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June 16, 2025

Stephanie Carlton, Deputy Administrator of the Centers for Medicare & Medicaid Services
Steven Posnack, Acting Assistant Secretary for Technology Policy, Acting National Coordinator for Health Information Technology
7500 Security Boulevard
Baltimore, Maryland, 21244

Submitted electronically via regulations.gov

RE: Request for Information: Health Technology Ecosystem (CMS-0042-NC)

Dear Deputy Administrator Carlton and Acting Assistant Secretary Posnack:

This letter is in response to the "Request for Information: Health Technology Ecosystem" issued by the Centers for Medicare & Medicaid Services (CMS) and Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC) (collectively, ASTP/ONC) on May 16, 2025.

Humana Inc., headquartered in Louisville, Kentucky, is a leading health care company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being. Humana currently serves approximately 5.8 million beneficiaries enrolled in our Medicare Advantage (MA) plans and 2.4 million beneficiaries enrolled in our Medicare Part D Prescription Drug Plans (PDPs). As one of the nation's top contractors for MA, we are distinguished by our long-standing, comprehensive commitment to Medicare beneficiaries across the United States. These beneficiaries – a large proportion of whom depend upon the MA program as their safety net – receive integrated, coordinated, quality, and affordable care through our plans. Our perspective is further shaped by the comprehensive medical coverage we provide for Medicaid beneficiaries in nine states.

Humana is broadly supportive of efforts to improve data exchange and leverage technology to improve outcomes and experiences for patients, while reducing administrative burden for providers and payers. Taken together, Humana sees significant opportunity to use technology to avoid unnecessary or low-value care and yield savings for patients and the federal government alike. We look forward to collaborating with CMS and ASTP/ONC on health technology initiatives alongside other healthcare stakeholders as we work collectively to improve U.S. healthcare.

We hope that you consider our comments as constructive feedback aimed at ensuring that together we continue to advance our shared goals of improving the delivery of coverage and services in a sustainable, affordable manner to beneficiaries, focused on improving their total health care experience.

If you have any questions, please do not hesitate to reach out to me at mhoak@humana.com and 571-466-6673.

Sincerely,

Michael Hoak
Vice President, Public Policy

Request for Information: Health Technology Ecosystem

D. Payers

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?

> **Humana comment:** Humana appreciates the Administration's interest in encouraging participation and accelerating implementation and utilization of APIs and we very much share that goal. Requiring payers to develop standardized APIs without adopting strong incentives to drive utilization is an inefficient approach to interoperability.
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> Humana believes that stronger action from CMS to drive provider utilization of the Prior Authorization API would be a significant benefit to patients, providers, and payers. We appreciate CMS adopting attestation-based measures for the Merit-based Incentive Payment System (MIPS) and the Promoting Interoperability Program as a first step to promoting adoption of the Prior Authorization API. As CMS explores transitioning from attestation-based measures to performance-based measures in the Promoting Interoperability program, we urge the agency to consider transitioning the Electronic Prior Authorization measure from an attestation-based measure to a performance-based measure as originally proposed in the Promoting Interoperability and Prior Authorization rule.

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

> **Humana comment:** Humana strongly supports the development of a nationwide provider directory, as evidenced by our comments in response to CMS's October 2022 Request for Information on National Directory of Healthcare Providers & Services (CMS–0058– NC).
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> We are supportive of the efforts to move forward and would welcome the opportunity to play a greater role in the ongoing discussions. Multiple payer organizations met with a CMS group in December 2020 through a meeting coordinated by the Council for Affordable Quality Healthcare (CAQH). The payer group discussed with CMS the creation of a NDH and presented various options for moving forward. Notably, the payer group urged CMS to consider establishing a task force including payers and providers as part of a NDH development process. Humana believes that a NDH created and maintained by CMS has the potential to increase consumer satisfaction through increased directory accuracy, reduce payer costs by reducing manual processes to obtain and maintain provider directory information, and ease provider burden by streamlining the process for providing directory data. Our experience with provider directory accuracy efforts demonstrates that this is a monumental effort. Leaving seemingly minor items unresolved could lead to continuing data issues and increased burden on providers and payers to manage both those items not included in an NDH as well as the items unresolved through the creation of an NDH.
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> As CMS evaluates potential operations of a NDH, Humana encourages CMS to consider the latency in updates between the CMS systems, as well as the time and resources needed to match and rationalize the data. Humana believes that focusing initial implementation efforts on

provider demographic data and provider identifiers, such as the National Provider Identifier (NPI), would help make deployment of a NDH more manageable. In addition to NPPES, PECOS and Medicare Care Compare, Humana urges CMS to allow and encourage state-based resources to connect to the NDH with an emphasis on provider demographic data and identifiers to support data matching. Humana also encourages CMS to consider incorporating information from the Behavioral Health Resource Locator developed by the Substance Abuse and Mental Health Services Agency (SAMHSA). We believe information for Substance Abuse and Mental Health programs from this SAMHSA system could be an important addition to an NDH.

Humana believes that an NDH could make data about healthcare providers and services more accurate, translating to improvements in patients' ability to find care and saved time for providers and payers. Humana believes an NDH could ease data submission burden for providers by leveraging existing public-private partnerships. Under such a model, providers would submit the required data to approved organizations that in turn could submit the provider data to the NDH.

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?

Humana comment: Humana supports the development of EHR technology advances that enable bulk extraction of clinical quality data from EHRs. Leveraging FHIR standards and aligned quality measures can reduce provider burden by allowing payers to access standardized clinical data directly, rather than relying on manual reporting. Ensuring that EHRs include necessary data elements—such as those outlined in the USCDI—can improve data completeness and support more timely, accurate measurement, ultimately driving better outcomes across value-based care models.

To enable this vision, Humana encourages investment in national infrastructure, including bulk FHIR endpoints, endpoint directories, and robust exchange networks. CMS and ASTP can play a pivotal role by creating and certifying open, standards-based clinical libraries that eliminate licensing barriers and promote widespread adoption. Aligning with both Medicare fee-for-service and commercial payers on shared clinical libraries and codified medical policies would further streamline quality measurement. Humana also urges CMS to consider the cost and scalability challenges associated with bulk FHIR data—particularly around storage and transmission—and supports the use of networks like TEFCA to enable more efficient, centralized data exchange and reduce reliance on fragmented payer-to-payer models.