June 16, 2025

The Honorable Mehmet Oz, MD
Administrator Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Request for Information; Health Technology Ecosystem

Dear Administrator Oz:

On behalf of our medical group practices, the Medical Group Management Association (MGMA) thanks you for the opportunity to respond to the Centers for Medicare & Medicaid Services (CMS) Health Technology Ecosystem request for information (RFI). We appreciate CMS and the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) taking bold steps to advance the health information technology (IT) landscape. The health technology ecosystem has progressed significantly in recent years, and we look forward to building upon existing frameworks to advance interoperability in ways that reduce administrative burden for medical groups.

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical group practices ranging from small private medical practices to large national health systems representing more than 350,000 physicians. MGMA's diverse membership uniquely situates us to offer the following perspectives.

Overview

MGMA supports CMS and ASTP/ONC's proactive approach to collecting stakeholder feedback on the health technology ecosystem. Health IT is critical for medical groups and provides the opportunity to improve patient care and reduce administrative burden. MGMA strongly supports the development of federal standards that promote innovation and interoperability while setting guardrails to ensure the safety of patient data. Medical groups today face a myriad of challenges such as low reimbursement, increased administrative burdens, and staffing shortages that make maintaining a practice increasingly difficult. We believe there is an opportunity for health IT to have a meaningful impact on patient care while streamlining processes for physicians and practices. However, careful consideration must be taken during the design and implementation of new technologies and regulations to ensure changing standards and requirements do not create more complications or result in costs being passed down to medical groups. Changing health IT systems should not create new hurdles that take physicians and administrators away patients.

While a variety of health IT advancements over the past decade, both within CMS and in the private sector, have made incremental progress in streamlining activities such as quality measurement reporting and data sharing, not all medical groups have felt the full benefit of these developments. MGMA shares

this administration's optimism around innovative technologies and looks forward to working with CMS, ASTP/ONC, and other stakeholders to improve the health technology ecosystem in ways that:

- Streamline processes and requirements thereby reducing administrative burden,
- Ensure costs are not passed down to medical groups,
- Add value to the patient, physician, and administrator workflows,
- And build upon the success of existing frameworks.

MGMA is eager to continue engaging with the administration and serving as a resource to CMS and ASTP/ONC as a roadmap for the future of health IT is developed and implemented. Below are our responses to questions posed to providers and value-based care organizations in the RFI.

Responses

Digital Health Apps

MGMA appreciates the administration's focus on interoperability and ensuring patients, along with other healthcare stakeholders, have easy access to their health data. Increased access to data among patients and providers presents an opportunity for improved communication and health outcomes. That being said, there are opportunities for improvement within existing technologies as well as considerations the administration should keep in mind as they determine the role of digital health apps.

Implementation and Burden of New Applications

As new applications are developed or existing applications are updated to incorporate new data, the data collection process should be streamlined and utilize available data input into existing workflows instead of requiring new collection forms or connections to new systems. CMS should establish clear criteria for health improvement, data connectivity, and HIPAA-grade privacy and security. These standards will ensure applications are safe and effective, build patient trust, and give medical groups confidence in promoting and participating these applications. Without oversight from CMS and requirements for connectivity to existing workflows, the burden could fall on medical groups to connect to and vet third party applications they or their EHRs connect to. Additionally, MGMA strongly encourages CMS and ASTP/ONC to discourage passing down costs of connecting with digital health applications to medical groups.

Artificial Intelligence Considerations

MGMA supports the use of artificial intelligence (AI) technology to decrease administrative burden for medical practices and improve patient care. Digital health apps have the potential to incorporate AI to streamline access to care and improve communication between patients and physicians. However, there are significant risks to patient care if AI is not implemented effectively in an application. To ensure effective and ethical implementation of AI technology across digital health apps, clear and comprehensive federal standards are needed to understand and evaluate the risks and benefits and develop sufficient guardrails. The AI technology utilized should be transparent, ethical, and include sufficient privacy protections while not perpetuating harmful healthcare inequities. Ultimately, AI technology should always support rather than interfere with human decision-making and patients should be aware of AI use in any digital health app.

