One Place for Health and Care

transcarent | Accolade

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Submitted electronically

Re: Comments on the Health Technology Ecosystem Request for Information (RFI) [CMS-0042-NC]

Dear Administrator Oz and Assistant Secretary Keane:

Thank you for the opportunity to provide comments on the Health Technology Ecosystem Request for Information (RFI). We applaud your interest in ensuring all Americans have access to high-quality, affordable health and care, powered by technology solutions that can improve the experience for all health consumers. Transcarent appreciates the opportunity to share our thoughts on the importance of robust access to technology-enabled health and care services and digital care navigation solutions.

About Transcarent

Transcarent was founded in 2020 to change the healthcare status quo and provide consumers with greater choice and control. In April 2025, Transcarent merged with Accolade to form the One Place for Health and Care. Our platform combines AI-powered WayFinding and comprehensive Care Experiences—spanning Cancer, Surgery, Weight Health, and Pharmacy Benefits—with Accolade's health advocacy, expert medical opinion, and virtual primary care services. This unified platform provides a broad array of options to guide people to the care they need, when they need it, while delivering better health outcomes at lower costs.

Members can access care through our affiliated virtual clinics in seconds or connect with high-quality providers in their local community. A personalized digital experience, an on-demand care team, and a seamlessly connected network of virtual and in-person solutions eliminate the guesswork, enabling each Member to receive the right care at the right time. Our mission is to make high-quality, affordable care easily accessible to everyone, regardless of geography, income, education, disability, or language. Achieving this mission requires collaborative action from all stakeholders in the healthcare system.

Today Transcarent serves more than 20 million Americans, primarily those receiving their health benefits from their employer or through commercial markets. While we hope to continue to expand our footprint in Medicare and Medicaid, we offer feedback based on our learnings from supporting the needs of our current Members, their families, and our clients.

Health Management or Care Navigation Apps

Digital health applications can offer significant support to individuals managing their own health and that of loved ones. Regarding the capabilities we believe would be most impactful, individuals should be able to access care 24x7x365, get real-time information about medications and treatment options, find high-quality in-network providers, review their longitudinal health history including lab results and imaging, and track the management of chronic conditions all through a single digital platform.

When an individual has access to a digital personal assistant dedicated to supporting their health needs, based on our experience, top requests include the following:

- Scheduling and managing appointments
- Receiving simplified explanations of test results
- Support for prescription refills and medication non-compliance
- Getting reminders for necessary screenings or vaccinations
- Tracking insurance coverage and costs
- Completing documentation
- Receiving alerts about care gaps

Each of these tasks can be significantly streamlined or automated through advanced digital software solutions. Such capabilities can be instrumental in supporting enhanced preventive care, safe hospital discharge, and at-home recovery.

Further, these apps should allow users to monitor their health remotely through devices like continuous glucose monitors, smartwatches, and connected scales as they can also track digital health data and provide early warnings about urgent health needs. They should enable remote participation in medical visits, offer access to accurate transcripts of provider conversations, and help patients reconcile care plan notes with their understanding of clinical guidance. A comprehensive view of health information for both patients and caregivers is essential.

To truly empower consumers, privacy protections must match the sensitivity of the data. Either the scope of HIPAA should be expanded to include digital health apps involved in care coordination, or a comprehensive federal privacy law should mandate that non-HIPAA-covered digital health apps meet privacy, security, and breach notification standards equivalent to those of HIPAA-covered entities.

Centralized Access to Health Information

While some individuals benefit from centralized access to their healthcare data through a health system patient portal, today, most Americans still face fragmented health records.

We are aligned with making it as easy as possible for all Americans, including Medicare beneficiaries, to have access to all their health and benefits information in one place. Currently, most individuals do not have easy access to all their health information, or that of their loved ones, through a single software platform or patient portal. When such centralized access is available, it can provide critical benefits, including enabling more coordinated care, improving patient understanding of health conditions, and reducing duplication of services.

Where available, consolidated access allows for easy prescription refills, appointment scheduling, and review of after-visit summaries. These capabilities are especially valuable for improving preventive care, chronic condition management, and caregivers supporting dependents and other loved ones.

