. Payers

PA-1. What policy or technical limitations do you see in TEFCA? What changes would you suggest to address those limitations? To what degree do you expect these limitations to hinder participation in TEFCA?

Require payer access to QHIN via required API to access and exchange provider EHR data

February 16, 2026 Healthcare Operations "MUST" requirement should help with the limitations. Just need state requirements not to supersede federal or be relaxed for data exchange for all payers not just Medicaid.

PA-2. How can CMS encourage payers to accelerate the implementation and utilization of APIs for patients, providers, and other payers, similar to the Blue Button 2.0 and Data at the Point of Care APIs released by CMS?

More confusing to members to be getting payer data should be accessing the data from providers. Good for historical, but not real-time. Medicaid Payers will probably never get high patient usage.

PA-3. How can CMS encourage payers to accept digital identity credentials (for example, CLEAR, ID.me, Login.gov) from patients and their partners instead of proprietary logins?

Would agree with CMS requiring or enforcing digital identity as one of the options.

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

Could it be expanded and tied to the NPPES and then have more utilization.

PA-5. What are ways payers can help with simplifying clinical quality data responsibilities of providers?

a. How interested are payers and providers in EHR technology advances that enable bulk extraction of clinical quality data from EHRs to payers to allow them to do the calculations instead of the provider-side technology?

Allowing Payers to extract data from providers through the QHINs, this would reduce the burden put on providers resources. Would benefit the Payers to be able to extract the data in near real time.

b. In what ways can the interoperability and quality reporting responsibilities of providers to both CMS and other payers be consolidated so investments can be dually purposed? Are there technologies payers might leverage that would support access to real time quality data for healthcare providers to inform clinical care in addition to simplifying reporting processes?

CMS could have a list of specific Payer's member that they want to extract data from the providers through the QHINs and in this case would be eliminating the payer having to retrieve and then send on to CMS.

PA-7. How can CMS encourage payers to submit information blocking complaints to ASTP/ONC's Information Blocking Portal? What would be the impact? Would it advance or negatively impact data exchange?

By CMS enforcing information blocking penalties, it would improve the data exchange. Additional education regarding what constitutes information blocking would also be beneficial to the industry.