Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Oddball's Response to CMS-0042-NC: Request for Information; Health Technology Ecosystem

Dear CMS Community,

As a pioneer provider of digital services for the Centers for Medicare and Medicaid Services (CMS), Oddball Inc. (Oddball) is pleased to respond to CMS' Health Technology Ecosystem RFI. Over the past six years, we have led and assisted in critical website and system modernization initiatives for CMS that help beneficiaries, providers, physicians, and clinicians make informed, data-driven decisions. We achieved these initiatives on key CMS contracts that improve the eMedicare ecosystem, such as the Medicare Authenticated Experience (MAX) and Beneficiary Data Access and Medicare Account Experience (BDAMAX) programs, as well as other contracts across the health technology ecosystem with claims and provider-level data.

Our digital services and modernization work with CMS has resulted in enhanced access to benefits for Medicare beneficiaries, physicians, and providers who rely on CMS websites, systems, and applications for relevant Medicare information and benefits. For example, we:

- **Applied Human Centered Design (HCD) principles to create a streamlined User Experience (UX) for Medicare beneficiaries** to obtain the information they need regarding their benefits. We partner with CMS to simplify workflows and enhance the eMedicare program so Medicare beneficiaries who rely upon Medicare.gov can research and understand their healthcare benefits and options through an intuitive, personalized, and streamlined UX.
- **Redesigned and standardized key Medicare.gov features and components under a common CMS HCD framework**, improving site navigation consistency, UX across the Medicare.gov ecosystem, and user trust in Medicare.gov.
- **Modernized legacy CMS systems to promote interoperable data exchange** with other systems across eMedicare. We architected the system to **aggregate provider level data** to enable centralized data analysis, resulting in streamlined benefit decisions for beneficiaries and providers who interact with the system.

Through our work and knowledge gained leading and supporting these critical CMS initiatives, our subject matter experts and executives compiled a list of thoughtful recommendations centering around multiple public comments, particularly sections "**B. Patients and Caregivers"** and "**E. Technology Vendors, Data Providers, and Networks"**. As a technology vendor whose work supports patients, beneficiaries, caregivers, and providers, we have several critical recommendations for CMS to address common challenges across the health technology ecosystem, including:

- **Promoting comprehensive data access through improved use of Original Medicare (OM) and Medicare Advantage (MA) datasets**, which currently are managed by different stewards and stored separately. We believe CMS should prioritize storing this data in integrated files and platforms (e.g., the Chronic Conditions Data Warehouse

[CCW]), thereby enabling analysis and presentation of data from a common storage point. This initiative benefits health management or care navigation solutions, including Medicare.gov, that rely on centralized data. As a result of this effort, CMS advances the goal to spur coordination between OM and MA Medicare providers (**PC-1**, **PC-4**).

- **Embracing emerging technologies** to reduce the burden of digital access, care navigation, and care coordination for beneficiaries, particularly users with accessibility considerations as well as their caregivers (**PC-1**, **PC-14**).
- **Utilizing Artificial Intelligence (AI) in user-facing contexts** to serve as personal concierges that promote greater care continuity and reduce demand on providers throughout the CMS ecosystem, offering data or claims analysis, insights, and greater care navigation (**PC-1**).
- **Stimulating developer interest through AI technologies** such as CoPilot or Cursor for faster development, prototyping, and testing of innovative solutions that can be deployed across the health technology ecosystem (**TD-1**, **TD-2**).
- **Testing and implementing modern enterprise identity and credentialing solutions,** focusing on widespread digital identity and credentialing initiatives to enable greater digital access, utilization, and security for beneficiaries and caregivers utilizing CMS products such as Medicare.gov (**PC-14**, **TD-3**).
- **Spurring developer interest in building digital health products** for Medicare beneficiaries and caregivers by enabling greater access to beneficiary data, which will be critical in developing centralized health records and care coordination products and platforms. CMS must lean on and further embrace data sharing initiatives such as Blue Button 2.0 to encourage data access and sharing (**TD-1**, **TD-2**).

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?

Through Oddball's experience on CMS programs implementing solutions to centralize data, we understand that digital health applications that consolidate and present information in one place (such as OneRecord or Capzule) can enable more accurate and faster care navigation and resolution for health needs. These applications are particularly important for beneficiaries suffering from chronic conditions who require a higher volume of care. The crux of many of these challenges centers around access to beneficiary data, and CMS' core focus should be on prioritizing the consolidation of beneficiary data from disparate systems and utilizing AI to query that consolidated information to provide a more consistent, faster experience for patients and beneficiaries seeking answers regarding their care.

