

REQUEST FOR Information

Health Technology Ecosystem

Centers for Medicare and Medicaid Services

06-16-2025





June 16, 2025

Stephanie Carlton
Deputy Administrator
Centers for Medicare & Medicaid Services

Steven Posnack
Principal Deputy Assistant Secretary for Technology Policy
Principal Deputy National Coordinator for Health Information Technology
U.S. Department of Health and Human Services

Re: CMS-0042-NC; Request for Information; Health Technology Ecosystem

Dear Deputy Administrator Carlton and Principal Deputy Assistant Secretary Posnack:

Thank you for the opportunity to respond to the Centers for Medicare & Medicaid Services and the Office of the National Coordinator for Health Information Technology regarding the Health Technology Ecosystem Request for Information (RFI). The goals outlined in the RFI are essential to building a more efficient, accountable, and results-oriented health system.

CaseWorthy has long been a leader in enhancing social safety nets by facilitating interoperability and care coordination among a wide range of community service providers, Medicaid and Medicare systems, and enabling true community care coordination. With extensive experience working with both clinical and social care providers, CaseWorthy has developed purpose-built solutions tailored to meet current and emerging care needs. This expertise has been cultivated over decades of experience supporting clinical and social care case management, data warehousing, and interoperability needs.

Presently, CaseWorthy serves thousands of organizations nationwide, and its solutions are instrumental in addressing the needs of millions. CaseWorthy's purpose-built solutions aid multiple state units on aging (SUAs), statewide HMIS implementations, and hundreds of service providers focused on behavioral health, substance use, intellectual and developmental disabilities, federally qualified health centers, and many other community-based clinical and social services providers. Presently, CaseWorthy serves thousands of organizations nationwide, and its solutions are instrumental in addressing the needs of millions. CaseWorthy's purpose-built solutions support multiple state units on aging (SUAs), statewide HMIS implementations, and hundreds of service providers focused on behavioral health, substance use, intellectual

and developmental disabilities, federally qualified health centers, and many other community-based clinical and social service providers. Because CaseWorthy's solutions are specifically designed to meet the care coordination and interoperability needs of the communities they serve, and they can be rapidly deployed without requiring expensive and time-intensive customization.

Interoperability is a core function of effective government operations. It improves system performance, reduces waste, and gives individuals the ability to make informed decisions about their care. When agencies and providers can access accurate, timely data, services are delivered more efficiently, and beneficiaries experience fewer barriers to care. Access to data through interoperability also prevents abuse of public funds and benefits, thus ensuring accountability and oversight of tax dollars. To maximize impact, CMS needs to consider strategies that encourage interoperability at all levels within the community, and particularly between government and community-based organizations. Efficiency, impact, and outcomes are the result of fully connected and integrated care systems that translate policy into action.

Several provisions in the RFI reflect important steps forward. Expanding FHIR-based APIs will support real-time data exchange across settings. Adoption of the United States Core Data for Interoperability (USCDSI) version three will help standardize data elements and improve consistency. Continued implementation of the Trusted Exchange Framework and Common Agreement (TEFCA) will strengthen secure nationwide infrastructure.

CMS's emphasis on care navigation tools is timely and appropriate. These tools help individuals manage care plans and connect to needed services. Their success depends on interoperability, usability, and reliable broadband.

Expanding broadband access in rural and underserved communities should be treated as a foundational element of CMS's digital health strategy. CMS should continue aligning technology policy with value-based care objectives. Supporting data standards, promoting interoperability, and reducing duplicative documentation will help medical and social services providers, including faith-based organizations, to deliver higher quality care while improving the overall value of federal health investments.

Opportunities to Advance CMS Priorities through Scalable Interventions

In response to CMS and ONC's Health Technology RFI, we offer the following recommendations to support improved interoperability, data access, and patient-centered service delivery across

federal and community systems. These interventions are grounded in operational experience and reflect what is already working on the ground in partnership with local agencies and service providers.

