September 12, 2025

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

Re: Medicare and Medicaid Programs: Calendar Year 2026 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

Attention: CMS-1832-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 the above Proposed Rule. These comments draw on our extensive experience supporting large-scale, nationwide health information exchange initiatives. With over a decade of experience building public-private collaborations and implementing successful nationwide health IT programs, and as the Recognized Coordinating Entity (RCE) for the Trusted Exchange Framework and Common Agreement (TEFCA) selected by the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health IT (ASTP/ONC), we bring a practical, real-world perspective on the issues addressed in the proposed rule.

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. With a long history of enabling nationwide health information exchange, we work closely with stakeholders across healthcare and health IT to identify, prioritize, and collaboratively address the most pressing barriers to interoperability. Our Interoperability Matters initiative convenes providers, caregivers, payers, health IT companies, health information exchanges, federal agencies, and other stakeholders to develop practical, consensus-driven solutions that meet the needs of diverse participants across the health ecosystem. Through our

Interoperability Matters workgroups, participants engage with leaders in health IT on a range of topics, including Data Usability, Consumer Strategy, Privacy & Consent, Payer-to-Payer Data Exchange, Public Health, and Information Sharing.

Section IV. – Updates to the Quality Payment Program

IV.(4)(e)(iii) Public Health Reporting Using TEFCA

We seek public comment on the proposal to adopt the Public Health Reporting Using TEFCA measure as an optional bonus measure under the Public Health and Clinical Data Exchange objective beginning with the CY 2026 performance period/2028 MIPS payment year.

The Sequoia Project supports the adoption of the proposed optional Public Health Reporting Using TEFCA measure under the Public Health and Clinical Data Exchange objective. The possible 5 bonus points rewarded to those eligible clinicians that attest to active engagement with a PHA to submit electronic production data for one or more of the objective measures using TEFCA is an encouraging step towards incentivizing a more interoperable future. We welcome and appreciate the addition of TEFCA in this effort.

The Sequoia Project is proud to serve as the Recognized Coordinating Entity in support of TEFCA in partnership with ASTP/ONC. TEFCA remains a key component in the federally recognized approach to nationwide health information exchange across public and private sectors. CMS and ONC's continued collaboration on incentives like the proposed bonus conveys an appropriate and clear signal that providers are an essential part of the public health partnership.

IV. 4 (3) General Solicitation of Comments

How could [TEFCA] potentially support exchange of FHIR-based quality measures consistent with the FHIR Roadmap (available here: https://rce.sequoiaproject.org/three-year-fhirroadmap-for-tefca/)?

TEFCA provides a standardized, scalable, and trusted infrastructure for FHIR-based Exchange, including quality measure exchange. Currently, the Facilitated FHIR Implementation Standard Operating Procedure (SOP) defines specific requirements for participating in Facilitated FHIR through TEFCA. Participation in Facilitated FHIR is optional and QHINs can choose to support use by their Participants and Subparticipants. QHINs are currently testing Facilitated FHIR functionality on a network scale to support use cases like individual access services and care coordination.

The FHIR Roadmap for TEFCA Exchange charts a clear path for expanding FHIR capabilities and envisions four stages of FHIR availability, ultimately resulting in required support for QHIN-brokered exchange. The RCE's FHIR Implementation Advisory Group draws on efforts such as the FAST Initiative to track progress and inform future steps toward deploying FHIR at scale.

For quality measure exchange specifically, TEFCA offers several advantages.

1. Participants can discover and connect to FHIR endpoints across TEFCA.
2. Participants will implement consistent implementation guides for use cases like quality measure reporting. For example, the Health Care Operations Exchange Purpose Implementation SOP currently references implementation guides like the HL7 Data Exchange for Quality Measures Implementation Guide 4.0.0 - STU4 and the HL7 QI-Core Implementation Guide Implementation.
3. Participants sign on to the Common Agreement and Terms of Participation, which provide a uniform legal and operational framework for data sharing.

Taken together, TEFCA's governance, shared technical standards, and growing FHIR capabilities make it a strong vehicle for nationwide exchange of FHIR-based quality measures. We encourage CMS to participate in TEFCA to further promote the use of nationwide exchange to both collect and submit quality data. In its role as the RCE, The Sequoia Project stands ready to work with CMS, ASTP, and other partners to improve quality reporting through TEFCA.

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

Under TEFCA, Participants and Subparticipants can request and receive health information from a broad array of data holders for exchange purposes for which they are authorized. Current authorized purposes include Treatment, Payment, Health Care Operations, Public Health, Individual Access Services (IAS), and Government Benefits Determination. Over time, TEFCA may expand to include additional Exchange Purposes, such as Research and authorization-based use cases.

