Reveleer Comments for CMS Request for Information: Health Technology Ecosystem (CMS-0042-NC)

To: Centers for Medicare & Medicaid Services (CMS), Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC)
From: Reveleer
Date: June 16, 2025
Subject: Response to Request for Information; Health Technology Ecosystem (CMS-0042-NC)

Introduction

As the leading value-based care (VBC) enablement platform, Reveleer unifies retrieval, clinical intelligence, risk adjustment, quality improvement, and member management into a single, AI-powered system. Our experience working with health plans and provider organizations nationwide gives us a unique perspective on the challenges and opportunities in advancing health data interoperability, digital health innovation, and value-based care transformation.

Executive Summary

Reveleer commends the Centers for Medicare & Medicaid Services (CMS) for its ongoing leadership in advancing a digital health ecosystem that empowers patients, providers, and payers to achieve better outcomes through value-based care. As a pioneering value-based care enablement platform, Reveleer's unified, AI-powered system is purpose-built to address the persistent challenges of fragmented data, inefficient workflows, and limited interoperability across the healthcare landscape.

Our Recommendation to CMS

Mandate and incentivize open, standards-based APIs to provide comprehensive, real-time access to all permissible structured, semi-structured, and unstructured patient data across the healthcare continuum. Data is the fuel that powers modern information technology. Aligning all participants to transmit and receive clean, accurate data will ensure that the patient and member can feel confident that their experience with healthcare is accurate, personalized, and dependable—regardless of which part of the ecosystem they engage with to seek the care or clarity they need. Establishing a solid foundation of data for all parties will allow stakeholders to adopt value-based care models more effectively and quantifiably. This alignment will also facilitate the optimization or elimination of administrative processes, expedite the integration of advanced digital health and healthcare technology solutions, and enhance the quality of care for patients and members within the US healthcare system.

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Key Points Supporting Our Recommendation

Unified Data Access

Patients, providers, and VBC organizations need to be able to access and contribute to a single, longitudinal view of health data including claims, clinical, and operational data to effectively serve the health care user with the most accurate and reliable guidance. Currently, data silos and inconsistent API standards create inefficiencies at scale as stakeholders seek to bring accurate information to the right stage in the healthcare workflow that ultimately hinders value-based care delivery and outcomes.

AI-Driven Insights and Automation

Reveleer's platform demonstrates how OCR, NLP, Data Science and advanced AI solutions including GenAI can extract actionable intelligence from both structured and unstructured data, dramatically improving coding accuracy, gap closure, and workflow efficiency. Deployed at various stages in the VBC continuum, AI can be used to predict care to guide high value patient interactions at the point of care and be used to accurately and automatically verify the care received to ensure the most appropriate reimbursement. While we have proven and continue to advance these capabilities through an ever-modernizing AI landscape, broadly available standardized data access would be a massive accelerant for these capabilities as it would significantly reduce hallucinations and errors that emerge from conflict.

Reducing Administrative Burden from Providers and Payers

There are several inefficiencies that create work and abrasion for payers and providers alike in the value-based care world. Automating data acquisition, retrieval, and reconciliation through standard pipelines while embedding clinical quality APIs into existing EHR workflows can reduce manual effort and administrative overhead, freeing teams to focus on patient care and key outcomes. Many leading health plans and providers today use Reveleer's state-of-the-art data acquisition technology, chart retrieval, and reconciliation processes to ensure the right and most accurate data is captured to support these workflows.

Enabling Patient-Centric Innovation

At the end of the day, healthcare is about making sure people can be as healthy as possible in an economically viable healthcare system. Open, standardized APIs will foster a vibrant ecosystem of digital health products that empower patients and caregivers with timely, holistic access to their health information, supporting informed decision-making and improved health management.

Strengthening Compliance and Transparency

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Standardized, API-driven data exchange ensures regulatory compliance, supports accurate reimbursement, and builds trust through transparent, auditable processes.

Suggested Actionable Steps for CMS

- Require all certified health IT products to support comprehensive, FHIR-based APIs — including whole-chart and unstructured data access.
- Incentivize adoption of open standards by linking them to reimbursement, certification, and quality program participation.
- Strengthen enforcement against information blocking by clarifying and tightening requirements for API responsiveness, data completeness, and usability.