Data Exchange

Medical groups are eager to reap the benefits of high-quality and high-volume data exchange across the health IT ecosystem. Digital frameworks and interconnections present the opportunity for practices to have easier access to accurate data and reduce the burden of reporting the same information in multiple locations.

API Utilization

MGMA supports the use of the Patient Access API, Standardized API for Patient and Population Services, Provider Directory API, Provider Access API, Payer-to-Payer API, Prior Authorization API, Bulk FHIR API, and CDS Hooks but we remain concerned about their accessibility and implementation. Without EHR certification requirements, some medical practices are unable to utilize and benefit from these APIs. CMS should focus on establishing testing, evaluation, and certification for these APIs to promote interoperability.

Inclusion of Prior Authorization APIs in EHR certification is particularly important given the Merit-Based Incentive Payment System (MIPS) electronic prior authorization (PA) Promoting Interoperability measure that goes into effect in 2027. Without inclusion of Prior Authorization APIs in certification, physicians could face a situation where they are held accountable and punished under MIPS because they do not have access to the APIs.

TEFCA

MGMA has supported the development of the Trusted Exchange Framework and Common Agreement (TEFCA) network and provided feedback on ways to make its implementation both feasible and effective for medical groups. While continuous work has improved TEFCA, there are still components that provide hurdles for medical groups looking to fully optimize their data exchange capabilities:

- Lack of Quantifiable Return on Investment: Since the inception of TEFCA in 2018, MGMA has urged ASTP/ONC to establish and communicate the value of participation for medical groups. In a time when providers are looking at significant cuts to Medicare payments and ever-increasing operating expenses, practices continue to be concerned that paying for an EHR platform that connects to TEFCA may not be financially beneficial to the organization.
- Implementation Hurdles: In some cases, medical groups may need to change EHR vendors in order to take advantage of TEFCA. The process of finding and changing EHR vendors takes medical groups 12 to 18 months, can be costly, and requires increased staff time dedicated to implementation and training.

Regardless of the direction ASTP/ONC chooses to go with developing new or enhancing existing networks, MGMA strongly recommends prioritizing stability and clear communication around the future of data exchange. Many medical groups have invested time and money into switching to a new EHR system in order to improve their data exchange capabilities through TEFCA. Stakeholders who've bought in to TEFCA must be provided with a stability and have ample notification in the event that a new network is developed.

Digital Product Ecosystem

MGMA appreciates ASTP/ONC's recognition of the need to shift the burden of increasing data availability away from providers. Medical groups comply with the systems developed by technology providers and have little agency over their ability to improve data interoperability beyond their selection of an EHR vendor. They rely on EHR vendors to make changes to their platforms that allow for data to be

reported and shared in a streamlined fashion. However, MGMA members continue to report the cost of EHR platform updates are often passed down to practices. With this in mind, ASTP/ONC should shift the onus of compliance to the upstream EHR vendors and continue relying on existing systems physician practices already utilize to increase interoperability. At the same time, CMS and ASTP should consider ways to provide technical support for medical groups that lack the resources needed to implement and train staff on utilizing EHR systems to maximize interoperability.

Simplifying Clinical Quality Data Responsibilities

While MGMA supported CMS establishing the Medicare clinical quality measure (CQM) for accountable care organizations (ACOs) in the Medicare Shared Savings Program (MSSP), we still hold concerns about transitioning to all payer/ all patient reporting too rapidly and prematurely sunsetting the Web Interface and MIPS CQM reporting options. Reporting under the Medicare CQM option requires ACOs to use considerable resources to ensure patient matching across multiple practices and EHRs. Requiring ACOs to report all payer/all patient digital measures in the future without significant policy changes is infeasible as ACOs must make changes to operational workflows, secure new technologic capabilities, and familiarize themselves with reconfigured measure sets, all of which require the attention of dedicated staff as well as an upfront financial investment for EHR upgrades.