TEFCA allows for secondary use of data as permitted under the Common Agreement and applicable law. In practice, this means that data received for one authorized exchange purpose may be reused for other activities, in compliance with applicable law. For

example, an individual may obtain their own health information through the IAS exchange purpose and then use it to support research, social services, or other initiatives that enhance patient care.

IV. 4.(K) RFI Regarding Data Quality

What are the primary barriers to collecting high-quality data? What resources do you believe could help your organization address these challenges?

The Sequoia Project convenes the Data Usability Workgroup (DUWG) to create pragmatic implementation guides that improve the quality, reliability, and usability of health data exchanged across the healthcare ecosystem. Its primary objective is to improve the quality and usability of data received by end-users within their workflows. The DUWG's work is supported by a broad array of stakeholders, including healthcare providers, health IT developers, health information exchanges, consumers, patients, and other interested parties, ensuring a comprehensive approach to addressing data exchange challenges. The group now includes more than 500 participants representing over 300 organizations.

The DUWG's guides are designed to solve real-world challenges and improve the reliability of exchanged data across clinical and operational settings. To support adoption, the Sequoia Project and AHIMA co-sponsor the Taking Root Movement, which provides a community of practice to help organizations implement DUWG guidance, share lessons learned, and accelerate progress. In parallel, the Interoperability Matters initiative brings together public and private stakeholders to identify and address priority barriers. Together, these initiatives ensure that resources to improve data usability are not static, but actively maintained, tested, and refined. Collectively, they provide a strong foundation for organizations across the healthcare ecosystem to advance the quality, completeness, and trustworthiness of exchanged health data.

The DUWG has identified persistent barriers that limit the reliability and usability of exchanged clinical data. These challenges undermine provider trust, increase clinician burden, and reduce the effectiveness of data for care.

Key issues include:

- **Provenance and Traceability** – Provenance elements are often missing from sending systems, not displayed in receiving systems, or lost during intermediary transformations. Current exchange standards (HL7 C-CDA, FHIR, HL7 v2.x) do not

consistently support the capture or exchange of provenance attributes in routine workflows, reducing confidence in the accuracy of shared data.

- **Coding and Semantic Interoperability** – Mapping common concepts across code sets remains difficult, especially in multi-hierarchical terminologies like SNOMED CT. Inconsistent representation in C-CDA documents contributes to clinician frustration and diminished trust in exchanged data.
- **Information Overload and Missing Detail** – Clinicians often face either excessive, non-actionable information or missing critical data. "No Data Available" responses and incomplete laboratory results, lacking details such as specimen type, reference ranges, or standardized codes, waste clinician time and compromise decision-making.
- **Duplicate Information** – Repeated transmissions across systems generate significant duplication, forcing clinicians to filter and reconcile records and making it difficult to determine the most current information.
- **Patient Matching** – Inconsistencies in demographic data, such as variations in names and addresses, impede accurate patient matching and prevent proper linking of records, directly impacting care delivery.
- **Context and Searchability** – The volume and variability of exchanged data make it difficult to understand clinical context. Users need clear indicators of temporality, completeness, and status, as well as consistent document classification and search functionality to locate relevant information.
- **Narrative Documentation** – Ambiguity in document nomenclature and inconsistent handling of narrative content reduce the value of clinical summaries. Overlap among CCD document types and inconsistent delivery of narratives prevent clinicians from reliably accessing critical patient information.
- **Laboratory Interoperability** – Laboratory data exchange remains highly variable. Limited adoption of standards and reliance on paper, fax, or PDFs continue to cause errors, delays, and data loss. Even where standards are used, essential details are often omitted, and results stored as unstructured formats are not easily usable for decision support or longitudinal analysis.

The DUWG's existing body of work provides practical resources that are already available, actively advanced across the industry, and well-positioned to address these challenges. The DUWG Implementation Guides, now in Version 2.0, offer actionable, consensus-based recommendations for immediate use. The Taking Root Movement provides a collaborative community to support adoption and accelerate real-world impact. The Interoperability

Matters initiative ensures these resources remain responsive to stakeholder needs and evolving care delivery. Together, these initiatives form a comprehensive and practical framework for improving data usability and reliability nationwide. We encourage CMS and other organizations to work collaboratively with the Sequoia Project to leverage existing resources, including the DUWG Implementation Guides, and the Taking Root Movement to address ongoing data usability challenges.

Conclusion

We thank CMS for providing the opportunity for the public to comment on the proposed rule. As mentioned above, we strongly support CMS' approach to incentivizing utilization of TEFCA for Public Health Reporting via the proposed bonus measure. We also urge CMS to continue public and private sector collaboration to improve data usability by leveraging the consensus-based resources we have developed with the help of a broad coalition of stakeholders and industry leaders.

Most respectfully,

Mariann Yeager
CEO, The Sequoia Project