Public Comment

Department of Health and Human Services, Centers for Medicare & Medicaid Services

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PC-1. What health management or care navigation apps would help you understand and manage your (or your loved ones) health needs, as well as the actions you should take?

a. What are the top things you would like to be able to do for your or your loved ones' health that can be enabled by digital health products?

Both EPIC and **Practice Fusion** have been the medical records system; recently EPIC EHR systems in June 2025 has allowed consumers to link to connect to other health providers' systems.

b. If you had a personal assistant to support your health needs, what are the top things you would ask them to help with? In your response, please consider tasks that could be supported or facilitated by software solutions in the future.

- See price estimation before booking an appt
- Have an online appt book available
- Can Check in and review previous medical history and ask Qs before the visit
- Receive an itemized bill immediately after each visit
- Understand liability to pay the bill
- Love to see independent lab tests, and image center data and price estimators to be integrated to the EHR system, and replace any other additional paper forms or faxes.

PC-2. Do you have easy access to your own and all your loved ones' health information in one location (for example, in a single patient portal or another software system)?

a If so, what are some examples of benefits it has provided? Somewhat, it makes it very easy to track previous medical history for follow up visits, including preventative, medication and lab results refer to *PC-1 a and b.*

b. If not, in what contexts or for what workflows would it be most valuable to use one portal or system to access all such health information?

Set IT protocol and operational standards and SOPs including change requests and notifications before a change is to take place, to allow data exchange with permission and protect data safety and security and integrity and privacy, follow 21 CFR 11 as a good standard; and prevent notification after data exposure.

c. Were there particular data types, such as x-rays or specific test results, that were unavailable? What are the obstacles to accessing your own or your loved ones' complete health information electronically and using it for managing health conditions or finding the best care (for example, limitations in functionality, user friendliness, or access to basic technology infrastructure)?

Lab results, imaging, itemized bill; Medical procedure pricing and Medication pricing are not available currently.

Medical Record offices from Large Hospital systems seem to have different understanding on itemized bill and balance due, and follow HIPAA.

Obtaining medical Records to support continuous care has been more difficult than pulling teeth; and lack of understanding and procedure across the board, from individual provider clinics, to dental offices, to hospital staff.

So the more clear SOPs, the better for everyone to be in compliance and know how to follow the process.

E.g. case 1, There have been cases that take more than 6 -months, and intensive conversations with hospital billing dept staff to obtain an itemized bill.

Case 2, Even today 06/16/2025, a dental office refused to provide me with a dental procedure fee for service, and the payment office staff is trying to tell me to listen to her explaining dental insurance and how it works?

PC-3. Are you aware of health management, care navigation, or personal health record apps that would be useful to Medicare beneficiaries and their caregivers?

Not currently - medicare cost page only offers cost for Medicare Insurance, this is the job of licensed and certified medicare brokers and agents profession job, we are hoping CMS designate this authority to be in alignment with State Department of Insurance to streamline the insurance process and have clear accountability, transparency and compliance.

PC-4. What features are missing from apps you use or that you are aware of today?

- many fitness and nutrition programs are not standardized;
- too many membership apps are overwhelming;
- lack of standards and integration to know if these daily activity and health data, e.g. heart rate, blood pressure, exercise, insulin-monitor, heart-rate -monitor (used 15 years ago)
- Other data collected are accurate and/or can be downloaded and integrated into the current EHR system, to help clinicians in early disease diagnosis and timely treatments?
- If these massive data have no quality standard or validation, e.g. the blood pressure reading

a. What apps should exist but do not yet? Why do you believe they do not exist yet?

Standardization and parameters to measure for reliability on health data, with repeatability per Good Manufacturing Process 21 CFR 820 and ISO 13485:2016 with integration to current ICD-10 code and SOPs will enhance the development process with long term quality standards

b. What set of workflows do you believe CMS is uniquely positioned to offer?

Set standards and SOPs as guidance

PC-5. What can CMS and its partners do to encourage patient and caregiver interest in these digital health products?

a. What role, if any, should CMS have in reviewing or approving digital health products on the basis of their efficacy, quality or impact or both on health outcomes (not approving in the sense of a coverage determination)? What criteria should be used if there is a review process? What technology solutions, policy changes, or program design changes can increase patient and caregiver adoption of digital health products (for example, enhancements to data access, reimbursement adjustments, or new beneficiary communications)?

1) Set long term policy standards with SOPs
2) Price transparency per ICD-10 and CPT/CDT standards
3) Hold frequent stakeholder and subject expert meetings to discuss the policy process in public meeting forum, and rotate committee members, e.g. FACA, MedPac members to hear other SMS inputs instead by appointees and venting on conflict interests and receiving pay as NGO?

b. What changes would enable timely access to high quality CMS and provider generated data on patients?

CSM is to continue scheduled public meetings sessions with progress update and project quarterly reviews to make timely adjustments accordingly

PC-6. What features are most important to make digital health products accessible and easy to use for Medicare beneficiaries and caregivers, particularly those with limited prior experience using digital tools and services?

Mobile Phone & Facebook Video and Broker outreach

PC-7. If CMS were to collect real-world data on digital health products' impact on health outcomes and related costs once they are released into the market, what would be the best means of doing so?