ACOs often are comprised of multiple group practice TINs that all work in concert to achieve the goals of the ACO, and there are significant data-sharing limitations that groups encounter moving to all payer/all patient reporting. There are substantial costs associated with making the technological and infrastructure upgrades needed to report all these measures as well. CMS should provide greater incentives and resources to continue on this trajectory and avoid heaping uncertainty and significant costs onto ACOs and medical groups.

Similar to the burden imposed by increasing the data completeness threshold for clinicians reporting under MIPS, raising the completeness threshold in the future presents significant challenges. Due to the complexities of multiple practices and EHRs involved in a single ACO, it is unrealistic to expect all ACOs to meet this high data threshold. CMS should collaborate with ASTP/ONC, medical groups, ACOs, and EHR vendors to work towards a solution to data aggregation problems.

Utilizing Bulk FHIR data exports has the potential to significantly reduce the reporting burden practices face. Additionally, this would eliminate the need for the MIPS Promoting Interoperability (PI) category which would also help alleviate reporting burden. While this reporting change is a promising opportunity, most stakeholders in the process, including medical groups, need more time to transition to FHIR-based reporting. CMS and ASTP/ONC should continue work in tandem with stakeholders to develop a timeline for when and how to transition as well as positive incentives to support medical groups through the transition.

Digital Identity

MGMA supports building upon existing healthcare IT networks and systems to improve patients' ability to access their health data and find care. There are ample opportunities to utilize strategies from across the technology industry and bring much needed modernization to the technology patients and practices rely on to improve access to care.

Digital Identity Credentials

Adopting streamlined sign-on digital identity credential pathways (such as CLEAR, ID.me, or Login.gov) in healthcare settings would allow patients to access their health data with ease and increase medical

groups' confidence that the person requesting data is the correct patient. While the adoption of this technology has promise to markedly improve the patient experience, the downstream burden on medical groups must be considered during development and implementation. Implementing digital identity credentials would require medical groups to rely on their EHR and other IT vendors for compliance. Adopting new credentials would require practices to invest in enhanced or new EHR platforms which, alongside training and security audits, could present new financial burden. To avoid these concerns, CMS should ensure digital identity credential adoption remains optional.

To promote successful adoption for all stakeholders, CMS should identify vendors that meet strict security standards and are able to effectively integrate with existing healthcare technology platforms and APIs. With the selected vendors, CMS should conduct pilot programs to verify the credential solution is effective and does not create new challenges for patients or other impacted parties. After successful testing, CMS should develop a multi-year roadmap that promotes voluntary adoption and includes technical assistance for medical groups.

Provider Directory

MGMA supports the development of a nationwide provider directory that builds on existing tools and interoperability strategies to facilitate patients' access to care. It is imperative that efforts to create a provider directory leverage existing private sector directories (such as the Council for Affordable Quality Healthcare (CAQH) credentialing database). Creating entirely new systems and processes for provider directories is unnecessary given existing initiatives and would only force medical groups to submit duplicative information. Moving towards a national directory also provides the opportunity for CMS to work with other stakeholders such as health plans to improve their workflows.

In addition to reporting challenges and burdens, CMS should consider the root causes of inaccuracies in existing directories. All avenues, including digital identity technology, should be explored as ways to improve data accuracy and create a national provider directory that improves the patient experience without imposing administrative burden on medical groups.

Information Blocking

CMS should coordinate with ASTP/ONC to mitigate the complex and punitive provider disincentives associated with information blocking. MGMA members remain committed to data sharing and improving interoperability to reduce administrative burden and advance the provision of high-quality, cost-effective care. Additional information, education, and simplification are needed surrounding the constantly changing definitions related to information blocking and its exceptions. Rather than developing new disincentives, CMS should focus on providing more technical support and guidance to stakeholders.

