AMERICA'S PHYSICIAN GROUPS

June 16, 2025

Mehmet Oz, MD
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
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Thomas Keane, MD, MBA
Assistant Secretary for Technology Policy
National Coordinator for Health Information Technology
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Submitted via https://www.regulations.gov/commenton/CMS-2025-0050-0031

Re: Request for Information; Health Technology Ecosystem [CMS-0042-NC]

Dear Administrator Oz and Assistant Secretary Keane:

America's Physician Groups (APG) appreciates the opportunity to respond to the Request for Information (RFI) on the Health Technology Ecosystem. APG welcomes your agencies' openness to stakeholder input and your ongoing commitment to improving health care for all Americans.

Below, APG will first provide (I) a brief description of our organization, followed by (II) a summary of CMS's proposals, (III) a summary of APG's recommendations, (IV) our fuller comments and recommendations, and (V) our conclusion. Together they reflect the voice of APG's membership and the commitment to working with the agency to ensure that all Americans have consistently accessible, high-quality, equitable, person-centered health care.

I. About America's Physician Groups

APG is a national association representing approximately 350 physician groups that are committed to the transition to value, and that engage in the full spectrum of alternative payment models and

Medicare Advantage (MA). APG members collectively employ or contract with approximately 195,000 physicians (as well as many nurse practitioners, physician assistants, and other clinicians), and care for approximately 90 million patients, including roughly 30 percent of all Medicare beneficiaries who are enrolled in MA.

APG's motto, "Taking Responsibility for America's Health," underscores our physician groups' preference for being in risk-based, accountable, and responsible relationships with all payers, including MA health plans, rather than being paid by plans on a fee-for-service basis. Delegation of risk from payers to providers creates the optimal incentives for our groups to provide integrated, coordinated care; make investments in innovations in care delivery; and manage our populations of patients in more constructive ways than if our members were merely compensated for the units of service that they provide.

II. Summary of the Agencies' RFI

The RFI on the Health Technology Ecosystem outlines the Centers for Medicare & Medicaid Services' (CMS) and the Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology's (ONC) intention to modernize the country's digital health ecosystem with a focus on empowering Medicare beneficiaries through greater access to innovative health technologies. Building on the agencies' previous efforts such as Blue Button 2.0 and the CMS 2020 Interoperability and Patient Access Final Rule, CMS and ASTP/ONC aim to create a patient-centric and user-friendly digital health care system that provides real-world value to beneficiaries and their families.

The policy sections included in the RFI that are most germane to APG members include the following:

- **Providers:** CMS asked for stakeholder input on questions related to use cases and workflow involving providers, explicitly mentioning (1) digital health apps; (2) data exchange; (3) digital identity; and (4) information blocking.
- **Value-Based Care Organizations:** CMS asked for stakeholder input on questions related to use cases and workflows involving value-based care organizations, explicitly mentioning (1) digital health adoption; (2) compliance and certification; and (3) technical standards.

III. Summary of APG's Recommendations

A. Recommendations Related to Providers

- **APG recommends that CMS require all Medicare Advantage plans to match their quality reporting requirements for contracted providers to existing traditional Medicare quality measures.**

B. Recommendations Related to Value-Based Care Organizations

- **APG strongly recommends that CMS remove the requirement that MSSP ACOs fulfill the MIPS Promoting Interoperability (PI) reporting requirements and revert to requiring MSSPs to attest to PI.**

IV. APG's Detailed Comments and Recommendations

A. Providers

The RFI question for providers that is particularly pertinent to APG members is this one: **What are ways in which CMS or partners can help with simplifying clinical quality data responsibilities of providers? (PR-8)**

APG members generally participate in more than one Medicare alternative payment model (APM) program and also contract with multiple Medicare Advantage (MA) plans. They report that a lack of uniformity in quality reporting requirements between MA plans on the one hand, and APMs in traditional Medicare on the other hand, adds unnecessary complexity to providers' clinical data responsibilities. Some of the complexity stems from disparate quality measures among these programs, but it is also the case that even when the underlying data that must be reported is the same across programs, it may need to be reported in multiple ways to conform with each plan's data reporting requirements.

