

October 21, 2022

Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

On behalf of the 30 member companies of the Electronic Health Record (EHR) Association, we are pleased to offer our comments to the Centers for Medicare & Medicaid Services (CMS) on the Medicaid Program and CHIP; Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting proposed rule (CMS-2440-P).

The EHR Association's member companies serve the vast majority of hospitals, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs and other health IT across the United States. Our core objective is to collaborate to improve the quality and efficiency of care through innovative, interoperable health information technology adoption and use.

As an industry, EHR developers have experienced significant challenges in attempting to support disparate state quality measurement and reporting requirements. We are enthusiastic about this opportunity to synchronize annual reporting for Medicaid and CHIP core data sets.

Sincerely,




Hans J. Buitendijk
Chair, EHR Association
Cerner Corporation



David J. Bucciferro
Vice Chair, EHR Association
Foothold Technology

AdvancedMD	CureMD	Flatiron Health	MEDITECH, Inc.	Office Practicum
Allscripts	eClinicalWorks	Foothold Technology	Medsphere	Oracle Cerner
Altera Digital Health	eMDs – CompuGroup Medical	Greenway Health	Modernizing Medicine	Sevocity
Athenahealth	Endosoft	Harris Healthcare Group	Netsmart	STI Computer Services
BestNotes	Epic	MatrixCare	Nextech	TenEleven Group
CPSI	Experity	MEDHOST	NextGen Healthcare	Varian – A Siemens Healthineers Company

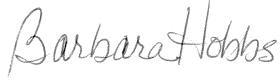
HIMSS EHR Association Executive Committee



Pamela Chapman
Experity



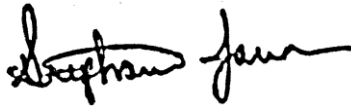
William J. Hayes, M.D., M.B.A.
CPSI



Barbara Hobbs
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Cherie Holmes-Henry
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Stephanie Jamison
Greenway Health



Sasha TerMaat
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Established in 2004, the Electronic Health Record (EHR) Association is comprised of 30 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families. The EHR Association is a partner of HIMSS. For more information, visit www.ehra.org.

Electronic Health Record Association

Comments on Centers for Medicare & Medicaid Services (CMS) on the Medicaid Program and CHIP; Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting proposed rule (CMS-2440-P).

Overview

Broadly, the EHR Association encourages consistency across CMS programs (Medicare and Medicaid) for quality measure development, duration, and methods of submissions. As developers of the EHR systems that house much of the quality data to be reported to States for Medicaid and CHIP core data sets, we offer specific feedback on proposed timelines, reporting guidance, and technical considerations.

1. Proposed Timeline

The EHR Association supports the proposed 5-year timeline for phased-in stratification, so long as States do their part in providing timely definitions and reporting requirements for measures that must be implemented and supported by health IT developers. As a standard best practice, we recommend a minimum of eighteen months to develop, test, and deploy new reporting requirements once a state announces readiness and - most critically - provides specifications.

When phasing-in reporting of health outcomes and survey measures, the EHR Association recommends a few years of optional reporting for outcome and survey measures to ensure a successful submission.

2. Reporting Guidance

The EHR Association agrees that synchronizing reporting across states will reduce the overall reporting burden and offer more meaningful quality data comparisons; we therefore support requiring adherence to reporting guidance as outlined, updating reporting guidance for all measures annually, with a standardized format and procedures for State reporting of Core Sets measures.

To retain consistency with current quality reporting frequencies, the EHR Association recommends annual reporting of health outcomes and survey measures for Medicaid and CHIP. Additionally, we note that outcome measures are often designed for the full calendar year. As such, truncating the reporting period could have a negative impact on the measure logic, ultimately causing the measure to be innately flawed and without accurate measurement.

3. Technical Considerations for Reporting Health Outcomes and Survey Measures

We anticipate that health IT solutions will no longer support Electronic Clinical Quality Measures (eCQMs) once we have achieved the CMS-expressed goal to transition provider organizations to Digital Quality Measures (dQMs). As such, the EHR Association recommends that this is an opportunity to synchronize Medicare and Medicaid programs by requiring States to use Fast Healthcare Interoperability Resources (FHIR). Otherwise, there is significant risk of creating an environment in which some entities make the switch to dQMs while others

stay on eQMs, which would be an unnecessarily inefficient scenario for health IT developers and provider organizations.

To advance data standardization, the consistency of data definitions is fundamental to ensuring analysis and interpretation across the health system. To assist States in accurately reporting race, ethnicity, and other demographic data; data linkages; and programmatic requirements, the EHR Association recommends States remain consistent with the version of the United States Core Data for Interoperability (USCDI) referenced in the then current certification rules.