



June 16, 2025

Stephanie Carlton  
Deputy Administrator  
Centers for Medicare & Medicaid Services

Steven Posnack  
Acting Assistant Secretary for Technology Policy  
Acting National Coordinator for Health IT  
U.S. Department of Health and Human Services

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

Dear Deputy Administrator Carlton and Acting Assistant Secretary Posnack:

Thank you for the opportunity to provide comments in response to the Request for Information (RFI) on the Health Technology Ecosystem.

Enable Health is a healthcare consulting company focused on improving quality, efficiency, and financial results for accountable care organizations (ACOs) utilizing strategic alignments with healthcare technology companies. As CEO of Enable Health, I have more than thirty-five years of healthcare management experience with hospitals, payors, and accountable care organizations. Before starting Enable Health, I spent a decade helping build, manage, and lead Triad HealthCare Network (THN) the accountable care organization associated with Cone Health in Greensboro, North Carolina. THN participated in CMS's Next Generation ACO Program from 2016 until 2022 and was one of the top performing ACO's nationally in terms of shared savings and quality performance. THN's success can be attributed to multiple factors. To name a few, strong physician and administrative leadership, a care management team including pharmacists, a robust quality and risk coding educational team, and smart use of technology including a technology platform that provided near real-time clinical data at the point of care. The Point of Care Report (POC) was created by the aggregation of clinical data from more than 54 disparate EMR versions. It is through this lens and prior experience that I offer my consulting services to other ACOs.

Throughout my career, I have searched for innovative ways to make healthcare more efficient and better for all parties. I am still amazed that the airline and banking industries have better real-time information than healthcare. I am happy to share the insights I've learned with CMS.

I applaud the administration's focus on reducing undue burden and willingness to understand the issues associated with the health technology ecosystem through this RFI to move our healthcare system forward. Americans deserve a healthcare system that enables better outcomes and experiences, better data flow and transparency, and lower costs for all.

Enable Health's responses to specific questions of the RFI are below.



## **Responses to RFI Questions**

### ***1. Digital Health Adoption***

***VB-1. What incentives could encourage APMs such as accountable care organizations (ACOs) or participants in Medicare Shared Savings Program (MSSP) to leverage digital health management and care navigation products more often and more effectively with their patients? What are the current obstacles preventing broader digital product adoption for patients in ACOs?***

Participants should receive financial incentives to utilize staff and technologies that reduce duplication of services, lower ER visits, reduce readmissions, and improve clinical quality outcomes. At THN, investments in the necessary staff and technology were achievable because of a collaborative health system and savings achieved in full-risk contracts for Medicare, Medicare Advantage, and some commercial agreements.

Additionally, the advanced APM bonus allowed us to garner the interest and involvement of our specialists.

Newer ACOs and smaller, independent, or rural practices don't have the resources to support adoption of the necessary tools. CMS should find ways to offer financial support either through infrastructure payments or interim prepayments of shared savings.

***VB-2. How can key themes and technologies such as artificial intelligence, population health analytics, risk stratification, care coordination, usability, quality measurement, and patient engagement be better integrated into APM requirements?***

"Every system is perfectly designed to get the results it gets," a quote by Paul Batalden. CMS needs to align the incentives with the results it wants to achieve. This starts with standardization of data reporting and mapping. It took THN and KPN Health many years to build the robust data center necessary to support the Point of Care Report due to lack of standardization of data and EMR vendors unwilling or unable to share the necessary data. This was especially true with cloud based EMRs.

The healthcare system's historical focus on claims data is a disservice to patients and our healthcare spend. Artificial intelligence and risk stratification should be used on real-time clinical data to be pro-active and preventative towards chronic disease and health care needs.

***VB-3. What are essential health IT capabilities for value-based care arrangements?***

To be successful in value-based care arrangements, essential health IT capabilities are accurate and timely patient rosters, real-time clinical data inclusive of pharmacy data at the Point of Care (THN has used KPN Health since 2012 and it is still in use today), timely claims data, real-time discharge and ER visit data (THN used Bamboo Health), real-time data from the post-acute space, and more frequent performance data from CMS versus quarterly or annually.



Aggregation of all the data fields listed above is required to build a highly accurate data center capable of producing a longitudinal patient profile for the ACO. THN, working with KPN Health, was successful in building a customized data center and highly accurate Point of Care Report that contributed to THN's success in becoming #1 in the nation for quality performance in the Next Generation ACO model in 2019.