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?

Background: Through our HCD work, which is focused on meeting the digital needs of Medicare beneficiaries, we understand that digital health products can and must enable better health outcomes for both users and their delegates, such as a consolidated Electronic Health Record (EHR) that holds all relevant information in one place, regardless of whether they are an OM or MA user. CMS must take concrete steps to enable interoperable health information transfer in line with standards set by other federal agencies, enabling beneficiaries to see information in one consolidated repository or digital health product. This is a primary first step toward enabling better

health outcomes through digital health and care navigation products across both web and mobile platforms.

Recommendations: To enable greater data-driven health decision-making for beneficiaries, CMS should encourage and facilitate the development of health management and care navigation applications that:

- **Incorporate both real-time and longitudinal data** so that a beneficiary or their caregiver/care team can easily see history of provider visits, appointments, or medication alongside current care treatment plans.
- **Consolidate health and medical records in a single place**. Incorporate claims, labs, billing data, and more in a single application, regardless of whether a user is an OM or MA user.
    - Through this consolidated information, an application could offer either virtual follow up visits or automated in person follow up visits. An application could have a user's coverage information and allow a user to book with previous doctors/providers or explore new ones, as requested.
- **Utilize AI** (see **subpart b.** below) or other assistive technologies to provide patients or their caregivers with quick, concise summaries of visits and treatments plans, contingent upon beneficiaries opting into this assistance.
    - For example, AI could parse both historical and real time data to identify health or care trends (vitals, time to care, etc.), escalating as necessary to caregivers or support teams.
    - Furthermore, AI can serve as a chatbot or reference base to provide quick support to beneficiaries who ask simple health questions, escalating them as necessary to care teams.
    - **Incorporate Safe, Opt-in AI**: With any deployment of AI into health solutions, CMS must promote the safe and trustworthy use of AI. Some ideas to promote safe, risk-mitigated AI deployment include:
        - Using de-identified data or federated learning models to avoid exposing patient identities.
        - Using natural language models in secure, private clouds with strict role-based access controls (RBACs).

A useful health application must be interoperable and integrate across several sources to provide information within a single place, and CMS has opportunities to provide digital health solutions that align with offerings and capabilities offered by other federal agencies. CMS can achieve the outcomes listed above by:

- **Enabling Full Availability of Medical Records for Digital Care Applications**. For example, when active military personnel retire, these Veterans have their full records available at the Department of Veterans Affairs (VA) and Veterans Health Administration (VHA). Similarly, this availability of records should also exist for private citizens as they transition to Medicare, making it possible for beneficiaries to consolidate their medical records into one repository so they can more easily navigate options and choices.
    - This is particularly important as beneficiaries age and need to navigate between many different types of plans throughout their years (OM, MA, and potentially back to Medicare). CMS must acknowledge that beneficiaries may need to switch back

and forth between plans, and as such, CMS must develop solutions to help beneficiaries see all plan data to help them make informed decisions.

- **Grounding All Applications and Products in HCD-Forward Research, Testing, and Development**. CMS should conduct a UX, HCD-forward approach to application and digital health product development that considers the distinct UX needs of different groups. In many instances, users who would most benefit from these applications (such as the elderly or those with chronic diseases or ailments) might have issues utilizing digital applications and websites. Any CMS-driven solution must dutifully serve each user group and be developed and tested with a wide range of user groups, such as those with visual impairments who require assistive technologies, as well as multiple age ranges and cohorts.
    - By consolidating information from distinct doctor's offices or health centers in a single place, an application could help reduce both duplicate information and the overwhelming display of health records, helping users more easily manage health and care needs.
- **Promoting Successful Adoption of Digital Products Through Comprehensive Training and Support**. In addition to developing and implementing digital products, CMS must ensure that offerors can promote successful adoption of these digital products, incorporating features of digital adoption platforms (e.g., tailored training plans, in-app/product guidance and support, tooltips, action-based instructions, etc.).
    - While data may be available through a digital product, if the user feels like they cannot navigate the product or have trouble adopting the full functionality, it may feel as though the data is still unavailable/inaccessible.
    - Furthermore, these features allow developers and CMS to collect and analyze user data to further improve patient and caregiver decision-making/outcomes.
- **Designing for Both Mobile and Website-Friendly Access**. Beneficiaries who utilize digital services rely on multiple devices, such as mobile phones, tablets, laptop computers, and more, to navigate care options. Any solution facilitated or developed by CMS must be accessible and readable via multiple formats to meet the needs of all beneficiaries.

