June 10, 2025

Dr. Mehmet Oz, Administrator
Centers for Medicare and Medicaid Services
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026 Rates; Requirements for Quality Programs; and Other Policy Changes

Attention: CMS-1833-P
Submitted electronically to http://www.regulations.gov

Dear Administrator Oz:

The Sequoia Project is pleased to submit comments to the Centers for Medicare and Medicaid Services (CMS) on interoperability-related provisions in the annual Medicare Inpatient Prospective Payment System proposed rule. We appreciate CMS's demonstrated record of responding thoughtfully to the comments that it receives on such proposed rules from its many stakeholders.

The Sequoia Project is a non-profit, 501(c)(3) public-private collaborative that advances the interoperability of electronic health information for the public good. The Sequoia Project has a long history of enabling nationwide interoperability through sustainable initiatives. We work with stakeholders from across healthcare and health IT to identify, prioritize, and collaboratively address the most pressing and impactful challenges to nationwide health information sharing.

Our Interoperability Matters initiative brings together providers, consumers, caregivers, payers, health IT companies, health information networks, federal agencies, and other stakeholders to focus on creating practical, consensus-driven approaches that result in substantial progress in interoperability health information sharing from a practical perspective. Our Interoperability Matters workgroups provide participants with an opportunity to engage with other leaders in health IT on a range of topics, including Consumer Engagement Strategy, Privacy & Consent, Payer-to-Payer API Implementation (for CMS-0057), Data Usability, Public Health, Pharmacy Interoperability and Information Blocking Compliance to promote information sharing.

We are also honored to have been selected by the Office of the National Coordinator for Health IT (ONC) to serve as the Recognized Coordinating Entity (RCE) for the Trusted Exchange Framework and Common Agreement (TEFCA).

Our decade of experience building public-private collaborations and launching and highly successful and sustainable nationwide health IT initiatives provides us with a unique

perspective on the proposed rule. We thank CMS for providing the opportunity to provide feedback.

Section X.F.5— Medicare Promoting Interoperability Program

Proposal To Modify the Public Health and Clinical Data Exchange Objective: Adoption of an Optional Bonus Measure for Public Health Reporting Using the Trusted Exchange Framework and Common Agreement (TEFCA)

The Sequoia Project supports the proposal to adopt an optional bonus measure under the Public Health and Clinical Data Exchange Objective to permit an eligible hospital or CAH to earn 5 bonus points if it is in active engagement with a Public Health Authority (PHA) to submit health information using TEFCA consistent with one or more of the measures under this objective. We appreciate the inclusion of TEFCA as an additional pathway for hospitals to demonstrate participation in health information exchange.

The Sequoia Project welcomes clear and ongoing collaboration across CMS and ASTP/ONC. TEFCA represents an important national investment in a federally recognized approach to nationwide health information sharing that will be most successful if there is widespread participation across the public and private sectors. The added bonus for participating in TEFCA for public health reporting will provide an appropriate, voluntary incentive for hospitals to participate in TEFCA.

General Solicitation of Comments

How could this initiative [TEFCA] potentially support exchange of FHIR-based quality measures and patient assessment submissions consistent with the FHIR Roadmap

TEFCA's support for FHIR-based exchange can significantly enhance the submission of quality measures and patient assessments by providing a standardized, scalable, and trusted infrastructure for data sharing. Facilitated FHIR[1] is currently an optional transaction type that QHINs can choose to support to facilitate use of by Participants and Subparticipants.

For those that choose to implement it, the Facilitated FHIR Implementation Standard Operating Procedure (SOP) defines specific requirements for participating in Facilitated FHIR through TEFCA. For HEDIS measures, the HL7 Data Exchange for Quality Measures Implementation Guide 4.0.0 - STU4 has been selected to allow for consistent measures. For General Quality Measures, the HL7 QI-Core Implementation Guide Implementation Guide 4.1.1 – STU4 has been selected to ensure submitted data aligns with the needs of the reporting agency. These two guides were

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[1] https://rce.sequoiaproject.org/wp-content/uploads/2024/07/SOP-Facilitated-FHIR-Implementation_508-1.pdf

developed to ensure effective exchange of measures using FHIR and will ensure a consistent dataset is submitted and used for measure reporting.

How could the Trusted Exchange Framework and Common Agreement™ (TEFCA™) support CMS quality programs' adoption of FHIR®-based assessment submissions consistent with the FHIR® Roadmap

CMS participation in TEFCA would encourage participation by the payer and providers communities, so that they could leverage simplified exchange methods for reporting. It could also reduce agency burden by reducing the need for one-off, program-specific reporting mechanisms.

The FHIR-based patient assessment instruments could be submitted through TEFCA using either Facilitated FHIR or IHE-based exchange using SOAP and HL7 Clinical Document Architecture (CDA).

The RCE has already identified and set requirements for HEDIS Reporting and Quality Measure Reporting within the [Healthcare Operations Implementation SOP][2], which details the use of consistent FHIR Implementation Guides and Exchange Purpose Codes for both HEDIS and Quality Measures.

Using the Facilitated FHIR Implementation SOP, which defines the Facilitated FHIR (Stage 2) FHIR Roadmap requirements, TEFCA identifies specifications for reporting measures via Facilitated FHIR. These requirements will allow for ease of participation for providers and payers to submit data to the CMS quality programs' system.

Setting a specific requirement or incentive for use of TEFCA-based FHIR Exchange for submissions will allow CMS to streamline and improve reporting with fewer needs to handle data variations.

How might TEFCA enable the use of patient assessment data for secondary uses such as treatment and research?

TEFCA allows for secondary uses of data as permitted by the Common Agreement and within the bounds of applicable law. The QHIN Technical Framework and Exchange Purposes Implementation SOPs specify standards for data content and format, which means the data exchanged is consistently formatted and encoded, making it easier to use and understand. TEFCA also will allow for easier transmission of the data between agencies and organizations by creating an environment where FHIR exchange can be done with high efficiency due to the pre-agreed technical and policy

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[2] https://rce.sequoiaproject.org/wp-content/uploads/2025/04/SOP-HCO-XP-Implementation-v1.1_April-2025_508.pdf

requirements set by the TEFCA documents, including the Common Agreement, QHIN Technical Framework and SOPs.

By reducing the burden of exchange, this information can be made more available within a standardized, scalable, and trusted infrastructure to research organizations and treatment providers.

TEFCA may also be expanded over time to include additional exchange purposes, such as research and authorization-based exchange.

Conclusions

We thank CMS for providing the opportunity to comment on this proposed rule. Again, we strongly support CMS's intention to focus its incentive programs on interoperability and patient access. We urge CMS to offer positive incentives for participation in public and private sector health information exchange solutions and encourage CMS to collaborate with the industry and federal partners to increase value and reduce burden associated with nationwide data sharing.

The Sequoia Project is eager to assist CMS in advancing secure, nationwide interoperable health information exchange for the public good. CMS participation in TEFCA represents a strategic opportunity to streamline quality reporting, enhance public health data exchange, and facilitate secondary uses of data within a standardized, scalable, and trusted framework. This alignment would also reduce variability and burden for payers and providers participating in federal programs.

Most respectfully,

Mariann Yeager
CEO, The Sequoia Project