A preferable alternative would be for CMS to require that MA plans provide quality data reporting expectations in a uniform format with a common set of data elements. Ideally, MA plans' reporting requirements would be based on existing traditional Medicare quality measures. Having this uniformity would eliminate the time that providers spend tailoring clinical data reporting to fit with each plan's requirements.

In summary:

- **APG recommends that CMS require all Medicare Advantage plans to match their quality reporting requirements for contracted providers to existing traditional Medicare quality measures.**

B. Value-Based Care Organizations

The RFI question for value-base care organizations that is particularly pertinent to APG members is this one: **How can technology requirements for APMs, established through CEHRT or other pathways, reduce complexity while preserving necessary flexibility? (VB-7)**

MSSP certified electronic health record technology (CEHRT) and provider interoperability (PI) requirements policies finalized in the 2024 Physician Fee Schedule Final Rule continue to prove onerous to APG members.[1] Since the 2024 performance year all MIPS-eligible clinicians, Qualifying APM Participants (QPs), and Partial QPs participating in an ACO, regardless of track, must report the MIPS PI performance category measures and requirements to MIPS, at the individual, group, virtual group, or APM level, and earn a MIPS performance category score. The policy further aligned MSSP with the MIPS program and was intended to promote greater CEHRT use among ACO clinicians.

APG is greatly concerned by CMS's ongoing push to align MSSP and MIPS. MACRA designed

[1] https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other

separate payment and performance measurement and reporting programs for MIPS and APMs with the clear intent of providing reporting relief for APM participants. Thus, it is unclear what goal aligning the requirements between MSSP and MIPS serves. The MIPS program was designed to assess the quality of performance of individual physicians who opted to remain in the traditional fee-for-service Medicare program. By contrast, quality measurement for MSSP was designed for physicians and other ACO participants who opted collectively to take responsibility for the quality and total cost of care for the Medicare patients they serve.

Reporting multiple individual PI measures is unnecessary for MSSP participants, since ACOs must invest in transforming physician practices to be successful in meeting the program's existing quality measures and achieving shared savings. ACOs that remain in MSSP clearly promote interoperability since they rely on the seamless exchange of data among providers to manage populations of patients. Requiring reporting of MIPS PI measures will significantly increase the reporting burden for MSSP participants at a time when CMS wants to minimize undue burdens and encourage physicians' movement into and retention in accountable care arrangements.

In summary:

- **APG strongly recommends that CMS remove the requirement that MSSP ACOs fulfill the MIPS Promoting Interoperability (PI) reporting requirements and revert to requiring MSSPs to attest to PI.**

Beginning in performance year 2025, to qualify as an Advanced APM under the QPP, an ACO must require its participating "eligible clinicians" to use CEHRT. The 2024 final rule stated that AAPMs may find it appropriate to apply some limited exceptions, e.g., based on clinical criteria, but not blanket exceptions like percentages.[2]

However, ACOs lack clear guidance on how exceptions may be implemented and what exceptions may be acceptable to CMS. In the absence of such clarification, some ACOs simply dropped practices that could not ramp up to full CEHRT use by January 1, 2025, to avoid risking Advanced APM / QP status for their entity and participants. In general, physician practices use a variety of EHRs, and not every CEHRT EHR is ready for MSSP reporting – a reality that creates an added administrative burden for ACOs pursuing compliance. Although the deadline for including or dropping practices for 2025 has now passed, CMS should provide clear guidance on exceptions to the CEHRT requirement in sufficient time for ACOs to make decisions on participating groups in 2026. CMS also should grant leniency to ACOs in 2025 and in the future with respect to provider groups that are found not to fulfill the CEHRT requirements, including avoiding all impact on shared savings and losses.

In summary:

- **APG strongly recommends that CMS provide clear guidance on exceptions to the requirement that an ACO's eligible clinicians must use Certified Electronic Health Records (CEHRT). CMS should provide this guidance in sufficient time for ACOs to make decisions on participating groups in 2026. What's more, CMS should also grant leniency to ACOs in 2025 and in future years with provider groups that are found not to fulfill the CEHRT**

[2] https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other

requirements, including avoiding all impact on shared savings and losses.

V. Conclusion

APG appreciates CMS's and ASTP's/ONC's efforts to ensure that Medicare's health technology ecosystem adapts to meet ever-changing populational and technological needs. We look forward to working with CMS and ASTP/ONC as the RFI is refined and finalized.

Sincerely,

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