Courtney Lawrence
Senior Vice President
Government Affairs and Global Public Policy
The Cigna Group
701 Pennsylvania Avenue, NW
Suite 720
Washington, DC 20004
Telephone (202) 719-6761
Courtney.Lawrence@TheCignaGroup.com

June 12, 2025

VIA ELECTRONIC SUBMISSION TO www.regulations.gov

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0042-NC
P.O. Box 8013
Baltimore, MD 21244-8013

Re: CMS-0042-NC; Request for Information; Health Technology Ecosystem

To Whom It May Concern,

The Cigna Group welcomes the opportunity to respond to the Request for Information (RFI) on the Health Technology Ecosystem issued by the Centers for Medicare & Medicaid Services (CMS) and the Assistant Secretary for Technology Policy (ASTP). We appreciate CMS's and ASTP's efforts to better understand and enhance the market of digital health products for Medicare beneficiaries as well as the state of data interoperability and broader health technology infrastructure.

The Cigna Group is a global health company committed to improving health and vitality. Our Cigna Healthcare and Evernorth Health Services divisions are providers of medical, pharmacy, dental, behavioral health, and related products and services, with over 182 million customer and patient relationships in the more than 30 countries and jurisdictions in which we operate. In the United States, Cigna Healthcare provides medical coverage to approximately 16 million Americans in the commercial group health plan market, predominantly in the self-insured segment. For 2025, we are providing individual market coverage in 337 counties across 11 states, both on- and off-Exchange, currently insuring over 440,000 individual market customers.

Our health services business, Evernorth Health Services, includes a broad range of coordinated and point solution health services and capabilities, in pharmacy benefits, home delivery pharmacy, specialty pharmacy, distribution, and care delivery and management solutions, which are provided to health plans, employers, government organizations, and health care providers. Across all segments we serve, The Cigna Group is focused on working to deliver health care that is affordable, predictable, and simple – so people can live healthier, more vibrant lives.

With that context in mind, The Cigna Group offers the following comments on the Health Technology Ecosystem RFI.

* * *

The Cigna Group looks forward to supporting CMS's and ASTP's efforts to improve access to digital health products, data interoperability, and patient access, as well as efforts to identify policy and infrastructure opportunities to support care navigation, health management apps, and data exchange across the ecosystem. We have focused our RFI recommendations on the payer-focused questions in Section D of the RFI, which are included below.

PA-1. What policy or technical limitations do you see in TEFCA? What changes would you suggest to address those limitations? To what degree do you expect these limitations to hinder participation in TEFCA?

Recommendation: The Cigna Group urges ASTP to implement the Payment and Healthcare Operations Exchange Purposes (XPs) within the Trusted Exchange Framework and Common Agreement™ (TEFCA™) as soon as possible and to prioritize the prior authorization use case. In addition, we recommend phasing out document-based exchange in TEFCA exchange and instead *requiring* exchange via Health Level 7® (HL7®) Fast Healthcare Interoperability Resources® (FHIR®) application programming interfaces (APIs) as soon as possible. We urge ASTP to operationalize the prior authorization use case and begin requiring responses via FHIR APIs no later than January 1, 2026.

The Cigna Group appreciates the promise of TEFCA to advance nationwide health interoperability and improve patient care. One of the ways that TEFCA adds significant value to the existing health interoperability ecosystem is by expanding the reasons for exchange beyond the Treatment XP. Unfortunately, TEFCA currently only requires a response to queries for the Treatment and Individual Access Services (IAS) XPs, which limits the value of TEFCA exchange to the payer community.

We understand that ASTP originally developed the QHIN Technical Framework (QTF) with document-based exchange to meet the market's needs at the time, acknowledging the practical considerations and existing infrastructure of many stakeholders. However, Facilitated FHIR as currently implemented in TEFCA is limiting and the health care industry requires a faster transition to FHIR-based exchange to maintain TEFCA's momentum and ensure that the framework remains relevant and effective. Only when FHIR-based exchange is *required* for TEFCA exchange will all participating entities fully transition away from document-based exchange. The FHIR Roadmap provides a structured plan to achieve this transition, but accelerating the timeline for requiring responses via FHIR is crucial. FHIR offers enhanced interoperability, real-time data exchange, and greater flexibility compared to Integrating the Healthcare Enterprise (IHE) document-based methods. By expediting the requirement to use FHIR-based exchange, TEFCA can drive more efficient and advanced health care data sharing, ultimately improving patient care and operational efficiencies across the industry.