1. *Prioritize solutions that streamline cross-sector data sharing without adding federal reporting burdens:* To support whole-person care and prevent duplication, CMS should incentivize technologies that enable secure data exchange between clinical and non-clinical providers. This includes platforms that support service coordination with housing, food, transportation, and behavioral health agencies. CaseWorthy's platform is used by local governments and community organizations to centralize service data and manage referrals, eligibility, and documentation in one system. This reduces administrative waste and facilitates meaningful coordination without requiring new federal infrastructure.
2. *Strengthen connections through investments in interoperability models.* In support of a secure nationwide healthcare infrastructure, CMS should consider policy and further budget investments that incentivize and/or enable the extension of Qualified Health Information Networks (QHIN) across all US states and territories. Concurrently, CMS should create pathways, through technical assistance and competitive grant awards, the means for social service organizations to access the data necessary to coordinate care with health providers and limit the time individuals spend receiving public benefits and other social services. To truly realize CMS's vision, the entirety of each community's social safety net must be connected. TECCA is not natively set up to accommodate the needs of non-medical providers, apart from social services providers engaged in public benefit determination. CMS could explore that subset of social service providers to identify avenues for broader participation.
3. *Leverage existing work and initiatives already in place to increase innovation velocity and reduce costs.* CMS should consider the ongoing work of national projects, like the Gravity Project, which is focused on developing consensus-based data standards and interoperability support, to identify opportunities for rapid advancement of FHIR and other API-focused goals. CaseWorthy currently participates in multiple national coalitions and practitioner organizations, including the Gravity Project, which is focused on solving interoperability problems preventing connected systems of care. Additionally, CaseWorthy participates with coalitions like the Housing Data Payment

Coalition, which is working to develop data standards and models that enable social service providers to collaborate more effectively with clinical providers, MCOs, and MCPs.

4. *Invest in digital navigation tools that help patients and caregivers access care and services more easily and that reduce inefficiency:* Digital navigation tools are not just about technology—they are about empowering patients and caregivers to take an active role in care management. By investing in platforms that integrate care planning, provider search, and referral management, CMS can help reduce fragmentation and improve outcomes for Medicare beneficiaries, those on public benefits, like Medicaid, and especially those with chronic conditions or those transitioning between care settings.

Beyond operational efficiency, digital navigation tools have been shown to drive meaningful improvements in patient engagement and satisfaction, while reducing costly hospitalizations and readmissions. By supporting these tools, CMS can foster a more inclusive, effective, and sustainable healthcare system.

Digital navigation tools are increasingly vital for care coordination, especially in areas where traditional EHR systems are absent. CaseWorthy has supported this trend by offering a comprehensive, scalable solution that supports case managers, navigators, and patients. Through extensive investments, including AI-driven features, to empower consumers and foster efficient, impactful, cost-effective care delivery, CaseWorthy is well-positioned to support CMS's vision.

Strengthen digital infrastructure in rural and underserved communities through flexible, scalable technology: CMS should ensure that funding and regulatory strategies promote tools that are deployable in rural counties and low-resource environments. CaseWorthy has been implemented in such settings, providing organizations with essential data infrastructure even when broadband access, staffing, or IT capacity is limited. These deployments demonstrate that scalable, non-hospital-centric tools can advance interoperability goals in hard-to-reach communities.

Align care coordination technology with value-based care delivery models: CMS should recognize the role of case management platforms in supporting outcomes-based payment arrangements

by capturing structured service data and enabling better coordination across sectors. Solutions like CaseWorthy help organizations surface relevant social and service data to providers participating in value-based models, without requiring manual reconciliation or redundant documentation. This enables more accurate attribution, more effective interventions, and stronger accountability for results.

Responses to RFI Questions

1. Digital Health Apps

PR-4. What changes or improvements to standards or policies might be needed for patients' third-party digital products to have access to administrative workflows, such as auto-populating intake forms, viewing provider information and schedules, and making and modifying an appointment?

There are multiple policy recommendations and adjustments that support CMS's goals, including ensuring clarity regarding patients' rights to access their own data; strengthening and enforcing regulations against informational blocking, which has been a persistent problem for well over a decade, and provide clarity regarding the applicability of HIPAA to 3rd party applications leveraged by consumers to access their own data. CaseWorthy encourages CMS to consider initiatives like the CARIN alliance to inform policy.

CMS should also consider certification and security requirements for 3rd party developers to ensure the security of PHI and other sensitive data and to build trust with consumers.

2. Data Exchange

PR-5. Which of the following FHIR APIs and capabilities do you already support or utilize in your provider organization's systems, directly or through an intermediary? For each, describe the transaction model, use case, whether you use individual queries or bulk transactions, and any constraints:

- a. Patient Access API.*
- b. Standardized API for Patient and Population Services.*
- c. Provider Directory API.*
- d. Provider Access API.*
- e. Payer-to-Payer API.*

f. Prior Authorization API.

g. Bulk FHIR—Do you support Group ID-based access filtering for population- specific queries?

h. SMART on FHIR—Do you support both EHR-launched and standalone app access? What does the process for application deployment entail?

i. CDS Hooks (for clinical decision support integrations).

3. Data Access and Integration

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

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)?

b. What are specific sources, other than claims and clinical data, that would be of highest value, and why?

c. What specific opportunities and challenges exist to improve accessibility, interoperability and integration of clinical data from different sources to enable more meaningful clinical research and generation of actionable evidence?

