, aligning with the provider's own performance objectives.

PR-8. What are ways CMS or partners can help with simplifying clinical quality data responsibilities of providers? What would be the benefits and downsides of using Bulk FHIR data exports from EHRs to CMS to simplify clinical quality data submissions? Can CMS reduce the burden on providers by performing quality metrics calculations leveraging Bulk FHIR data exports? In what ways can the interoperability and quality reporting responsibilities of providers be consolidated so investments can be dually purposed? Are there requirements CMS should consider for data registries to support digital quality measurement in a more efficient manner? Are there requirements CMS should consider for data registries that would support access to real-time quality data for healthcare providers to inform clinical care in addition to simplifying reporting processes?

CMS and its partners can take meaningful steps to simplify clinical quality data responsibilities for providers by leveraging shared infrastructure, common data standards, and intelligent automation—areas where the Progress Data Platform (PDP) is purpose-built to help. One promising approach is the use of Bulk FHIR data exports from EHRs directly to CMS or designated intermediaries. With the right safeguards and data governance in place, CMS could assume more of the responsibility for calculating clinical quality measures centrally, reducing the technical and administrative lift on providers. This would allow for more consistent and scalable quality reporting while freeing up provider resources for patient care. However, success would depend on reliable identity resolution, semantic harmonization, and data lineage tracking—capabilities that PDP provides to ensure trust and transparency in the data.

To further reduce burden, CMS can consolidate quality reporting and interoperability responsibilities by aligning them around data providers are already generating for other purposes—such as care coordination, prior authorization, and population health. The Progress Data Platform supports this convergence by enabling “collect once, use many times” data strategies through its semantic layer, API enablement, and metadata-driven architecture. By helping providers repurpose existing workflows and datasets, PDP allows them to meet both quality and interoperability goals with fewer duplicative processes.

Finally, to strengthen the role of registries in digital quality measurement, CMS should consider standards for FHIR-based data access, real-time data availability, and support for clinical decision-making—not just compliance. PDP enables registries to meet these goals by integrating structured and unstructured data, exposing it through APIs, and making it usable in both operational and analytic contexts. With this type of infrastructure in place, quality measurement becomes less of a reporting obligation and more of a clinical asset—supporting CMS’s goals of high-value, patient-centered care.

Technology Vendors, Data Providers, and Networks

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?

Please see ELA information offered at the end of this response under Licensing Mechanisms. FastTrack UI, a capability CMS owns licensing for today, is a lowcode framework designed to quickly build data exploration applications on top of Progress Data Platform without traditional UI Development cycles and teams.

In the short term, CMS can stimulate developer interest in building digital health products for Medicare beneficiaries and caregivers by expanding access to valuable, standards-based datasets through scalable APIs, improving developer documentation, and reducing onboarding friction. Making additional data available—such as Medicare Advantage encounter data, real-time event notifications, and social determinants of health (SDOH)—would support richer, more actionable use cases for care coordination, caregiver engagement, and chronic condition management. Providing access to public sandboxes, developer communities, and streamlined data use agreements would further lower barriers to entry and accelerate solution development.

Longer term, CMS should focus on building a robust and sustainable digital health ecosystem by aligning APIs and data models across Medicare, Medicaid, and commercial payer programs, enabling modular app certification pathways, and funding pilots that address key priorities like health equity, value-based care, and digital inclusion. A unified API strategy—coordinated across CMS, ONC, and ASTP—will encourage developers to build interoperable, reusable components that scale across the healthcare landscape.

To further reduce the complexity and cost of solution development, CMS can benefit from adopting low-code application development tools, such as FastTrack UI within the Progress Data Platform. FastTrack UI enables rapid prototyping and deployment of digital health tools by providing reusable components and FHIR-native integration capabilities. This empowers both developers and non-technical users to create responsive, accessible applications tailored to the needs of beneficiaries and caregivers—without needing to rebuild infrastructure for each new use case.

Critically, the Enterprise License Agreement (ELA) model offered by the Progress Data Platform provides flexibility and cost-effectiveness to scale these capabilities across all CMS program areas. By removing per-user or per-app licensing constraints, an ELA allows CMS to support a wide array of digital health initiatives—ranging from quality reporting to beneficiary self-service portals—under a unified licensing and governance structure. This encourages experimentation and cross-program collaboration, while ensuring consistent security, compliance, and performance across the board.