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.

Background: Digital health applications can enable user self-support and decrease the burden on CMS support systems. CMS should work toward building digital software solutions to act as personal assistants to enable health needs, meeting key CMS initiatives for digital self-service products, such as expanding the Medicare.gov account portal to include more AI functionalities like targeted reminders or online self-service.

Recommendations: The recommendations below detail general capabilities that a digital health app can fulfill. By operating as concierge support, these digital health products can lessen the load on the already-strained CMS provider ecosystem. To most effectively benefit end users, we recommend that these applications consider the following:

- **Present a Concentrated View of Care and Coverages**. CMS should encourage the development of digital health solutions that can consolidate a user's health records to present relevant information to them in a single pane of glass, either within a digital application or through a website. Software solutions like these could facilitate tasks such

as enabling a user to understand their various levels of care or coverage in a single place, allowing them to receive an informed answer in a single spot.
    - Currently, much of this data (e.g., beneficiary, claims, labs) is available but exists in disparate sources. CMS should lean on and further leverage interoperability initiatives such as Blue Button 2.0 to consolidate beneficiary information within a single place and facilitate the construction of these interoperable solutions.

- **Utilize AI Technologies to Act as Digital Health Personal Assistants**. If beneficiary data is held in a single, accessible spot, AI could be used by beneficiaries and patients to provide a personalized concierge experience for them (e.g., they could query the application with a prompt such as "explain my MA coverage for this service"). These users can ask questions, and AI can quickly either provide them with answers or assist them with navigating to the appropriate or necessary next step, and AI can help validate that care journeys were followed properly.
    - As a concierge, AI embedded within a digital health application could help users digest large amounts of information that is often complicated and filled with medical jargon. As such, AI can increase both health literacy as well as understanding of summary of treatment, next steps, or care levels.
        - Beyond its positive impacts to the beneficiary/end user, AI can benefit CMS by reducing strain on enterprise customer service and support systems, such as the CMS Next Generation Desktop (NGD). AI can provide users with answers to questions before they might even need to contact CMS support.
        - CMS can promote online self-service activities such as printing Medicare cards or adding authorized reps to a user's account that reduce the burden on the 1-800-Medicare call center.
    - AI or similar technologies can benefit beneficiaries both before and after care appointments.
        - For example, AI could be used to benefit users prior to a doctor's appointment by pre-filling forms using past data or updating forms with data from recent appointments. Users could also upload physical forms to the application, which converts the physical text into text within the application using techniques such as Optical Character Recognition.
        - Similarly, AI embedded within a care application could be used to send out automated or timed reminders based on care follow up and support (e.g., an application sends out a follow up reminder message 24-48 hours after a doctor's appointment).
        - AI could serve as an ongoing companion to beneficiaries. For example, AI could be used to send out targeted reminders about preventive service activities that are covered by Medicare that could help the beneficiary stay healthy and active.
    - AI-driven technologies such as voicebots can assist beneficiaries with limited digital access who may not have reliable access to mobile or web devices to access critical services. These beneficiaries may seek help via call centers, and automated voicebot technologies at CMS can help assist these users who might otherwise face digital accessibility gaps.

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

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

Background: While the Medicare Account Experience application in Medicare.gov technically does exist, it is functionally constrained and limited to only OM data. Without MA data, this application is missing claims on over half of the Medicare population. Therefore, it does not exist as a total solution that can meaningfully meet the needs of the entire Medicare patient and user population. Furthermore, a centralized repository for clinical data does not exist, which functionally constrains potential digital applications that could use clinical data to quickly and reliably serve both OM and MA populations.

Recommendations: We believe that CMS can meaningfully enhance the Medicare.gov Account Experience application by:

- **Maintaining a joint database of both OM and MA data** that can feed into the application.
    - In general, CMS should prioritize both OM and MA data in parallel when both considering and designing digital solutions and applications. An application that cannot provide necessary features for either the OM or MA population is not fully functional.
- **Building a centralized repository for clinical data** that applications can feed off. Currently, clinical data for many patients exists in a disjointed array of health systems, physical forms, and more. Patients, beneficiaries, and their caregivers will all benefit from the consolidation of their information in a single place to enable timely care without either duplicate or conflicted information. Without centralized clinical data repositories, digital health applications and their features are limited.