Many data types such as x-rays, test results, specialist reports, and operative notes remain an even greater challenge for patients and caregivers to access electronically. Barriers include inconsistent adoption of data standards, technical limitations in user interfaces, lack of digital literacy and

infrastructure (particularly among older adults), and the absence of mechanisms to consolidate records across systems.

Awareness of Digital Tools

According to a 2023 KFF poll, more than 50 percent of insured adults in America say it is difficult to understand some aspects of their health insurance. Digital platforms such as Transcarent's offer patients and caregivers the ability to understand their care options, navigate benefits, access high-quality providers, and receive real-time clinical guidance. Too often, Americans on Medicare and with commercial insurance, may not fully understand the benefits available to them, how much something may cost, and know what the next best action is to take to stay healthy or receive care. There is great potential for pairing easy-to-use, generative AI-powered solutions, with rapid access to human support, breaking down the often-overwhelming complexity of the American healthcare system.

WayFinding

Introduced in May 2024, WayFinding is Transcarent's generative AI-powered experience that makes it easy for people to discover and use their health benefits from their mobile device. By combining instant access to care providers with benefits navigation and clinical guidance on one easy to use platform, WayFinding personalizes each individual's experience, orienting and guiding them through their health and care journeys, with human support never more than a tap away. WayFinding takes place in a HIPAA-covered and HITRUST-secured environment, to protect our Members' highly sensitive data and to preserve their trust.

With WayFinding, Transcarent Members can ask free-form questions, in writing or verbally. The generative AI-powered service asks follow-up questions and goes step-by-step to reach a resolution, which could include scheduling an in-person appointment, or telehealth conversation – and it all uses their personalized benefits information, reducing risk of out-of-network care. This is a real-world example of how AI is creating better healthcare for regular Americans, today.

It also increases the efficiency of benefits professionals and CMS staff who are accustomed to spending hours answering questions from confused beneficiaries. WayFinding can help health consumers become more engaged in their benefits while reducing the need to wait on hold for call centers or risk getting unnecessary or uncovered care.

When AI deconstructs the complexities of documentation, approvals, and decision trees to guide individuals through their healthcare journey, people can use all their benefits more easily and efficiently, understand why and what is happening with their health at any given time, and feel confident that they are achieving the best outcome at the lowest cost. When we empower people with the tools to find their way to better health, everyone – Members, providers, and payers - benefit.

Features Missing in Existing Apps

The great leaps will come from transforming the way that everyday Americans relate to their healthcare system, one that is currently too complicated, costly, and confusing. To get healthcare, people wade through the complexity of insurance coverage, copays, deductibles, in- and out-of-network clinicians and benefits, doctors' schedules, and office locations – all before getting care. It is a wonder that patients even have the energy left over to make sound, well-informed medical decisions. People can and should only need to focus on getting healthy.

The complexity and dynamics of healthcare also lead to another kind of inequity - "one size fits all." As the country moves to a more value-based care approach, we need to deliver more personalized, high-impact care. However, different people have different needs. Some people

want to ask their doctor more questions than others. Some have a harder time understanding the side effects of their medications. Others need help deciphering lifestyle modifications to stave off heart disease. Yet, too often, physicians are bound by the typical 10–15-minute office visit, and patients are given the same post-visit brochures, written with the same talking points.

The fact that most Americans rely heavily on the internet to supplement their understanding of their healthcare, reflects our failure to meet these diverse needs. Trustworthy, HIPAA-covered, generative AI products could provide educational materials that are tailored to the patient's level of health literacy and education, in the patient's preferred language, including content that addresses the actual questions that the patient asked during their visit, helping to relieve their most salient healthcare concerns. As we are doing with WayFinding and our AI Care Assistant, a generative AI chatbot working hand in hand with a doctor, can enable a medical visit to go for as long as it needs, by conversing with the patient, answering all their questions fluently in the language of their choosing, and allowing them to ask for clarification or simplification. This is one way that generative AI can reduce the structural biases of the healthcare system. It moves us from "one size fits all" to "many sizes for many needs."