TD-2. Regarding CMS Data, to stimulate developer interest— What additional data would be most valuable if made available through CMS APIs? What data sources are most valuable alongside the data available through the Blue Button 2.0 API? What obstacles prevent accessing these data sources today? What other APIs should CMS and ASTP/ONC consider including in program policies to unleash innovation and support patients and providers?

To stimulate broader developer engagement and unlock more impactful digital health solutions, CMS could expand its API offerings beyond the Blue Button 2.0 API to include richer, longitudinal, and contextually relevant data sources. While Blue Button 2.0 currently provides claims data (Parts A, B, and D), developers consistently identify several high-value additions that would greatly enhance innovation potential.

First, incorporating Medicare Advantage encounter data**,** Part C risk adjustment data**,** and supplemental benefits data would offer a more complete view of a patient's care journey—particularly for populations with complex or chronic conditions. Adding Medicaid data and dual-eligible alignment information would also enable applications focused on underserved and high-need populations, improving care coordination, social service integration, and health equity insights.

Second, developers would benefit significantly from access to real-time or near real-time data feeds**,** especially around hospitalization events, medication adherence, and post-acute care episodes. Enabling chronic condition indicators, care gaps, social determinants of health (SDOH) data, and HEDIS or Star Ratings data through APIs could directly support quality improvement tools, population health analytics, and member engagement apps.

Today, the key obstacles to accessing these data sources include data fragmentation**,** inconsistent standards adoption across CMS programs**,** and limitations on data use and linkage due to privacy regulations or antiquated infrastructure**.** In many cases, valuable data exists within CMS, but there is no standard, scalable API pathway for third-party developers to access it responsibly and efficiently. A lack of alignment across ONC, ASTP, and CMS in defining common technical frameworks and developer engagement strategies also slows progress.

To drive innovation, CMS, ONC, and ASTP should consider expanding program policies to promote or require the use of standardized FHIR APIs not only for claims and coverage data, but also for quality reporting (e.g., via QI-Core), prior authorization, SDOH referrals (e.g., Gravity Project data sets), and longitudinal care planning. APIs exposing provider directory data, formulary data, price transparency tools, and digital prior authorization workflows would further lower friction for patients navigating the system and for developers building tools to serve them.

Platforms like the Progress Data Platform—which can unify structured and unstructured data, support semantic enrichment, and provide scalable, standards-based data services—are well suited to take advantage of these expanded API ecosystems. With the right data access and infrastructure, the developer community can deliver applications that drive measurable improvements in care quality, efficiency, and equity.

Technical Standards and Certification

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

CMS can better encourage the adoption of open, standards-based, publicly available APIs by aligning regulatory incentives, reducing implementation friction, and demonstrating clear value to providers, payers, and developers. A primary lever is tying the use of open APIs—such as FHIR-based endpoints—to participation in federal programs**,** including value-based care models, digital quality measurement, and health equity initiatives. When compliance with open API standards unlocks funding, favorable scoring, or reduced reporting burden, organizations have a clear motivation to adopt.

CMS can also support the shift by investing in robust implementation guidance, test tooling, and certification pathways that make open standards easier to operationalize. Many stakeholders currently favor proprietary APIs because they are better supported or offer more complete functionality out of the box. CMS can counter this by partnering with the private sector to strengthen the open API ecosystem—including hosting public test beds, improving reference implementations, and creating real-world sandboxes for interoperability innovation.

Additionally, CMS can reduce the hidden costs of compliance by enabling platforms that simplify and streamline standards adoption. For example, modern data platforms like the Progress Data Platform can abstract away some of the technical complexity of integrating with FHIR APIs, translating between standards, and managing semantics. When organizations can plug into a flexible data layer that speaks FHIR and integrates with legacy systems, they are more likely to align with public standards.

Lastly, CMS can publish comparative data showing the cost savings, time-to-deployment, and patient experience benefits associated with open APIs—building a compelling case grounded in real-world business outcomes. Making openness not just a requirement but a path to greater agility and innovation will accelerate its adoption across the healthcare landscape.

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?

A nationwide provider directory of FHIR endpoints would significantly improve access to health information by removing one of the most persistent barriers to interoperability: knowing where and how to connect. For patients, it would enable smoother transitions of care, better continuity across providers, and more effective use of digital health tools that aggregate and interpret their health data. Providers would be able to locate and exchange data with referring clinicians or outside care teams more easily, improving care coordination, reducing duplicate testing, and enhancing clinical decision-making. For payers, streamlined access to validated endpoints would accelerate access to clinical data needed for care management, prior authorization, and value-based reimbursement workflows—reducing administrative burden and enabling more efficient program execution.

