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RE: Request for Information; Health Technology Ecosystem

Parachute Health appreciates the opportunity to submit comments to the CMS Request for Information on advancing the digital healthcare ecosystem. We strongly support CMS's goals to reduce administrative burden, expand secure data access, and accelerate the transition toward patient-centered, value-based care.

Parachute Health has been solving these challenges for nearly a decade—since 2015—and has supported over 10 million patients across every U.S. state through our digital ordering and care coordination platform. Our technology connects ~300k prescribers and thousands of suppliers in a shared digital infrastructure that replaces fax- and phone-based workflows with real-time, interoperable coordination. Today, we power the transition from prescription to delivery across the complex ecosystem of prescribers, suppliers, and payors in the DMEPOS and post-acute space.

Parachute Health is committed to being a neutral, enabling platform that partners with CMS, providers, suppliers, and payors to build a more transparent and efficient healthcare system—starting where the paperwork burden is highest and the patient need is most urgent.

Sincerely,

Parachute Health

General Commentary

Parachute Health is a digital ordering and communication platform serving the DMEPOS industry. In this role, we support the complex workflow needs of our customers to significantly reduce administrative burden, provide transaction transparency between parties and accelerate speed-to-care/recovery for patients. We are proud of our close working relationship with so many prescribers, suppliers and payors across the DMEPOS ecosystem.

Our responses and recommendations focus on practical, near-term policy levers that will expand digital adoption—especially for under-digitized, high-friction areas like DME and home-based care. We advocate for solutions that are both scalable and equitable, supporting a more connected system that empowers patients, reduces waste, and accelerates timely care.

In that spirit, our feedback emphasizes:

- A focus on reducing administrative burden through end-to-end digital workflows
- Encouraging real-world interoperability across fragmented systems
- Avoiding overly narrow or prescriptive requirements that ignore the complexity of multi-actor workflows

The DMEPOS industry has made progress in transitioning from antiquated fax/scanning processes to digital ordering platforms, but large numbers of organizations must still make this transition. Parachute Health, in partnership with the prescriber, supplier and payor communities, can drive forward our common vision of a more effective and efficient healthcare ecosystem.

Selected Responses

TD-1. What short term and longer-term steps can CMS take to stimulate developer interest in digital health?

We have seen clear momentum: large enterprises are beginning to adopt FHIR, but small and mid-sized providers and suppliers often lack the technical and financial resources to meet the 2027 compliance deadline with the *CMS Interoperability and Prior Authorization* final rule (CMS-0057). This threatens to widen inequities and stall real-world adoption.

Short Term Recommendation: Implement a 2-year Safe Harbor for digital DMEPOS orders that:

- Fully meet CMS documentation and prior authorization requirements digitally

- Are stored in an accessible, HIPAA-compliant order repository

Orders meeting these criteria would be exempt from near-term FHIR transmission and EHR write-back mandates, enabling CMS to reward fax-to-digital adoption while still pushing for long-term FHIR alignment.

Long-term: The ecosystem is already advancing through innovation and voluntary standards development. CMS's role should focus on smoothing the path for transition, not creating additional mandates.

TD-2a. What additional CMS data would stimulate developer interest?

Access to end-to-end prior authorization data, including structured clinical content and status history, would meaningfully accelerate innovation across prescribers, payors, and suppliers. Making this available via API is key to enabling real-time care delivery coordination.

TD-4. How can CMS encourage open, standards-based APIs?

Parachute Health supports open APIs, but they must reflect full care workflows. Too often, APIs are built around a single actor's needs (e.g., payor or EMR) without supporting complete order-to-delivery transactions.

CMS should require APIs that:

- Span full DMEPOS lifecycles, including renewals and audits
- Connect all stakeholders: prescriber, supplier, payor, patient
- Avoid piecemeal certifications that don't enable real-world coordination workflows
- Involve guardrails to ensure interoperability and flexibility to accommodate different real-world scenarios

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TD-5. National FHIR Endpoint Directory

The scalable solution is to mandate that all systems of record (EMRs, supplier ERPs, payor platforms) expose secure, standards-based endpoints without complex custom contracts. The financial services sector has achieved this with sensitive data; healthcare should too.

TD-6. What unique interoperability functions does TEFCA perform?

After 10 years of supporting digital coordination in post-acute care, we have not seen TEFCA materially improve interoperability for DME workflows. Its centralized architecture often pulls clinicians out of native workflows, adding burden.

Small or under-resourced EHR vendors may require economic incentive or government subsidy to adopt TEFCA, and care should be given to not disrupt clinician workflows in the process. CMS should focus investments on workflow-embedded interoperability.

TD-7d. Should CMS embrace less structured data formats to improve coverage?

Yes, CMS should embrace less structured data format to improve coverage. But more importantly, CMS should focus on building holistic, workflow-based solutions that reduce cost and streamline coordination across all actors.

The challenge isn’t simply "access to data" — it's building infrastructure where systems of record can communicate, so every stakeholder can answer key questions:

- What will help the patient recover?
- What should I cover and reimburse?
- Can I deliver the care/product/service?
- Has the patient received and benefited from care?

Solving for these requires interoperable workflows, not just more granular data formats. Getting too prescriptive on data elements distracts from the real barrier: disconnected processes.

TD-8. Most effective certification criteria

Parachute recommends ONC require EMRs to maintain a minimum number of active data-sharing partners to qualify as certified. Real-world connectivity should be a certification outcome, not just a checkbox.

TD-9a. Why certification should prioritize APIs over software features

APIs power:

- Modular, real-time data exchange (e.g., clinician ↔ supplier ↔ payor)
- Lower integration costs
- Niche innovation from vendors addressing complex workflow/documentation requirements
- Streamlined patient experience
- AI-driven automation (e.g., smart documentation and eligibility checks)

To consider: an argument can be made that software solutions addressing multi-party workflows among prescribers, suppliers, payors and patients may be more effective than point-solution APIs.

TD-9c. How ONC should revise certification

- Mandate API access to discrete, unstructured, and faxed documents
- Extend FHIR to support document references and event-based alerts
- Test for completeness, not just existence
- Encourage FHIR Subscriptions for prior auth or status updates

TD-9d. Policy changes to drive provider API participation

- Tie provider responsiveness to quality scores (e.g., MIPS/APM)
- Include API participation in compliance attestations
- Offer bonus payments for API-driven DME submissions
- Clarify HIPAA TPO applicability to certified intermediaries

TD-9e. Bulk FHIR for quality reporting

Bulk FHIR can automate extraction of population-level quality metrics, such as:

- % of patients receiving timely post-discharge DME
- % of respiratory patients with confirmed oxygen therapy delivery

Concerns**:** Data security, governance, and system load must be addressed.