



June 16, 2025

Assistant Secretary for Technology Policy
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
Mary E. Switzer Building, 7033A
330 C Street SW
Washington, DC 20201

Attention: Centers for Medicare & Medicaid Services [CMS–0042–NC] RIN 0938–AV68 Request for Information; Health Information; Health Technology Ecosystem

Dear Assistant Secretary for Technology Policy (ASTP)/ Office of the National Coordinator for Health Information Technology (ONC), and Department of Health and Human Services (HHS):

As an integral part of Colorado’s health care and innovation ecosystem, Colorado Access appreciates the opportunity to submit comments on the Office of the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP/ONC) and Department of Health and Human Services (HHS), Request for Information (RFI), Health Technology Ecosystem, CMS–0042–NC. We are submitting our comments in collaboration with two of our partner organizations in the Colorado health technology and health care access space, Community Managed Care Network/Community Health Provider Alliance (CCMCN/CHPA), a unified care network focused on improving patient outcomes, and Prime Health, a hub for accelerating health innovation and convening cross-sector partners. We each focus our comments on the health programs and systems questions posed by the RFI that fall within our intersecting or particular expertise and organizational experience. Our responses are grouped by the applicable question numbers from the RFI. To make our response quickly digestible and easily understood, we are providing our comments in bullet format within those questions and topics.

If you have any questions or would like further information, please contact Ashlie Brown, Chief Strategy & Technology Officer, Colorado Access; Sarah Lampe, President & CEO, Prime Health; or Jason Greer, CEO, CCMCN/CHPA.

Thank you again for inviting our input,

Ashlie Brown
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CMS Health Technology Ecosystem RFI Response: Colorado Access

Organization: Colorado Access

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Contact: Ashlie Brown, Chief Strategy & Technology Officer

Coordination Note: This response is part of a coordinated submission from Prime Health Colorado, Colorado Access, and Colorado Community Managed Care/Community Health Provider Alliance, representing key players in Colorado's health technology ecosystem. We work closely with government agencies, provider organizations, philanthropies, research institutions, and startups.

Colorado serves as a living laboratory with proven experience building collaborative health ecosystems. Colorado's diverse geography, which includes urban, suburban, rural, and frontier areas, mirrors the national landscape and makes it an ideal proving ground for testing scalable solutions.

Colorado Access and our partners are committed to advancing open architecture, intentionally funding interoperable ecosystems, and establishing innovation best practices and standards for our members and communities. Each of our organizations has responded to RFI questions pertinent to each of our experiences and expertise.

Key themes of this response:

- Past interoperability efforts have successfully opened the flow of data between Colorado Access and our partner organizations, facilitating improvements to care coordination and quality of care.
- Emerging interoperability challenges include the rising costs associated with redundant data storage and the frustrating proliferation of unique login requirements for our members.
- The benefits of interoperability have been limited to health care data exchange; fragmented social data regulations act as a damper on many use cases for social-health information exchange.
- Colorado Access is committed to developing innovative solutions for and with our members, in collaboration with our state agencies, provider network, and local and national partners. We welcome the opportunity to inform and participate in improving the health technology ecosystem.

Organization Overview

Colorado Access is Colorado's largest public sector health plan, serving over 500,000 Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) beneficiaries across the state. As the largest contractor for Colorado's Accountable Care Collaborative (ACC), we have 30 years of experience in value-based care delivery and health technology integration and direct insights into how technology ecosystem changes would impact providers, beneficiaries, and care delivery. Our vision is healthy communities transformed by the care that people want at a cost we can all afford.

Key RFI Responses

PA-1 & TD-6: TECCA Policy or Technical Limitations

Current Colorado Access Experience:

- Connection to TECCA-based exchange through Contexture, Colorado's health information exchange, participating in the eHealth Exchange network
- The value of TECCA-based exchange is currently limited by the focus on query-based exchange, with responses required only for two exchange purposes
- Payer participation will be tempered until push-based exchange becomes commonplace (or required) for all authorized exchange purposes
- TECCA does not explicitly define or mandate standards for health-related social needs data, despite a growing recognition of the importance of this data in providing comprehensive and effective health care

Recommendations:

- CMS should encourage and accelerate the adoption of push-based exchange for all authorized exchange purposes through technical assistance, funding, and/or policy
- CMS might also consider Health-Related Social Needs (HRSN) standards for TECCA participation

PA-2 & TD-4: Accelerating Payer API Implementation

Current Colorado Access Experience:

- Implemented Patient Access API for Medicaid and CHP+ members in compliance with all CMS-9115-F deadlines
- On track to meet CMS-0057-F requirements by all applicable deadlines
- Member utilization of the Patient Access API has been extremely low, calling into question the return on technical investment to deploy and maintain the API
- Implementation of CMS-0057-F requirements will require additional investment
- Smaller regional plans lack additional funding to conduct extensive outreach and education campaigns to encourage member utilization