Opportunities to improve accessibility, interoperability, and integration of clinical data include:

- Leveraging robust integration capabilities such as RESTful APIs, secure file transfers (FTP/SFTP), and custom data mapping tools to facilitate bi-directional data exchange between CaseWorthy and external systems, including EHR/EMR platforms, enrollment systems, and calendar applications.
- Utilizing centralized data hubs like CaseWorthy CORE to consolidate, cleanse, and normalize data from disparate sources, providing a single source of truth for analytics, reporting, and AI-readiness.
- Enabling multi-source data visualization and self-service analytics through tools like CaseWorthy's Dashboard apBuilder and Power BI, empowering users to create custom dashboards and reports that draw from both internal and external data sources.
- Supporting industry standards such as HL7 for health data exchange, which enhances interoperability with clinical systems.

- Offering custom development services to create tailored integrations that address unique operational needs and support advanced analytics and research initiatives.

Challenges include:

- Device and data standardization, as the lack of universal data formats and protocols across emerging technologies and clinical systems can complicate integration efforts.
- Ensuring privacy and security, particularly when handling sensitive health data from multiple sources, which requires rigorous security protocols, encryption, and role-based access controls in compliance with regulations such as HIPAA.
- The need for detailed scoping and collaboration with client teams to map data flows, define integration requirements, and develop technical specifications for complex or custom integrations.
- Addressing data governance and explainability in AI and analytics applications to ensure responsible use, mitigate biases, and provide transparency in decision-making processes.

4. Digital Health Adoption

VB-4. What are the essential data types needed for successful participation in value-based care arrangements?

There is a broad range of essential data types necessary to support value-based care, including:

- EHR (Electronic Health Records) – specifically clinical histories, treatments, and quality measurement.
- Claims Data – services rendered, costs, reimbursements, etc., all of which are essential for understanding resource utilization and overall performance.
- Demographic data to assess trends across different populations.
- ADT (Admission, Discharge, and Transfer) Data to identify patient movement within and between facilities and to support care coordination.
- Health Risk Assessments and clinical risk scores – helpful for identifying high-risk patients and useful in predictive modeling.
- Social support data – to identify potential efficiencies and cost savings through cross-sector collaboration between social and health services providers.

5. Digital Health Apps

PR-1. What can CMS and its partners do to encourage providers, including those in rural areas, to leverage approved (see description in PC-5) digital health products for their patients?

a. What are the current obstacles?

b. What information should providers share with patients when using digital products in the provision of their care?

c. What responsibilities do providers have when recommending use of a digital product by a patient?

a. Providers in general, but particularly in rural areas, face several significant barriers to adopting digital health tools. These include limited access to broadband, insufficient digital and health literacy, and challenges integrating digital tools with existing workflows; data privacy, security, and regulatory compliance also pose significant challenges to the adoption use of digital health products.

b. Providers should focus on ensuring that patients receive clear, accessible information about the purpose and benefits of digital health products, including how to use them, and what data will be collected and shared. Finally, special emphasis should be put on emphasizing privacy and security measures. Ensuring consumer buy-in and trust is critical to adoption. Communication should avoid overly technical language.

c. Comprehensive education, ongoing support, and monitoring of patient engagement are all provider responsibilities. Gaining buy-in will require consistent and effective messaging and engagement with patients, with an emphasis on addressing potential data security and privacy concerns.

CaseWorthy supports providers by enabling efficient management and engagement through centralized provider records, contract management, and a provider portal. The provider portal allows providers and patients to view referrals, access clinical information details, and receive notifications of new referrals and updates. Additionally, providers can access reporting features such as aggregated services reports, which help them track and demonstrate outcomes. These tools are designed to encourage provider participation and engagement within the system.

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?

Obstacles that prevent the development, deployment, or effective utilization of applications for physician workflows often include challenges related to interoperability, usability, regulatory compliance, data security, and resistance to change. Interoperability issues arise when different systems cannot effectively communicate with each other, hindering seamless data exchange and integration. Usability problems occur when applications are not intuitive or user-friendly, causing frustration and inefficiencies in clinical workflows. Regulatory compliance can impose strict requirements, making it difficult to design applications that meet all legal standards without compromising functionality. Data security is critical, as healthcare applications must protect sensitive patient information, and any vulnerabilities can lead to breaches and lack of trust. Additionally, physicians and healthcare staff might resist adopting new technologies due to concerns about disrupting established workflows, administrative burdens, or the time required to learn new systems.

To mitigate obstacles related to interoperability, CaseWorthy provides robust solutions to ensure seamless integration with external systems. CaseWorthy supports interoperability through RESTful APIs, secure file transfers (FTP, SFTP), BatchBuilder for custom data mapping, and Web Service Databind for real-time API calls. The system has capabilities to structure data for HL7 interfaces and can meet FHIR and NIEM standards with additional custom integration if required. Moreover, CaseWorthy CORE, a centralized data hub, unifying all CaseWorthy and external data sources into a secure, scalable lakehouse, enables advanced analytics and data centralization, facilitating data exchange and reporting via Microsoft Fabric and Power BI. These capabilities ensure that healthcare applications can effectively communicate with various platforms, reducing the friction often encountered in multi-system environments.

