STATE OF WASHINGTON
HEALTH CARE AUTHORITY
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June 16, 2025

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of the National Coordinator for Health Information Technology
Attention: CMS-0042-NC
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Washington State Health Care Authority Comments on Request for Information; Health Technology Ecosystem

The Washington State Health Care Authority (HCA), the single state Medicaid agency in Washington, offers the following comments and recommendations in response to the request from the Centers for Medicare & Medicaid Services (CMS) for information regarding the Health Technology Ecosystem. *See* 90 Fed. Reg. 21034 (May 16, 2025).

In response to **Patient Needs**:

PC-1. What health management or care navigation apps would help you understand and manage your (or your loved ones) health needs, as well as the actions you should take?

> HCA, in response to patient feedback, believes e-consent with patient access would help patients and their loved ones better understand and manage patients' needs; this would include all patient records via patient portal, electronic health records, telehealth and telemedicine, wearable devices (such as fitness trackers and monitors), as well as artificial intelligence. The ability to track their health outcomes, apps, medication reminders, family health history tracking, and remote monitoring is invaluable.

In response to **Data Access and Integration**:

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

> Access to their medical records, test results, family medical history, consent to share health care information, and appointment notes is valuable for patients and caregivers. Patients also have a right to view and copy most of their own protected health information, as enshrined in federal law under HIPAA and implementing rules.

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)?

It is hard for patients to easily gain access to clinical trial data, mortality data, and comprehensive patient data from various sources—including electronic health records (EHRs), medical imaging, genomic sequencing, and wearables—in one location.

In response to **Compliance and Certification**:

VB-5. In your experience, how do current certification criteria and standards incorporate into the ONC Health IT Certification Program support value-based care delivery?

The ONC Health IT Certification Program's certification criteria and standards play a crucial role in supporting value-based care delivery by promoting interoperability, data exchange, quality reporting, and patient engagement.

VB-6. What specific health information technology capabilities that could benefit APMs are not currently addressed by existing certification criteria and standards that should be included under the ONC Health IT Certification Program?

To improve APM support, the ONC Health IT Certification Program should include and address capabilities for prior authorization APIs, quality reporting, and advanced decision support interventions. These would enhance interoperability, data exchange, and clinical decision-making, ultimately supporting APM performance and patient care.

VB-7. How can technology requirements for APMs, established through CEHRT or other pathways, reduce complexity while preserving necessary flexibility?

Having a more modular design - Breakdown into Components:

Instead of a monolithic system, design technology requirements around modular components. Each module can be updated or replaced independently, allowing for flexibility without disrupting the entire system.

Standardized Metrics:

Establish clear, standardized metrics for quality and performance. This ensures consistency and reduces confusion, allowing for better comparison and analysis across different APMs.

Interoperability Standards:

Use established standards for data exchange and interoperability. This ensures that different technologies can work together seamlessly, reducing the burden of integration and allowing for greater flexibility.

Tools:

Allow for a variety of tools and technologies to meet the same requirements, if they meet the established standards and specifications. This allows for innovation and adaptation to specific needs.

Iterative Approach:

Embrace an iterative approach to design and implementation. Allow for feedback and adjustments along the way, ensuring that the technology requirements evolve to meet changing needs.

Data Sharing:

In compliance with state and federal laws, ensure that data can be shared securely and efficiently between different systems and stakeholders, allowing for a more holistic view of patient care and facilitating better coordination.

Standardized Communication:

Use standardized communication protocols to ensure that different systems can communicate and exchange data effectively.

VB-8. How can other HHS policies supplement CEHRT requirements to better optimize the use of digital health products in APMs? As an example, requirements under the Conditions of Participation for hospitals (42 CFR 482.24(d)) require hospitals to transmit electronic patient event notifications to community providers. What barriers are in place preventing APM participants from receiving the same notifications?

HHS policies can supplement CEHRT requirements by focusing on interoperability, patient access and data exchange. This includes mandating payer-to-payer data exchange, promoting ADT (Admissions, Discharge, and Transfer) feeds for hospitals, and publicly reporting providers who don't list digital contact information. Additionally, incentivizing the use of digital health tools and providing clear guidelines on their use can further enhance their integration within APMs.

VB-9. What technology requirements should be different for APM organizations when compared to non-APM organizations (for example, quality reporting, and interoperability)?

Ensure that they meet specific standards and facilitate data exchange. Advanced APMs have much stricter technology requirements, regarding CEHRT, quality reporting, and interoperability. Non-APM organizations should still meet specific standards compared to the more stringent requirements, and have the ability facilitate data exchange.

VB-10. In the Calendar Year (CY) 2024 Physician Fee Schedule final rule (88 FR 79413), CMS established that CEHRT requirements for Advanced APMs beyond those in the "Base EHR" definition should be flexible based on what is applicable to the APM that year based on the area of clinical practice. What certification criteria should CMS identify under this flexibility for specific Advanced APMs, or for Advanced APMs in general? Are there specific flexibilities or alternatives to consider for smaller or resource-constrained (such as rural) providers in meeting CEHRT requirements without compromising quality of care or availability of performance data?

CMS should identify the same core certification criteria for all Advanced APMs: require the use of certified electronic health record (EHR) technology, basing payments on quality measures comparable to MIPS.

Technical Standards

VB-11. What specific interoperability challenges have you encountered in implementing value-based care programs?

Fragmented data systems, lack of standardized data formats, and data sharing restrictions. These challenges delay seamless data exchange, leading to delayed care, poor patient outcomes, and frustrated patients.

VB-12. What technology standardization would preserve program-specific flexibility while promoting innovation in APM technology implementation?

A flexible approach to technology standardization in APM to establish a baseline, a defined set of core metrics, and industry standards.

VB-13. What improvements to existing criteria and standards would better support value-based care capabilities while reducing provider burden?

Simplifying data reporting, streamlining administrative processes, and providing better support for practice transformation.

VB-14. How could implementing digital identity credentials improve value-based care delivery and outcomes?

It would enhance patient experience and engagement by streamlining care delivery and reducing errors. Improving interoperability and data management will lead to cost savings.

VB-15. How could a nationwide provider directory of FHIR endpoints help improve access to patient data and understanding of claims data sources? What key data elements would be necessary in a nationwide FHIR endpoints directory to maximize its effectiveness?

A nationwide provider directory of FHIR endpoints would:

- Improve access to data.
- Enhance engagement.
- Provide better outcomes.
- Streamline workflows.
- Enhance decision support.
- Improve collaboration.
- Simplify development.
- Provide market opportunities.

Thank you for your consideration of our comments. Should you have any questions or additional concerns, please contact Brett Mello, Chief Information Officer, at brett.mello@hca.wa.gov.

Sincerely,

MaryAnne Lindeblad, BSN, MPH
Acting Director

By electronic submission in the Federal Register