Recommendations:

- CMS could consider technical assistance and/or implementation funding for smaller regional plans to ensure timely industry-wide compliance
- CMS should consider funding for national or regional patient education efforts to encourage member utilization of new API functionality
- CMS should formally support interoperable API development to address the confusion and frustration associated with multiple sign-ons with varying credentialing requirements

PA-3 & TD-3: Digital Identity Credentials

Current Colorado Access Experience:

- Colorado Access neither prefers nor requires proprietary logins in our technology procurement processes
- Proprietary logins are generally a technical limitation posed by the technology vendors
- Previous attempts to procure single sign-on solutions for member-facing technologies have been unsuccessful, in part due to state and federal policies and regulations that limit interoperability between private and state-owned systems

Recommendations:

- CMS should consider a review of policies and regulations that may hinder interoperability between private and state-owned systems
- CMS could consider funding for proof-of-concept projects for health plans and providers to develop digital identity credential capabilities among technology vendors

PA-4 & TD-5: Nationwide Provider Directory

Current Colorado Access Experience:

- Provider directory maintenance is difficult due to the need for providers to proactively and frequently update their directory information to reflect changes in their practice
- A nationwide provider directory would be valuable to the extent that providers willingly submit detailed directory information (e.g., accepting insurance types, languages spoken) more frequently than current updates to existing directories
- A nationwide provider directory that includes basic information (e.g., practice name, address) would not reduce the need for payers to curate more detailed information in their own directories

Recommendations:

- CMS should prioritize gaining provider consensus on directory update best practices, and explore technical development of a nationwide provider directory only after securing buy-in from providers of varying specialties and sizes across geographic locations
- If a nationwide provider directory contains detailed, reliable, and up-to-date provider information that eliminates the need for payers to curate this information independently, significant administrative savings could be realized and reinvested into the maintenance of the nationwide directory.

PA-5: Clinical Quality Data

Current Colorado Access Experience:

- Implemented a health plan reporting tool (Innovaccer) to calculate HEDIS measures
- Launching provider pilot groups to explore addressing gaps in care, sharing measure calculations, and collecting EHR data to supplement calculations

Recommendations:

- CMS should encourage and consider funding evaluation of clinical quality data initiatives currently in progress with many payers and providers to identify best practices and measure associated improvements in quality of care or health outcomes

PA-7: Information Blocking Complaints

Current Colorado Access Experience:

- No recent information blocking experiences or complaints to report
- Barriers to data exchange have shifted from blatant information blocking to complex data governance considerations
- Sharing health-related social needs (HRSN) data is especially complex, given the myriad federal and state laws and regulations governing different types of social data (e.g., education, TANF, SNAP, WIC)

Recommendations:

- CMS should evaluate the regulatory landscape governing various types of social data and establish partnerships with Congress and relevant federal agencies to address overly restrictive data-sharing laws and regulations for social data (e.g., SNAP, WIC)
- CMS should also evaluate the need for regulation for new types of social data that are not currently regulated (e.g., social needs screening data) and identify the least restrictive approach to encourage safe and responsible sharing of this data

TD-13: Patient Electronic Health Information

Current Colorado Access Experience and Perspective:

- Duplicative data storage costs are building across the health data ecosystem
- All generated or ingested data is stored in our enterprise data warehouse
- Large amounts of this data are also stored in multiple cloud-based warehouses with various technology vendors
- As technical solutions become more sophisticated, more data is required to power them
- As more patient electronic health information becomes available, the total volume of data stored grows exponentially across multiple warehouses
- Data storage costs are increasing rapidly, whether invoiced separately or included in solution prices, without driving additional value for patients
- In addition to the rising costs, duplicative data storage poses an increased cybersecurity risk by multiplying the number of systems that must be protected

Recommendations:

- CMS should encourage payers, providers, and vendors to move beyond data exchange to develop and adopt open, modular, and standards-based systems that reduce redundant data copies
- CMS should consider explicit requirements tied to any federal HIT funding to prioritize open architecture solutions that reduce rather than compound fragmented data storage

Commitment to Innovation

For three decades, Colorado Access has been committed to improving health outcomes and supporting our communities in the pursuit of accessible care for everyone. We remain committed to:

- Engaging our members in the development of solutions that work best for them
- Supporting CMS innovation initiatives through established provider networks
- Collaborating on the transparent evaluation of programs and initiatives
- Piloting governance and technical models to exchange health-related social needs data

Our coordinated response with Colorado's health ecosystem partners demonstrates our shared commitment to advancing care coordination through improved health technology infrastructure, patient-centered design, and comprehensive policy support that addresses the full spectrum of individual and community needs.