Other impactful uses of Generative AI in healthcare include, but are not limited to:

- Personalized behavioral modification plans to reduce chronic disease risk, considering specific patient preferences, budget, and geographic constraints, and family support
- Assisting patients to apply behavioral health coping strategies in conjunction with medication and talk therapy
- Organizing and synthesizing research and expert information for healthcare practitioners, patients, and families
- Training and education for medical professionals, personalized to individual needs and levels of expertise; and
- Guiding and supporting families and patients through complex medical decisions

CMS could apply generative AI-powered chat solutions to support beneficiaries in selecting which benefits may best match their lifestyle and healthcare needs. It could be personalized based on the information CMS has about the individual beneficiary and apply that information to questions posed by the beneficiary or their caregiver at the time of enrollment.

Finally, it's worth noting again that many existing digital health apps lack full interoperability with EHR systems, limiting real-time care coordination. Bidirectional integration across payers, providers, and patients is rare. There is a clear opportunity to amplify the visibility and value of these tools through CMS engagement with provider, payer, and developer partnerships.

Encouraging Adoption

CMS can play a pivotal role in ensuring digital health solutions offered to Medicare beneficiaries are effective, reliable, private, and secure. CMS could leverage criteria to evaluate the accuracy of information, privacy and security compliance, and alignment with Medicare's goals in making payment and coverage determinations through annual rulemaking. Additionally, CMS could create a registry of validated tools, promote participation with health information exchanges (HIEs) among digital health solutions, and adjust reimbursement models to support expanded use of navigation services beyond the limited scope currently included under the preventive services list for breast and cervical cancer.

Build Trust in Digital Apps and AI Solutions

The norms of responsible AI healthcare product design must be established deliberately and thoughtfully. This does not necessarily mean new regulation, but it does mean that stakeholders across the healthcare industry, including the federal government, must come together to share knowledge and establish what responsible AI use in healthcare means.

We are pleased to share insight into our internal approach to oversight and governance to the AI solutions we develop for our Members as well as those used internally by our team. Transcarent has an AI Governance Committee and AI Ethics Principles built on a STERDy and human-centered foundation (at Transcarent, "human-centered" refers to our Members, patients, clinicians, and workforce members). Our principles leverage the Organization for Economic Cooperation and Development (OECD.AI) principles as a foundation, with customization to tailor the principles to our business and our values. These principles coexist with the Transcarent Code of Conduct and Ethics.

- *Security & Privacy:* Transcarent has a duty of responsibility to the data sources upon which our AI is built, including being resilient against malicious use, having safeguards to prevent unauthorized access and manipulation, and having internal oversight to avoid uses that violate the privacy of our patients.
- *Safety:* Transcarent prioritizes safety by managing our AI systems to avoid, to the greatest possible extent, risk to people, society, or the environment. When AI systems are used in The Transcarent Clinic, we prioritize patient safety and promote patient and clinician-centered AI. Transcarent should use AI in furtherance of the health and care of its Members and patients; AI should not be used to refuse access to services or to override a decision by a workforce member or affiliated physician.
- *Truth:* Transcarent's AI systems should be technically accurate as well as aligned with true, fair, and just outcomes. Context and nuance are important factors and may avoid unjust or inaccurate outcomes.
- *Transparency:* Transcarent informs individuals when they are interacting with AI systems through Transcarent, whether in Transcarent's AI models, its products, or other output or decisions generated by AI.
- *Equitable Design:* Transcarent designs and deploys AI systems that are equitable end-to-end. We believe a critical component of equitable design is to include diversity of thought in teams responsible for governing AI, training, testing, assessing, and monitoring.
- *Explainability*: Transcarent can explain decisions made by AI to individuals affected by that decision. This applies when AI is provided by a vendor or other third party as much as when the AI is provided directly by Transcarent.
- *Respect:* Transcarent develops, deploys, and uses AI systems that are respectful of the rights of third parties. For example, Transcarent will (a) take measures to avoid infringing on third-party IP rights, (b) respect individuals' privacy and data rights as well as their right to be free from nuisance, harassment, offensive speech, and the like, and (c) take measures to avoid spreading misinformation.
- *Data Minimization:* Transcarent makes privacy-informed and intentional choices when developing and training its AI models so that it trains only the data necessary to improve the model.