Use current standards, FDA NDA submission guidelines

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)?
1) Pre-Appt Notes and Estimate
2) Detailed Medical Notes

3) Itemized Bill per ICD and CPT codes
4) Explanation of Benefits (EOBs) provided by payer (carrier)

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

Medicare Advantage Rates and Statistic
https://www.cms.gov/medicare/payment/medicare-advantage-rates-statistics

2025 Exchange PUF Datasets https://www.cms.gov/marketplace/resources/data/public-use-files

NHE data https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data

Medical Lost Ratio Data on Plan Performance https://www.cms.gov/marketplace/resources/data/medical-loss-ratio-data-systems-resources

EBRI data https://www.ebri.org/publications/research-publications/issue-briefs

To see consumer premium, matching claim data to know if the health plans are performing according to CMS risk and rate factors - are they in alignment or behind using Medical Lost Ratio as 1 of standard measure , and the risk factors need to be in sync with population health risk, instead of following difference rules set forward by CMS for Medicare and Medicare Advantage more toward providers fee for service, then 2nd set of Rule set by CCIIO team for Individual and Marketplace populations more towards the subsidized premiums, and Dept of Labor sets 3nd set of Rules based on ERISA, too many different rules, without standardization on population risk, make plan design and payments difficult to measure and adjust.

Historical data per NHE is 2 years behind, the MLR is unbalanced, and resulted the premium is not affordable, providers are not happy on the payment from MA plans, and employers are seeking alternative (association, self-funded, or self-pay model) of plan, created medical debts for ~ 100 million American, who often are insured and/or underinsured.

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?

PC-12. What are the most valuable operational health data use cases for patients and caregivers that, if addressed, would create more efficient care navigation or eliminate barriers to competition among providers or both?

a. Examples may include the following:
(1) Binding cost estimates for pre-defined periods
- Yes for 12 months per insurance plan year

(2) Viewing provider schedule availability.
Yes, some offices have auto scheduling; some don't, and the current EPIC system does

NOT grant select or add providers or view providers schedule even as the current patients? Most Apps are done by Phone?

Practice Fusion - has appt reminder, checking in and SMS and email communication - these features are better than **EPIC System**

(3) Using third-party apps for appointment management.
No because it will create more step for data transfer and reminder - trade off the data and time

(4) Accessing patient-facing quality metric
(5) Finding the right provider for specific healthcare needs
- Yes per PC-12 items 1and 2

b. What use cases are possible today?
Per PC12 Item 2

c. What should be possible in the near future?
Providers and schedule can be sync and become available

d. What would be very valuable but may be very hard to achieve?

PC-13. How can CMS encourage patients and caregivers to submit information blocking complaints to ASTP/ONC's Information Blocking Portal? What would be the impact? Would increasing reporting of complaints advance or negatively impact data exchange?

Patients and caregivers must allow to have a 3rd party channel to communicate, providers need to welcome 2nd medical option to validate the diagnosis, and rule out any medical errors and mis-diagnosis, e.g. personal experience for being mis-diagnosed with cancer by 2 well-known Hospitals providers, with many unnecessary tests, until the 3rd independent option with the corrected medical diagnosis. However the previous misdiagnosis is documented in the MRB report, which is impacting my ability to secure cancer and Life and Long Term Care Insurance.

Plus sometime, if an issue can not be resolved after lengthen conversation (3 months or longer), without cooperation, most like from the billing office of providers, it is truly cause for concerns, which need CMS intervention to find resolution, per plan benefits documents and Explanation of Benefits, provided by Payers and/or Medicare.

PC-14. Regarding digital identity credentials (for example, CLEAR, Login.gov, ID.me, other NIST 800-63-3 IAL2/AAL2 credentialing service providers (CSP)):

a. What are the challenges today in getting patients/caregivers to sign up and use digital identity credentials?

If a consumer has no new phone devices or computer and internet access?

b. What could be the benefits to patients/caregivers if digital identity credentials were more widely used?

Allow Brokers and Agents who are licensed professionals with CMS certification to assist with NPN number

c. What are the potential downsides?

Data security and prevent cyber attack
CMS stated that 946,801 current people with Medicare MID was exposed by Wisconsin Physicians Service Insurance Corporation (WPS)
https://www.cms.gov/newsroom/press-releases/cms-notifies-individuals-potentially-impacted-data-breach

d. How would encouraging the use of CSPs improve access to health information?

e. What role should CMS/payers, providers, and app developers have in driving adoption?

Assign Brokers/Agents who are licensed professionals; and allow providers as medical providers team to encourage EHR access, and encourage Plan providers to encourage members to access plan specific information to encourage engagement.

f. How can CMS encourage patients to get digital identity credentials?
Patients are getting so many online info, and overwhelmed by spams, so distributing digital access vs creditable source will have better engagement.

TD-19. Regarding price transparency implementation:

a. What are current shortcomings in content, format, delivery, and timeliness?
Too slow for provider to provide itemized bill

b. Which workflows would benefit most from functional price transparency?
Currently Explanation of Benefits are sent to patients after each claim from Payer side

c. What improvements would be most valuable for patients, providers, or payers, including CMS?

- Set timeline for providers to provide itemized bill after each visit
- Set timeline for providers to disclose price for treatment based on ICD-10 and CPT/CDT code
- Allow Systems to integrate on pricing
- CMS is to disclose annual plan rates and claim data in detail into the NHE data for government funded plans, ACA and MA and Medicaid plans
- Set Premium Standards on Risk Adjustments based on Medical Loss Ration, Inflation on Medicare Cost increase, and other parameters

d. What would further motivate solution development?

Think outside the box ideas -

- When consumers apply ACA marketplace insurance, allow brokers.agents to assist consumers and assign each consumer with a unique Medicare ID like ACA ID linked to SS#, this unique ID will follow the same consumer during the healthcare journey, eventually transition into Medicare
- Place ACA enrollees through Medicare Eligibility Income verification system to directly linked to IRS system and relieve the burden of self-reporting and prevent income underclare, and prevent overloading Medicaid Enrollment system
- Avoid current healthcare. Gov generating multiple FFM IDs and prevent FWA because the current HC.gov system has no data depository capability, or health plan tracking - to know the subsidy investment by the gov