The Cigna Group also appreciates CMS's continued commitment through the CMS Interoperability and Prior Authorization final rule (CMS-0057-F) to reduce patient, provider, and payer burden by streamlining prior authorization processes, moving the industry toward electronic prior authorization, and increasing efficiency by ensuring that health information is readily available by leveraging HL7 FHIR standards. In accordance with the final rule requirements, we are working to implement certain provisions generally by January 1, 2026 and to meet the API development and enhancement requirements by January 1, 2027.

Due to the urgency within the health care ecosystem to improve prior authorization processes, we are aiming to implement our APIs in advance of the January 1, 2027 deadline. As such, we are exploring the best network-based approach for leveraging our APIs once implemented. We believe TEFCA could be an effective framework for utilizing our APIs and exchanging electronic health information across networks. TEFCA's network-of-networks approach to health information exchange has the potential to eliminate barriers to participation that have historically plagued the payer community, including a lack of reciprocity in sharing electronic health information with payers and unreasonable

fees associated with accessing and exchanging electronic health information. TEFCA's requirements related to reciprocity guarantee that all participating entities, including payers, contribute to and benefit from the data exchange. Through TEFCA, ASTP can create an equitable fee structure that limits the fees charged to payers for health information exchange, making it more financially feasible and attractive for payers to engage in these activities. We encourage ASTP to update "*Table 2. Required Response and Permitted Fees*" in the Exchange Purposes Standard Operating Procedures (SOP)[1] no later than January 1, 2026 to ensure that the fees charged to payers using the Payment and Health Care Operations XPs are reasonable and do not limit payer participation in TEFCA exchange.

In order for the payer community to realize the immense potential value of TEFCA, ASTP must move quickly to require FHIR-based exchange and implement the Payment and Health Care Operations XPs—and specifically the prior authorization use case—so that payers, like The Cigna Group, can implement the CMS-mandated APIs without delay and begin partnering with providers and other health care stakeholders to advance nationwide interoperability.

Recommendation: The Cigna Group recommends that HHS create a certifying authority for Unified Data Access Profiles (UDAP) / Security for Scalable Registration, Authentication, and Authorization (SSRAA) to support standardized and secure data exchange across the health care industry that allows for the dynamic registration of clients and an authority for managing certifications. A certifying authority would provide a centralized and trusted entity to validate that organizations adhere to the stringent security and interoperability standards set forth by UDAP/SSRAA. This would enhance confidence among stakeholders that their data is protected against breaches and unauthorized access. Moreover, a certifying authority can streamline the certification process, reduce redundancy, and promote consistency in the implementation of security measures. By doing so, it fosters a more secure and efficient health care ecosystem, facilitating more seamless data sharing while safeguarding patient information.

Recommendation: The Cigna Group urges ASTP to create separate TEFCA directories for providers and non-providers to streamline the capture of participant names, organization (facility) alignment, demographics, specialty, URLs, and other essential information. This separation would allow for more accurate and efficient data management, ensuring that each directory contains pertinent and relevant information tailored to the needs of its users. By implementing distinct directories, the TEFCA framework can better support the diverse requirements placed on different participants, thereby enhancing the overall functionality and usability of the framework. Additionally, this approach will facilitate TEFCA's expansion by accommodating a growing number of future use cases and enabling the framework to adapt and scale to the ever-evolving health care landscape.

During the RFI listening session on June 3, 2025, we heard that CMS is planning to build a national provider directory that, we believe, would be independent of the TEFCA directory(ies). We support the development of the national provider directory and encourage CMS to align the national provider directory with the TEFCA directory(ies).

PA-2. How can CMS encourage payers to accelerate the implementation and utilization of APIs for patients, providers, and other payers, similar to the Blue Button 2.0 and Data at the Point of Care APIs released by CMS?

[1] Standard Operating Procedure (SOP): Exchange Purposes (XPs), https://rce.sequoiaproject.org/wp-content/uploads/2024/07/SOP-Exchange-Purposes_CA-v2_508.pdf#page=5.