Expanding Adoption

Expanding Medicare coverage of digital care navigation services beyond breast and cervical cancer is essential to ensure equitable access to timely, coordinated care across a broader range of conditions. While recent policy changes rightly acknowledge the value of navigation in cancer screening and follow-up, beneficiaries facing other complex or chronic health conditions including diabetes, cardiovascular disease, musculoskeletal disorders, and mental health

challenges, stand to benefit equally from personalized, technology-enabled support. Broader coverage within CMS programs would not only enhance patient engagement and satisfaction but also promote system-wide efficiency by reducing unnecessary care utilization and improving preventive care. To accelerate the uptake of these tools, CMS should extend coverage and payment for these services. By covering these services under Medicare and Medicaid benefit programs, CMS can help ensure these services are equitably integrated across care settings and populations, advancing Medicare's goals of person-centered, value-based care.

Accessibility for Beneficiaries

The rise of digital health tools has delivered greater access to high-quality care for more Americans. Now, more than ever, a person's zip code is becoming less of an indicator of whether high-quality care is available to them thanks to these new means of accessing care. But the conversation on accessibility must go beyond availability and focus on *usability* for all people.

For new developments in healthcare to be truly accessible, applications and devices must be usable by people with all abilities. As digital health solutions disrupt the healthcare industry and bring new and better opportunities for people to manage their health, it is critical that accessibility for those living with visual, auditory, or other physical disabilities is not treated as an afterthought.

Here are a few ways Transcarent has developed web and mobile applications that are more inclusive of people with disabilities:

Visual

- For people who have color blindness or limited visibility to color, high-contrast images and text against background color are key for readability. Additionally, color should not be the only indicator when differentiating multiple items. For example, a line graph showing two items in different colors may also be shown with a solid line and a dashed line.
- Alt text for images is an important feature for people who are blind or have overall limited vision. These descriptors paint a picture for people who cannot interact with the image visually through detailed text that can be translated verbally or with braille on a screen reader.
- Buttons within an app should be large and easy to manipulate, and font size should be adjustable; intuitive iconography should be used.
- Apps should offer clear visual and audio cues to guide users of all abilities through the experience.

Auditory

- For people who are deaf or hard of hearing, closed captioning on videos is a core component of accessibility.

Dexterous

- Some websites are only mouse-enabled which disenfranchises people who require keyboard navigation due to disabilities that may impact a person's dexterity.
- AI-powered voice chat features allow users to interact with apps naturally.

AI-forward, multi-lingual voice and chat interfaces will be easier for beneficiaries and caregivers to engage with versus websites and apps. These new experiences enable users to interact with complex digital products while having no familiarity with the product features themselves. The conversational interface is likely to be a common future user experience pattern. The biggest benefit is that people with limited or no experience can use digital products without needing

specific instructions. They can speak or write what they are looking to do, and the digital product will take action for them on their behalf.

Data Availability and Integration

Transcarent encounters significant challenges in aggregating data across provider and payer partners throughout the healthcare system. Challenges to data integration and accessibility include a lack of consistent data standards, proprietary formats, limited patient-directed exchange infrastructure, and few incentives for health systems to share comprehensive data sets. Overcoming these barriers is essential for enabling clinical research and generating real-world evidence to support care improvements.

Data drives much of the U.S. economy and is critical to modernize our broken healthcare system. The transition to value-based care will be data-driven to ensure transparent, personalized care is available to everyone. As the healthcare system seeks to transition to value-based care and away from fee-for-service, it is imperative that claims data be readily available to patients, providers and plans, as well as their solutions providers, so each party can leverage the data they need to measure impact on healthcare outcomes and costs.

Claims Data Sharing

Transparency enables improved quality and affordability of health and care and fosters competition and innovation. Access to longitudinal claims data is essential if we are going to improve transparency and healthcare quality. While access to claims data might be available from the current payer providing benefits to an individual, it is especially valuable in commercial, Medicare and Medicaid markets to have access to claims data across payers since throughout our lifetimes we are likely to receive benefits from multiple payers. A more robust aggregation of claims data helps with creating personalized care plans and makes preventive care and chronic condition management more effective.

Despite Congressional efforts to improve data transparency and interoperability, such as the gag clause prohibition in the Consolidated Appropriations Act (CAA) of 2021, too often patients, providers and employers have limited visibility into whether they get good health outcomes and value for the money they spend on health benefits. We urge HHS to take the necessary steps to support unfettered sharing of the data necessary to inform value-based care arrangements, such as claims and cost information across payers.