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

Background: As an agency whose critical mission is to serve beneficiaries and patients across a spectrum of plan types, CMS is positioned to develop and offer workflows that consider the distinct needs of patients on a certain plan type, as well as the responsibilities and support workflows of the providers who facilitate this care. CMS is uniquely incentivized to provide the best experience for all beneficiaries, and unlike private health plans, CMS is not and should not be worried about siloing their data from the competition. As such, CMS should prioritize de-siloed (and common, where possible) workflows that incorporate multiple types or formats of data sources (OM, MA).

Recommendations: CMS must focus on coordination, not competition, between Medicare providers. CMS can both develop, set, and maintain regulations and workflows that promote common data transfer and sharing across the Medicare continuum, rather than being constrained based on plan type. Some recommendations include:

- **Sharing Claims Data with CMS to Enable Claims-Based Workflows and Initiatives**. For example, CMS could set regulations that require all Medicare Advantage providers to share claims data with CMS so that CMS could provide a centralized experience for all Medicare beneficiaries, regardless of plan type. CMS must encourage cooperation between OM and MA providers through:
    - Initiatives that spur coordination between different plan types, which support workflows that require consolidation of data, such as workflows around eligibility and coverage determination for different Medicare plan types.

    - Sharing of claims data, which can support outcome-driven alternative payment models that involve focusing on MA initiatives versus Fee For Service.
- **Developing Workflows to Enable More Up-to-Date Decision Making for Beneficiaries**. The centralization of claims and provider data, both OM and MA, will allow beneficiaries to see consolidated views of plans and options available to them, allowing them to make the best possible coverage decisions and choices based on their individual needs.
    - While complicated workflows are better suited for desktops/tablets, CMS must also prioritize the mobile phone experience, as well as voice-based assistance workflows for beneficiaries without reliable mobile/desktop access.

PC-14: Digital Identity Credentials for Patients, Caregivers, and Beneficiaries

Background: Digital identity credentialing protects critical personally identifiable information (PII) and protected health information (PHI), prohibiting unauthorized access to health records and similar information. Beneficiaries, patients, and caregivers all deserve intuitive, simple, and secure access to their critical health benefits, and as such, digital identity credentialing is an absolute imperative and priority for CMS.

Through our work on multiple high-level federal programs, we support enterprise-level identity services and transition to Login.gov and ID.me, which is critical to modernizing VA's authentication services, enabling secure and streamlined access for millions of Veterans, beneficiaries, and family members. Through this work, we understand the challenges and benefits of enterprise-level digital credentialing, as well as methods to facilitate the broader adoption of digital credentialing within federal agencies.

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

Challenges: Through our experience working with beneficiaries and caregivers within federal agencies, we have observed common trends and challenges related to widespread adoption of digital identity credentialing, such as:

- **Inhibited Access to Care and Health Records**. Through our work on beneficiary-centric CMS contracts, we have found that access is the biggest hurdle to patients and caregivers. A lack of easy-to-use credentialing and authentication is the number one reason patients, beneficiaries, and caregivers do not have better access to their data.
    - Both beneficiaries and their caregivers express difficulty remembering all the credentials necessary for digital identity and access credentialing to health records and portals. This problem is even greater for caregivers of beneficiaries who might not have all the immediate context or knowledge of a patient's login information, as well as Medicare recipients with accessibility concerns or limited digital literacy.
        - This problem is further multiplied by the swarm of disjointed OM and MA systems that might feed into a patient's health record. Every system likely has a different login, and because these systems are often not interoperable and do not share data, a beneficiary or caregiver must receive access to all of them to coordinate and retrieve all the data and information they need, an extremely daunting process.
- **Lack of a Centralized Identity System**. Furthermore, relative to other federal agencies such as VA, CMS lacks a stable and consistent infrastructure in place to facilitate

widespread caregiver access for beneficiaries through credentialing. Therefore, CMS should work toward identifying and implementing a centralized identity access and management system across the enterprise.