Recommendation: The Cigna Group recommends that HHS continue to strengthen coordination across the Department—as well as other departments within the federal government—on issues related to health data interoperability. This includes the implementation and utilization of APIs and incentivizing the use of APIs through TEFCA exchange, which will make the TEFCA framework more useful and valuable to the payer community. All agencies within HHS should align policies and processes regarding API implementation, with ASTP acting as the central coordinator to ensure consistency in definitions, timing, incentives, etc. This unified approach will foster a more seamless and standardized environment for data exchange, enabling payers to leverage APIs more effectively and driving broader adoption and integration. Enhanced coordination will also support harmonized policies and initiatives across HHS (and the broader federal government), reducing redundancy and promoting a cohesive strategy for advancing health data interoperability.

PA-3. How can CMS encourage payers to accept digital identity credentials (for example, CLEAR, ID.me, Login.gov) from patients and their partners instead of proprietary logins?

Recommendation: The Cigna Group recommends that CMS establish and adopt a proven approach and process for digital identity credentials, consistent with industry best practices, prior to addressing payer adoption of digital identity credentials. We were encouraged by the discussion on this topic during the RFI listening session on June 3, 2025 and support CMS's efforts to advance digital identity credentials, which will enable payers to transition from proprietary logins to standardized digital identity credentials with confidence in their security and reliability. To facilitate this shift, CMS should ensure that the costs and prices associated with adopting digital identity credentials remain reasonable and do not impose undue financial burdens on payers. Additionally, it is important that the payer perspective is well represented in the development of related policies and practices so that they address the payer community's unique needs. By doing so, CMS can create a robust framework that supports the widespread adoption of digital identity credentials, enhancing interoperability and streamlining access to electronic health information across the payer community.

Recommendation: The Cigna Group urges ASTP to continue to expand TEFCA adoption to minimize barriers to payer access to electronic health records from various stakeholders, including health IT vendors. Historically, payers have faced challenges in accessing appropriate and needed electronic health information. By addressing these challenges, TEFCA can motivate payers, including The Cigna Group, to shift away from proprietary logins, thereby streamlining access and improving the efficiency of health information exchange.

PA-4. What would be the value to payers of a nationwide provider directory that included FHIR end points and used digital identity credentials?

Recommendation: The Cigna Group believes there would be significant value for payers in a nationwide provider directory that includes FHIR endpoints and utilizes digital identity credentials, provided the directory is appropriately modeled. Such a directory should be housed and maintained by a coordinating entity (i.e., the Recognized Coordinating Entity® (RCE®)) that is responsible for regularly adding entries and maintaining the accuracy and comprehensiveness of the entries. Additionally, we recommend HHS create a separate payer directory adhering to the same requirements. This structured approach would enhance interoperability and improve the efficiency of health care data management for all stakeholders involved.

PA-5. What are ways payers can help with simplifying clinical quality data responsibilities of providers?

a. How interested are payers and providers in EHR technology advances that enable bulk extraction of clinical quality data from EHRs to payers to allow them to do the calculations instead of the provider-side technology?

Recommendation: The Cigna Group is very interested in EHR technology advances that enable bulk extraction of clinical quality data from EHRs to payers. However, we recognize that the current dynamics within the commercial marketplace must first evolve—with a focus on trust between providers and payers and a strong business case for making the change for both parties.

b. In what ways can the interoperability and quality reporting responsibilities of providers to both CMS and other payers be consolidated so investments can be dually purposed? Are there technologies payers might leverage that would support access to real time quality data for healthcare providers to inform clinical care in addition to simplifying reporting processes?

Recommendation: The Cigna Group recommends HHS make TEFCA work for payers with required FHIR-based exchange, which will enhance data sharing between providers and payers and support access to real-time quality data for health care providers to inform clinical care. For additional details on this recommendation, see our earlier recommendations in response to PA-1.

PA-7. How can CMS encourage payers to submit information blocking complaints to ASTP/ONC's Information Blocking Portal? What would be the impact? Would it advance or negatively impact data exchange?

Recommendation: The Cigna Group encourages HHS to show payers, as well as the rest of the health care community, that the HHS Office of Inspector General (OIG) will enforce the information blocking regulations. To date, there have been no federal information blocking cases. As such, bad actors have not been significantly deterred from interfering with the access, exchange, and use of electronic health information. Bolstering information blocking enforcement would encourage payers and other stakeholders within the health care ecosystem to report information blocking claims and would help advance nationwide data exchange.

* * *

Thank you for your consideration of these comments. The Cigna Group would welcome the opportunity to discuss these issues with you in more detail at your convenience.

Respectfully,

Courtney Lawrence
Senior Vice President, Government Affairs and Global Public Policy
The Cigna Group