By prioritizing open, comprehensive data access and interoperability, CMS will lay the groundwork for a truly patient-centric, efficient, and innovative healthcare system — one that delivers on the promise of value-based care for all Medicare beneficiaries.

Following are our specific responses and recommendations, keyed to the questions in the RFI.

Regarding Section B: Patients and Caregivers

PC-5 Patient Needs & PC-8: Patient Data Access and Integration

Challenges

Patients and caregivers face persistent barriers to accessing comprehensive health information in a single location for both in and out of network care. Data silos, lack of interoperability, and limited API functionality often mean authorized third-party applications cannot access timely or complete data. As a result, the healthcare consumer loses confidence in the information and either backs away from care or continues to lean on the provider adding to the ongoing administrative burden.

Reveleer's Approach

Our platform's Patient Index aggregates structured and unstructured data from EHRs, HIEs, and other sources, providing a longitudinal, unified patient record. This enables a holistic view for both patients and their care teams, supporting better care navigation and management. As an enriched data source that compiles and organizes patient information on behalf of our customers, we can increase the information quality guiding patient interactions—which in turn closes care gaps and creates healthier patients.

Recommendation

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We recommend that CMS prioritize open, standards-based API access to all permissible data elements, which will accelerate the adoption of platforms that consolidate claims, clinical, and operational data. By doing so, efforts to capture and present the right information to those who care for patients or, ultimately to the patient themselves, will be more efficient and more accurate.

Regarding Section C: Providers

Digital Health Apps

PR-3: Accessibility of All Data Formats

Challenge

Providers face significant obstacles in achieving full interoperability because much of the critical patient information in EHR systems exists in unstructured formats — such as scanned documents, faxed records, and free-text notes —that are not easily accessible or exchangeable via current APIs. This limitation impedes comprehensive data sharing, delays care, and results in incomplete longitudinal patient records, especially for value-based care organizations which rely on holistic data for accurate risk adjustment and quality measurement.

Solution

Reveleer's platform addresses this challenge by leveraging advanced AI and NLP technologies to extract and normalize data from both structured and unstructured sources, making the entire patient record—regardless of format—available for clinical workflows and analytics. This approach enables providers to access a unified, longitudinal view of patient data, supports proactive care management, and streamlines risk adjustment and quality reporting processes.

Recommendation

CMS should elevate the priority of making all EHR data — structured and unstructured— accessible for exchange via standardized APIs. This policy shift would require certified health IT products to support comprehensive data availability, moving beyond limited structured data sets to include all relevant formats. By doing so, CMS will foster true interoperability, reduce administrative burden, and enable providers and value-based care organizations to deliver higher quality, more efficient care.

PR-6. Is TEFCA advancing provider access to health information?

TEFCA facilitates access to partial clinical data for traditional Medicare patients, but fails to support ACOs and VBC entities, which bear financial risk for clinical outcomes. VBC is an anchored partnership for Payers, Providers, and Enablers.

Recommendation

- Explicitly recognize ACOs, IPAs, and similar entities as “treatment actors” under TEFCA to enable care coordination and risk-sharing workflows.
- Mandate FHIR-native APIs for bulk data transactions to replace outdated IHE-based architectures.

Alternatives

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Providers currently rely on fragmented private networks that lack both scalability and governance. For example, the highly administrative DOA (Data Use and Access) process often leads to treatment disruptions. In the case of 1.2 million ACO lives, completing the DOA application process for approximately 1,500 providers — many of whom practice in rural America — would take more than 15 months. These providers are heavily dependent on the clinical data we share today, as their EHR systems do not fully address their data needs.

PR-7: Supporting Providers in Data Availability

Challenge

Providers face significant administrative burden due to fragmented workflows, redundant data entry, and manual processes for data exchange (e.g., faxes, phone calls). These inefficiencies hinder timely access to comprehensive patient data, delay care coordination, and create compliance risks in VBC models.