Centralized Access to Information

Like most Americans, Medicare beneficiaries often see multiple providers simultaneously, and they may not all be on the same EHR and each may store their information in a separate patient portal. This is not an ideal consumer experience, and it further contributes to the fragmented nature of our healthcare system. The sharing of patient summaries and other medical records would be helpful to ensure continuity of care between different health care providers, some of which may be in-person while an increasing number might be treating patients virtually.

Privacy & Patient Trust

The biggest challenge is that we must balance the adherence to HIPAA and privacy laws with the need to easily get data that is useful to inform health and care decision making. The reality is that patients go to many different doctors and health systems throughout their lives. These institutions may or may not be willing or even able to set up clean, reliable data feeds given cost and privacy concerns. Creating an empowering experience requires getting data from many different parties who are rightfully concerned with their patients' privacy and may not have the incentives or even resources or infrastructure to readily share patient data in an efficient way. Too often, patients must manually request their records and physically go to their doctors' offices and ask for them. Alternately, a doctor may fax a request for records to another health system. The system works on

a one-to-one, patient-driven basis which is not compatible with smooth, quick, and sometimes medically relevant data sharing between systems. Streamlining interoperability requires balancing data privacy with the urgent need for integrated information that supports personalized, continuous care.

Additionally, role-based caregiver access configurations should be prioritized. Medicare beneficiaries may rely on support from caregivers that might need access to their health information. From the ability to schedule appointments, communicate with providers, and access care summaries, it will be increasingly important for digital health app developers to facilitate access to trusted parties beyond the patient.

Interoperability

TEFCA's national interoperability goals are promising, and HIEs have enhanced patient access to longitudinal health data in some regions, but variability in data accuracy, quality, and timeliness remains a concern. These data sharing networks must extend onboarding pathways to consumer apps and improve consistency across Qualified Health Information Networks (QHINs). Important use cases include emergency data retrieval, automated transitions of care, and national patient record lookups.

Our affiliated virtual clinic struggles to get real-time notifications about our Members from other providers due to a lack of consistent data sharing practices. Additionally, as we work to aggregate medical records on behalf of our Members seeking surgical or cancer care, it requires a lot of time consuming paperwork and other tasks that must be done by our Members themselves rather than their health guide or care advocate, and can impede their ability to access the care they need quickly.

Operational Use Cases

Operational use cases that would most benefit patients and promote transparency include providing binding cost estimates for episodes of care, enabling patients to view real-time provider schedule availability, supporting appointment booking through third-party applications, publishing accessible provider quality metrics, and offering personalized provider matching based on health needs.

Today, some of these use cases are feasible in limited environments, for example you can view provider availability or access cost estimates in certain plan networks, but it's limited and unreliable. Soon, these capabilities should be standardized and available to all health consumers, including Medicare beneficiaries.

Additionally, existing use cases include medication management, the use of a third-party app to facilitate delivery of necessary medical information to a specialist for a second opinion, and remote monitoring via devices and telehealth, especially for patients in rural areas and those with mobility challenges.

Some longer-term but highly valuable goals would include an accurate provider directory, including information on whether the provider is taking new patients and availability, as well as their quality scores. For caregivers, a medication management tool that supports access for authorized representatives to monitor adherence would be valuable. We also believe that a universal consent management platform would be helpful for providers, patients, caregivers, and developers.

Developer Enablement

CMS can stimulate innovation through public-private partnerships, sandbox environments, and Medicare-focused development challenges. Longer term, CMS could recognize certain certifications or features for digital health tools that can promote trust and quality.

Developers would benefit from additional CMS data on provider credentialing, functional status, referrals, and patient satisfaction. Key non-CMS data that would be useful includes Medicaid claims, home care documentation, and dual eligibility records. Challenges for developers include inconsistent data governance and a lack of unified APIs. CMS should consider new APIs for provider availability, plan comparisons, and standardized prior authorization.

Conclusion

Digital innovation is transforming healthcare. All Americans, including the Medicare beneficiaries will greatly benefit from improved access to innovative technologies that make it easy to access high-quality, affordable health and care. Transcarent welcomes the opportunity to discuss these important issues further, and to work with CMS and ASTP/ONC to ensure that all Americans have access to the latest digital health innovations.

Sincerely,

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