By enabling direct, trusted data exchange via standardized APIs, this kind of directory helps shift the ecosystem from point-to-point interfaces toward a more dynamic, on-demand model

of health information access. To be effective, the directory should be managed by a federal entity like ONC, or through a trusted public-private partnership, ensuring that it remains authoritative, current, and openly accessible. A core version of the directory should be made available without cost to patients and providers, though layered services—such as integration APIs or enhanced endpoint validation—could help fund long-term sustainability.

Modern data integration platforms, such as the Progress Data Platform, are well-positioned to take advantage of such infrastructure. By managing endpoint intelligence, metadata, and routing logic centrally, platforms like ours can make it easier for health organizations to connect, curate, and act on information from across the healthcare landscape—delivering better outcomes, faster insights, and greater operational agility.

Data Exchange

TD-13. What new opportunities and advancements could emerge with APIs providing access to the entirety of a patient's electronic health information (EHI)? What are the primary obstacles to this? What are the primary tradeoffs between USCDI and full EHI, especially given more flexible data processing capabilities today?

APIs that provide access to the entirety of a patient's electronic health information (EHI) offer the potential to fundamentally improve care coordination, patient engagement, and digital health innovation. Access to full EHI—including clinical notes, diagnostics, treatment plans, and social context—enables more personalized and proactive care experiences. It allows caregivers and digital tools to operate with a richer understanding of the patient's health journey, supports AI-driven decision-making, and unlocks real-world evidence generation for research and quality improvement. These capabilities can power more meaningful, patient-centered digital products and services that go beyond the limitations of structured, claims-based datasets.

However, accessing and making use of full EHI remains challenging due to data fragmentation, variation in formats, and the unstructured nature of much of the information. Privacy, security, and governance concerns also increase with the broader scope of data access. To address these challenges, healthcare organizations and digital developers need modern data infrastructure capable of harmonizing and enriching disparate sources, managing metadata and provenance, and scaling data access securely and efficiently. Platforms designed for this type of work—like the Progress Data Platform—can play a key enabling role by making it easier to integrate and curate complex data assets in support of clinical, administrative, and digital use cases.

The tradeoff between the USCDI and full EHI lies in balancing interoperability and completeness. USCDI offers a standardized, reliable foundation for basic information exchange, while full EHI introduces richer context and nuance critical for innovation. As technologies mature to handle more flexible, scalable data processing, the healthcare ecosystem is increasingly well-positioned to move beyond minimum standards and toward unlocking the full value of longitudinal health information.

LICENSING MECHANISMS

After successfully managing the Healthcare.gov backend database, CMS Consumer Information & Insurance Oversight Office (CCIIO) secured an Enterprise License Agreement (ELA) with Progress Federal Solutions, formerly MarkLogic Corporation. This agreement provides unlimited licensing to CMS CCIIO for MarkLogic, Semaphore metadata management (vital for RAG), and FastTrack UI (a low-code application development framework).

MarkLogic University offers free on-demand and publicly scheduled instructor led courses spanning on-demand classes, live webinars, bite-sized tutorials, and community resources - making it easy for new or experienced users to skill up without cost. Check out the courses available at - https://www.progress.com/services/education/marklogic .

CONCLUSION & NEXT STEPS

In summary, the Progress Data Platform and its associated tools offer a transformative solution for addressing CMS's interoperability, data management, and digital innovation challenges. By unifying structured and unstructured data, enabling seamless integration, and supporting advanced use cases, Progress Federal Solutions stands ready to empower CMS and its partners to achieve their strategic goals.

Next Steps:

- Direct Engagement with Key Stakeholders: We recommend arranging meetings with agency business owners and decision-makers to align our solutions with their specific needs and use cases. This will ensure that the proposed strategies and tools are tailored to deliver maximum impact.
- Customized Demonstrations: Schedule live demonstrations of the Progress Data Platform and its applications to illustrate its capabilities in addressing pressing challenges such as interoperability, data sharing, and digital health innovation.
- Collaborative Workshops: Organize collaborative workshops with agency teams to explore potential pilot opportunities, refine implementation pathways, and identify critical success factors.
- Establish Points of Contact: Connect our Progress Federal Solutions team with relevant agency POCs to facilitate ongoing communication, build trust, and ensure a smooth progression from concept to execution.

By fostering direct, outcome-oriented conversations with business owners, we can collectively define a roadmap that not only addresses current challenges but also lays the foundation for scalable, sustainable innovation across CMS programs.