Solution

Reveleer’s platform addresses these challenges through:

Automated Data Acquisition:

- Aggregates structured and unstructured data from EHRs, HIEs, and external sources (e.g., labs, specialists) into a unified patient record, reducing manual chart retrieval.
- Leverages AI/NLP to extract clinical concepts from unstructured data including notes and scanned documents, making them actionable for risk adjustment and quality reporting.

Workflow Integration:

- Embeds clinical insights for risk and quality directly into certified EHR workflows (e.g., Epic, Athena) to surface gaps in care, suspected diagnoses, and documentation opportunities at the point of care.

- Reduced Reporting Burden: Reuses data flows already required for risk adjustment (e.g., HCC coding) to satisfy quality measurement (e.g., HEDIS) and VBC program requirements, eliminating redundant processes.

Recommendation:

To further reduce provider burden and improve data availability, CMS should:

- Mandate FHIR-Native Workflows:
  - Require certified EHRs to support FHIR-based APIs for real-time data exchange, including unstructured data, and prioritize SMART on FHIR for clinical decision support.

- Link Incentives to Interoperability:
  - Tie Medicare Advantage Star Ratings, ACO shared savings, and Merit-Based Incentive Payment System (MIPS) bonuses to the adoption of API-driven documentation and data-sharing practices.

- Simplify Reporting Through Standardization:
  - Adopt Newline-delimited JSON (NDJSON) for FHIR bulk data exports and require EHR vendors to implement standardized clinical quality measure (CQM) reporting modules, reducing customization efforts for providers.

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- Enhance Technical Assistance:
  - Fund CMS-led training programs for providers on API-enabled workflows and AI/ML tools, with a focus on rural and resource-constrained practices.

Regarding Section D: Payers

PA-1. Policy/technical limitations of TEFCA

Limitations

- Fragmented governance and redundant exchange frameworks increase participation costs without adding value.

- Intensive administrative process for vetting and delegation of authority.

- Technical barriers persist due to inconsistent FHIR adoption and lack of support for unstructured data.

Recommendation

- Consolidate TEFCA with existing networks (e.g., Carequality) under federated governance.
- Require QHINs to support HL7 FHIR and bulk data export for population health management.

Regarding Section E: Technology Vendors, Data Providers, and Networks

TD-1 & TD-4: Stimulating Developer Interest and Open Standards

Barriers

Inconsistent data formats, proprietary APIs, and fragmented access models hinder developer innovation and the creation of patient and provider-facing digital health products.

Reveleer's Perspective

We support CMS efforts to standardize API requirements, prioritize HL7 FHIR and SMART on FHIR, and encourage open-source reference implementations to lower barriers for developers and accelerate innovation.

Recommendation

CMS should tie certification and reimbursement incentives to the use of open, standards-based APIs and support the creation of a national FHIR endpoint directory.

TD-6. TEFCA's unique interoperability functions

- **Strengths:** TEFCA provides trusted governance for cross-network data exchange, replacing bilateral agreements with scalable rules-based participation.
- **Redundancies:** Overlap with Carequality and proprietary networks creates confusion. CMS should harmonize standards and sunset redundant frameworks.

TD-9c, TD-10, TD-13: API Certification and Full EHI Access

Recommendation

- API Certification: Certification criteria should require APIs to support access to all data elements in a patient's chart, including unstructured and scanned records, not just USCDI elements.
- Without Special Effort: APIs must be straightforward to use, well-documented, and free from restrictive contractual or financial barriers. Current "special effort" requirements are often not met in practice.

- Full EHI Access: APIs providing access to the entirety of a patient's EHI will enable longitudinal analytics and better clinical decision support. CMS should acknowledge USCDI's limitations and prioritize pathways to comprehensive data access.

TD-11: Standardized EHI Export

Recommendation

CMS should require standardized API-based EHI export capabilities, using computable formats such as NDJSON for FHIR bulk export, to ensure consistency and usability across certified vendors.

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TD-14. Networks' use of FHIR APIs

Recommendation

- Mandate FHIR API adoption for all TEFCA participants to ensure compatibility with modern analytics and AI tools, across all use cases.
- Support bulk FHIR exports (e.g., NDJSON) for large-scale data workflows like risk adjustment and quality reporting.