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

- **More Convenient Single Sign-On Access**. One of the common themes throughout the health technology ecosystem is beneficiaries' timely access to (often disjointed) health information and data. For example, a patient who wishes to access health information from a Medicare-paid doctor's visit from a few years ago might need to log into a portal they have only used one time. For that reason, digital identity credentialing is an imperative in CMS' step toward enabling single access to personal health records.
    - This would reduce the burden on beneficiaries and caregivers to remember and access information. For example, a beneficiary who wants to protect their information might have 4-5 distinct passwords for multiple distinct portals. With a centralized digital identity credentialing system, they would only need to remember one login or password.
- **Enabling Greater Caregiver Care**. Implementing widely used digital identity credentialing solutions can allow caregivers to more easily access care ("Caregiver Access") for their beneficiaries. CMS could eventually work toward implementing role-based access for edge cases, such as short-term custodial care, that might require time-sensitive or select caregiver access to a beneficiary's information.
    - For example, this capability would align with CMS' proposed "Caregiver Access" initiative for Medicare.gov, which would provide users designated as "Caregivers" the ability to view certain aspects of a beneficiary's account. This role-based access would include layered permissions with an "enable" or "disable" view or allow edit access to one or more features within the beneficiary's Medicare.gov account.
- **Ease of Adoption of New Platforms**: By implementing a single point of entry, CMS could provide familiarity and build trust with beneficiaries and end users early on (first interaction), even though the digital product they may be entering into is new. From the start, this would create a seamless user experience that ultimately promotes use of digital products, resulting in more comprehensive and timely information for beneficiaries to make decisions and receive care.

f. How can CMS encourage patients to get digital identity credentials?

CMS can undertake multiple initiatives to both encourage and reduce the burden associated with signing up for digital identity credentialing, including:

- **Associating Beneficiary and Caregiver Credentials**. CMS should encourage widespread digital identity credential adoption by implementing more systematic methods to enroll someone as a caregiver. This functionality would enable a caregiver to have similar credentials as a beneficiary they care for but would limit their access to just the person they are caring for. By associating a caregiver credential to a beneficiary, this effort would reduce the burden for caregivers trying to log into a beneficiary's account.
- **Promote Widespread Inter-Agency Credentialing Initiatives**. Most Medicare beneficiaries begin their journey with the Social Security Administration (SSA), and CMS

should work with SSA to develop a digital identity process that could be leveraged at CMS, as the two agencies share some overlapping missions.

- **Implementing a Mobile and Web-Friendly Identity System**. Typically, mobile phones provide a simpler and more intuitive login experience (biometrics, SMS 2-factor) than desktops. However, a digital credentialing system must offer similar functionality across both mobile and website, such as login, authorization, or profile management.

TD-1 and TD-2: What short term (in the next 2 years) and longer-term steps can CMS take to stimulate developer interest in building digital health products for Medicare beneficiaries and caregivers?

Background: Through our work on CMS programs, such as BDAMAX, that centralize data to better serve Medicare beneficiaries, we understand that widely functional products rely on a suite of data, including claims and MA data to enable better outcomes and understanding for Medicare beneficiaries and the caregivers who serve them. While many technology providers seek better outcomes for Medicare patients, they are inhibited by difficulties in the data ecosystem. Cutting edge digital services and technology companies such as Oddball desire to help CMS with its critical care mission, but often find ourselves constrained by both organizational and data issues. To meet these challenges, CMS can take both rapid, short-term and longer-term strategic approaches to facilitating developer interest in building digital health products for Medicare beneficiaries.

Recommendations: CMS must utilize its unique position as a coordinator and consolidator of claims and coverage data to assist the wide range of developers who wish to enable better outcomes for Medicare beneficiaries by:

- **Expanding Access to MA Data**. To stimulate developer interest in building digital health products, CMS can take steps such as enabling easier access to MA coverage and claims data for developers. While MA providers and plans expose provider data through APIs, this process is heavily decentralized. Without easy access to this data, it is impossible for developers to serve all Medicare beneficiaries properly.
    - For example, in the long term, CMS can work to expand Blue Button 2.0 to include MA/Part D claims data, not just OM data.
        - This process would be technically, regulatorily, and feasibly burdensome, so this would remain a long-term rather than short-term goal.
- **Giving Developers Beneficiary Clinical Data Sources**. In addition, CMS must place greater emphasis on getting access to beneficiary clinical data to formulate the creation of a centralized EHR, as this information is vital to providing beneficiaries with all the relevant information they need to make informed choices regarding their health and their healthcare options.
- **Promote, Incentivize, and Encourage the Use of Innovative AI Development Technologies**. By promoting and adopting the use of modern software technologies, such as low code/no code platforms, data fabrics, and AI platforms like CoPilot and Cursor, CMS can stimulate developer interest in building digital health products and attract the best of breed talent from across the industry.