We continue to hold significant concerns with recently finalized information-blocking disincentives and their impact on medical groups. CMS and ASTP should undertake the following actions to reduce the negative effects associated with complex information-blocking regulations:

- Utilize corrective action plans and education to effectively remedy information blocking allegations instead of significant financial penalties.
- Rescind finalized disincentives for MIPS and MSSP participants that exacerbate substantial administrative burdens.
- Ensure an accessible appeals process is available for all providers.

- Increase transparency throughout the process and coordinate with other federal agencies to ensure a comprehensive strategy that would best promote information sharing by providing guidance and technical assistance to providers.

Value-based Care

MGMA strongly supports policies that aid and incentivize alternative payment model (APM) participants to leverage digital health tools to improve patient care. Many MGMA members participate in value-based care arrangements through ACOs or in the MSSP and strategically invest in technology to help reduce spending. Our members want to invest in tools to improve care and increase savings, but ultimately it comes down to cost. In order to make the upfront investment in digital tools, APM participants must receive financial incentives through the form of an APM incentive payment, which recently expired at the end of 2024.

Digital Health Management

MGMA members participating in APMs are dedicated to leveraging technologies to streamline their quality measure reporting, increase savings, and improve patient care. The incentives for adopting better technologies are in the fabric of value-based care— increased interoperability leads to better care and cost savings. While the incentives are clear, the hurdle remains the initial and continued investment in IT systems. Many APM participants have spent years strategically investing in their health data systems and integrating with ACO networks to improve data sharing across providers and practices. However, committing to value-based care and maximizing interoperability comes at a high cost.

One MGMA member who oversees an independent physician-owned clinic participating in a value-based care arrangements reported spending over $450,000 to make changes to their EHR and practice management systems to meet requirements and improve reporting. This level of investment is frankly not feasible for most medical groups and is especially unattainable given the current lack of APM incentive payments. To see advancements in value-based care data interoperability, and ultimately increase savings in the program, CMS must prioritize working with the administration and Congress to ensure sufficient funding is allocated for APM participants.

CEHRT

MGMA has continued to express concerns regarding the finalized changes that required the use of certified health information technology (CEHRT) utilization in APMs which took effect in 2025. In a poll of APM participants, 94% of MGMA members reported that moving to value-based care initiatives has not lessened the regulatory burden on their practices. We have serious concerns about the administrative burden of CEHRT implementation and how it will hinder or deter medical groups' participation in APMs. One of the main benefits of joining an APM is the reduced MIPS reporting burden — this policy undermines the success of groups joining value-based care arrangements. CMS should rescind these burdensome CEHRT requirements and look to further incentivize the transition to value-based care arrangements by reducing reporting burdens for participants in APMs.

Standardization to Promote Interoperability

Standardization is needed across the health technology ecosystem in order for all stakeholders to benefit from interoperability. When considering which standards are best for APM participants, we urge CMS and ASTP/ONC to adopt existing, widely accepted standards (such as HL7 FHIR, United States Core Data for Interoperability (USCDI), and standardized APIs). These standards can be implemented in ways allow APM participants to customize workflows without having to utilize a new vendor. As decisions are

made on the standardization and flexibilities, CMS and ASTP/ONC should ensure clear and comprehensive guidance is given to APM participants to ensure compliant implementation.

We look forward to working collaboratively with the CMS and ASTP/ONC to find meaningful ways to improve the healthcare technology ecosystem. Building upon existing frameworks and technologies, we believe there are opportunities to use technology to improve patient care while alleviating medical groups of administrative burdens. If you have any questions, please contact Madison Hynes, Associate Director of Government Affairs, at mhynes@mgma.org or 202-558-0972.

Sincerely,

/s/

Anders M. Gilberg
Senior Vice President, Government Affairs