For usability, CaseWorthy is designed as a web-based application that emphasizes flexibility and user-friendliness, employing Responsive Web Design to cater to all device types. The apBuilder toolkit empowers administrators to customize roles, forms, workflows, dashboards, and rules without needing programming expertise. This allows for tailored experiences that meet specific user requirements and improves adoption rates among healthcare providers. In terms of regulatory compliance, CaseWorthy ensures adherence to legal standards by being HIPAA compliant and undergoing annual HIPAA risk assessments validated by SOC 2 Type II audits. It provides a Business Associate Agreement (BAA) with every licensing agreement and maintains an Information Security Management Program (ISMP) based on NIST 800-53 standards. Regarding data security, CaseWorthy encrypts data at rest and in transit, enforcing strict role-based access controls and leveraging Microsoft Azure's secure infrastructure with

comprehensive security measures. These include 24/7 monitoring by a third-party MSSP and a centralized security management process, thereby fortifying the system against vulnerabilities. By addressing these core areas, CaseWorthy facilitates effective utilization of innovative applications within physician workflows.

PR-3. How important is it for healthcare delivery and interoperability in urban and rural areas that all data in an EHR system be accessible for exchange, regardless of storage format (for example, scanned documents, faxed records, lab results, free text notes, structured data fields)? Please address all of the following:

- a. Current challenges in accessing different data formats.*
- b. Impact on patient care quality.*
- c. Technical barriers to full data accessibility.*
- d. Cost or privacy implications of making all data formats interoperable.*

It's less important that all data is available directly in an EHR than it is for the organization to have access to a HIE, HIN, or QHIN, to incorporate representative client data in the provision of care. That said, ideally all data should be accessible for exchange in an EHR regardless of format.

Current challenges in meeting those goals include inconsistent data formats, difficulty leveraging unstructured data, the use of proprietary formats, and the persistence of legacy systems, particularly in rural areas.

The impacts on patient data quality are extensive, resulting in poor care delivery, inefficient use of resources, and an inability to achieve desired outcomes. Specifically, fragmented data results in an inability to make timely decisions regarding care, risking patient safety. Additionally, fragmented data limits the ability to effectively coordinate care, an essential need in clinical care.

Unfortunately, addressing these challenges could be costly. The multitude of standards in support of interoperability require vendors to invest significant resources to accommodate nuanced standards across different states and providers.

This should be considered a top priority compared to other interoperability needs, with increasing access to social and non-clinical providers as a close secondary priority.

PR-4. What changes or improvements to standards or policies might be needed for patients' third-party digital products to have access to administrative workflows, such as auto-populating intake forms, viewing provider information and schedules, and making and modifying an appointment?

In addition to improving policy and consistently enforcing existing regulations—such as anti-blocking, data access rights, and certification through established processes like the ONC Health IT Certification Program—CMS should also provide specific guidance to address consumer concerns that may limit the use of third-party health applications. This guidance should include clear standards for patient consent and revocation, transparent information regarding privacy and security practices, and requirements for robust authentication and access controls. Concepts, such as auto-populating intake forms, viewing provider information, etc., are challenged by current limitations in policy and regulations specific to 3rd party applications.

To realize the full potential of a patient-centered digital ecosystem, CMS should recognize case management platforms that support secure data exchange between clinical providers and community-based organizations as essential components of digital health infrastructure. Systems like CaseWorthy facilitate coordination across health and human services, reduce fragmentation, and strengthen chronic disease management, particularly for Medicare beneficiaries with complex needs.

CaseWorthy supports CMS's vision of a connected digital environment where individuals can view, manage, and share information across care settings. While federal policy has historically focused on clinical data, CaseWorthy addresses a critical gap by enabling secure interoperability between healthcare systems and community organizations. The platform allows agencies to collect and share non-clinical data needed for personalized care planning and prevention. By enabling real-time collaboration among providers, case managers, and service coordinators, CaseWorthy supports integrated, patient-focused solutions without creating new administrative burdens or infrastructure costs.

We appreciate the opportunity to offer this input. We stand ready to support CMS in advancing policies that reduce administrative waste, improve coordination, and strengthen outcomes through data-driven, technology-enabled solutions. For any questions or to discuss how CaseWorthy can support CMS's ongoing efforts, please feel free to reach out to directly at awatson@caseworthy.com.

Sincerely,

Aaron Watson

CEO, CaseWorthy