October 5th, 2020

Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1734-P, Mail Stop C4-26-05
7500 Security Boulevard Baltimore, MD 21244-1850

Re: Medicare Program; CY 2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Quality Payment Program; Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs; Medicare Enrollment of Opioid Treatment Programs; Electronic Prescribing for Controlled Substances for a Covered Part D Drug Under a Prescription Drug Plan or an MA-PD Plan; Payment for Office/Outpatient Evaluation and Management Services; Hospital IQR Program; Establish New Code Categories; and Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy

Submitted electronically via www.regulations.gov

Dear Administrator Verma,

athenahealth, Inc. ("athenahealth" or "athena") appreciates the opportunity to respond to the changes outlined in the CY 2021 Medicare Physician Fee Schedule and Quality Payment Program (QPP) Proposed Rule.

Over the past 22 years, athenahealth has built a network of approximately 160,000 providers in both the ambulatory and acute settings. We provide electronic health record, practice management, care coordination, patient engagement, data analytics, revenue cycle management, and related services to physician practices and hospitals. More than 120,000 of our clinicians utilize our single instance, continuously updated, cloud-based platform. Since announcing a combination with Virence Health in early 2019, we also support on-premise software solutions. In both hosting paradigms, athenahealth seeks out and establishes connections with partners across the care continuum, enabling our clinicians to improve the quality of care they deliver.

Below please find our specific comments and requests for clarification on the Proposed Rule:

1) CMS Should Maintain Historic Timeline Delays for the Medicare Physician Fee Schedule

athenahealth applauds CMS in their effort to prioritize support of containing and combatting the COVID–19 public health emergency, and thus recognizes CMS's need for additional time to review and finalize the Medicare Physician Fee Schedule (PFS). Historically, CMS has provided a 60-day delay in the effective date of the final rule, allowing time for providers, payers, and electronic health record vendors to implement and support necessary code changes. The agency's decision to delay the PFS final rule publication to a shorter period of 30 days prior to the effective date will further burden an already strained healthcare system to execute changes by January 1st, 2021.

We encourage the agency to maintain its standard 60-day delay of the effective date for code changes to February 1st, 2021. Failing to provide the industry with the necessary time to properly implement code changes and make iterative adjustments could immobilize the industry.

2) MIPS Quality Measure Benchmarks for 2021 Must Allow Organizations to Monitor Performance Throughout the Reporting Period

athenahealth appreciates CMS's consideration of the COVID-19 impact on MIPS Quality measure benchmarks for PY 2021. However, the proposal to benchmark for the 2021 performance period based on data submitted during 2021 would both limit electronic health record vendors' ability to provide timely scoring feedback to customers, and hinder provider insight into performance during the reporting period. As providers continue to be measured on the quality and cost of care they deliver and take on more risk, it is essential that they have real-time or near real-time access to their performance data.

We agree with CMS's recognition that "this methodology would not allow clinicians to know the benchmarks ahead of the performance period" and encourage the agency to seek solutions that enable performance insight against benchmarks in real time.

3) Request for Information on the Health Information Exchange (HIE) Bi-directional Exchange Measure

Interoperability is part of the athenahealth DNA. We believe that data exchange can foster technologic solutions to reduce burden and support greater end to end visibility for patient care. athenahealth is encouraged by CMS's emphasis on information exchange and burden reduction efforts by proposing an alternative attestation only measure "HIE Bi-directional exchange". However, as proposed, the new measure requirements will create additional burden for electronic health record vendors. Our concern is that the measure will require bi-directional exchange for every "record stored or maintained in the EHR."

This requirement may not accurately represent the active patient population. For this measure, we recommend limiting outbound data exchange to patients with an encounter during the performance period. Additionally, we ask CMS to provide clarity around how the proposed measure will be audited.

In response to CMS's request on how to effectively identify HIEs that can support the widespread exchange with other health care providers, athenahealth recommends the following considerations: (1) the ability to send/receive CCDA and/or ADT files; (2) a centrally managed record locator service; and (3) an access model that allows vendors to build a single global connection for all providers.

4) Commitment to Collaboration in Qualified Data Registry Improvements

Consistent with our comments from previous proposed and final rules, athenahealth encourages CMS to improve transparency into program eligibility and participation to enable technology vendors to better serve their clinicians. As a health IT vendor and qualified registry supporting more than 50,000 clinicians in MIPS, athenahealth finds the current processes to verify eligibility using the CMS Participation tools only based on NPI are not scalable and pose challenges to collecting data for clinicians billing under multiple TINs.

The agency's proposal to require qualified registries to verify the eligibility status of each eligible clinician, group, virtual group, opt-in participant, and voluntary participant should not be implemented until CMS creates scalable and secure access to this information.

We welcome the opportunity to collaborate with you as you lead the healthcare sector towards common solutions that support patients, promote burden reduction for clinicians, and foster innovation within our health care system. athenahealth is supportive of CMS's proposed requirement of adding an annual meeting and training calls for third party intermediaries. We also suggest combining these calls with existing qualified registry and qualified clinical data registry calls when feasible.

We praise CMS's effort to reduce data issues and discrepancies, with a goal of partnering with qualified registries and qualified clinical data registries to improve the fidelity of data. Athenahealth encourages CMS to provide a standardized process for third party intermediaries to disclose of issues prior to and after submission.

5) eCQM Guidance for ACO Quality Reporting is Critical for Quality Program Support

We recognize CMS's forward-thinking approach to burden reduction as demonstrated by the elimination of measures that ACOs are both scored on and required to report. To enable technology companies to best support clinicians participating in quality programs, we request that CMS provide clarity on the proposed eCQM measures for ACO reporting beginning in 2021. Will the patient population be similar to eCQM reporting for MIPS, inclusive of all payers, or will it be restricted to Medicare patients only? The technology partners clinicians use to participate in CMS programs are often the guiding force behind clinician success in quality programs and having a detailed understanding of every measure is critical to this process.

In summary, athenahealth appreciates the opportunity to provide comments and input on the Proposed Rule, and we look forward to continued collaboration with CMS in improving interoperability and reducing the burden faced by clinicians today.

Regards,

Jennifer Michaels
Manager, Government & Regulatory Affairs
athenahealth, Inc.