For entities taking on full-risk, it is important to have a referral management platform so that providers know which providers are in-network and thus can manage where their patients go better. The feedback loop of knowing whether their patients were seen is also critically important. (THN has used Proficient Health for this service)

Additionally, providing an annual wellness visit (AWV) to as many Medicare patients as possible is another key driver of success to better manage patients and their chronic conditions. CMS should encourage the use of technologies like SnapAWV that are designed to automate and streamline the annual wellness visit process.

Lastly, patients with mental health issues typically have medical costs that are twice as high as those who do not. Utilization of companies like April Health that offer turnkey solutions to support primary care physicians with counseling and psychiatry services through telemedicine are increasingly important. Especially given the shortages in mental health providers.

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

Essential data types are the following: clinical data, pharmacy data, claims data, ADT feeds, and post-acute/skilled nursing facility (SNF) data. Historical costs and utilization data as well as risk adjustment data for the population are necessary as well.

***2. Compliance and Certification***

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

As a member of Accountable for Health, I agree with their response to this question. To summarize, current certification criteria and standards provide a good platform for providers to collect data but are limited in their utility to share data in a meaningful way.

ACOs with providers on disparate systems must rely on data aggregators who work directly with EMR vendors to build data extracts, which can cost anywhere from \$5,000 to \$45,000. "On top of this cost, practices participating in the ACO must pay maintenance fees on an annual basis to keep extracts flowing, which can be a significant hurdle for small and independent practices. ACOs also regularly face challenges when validating the data from EHRs to ensure accuracy by validating data against the primary source. Practices utilizing regulated FHIR APIs such as USCDI core see a



reduced, if not zero, cost for use. APIs outside of those that are regulated are charged for services, which can be costly at scale. This underscores the importance of regulated APIs to reduce burden to the entire ecosystem.”

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

I also agree with Accountable for Health on this answer. “CMS should move beyond the focus on CEHRT. Current CEHRT requirements, combined with quality reporting requirements in MIPS and MSSP, are burdensome and unnecessary.”

One of the greatest incentives and benefits for providers to join an Advanced Alternative Payment Model, particularly for specialists, was that they did not have to participate in MIPS.

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

CMS should attempt to eliminate all unnecessary administrative burdens and regulations for APM organizations. To the extent possible, CMS should offer financial incentives for innovative technologies that improve and enhance the delivery of healthcare.

***3. Technical Standards***

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

In my experience, some of the major EHR vendors and some of the cloud-based EHR vendors have made data integration difficult.

***VB-12. What technology standardization would preserve program-specific flexibility while promoting innovation in APM technology implementation? AND VB-13. What improvements to existing criteria and standards would better support value-based care capabilities while reducing provider burden?***

I agree with Accountable for Health’s response to this question. “Greater adoption of interoperability standards like FHIR would bring significant benefits to healthcare by enabling seamless, secure data exchange between disparate systems and organizations. With standardized data formats and protocols, healthcare providers could access complete and up-to-date patient information regardless of which EHR system is used, reducing errors and improving care coordination. Patients would benefit from a smoother experience, as their medical history could follow them effortlessly between doctors, specialists, and hospitals, empowering them to be more engaged in their own care. Additionally, standardized interoperability paves the way for innovative healthcare technologies, data analytics, and population health initiatives, ultimately leading to



better patient outcomes, increased efficiency, reduced provider burden, and lower costs across the healthcare system.”

***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?***

I agree with Accountable for Health’s response to this question. “A nationwide provider directory of FHIR endpoints would be very useful to accountable care entities. Accountable for Health members currently spend significant time and resources mapping providers and specialties to ensure that they are managing their patients’ care throughout their care journey. A nationwide provider director would allow access to the right data for the right entity, at the right time; reduce time to market; improve patient quality of care; and create an ecosystem for the next generation of health care technology.

This ready access would enable faster and more accurate retrieval of patients’ medical histories and insurance records, which is crucial for care coordination, transitions of care, and minimizing duplicate tests or procedures. Additionally, clarity about where claims data resides—and how to access it through FHIR APIs—would support more effective analytics, eligibility verification, and value-based care initiatives.”

## **Conclusion**

Enable Health appreciates the opportunity to provide comments on the Health Technology Ecosystem. If you have any questions about my comments or need additional information, please do not hesitate to contact me at [Elissa.Langley@outlook.com](mailto:Elissa.Langley@outlook.com).

Sincerely,

A handwritten signature in black ink that reads "Elissa Langley". The script is fluid and cursive, with the first name and last name clearly distinguishable.

Elissa Langley  
Chief Executive Officer  
Enable Health