

Performant Healthcare Solutions Response to CMS RFI: Digital Health Ecosystem

I. PC–8a / PC–8b / PC–9 — Data Access and Integration

Relevant Questions: PC–8a. What health data is readily available and valuable to patients or their caregivers or both?

PC–8b. What data is valuable but hard for patients and caregivers, or app developers and other technical vendors, to access?

PC–9. Given that the Blue Button 2.0 API only includes basic patient demographic, Medicare coverage, and claims data, what additional CMS data sources do developers view as most valuable?

Specific opportunities to improve care through data access include:

- Encouraging CMS to centralize access to structured clinical data (e.g., lab results, discharge summaries) that can be securely queried by payers for program integrity purposes.
- Enhancing payer-provider collaboration to ensure accurate billing and reinvest savings into addressing social determinants of health.

Performant Healthcare Solutions (“Performant”) supports CMS’s commitment to improving patient data access and interoperability. As a leading healthcare payment integrity partner, we routinely work with fragmented datasets from multiple claims platforms and EHR systems. Our technology ingests, normalizes, and analyzes this disparate data to identify improper payments and promote accurate billing.

We have observed that while progress is being made in interoperability, significant gaps remain, particularly in enabling health plans to consistently access the underlying clinical records that support billed services. In our experience, claims data alone often lacks the context needed for validating accuracy or identifying trends in waste or abuse.

Improved access to clinical records - ideally via centralized, standards-based infrastructure, would strengthen collaboration between payers and providers, reduce erroneous cost-sharing charges to patients, and leave more funding available to address social determinants of health. Ultimately, this would enhance both financial stewardship and health outcomes.

We encourage CMS to continue advancing API capabilities beyond Blue Button 2.0 to

include more robust encounter-level and medical record data, which are critical to program integrity efforts and meaningful care navigation tools.

Additionally, CMS could expand its publication of de-identified claims data trends. Making such datasets more widely available would empower patients to benchmark their own care journeys against national averages. It would also enable approved researchers, vendors, and health plans to identify meaningful relationships between health outcomes and claims cost. Broader access to this type of data would not only support transparency but also enhance predictive modeling, policy evaluation, and quality improvement initiatives.

II. PC–7 / VB–3 / VB–4 — Health Outcomes and Cost Impact

Relevant Questions: PC–7. If CMS were to collect real-world data on digital health products' impact on health outcomes and related costs, what would be the best means of doing so?

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

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

Performant believes that incorporating improper payment identification into value-based care metrics is essential. Providers and payers alike benefit from accurate, reconciled claims data when evaluating performance and planning care coordination strategies.

Performant's retrospective analytics have shown strong potential to:

- Detect care gaps, such as missed screenings or unmanaged chronic conditions, by reviewing claims and care patterns.
- Provide benchmarked feedback to providers on documentation accuracy and cost variation, which supports both compliance and performance improvement.
- Advocate for CMS to recognize error correction and documentation quality as part of value-based scoring models.
- Promote the use of audit findings to proactively reduce avoidable utilization and redirect resources to care coordination.

Performant's audits and data-driven interventions have resulted in significant financial recoveries and cost avoidance across Medicare, Medicaid, and commercial health plans. In 2024 alone, we identified and helped recover over \$1 billion for our clients. Since 2021, our work with CMS has uncovered more than \$2 billion in inappropriately paid claims. By conducting retrospective reviews, we detect errors and anomalies that, if uncorrected, can distort both the actual cost and quality of care delivered.

We also encourage CMS to publish datasets that highlight key data elements common across CMS programs, while protecting personally identifiable health information. Doing so would allow for aligned analysis across payers, facilitating systemic insights into quality, outcomes, and cost. Transparent and standardized access to such data could drive industry-wide improvements, allow benchmarking of value-based initiatives, and support innovation in health IT and analytics.

III. TD–19 / PC–12 — Price Transparency and Operational Data Use Cases

Relevant Questions: TD–19. Regarding price transparency implementation: What are current shortcomings in content, format, delivery, and timeliness?

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?

Price transparency plays a foundational role in both patient empowerment and program integrity. Access to accurate provider-level cost benchmarks allows organizations like Performant to identify inappropriate billing patterns, such as upcoding or excessive utilization, which ultimately inflates total cost of care.

We support CMS efforts to integrate standardized pricing data into patient- and provider-facing digital tools and APIs. Beyond empowering consumers, this transparency facilitates partnerships with value-based care providers, many of whom are making a cultural shift from volume- to value-oriented models.

In our work, we've seen that providers need structured support, such as analytics on cost drivers and clinical variation, to meet new expectations. Enhancing tools that illuminate cost variance, paired with guidance on physician training and utilization management, can accelerate this transition and help eliminate waste at the point of care.

More actionable applications of pricing data include:

- Performant's ability to analyze billing trends to identify high-cost outliers and correlate with quality metrics.
- Supporting payers in designing high-value networks and steerage tools informed by both price and outcomes.
- Encouraging CMS to integrate provider-level price transparency APIs with real-time claims data to guide site-of-care choices.
- Promoting collaboration with VBC entities to translate price benchmarks into care delivery improvements and waste reduction.

