

June 10th, 2024

Administrator Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1808-P Medicare and Medicaid Programs and the Children’s Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes

Submitted electronically via www.regulations.gov

Dear Administrator Brooks-LaSure,

athenahealth, Inc. (“athenahealth” or “athena”) appreciates the opportunity to respond to the proposed changes outlined in the Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates Process Proposed Rule.

Over the past 27 years, athenahealth has delivered data-driven insights from across the company’s connected network of more than 155,000 providers serving nearly one-fourth of the U.S. population. Our healthcare providers serve in both ambulatory and acute settings in all 50 states. We provide electronic health record (EHR), practice management, care coordination, patient engagement, data analytics, revenue cycle management, and related services to physician practices and hospitals. athenahealth seeks out and establishes connections with partners across the care continuum, enabling our clinicians to improve the quality of care they deliver.

athenahealth’s vision is to create a thriving healthcare ecosystem that delivers accessible, high quality, and sustainable healthcare for all. We work towards this vision partially by reducing burdensome administrative tasks for providers so that they can focus on improving patient outcomes. It is with that context that we offer the following comments and clarifying questions.

Payment for Establishing and Maintaining Access to Essential Medicines

Small independent hospitals are vital for maintaining access to high-quality healthcare services in rural communities across America. athenahealth is supportive of CMS’s proposal to establish a separate payment under the IPPS for the estimated additional resource cost of establishing and maintaining access to six-month buffer stocks of essential medicines. We agree that this program will foster a more reliable supply of medications that are essential for improving healthcare delivery and patient outcomes. If finalized, we encourage CMS to address the following questions:

- At what frequency will these payments be received?
- How will payments be identified as part of the program?
- Will CMS provide an Explanation of Benefits with specific codes relevant to the program?

These clarifications will enable better insight over revenue activities without interrupting the clinician or patient experience.

Transforming Episode Accountability Model (TEAM)

athenahealth is supportive of CMS's ongoing efforts to test out and improve upon Alternative Payment Models (APMs), and we share in the goal of improving care through financial accountability. As proposed, hospitals may earn a payment from CMS if the total Medicare costs for the episode are below the target price, and hospitals may owe CMS a repayment if the total Medicare costs for the episode are above the target. If finalized, we ask that CMS provide clear guidance on how these payments will be made or recouped. As noted above, these details are necessary for insight into revenue activities.

Request for Information Regarding Public Health Reporting and Data Exchange: Quality, Timeliness, and Completeness of Public Health Reporting

athenahealth shares in CMS's vision for the widespread engagement between hospitals and public health agencies. However, athenahealth does not recommend shifting to a numerator/denominator reporting requirement for measures in the Public Health and Clinical Data Exchange objective. This approach fundamentally changes the architecture used to support public health reporting with no clear value add. We urge CMS to account for the administrative and financial burden that will be placed on health IT developers and the clinicians they support as they work to comply with regulatory requirements.

athenahealth looks forward to supporting this work and encourages CMS to continue to consider industry feedback to develop standardized approaches that reduce burden and ensure lasting value for patients and providers.

Regards,

A handwritten signature in black ink that reads "J. Michaels". The signature is written in a cursive, flowing style.

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