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

Comments from Seen Health

As a culturally-focused, technology-enabled PACE (Program for All-Inclusive Care for the Elderly) organization serving older, vulnerable multicultural populations in California, Seen Health offers practical insights from the intersection of value-based care delivery and health tech innovation. Our comments focus on three critical barriers that prevent small providers from fully participating in the digital health ecosystem.

1. HIE/QHIN Access Barriers for Small Providers (Questions PR-6, PA-1, PC-10, PC-11)

The Problem: As a first-year PACE program serving ~100 participants, we face an impossible choice. New participants often arrive with complex conditions and histories across multiple health systems. Without immediate access to complete medical records, we start care blind. Our options:

- Spend up to 10 staff hours per participant manually requesting records from 5-10 providers, receiving incomplete PDFs weeks later
- Pay up to $75,000 annually for HIE/QHIN access, which is unjustifiable at our scale

This isn't just inefficient; it delays critical care decisions. Recently, we discovered a participant's undisclosed rheumatoid arthritis condition—information that would have been instantly available through HIE access.

This pricing structure creates care disparities: large health systems can access complete histories while small PACE programs treating vulnerable patients cannot afford the same tools.

Proposed Solutions:

1. **Volume-based pricing tiers**: Incentivize or mandate HIE/QHIN fees scale to organization size (e.g., <500 patients: $5,000/year; 500-1,000: $10,000/year).

2. **EHR vendor bundling requirement**: Just as CMS requires certified EHRs to include e-prescribing, incentivize or require them to include basic HIE/QHIN connectivity. Vendors can absorb and distribute these costs far more efficiently than individual small providers.

3. **Patient-directed access pathway**: Enable patients to retrieve their consolidated records via HIEs/QHINs using verified digital credentials (ID.me, Clear, etc), then share with providers (manually or ideally through SMART on FHIR apps). This reduces the need for every provider from repeating the same process and transforms the economics

from expensive subscriptions to manageable per-use fees, while empowering patient data ownership. We would gladly pay on behalf of our patients to access this data.

2. Open-Source Quality Reporting Infrastructure (Questions PR-8, TD-15)

The Problem: Across the healthcare industry, thousands of healthcare organizations calculate identical quality measures. Our experience and conversations with other PACE programs revealed each organization spends tens of thousands annually on internal headcount, vendor fees, or consultant costs just for quality reporting. Across all Medicare providers, this type of repetitive work probably costs hundreds of millions each year. Large health systems can amortize these costs across departments, but small providers often have a single analyst or none, yet must meet the same requirements.

Worse, these independent implementations create inconsistencies. The same diabetic patient might have different HbA1c control rates depending on how each organization interprets "most recent lab value" or handles missing data.

For programs like PACE regulated by both CMS and state Medicaid agencies, the complexity multiplies. Organizations are held to another set of quality standards with entirely different methodologies and timelines.

The Solution: CMS should publish and maintain open-source reference implementations for all required quality measures. Imagine downloading validated Python/SQL/R code that transforms standard FHIR data into any required measure. This would:

- Significantly reduce duplicative development across thousands of organizations
- Ensure consistent measure calculation nationwide
- Enable immediate quality reporting for any provider with FHIR-compliant data
- Foster an open and collaborative improvement process (like other open-source projects)

EHR vendors could integrate these modules directly, while small providers would have free, turnkey solutions. Large systems could build upon and customize these tools while maintaining standardized logic.

If CMS leads, states could follow and adopt these measures, reducing complexity and variation even further. This approach delivers consistency, transparency, and cost savings for all stakeholders.

3. Technology for Value-Based Care (Questions VB-2, VB-3, VB-4)

PACE programs coordinate care across 11 interdisciplinary team disciplines plus external vendors for transportation, DME, home care, pharmacy, and specialty services. Further, as

participants receive acute care across various sites of care, information is often fragmented across many different systems to maintain compliance and coordination. This isn't sustainable.

Our Solution - The Seen Orbit Platform: We've built a unified PACE operating system that demonstrates what's possible when technology serves care coordination rather than constraining it. See image below.

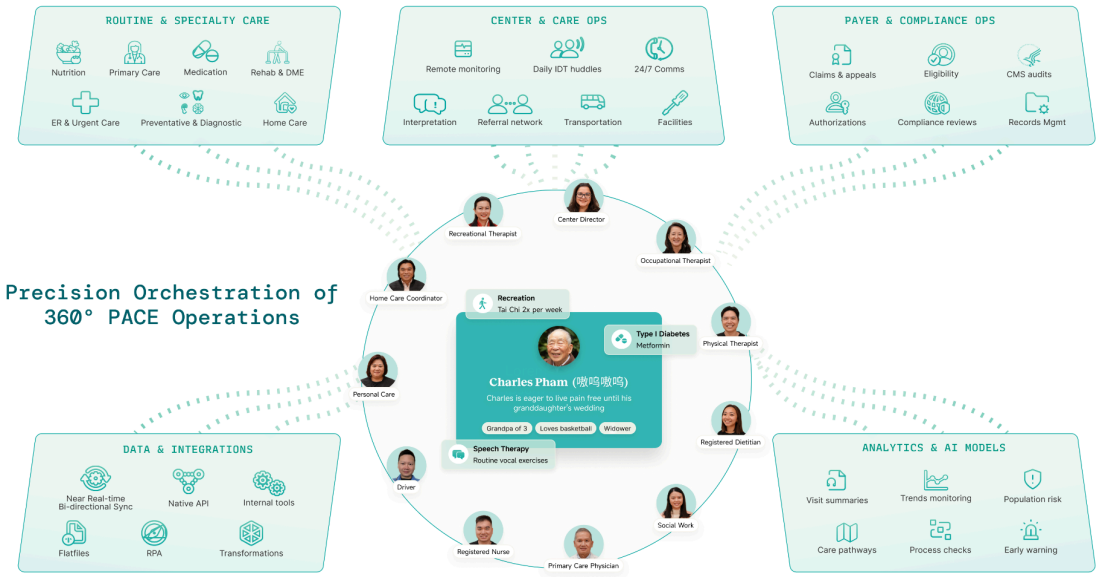
- **Single source of truth**: All stakeholders access the same data through role-appropriate views, see image below.
- **Integrated workflows**: Clinical documentation, task management, analytics, and communication in one platform
- **Analytics and Insights:** Predictive power to understand the drivers of risk and growth across cohorts
- **AI-powered efficiency**: LLM agents that draft care plans, extract information from faxed records, and translate documentation for multilingual families
- **Vendor-agnostic architecture**: Automations that can connect to any system, preventing vendor lock-in