TD-18: Information Blocking

Observed Practices

Information blocking persists through denied API access, excessive fees, and non-standard data delivery (e.g., faxed PDFs in response to API requests).

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Recommendation

CMS and ONC should strengthen oversight, define enforceable standards for API responsiveness and data quality, and clarify that practices impeding timely, complete data exchange constitute information blocking.

Regarding Section F: Value-Based Care Organizations

VB-3 & VB-4: Essential Health IT Capabilities and Data Types

Challenge

VBC organizations face persistent barriers to digital transformation, including fragmented data sources, manual workflows, and inefficient quality and risk adjustment processes needed to ensure fair compensation and compliance. These challenges result in missed care gaps, delayed interventions, and increased administrative costs, ultimately hindering performance in value-based contracts.

Our Solution

Reveleer's unified, AI-powered platform directly addresses these pain points by:

- Aggregating and Normalizing Data: Reveleer integrates structured and unstructured data from EHRs, HIEs, and payer systems, creating a longitudinal patient record accessible across all VBC functions.
- AI-Driven Clinical Intelligence: The platform's native AI assistant, EVE, leverages NLP and machine learning to extract actionable insights from unstructured records, identify suspected diagnoses, and surface open care gaps at the point of care.
- Continuous Quality Improvement: By enabling year-round, prospective quality workflows, Reveleer customers have improved HEDIS scores and reduced manual abstraction time by 75%, shifting from reactive, seasonal reporting to proactive gap closure and audit readiness.
- Automated Member Management and Reconciliation: Centralized enrollment, premium billing, and revenue reconciliation workflows ensure accurate attribution and payment, reducing administrative burden and improving operational efficiency.

Specific Recommendations to CMS

- **Incentivize Adoption of Unified, AI-Driven Platforms for VBCs:** CMS should tie quality bonus payments, shared savings, and risk adjustment revenue to the use of certified platforms that demonstrate measurable improvements in data completeness, gap closure, and coding accuracy.
- **Require Comprehensive Data Integration (Structured & Unstructured):** Mandate that VBC platforms support ingestion and normalization of all relevant data types — including scanned documents, free-text notes, and external records— to enable accurate risk adjustment and quality measurement.
- **Promote Year-Round, Prospective Quality Workflows:** Encourage VBC organizations to move beyond compressed, seasonal HEDIS cycles by adopting platforms that enable continuous, real-time quality monitoring and gap closure. Customers using Reveleer's prospective quality solution have reduced end-of-year audit stress, and improved STAR ratings through real-time interventions.
- **Advance API-Driven Interoperability and Bulk Data Export:** Require FHIR-native APIs and bulk data capabilities for all certified VBC platforms, enabling seamless data exchange, analytics, and reporting. Standardizing NDJSON for FHIR bulk export will further reduce technical barriers and support scalable, multi-source data integration.
- **Compliance Support:** Reveleer's platform is designed to help organizations maintain compliance with CMS and ONC requirements, including HIPAA and the highest standards of cyber security through our HiTrust2 certification. Features such as post-visit and pre-claim review ensure claims are RADV compliant, while robust audit trails and documentation transparency support regulatory audits and reduce the risk of compliance-related penalties. This approach enables organizations to confidently meet evolving federal standards for data

interoperability, quality reporting, and risk adjustment while also limiting fraud, waste and abuse and safeguarding patient privacy and data integrity.

Conclusion

Reveleer is committed to advancing CMS's vision for a patient-centric, interoperable digital health ecosystem. Our platform demonstrates that with unified data acquisition, AI-powered analytics, and open, standards-based APIs. We believe the longstanding barriers to data access and workflow integration can be overcome. We encourage CMS to:

- Mandate and enforce open API standards for all certified health IT products.
- Incentivize the inclusion of unstructured and full EHI data in API exchanges
- Strengthen oversight and enforcement of information blocking practices.
- Promote the development and use of national provider and FHIR endpoint directories.

We welcome continued collaboration with CMS and ASTP/ONC to drive innovation and improve outcomes for Medicare beneficiaries and the broader healthcare system.

Sincerely,

Paul Burke,

Chief Product Officer, Reveleer

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