Regarding **TD-2. a. "What additional data would be most valuable if made available through CMS APIs?",** our recommendation is that:

- **Medicare Advantage Claims and Coverage Data and Beneficiary Clinical Data** would be invaluable in the construction of an EHR, expanding CMS and Blue Button 2.0 beyond only OM data and incorporating over 50% of the Medicare population who relies on MA. CMS APIs such as Blue Button 2.0 can facilitate the transfer of this data to a centralized EHR.

Regarding **TD-2 c. "What obstacles prevent accessing these data sources today?"**, CMS faces several challenges and obstacles to making data available through its APIs:

- **No MA Provider Incentive to Share Data**. Currently, MA companies are not required to share claims or clinical data. There are capabilities available to manage this data exchange, but without that requirement, providers will not willingly share this data.
- **Lack of Widespread MA Claims Data**. CMS faces similar data sharing challenges for EHR information. This data is available in provider EHRs, but these providers are not required to share this information with CMS. If CMS implemented a requirement to share MA claims data through CMS APIs, this requirement would be greatly beneficial to beneficiaries, as they would gain a single repository for their health information.

TD-3: Digital Identity Implementation

Regarding **TD-3 a. "the challenges and benefits of digital identity"**, we understand that identity authentication is a primary challenge for beneficiaries, as they have so many places that need separate logins and passwords that it becomes overwhelming to manage. Similarly, the number of systems and users across the CMS enterprise increases the challenges involved with widespread digital identity implementation. CMS must navigate the challenges of implementing an enterprise-wide digital identity access and management credentialing system, such as:

- **Identity Login Awareness**. If a new login system was to be implemented, beneficiaries and caregivers might be unfamiliar with that system or confused with how it differs from old login systems. In their efforts to implement digital identity solutions, CMS must encourage the use of thoughtful, HCD-driven discovery to understand how different user groups understand and utilize digital identity and access solutions, as well as test methods to increase awareness of potential new systems.
- **Ecosystem Challenges**. Just as beneficiaries themselves struggle with the vast number of providers, payers, and systems throughout the CMS ecosystem, CMS itself often struggles to efficiently deploy new technologies and updates across the enterprise based on the number of systems involved.

Regarding **TD-3 b. "How would requiring digital identity credentials (for example, CLEAR, Login.gov, ID.me, other NIST 800-63-3 IAL2/AAL2 CSPs) impact cybersecurity and data exchange?",** this capability would yield:

- **More Comprehensive Identification of Fraud, Waste, and Abuse.** Digital Identity Credentialing would drastically improve CMS' ability to identify fraud, waste and abuse of Medicare resources by both OM and MA providers through direct analysis of consolidated data, or AI or by identification of beneficiaries.
- **Data Extensibility and Reciprocity Across Multiple Agencies**. Using digital identity credentials, CMS could allow beneficiaries to set up login credentials that could be leveraged across multiple agencies (for example, between the SSA and CMS).
    - A digital credentialing solution such as Login.gov would allow a user to create a singular login with SSA, VA, or another agency that they would be able to use

across all agencies, simplifying the login process and enabling smoother access to their information.

- **Greater Cybersecurity**. These solutions offer greater compliance with cybersecurity and privacy initiatives such as HIPAA, as well as greater alignment with CMS Zero Trust directives and initiatives.

Conclusion

Thank you for the opportunity to respond to this vital RFI. CMS' enthusiasm for a modernized health technology ecosystem is critical toward benefitting the millions of beneficiaries who rely on secure and reliable access to health information and benefits.

To broadly affect change, both in the short and long term, CMS must prioritize data access initiatives to provide more accurate, timely, and interoperable data and information across the health technology ecosystem. By spurring developer interest among innovative digital services and technology companies such as Oddball that develop, test, and build world class digital health products, CMS can lay the groundwork for a modern health technology ecosystem that benefits Medicare beneficiaries on Original Medicare or Medicare Advantage plans. Furthermore, CMS must use these innovative digital health products in conjunction with centralized digital identity credentialing to reduce accessibility barriers for beneficiaries and their caregivers.