Critical Policy Need - Data Access Rights: Despite having executed contracts and patient consent, vendors routinely block programmatic access to our own data through:

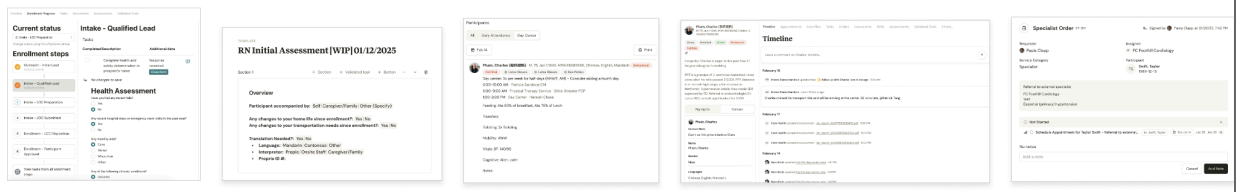
- Refusing to provide APIs ("not technically feasible")
- Charging excessive "integration fees" ($10,000+ for basic data exports)
- Claiming terms of service prohibit automated access

Recommendation: Strengthen information blocking rules to explicitly state: Healthcare organizations have an unconditional right to automated, programmatic access to their own operational data and their patients' clinical data (with appropriate consent). Vendor-imposed technical or contractual barriers constitute information blocking and should trigger enforcement action.

Seen Health is defining a new standard for integrated, collaborative care.

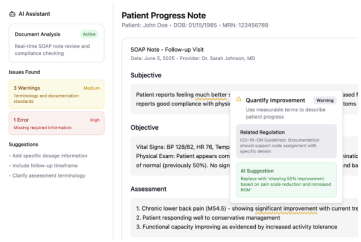


Seen Health's workflows reflect thousands of input data points that map to each step of the participant journey.



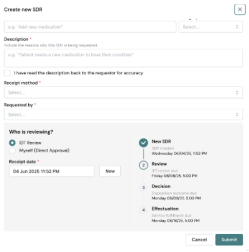
Seen Health is enabling intelligent and efficient compliance.

Real-time Chart Review



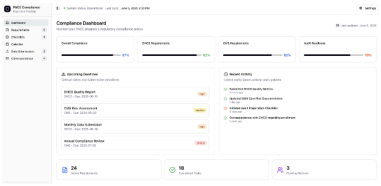
AI-powered assistant that continuously reviews documentation and flags risks before audits find them

Integrated Guidance



Build regulations and SOPs directly into daily workflows, providing real-time guidance instead of relying on training

Automated Reporting



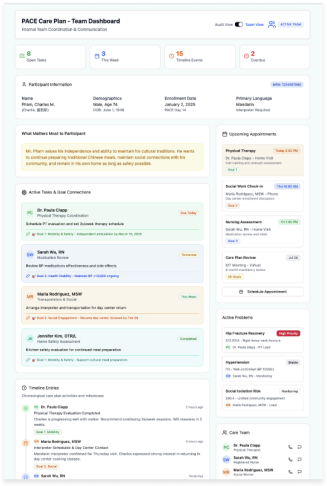
Automate revenue cycle workflows while AI monitors for risks and opportunities in real-time

SEEN HEALTH

Seen Health can generate alternate EHR views tailored to distinct audiences.

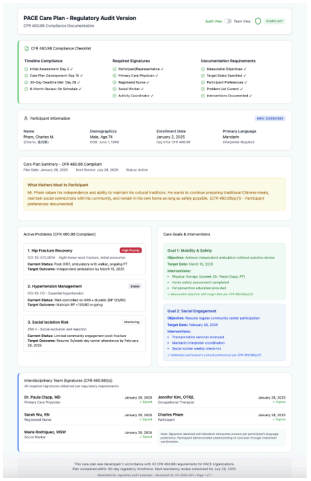
Internal Care Team view

Internal team view that drivers collaboration and coordination



Auditor Compliance view

Build regulations directly into reports designed for efficient auditing



Participant-facing view

Participant view that is language and health literacy-appropriate

The Path Forward

Small providers are the backbone of innovative care delivery to underserved communities—from PACE programs serving complex elders to rural clinics reaching underserved communities. Yet current health IT infrastructure systematically disadvantages us through:

- Unaffordable data exchange fees
- Redundant quality reporting burdens
- Vendor practices that trap our own data

CMS has the opportunity to level the playing field. By implementing tiered HIE pricing, open-source quality measures, and stronger data rights enforcement, you can unlock innovation from thousands of small providers who know their communities best but lack the resources to fight technical battles.

We're building the future of culturally competent, technology-enabled senior care. Help us focus on care, not compliance.