



September 26, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1715-P, Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations

Submitted electronically via www.regulations.gov re: CMS-1715-P

Dear Administrator Verma,

athenahealth, Inc. (“athenahealth” or “athena”) appreciates the opportunity to respond to the changes outlined in the CY 2020 Medicare Physician Fee Schedule and Quality Payment Program (QPP) Proposed Rule.

Over the past twenty-one years, athenahealth has built a network of over 160,000 clinicians in both the ambulatory and acute settings. We provide electronic health record (EHR), practice management, care coordination, patient engagement, data analytics, revenue cycle management, and related services to physician practices and hospitals. More than 116,000 of our clinicians utilize our single instance, continuously updated, cloud-based platform. Since announcing a combination with Virence Health in early 2019, we also support on-premise software solutions. In both hosting paradigms, athenahealth seeks out and establishes connections with partners across the care continuum, enabling our clinicians to improve the quality of care they deliver. As the #1 rated KLAS Most Interoperable EHR in 2017, we integrate with more than 1,800 insurance payers, 12,000 labs and imaging centers, and 95% of pharmacies in the U.S.

Below please find our specific comments and requests for clarification on the Proposed Rule:

1) Qualified Registries: *Quality, Improvement Activities, and Promoting Interoperability Performance Categories*

Section III. Other Provisions of the Proposed Regulations. K. CY 2020 Updates to the Quality Payment Program. 3 MIPS Program Details. g. Third Party Intermediaries

The proposed rule does not appropriately account for use cases in which a health IT vendor acts as both an EHR and a Qualified Registry. For example, athenahealth, as well as several other vendors are classified as both an EHR and Qualified Registry. As an EHR, we support three performance categories: Promoting Interoperability (PI), Improvement Activities (IA), and Quality. As a Qualified Registry, we support the Quality performance category. To add the requirement for Qualified Registries to support the PI, IA, and Quality performance categories is redundant and leads to additional reporting burden. It is our goal to act as a trusted technology partner to our clinician clients. The duplication of this administrative and reporting requirement impacts vendor resource allocation and the ability to support clinicians in a variety of CMS

quality programs. We ask CMS to exempt EHRs that are also Qualified Registries from duplication across performance categories. We believe it is sufficient to ensure that all categories are supported, regardless of whether it is accomplished via EHR or Qualified Registry.

2) MIPS Value Pathways (MVP) and Multi-Specialty Groups

Section III. Other Provisions of the Proposed Regulations, K. CY 2020 Updates to the Quality Payment Program. 3. MIPS Program Details. (3) Implementing MVPs

We appreciate CMS's efforts to reduce reporting burden by moving towards an aligned set of measure options more relevant to a clinician's scope of practice. As part of CMS's broad goal to address clinician burnout, we encourage the agency to provide flexibility to providers during the early evolution and adoption of these new specialty measure sets. athenahealth supports providers that consist of multiple specialty groups operating under a single practice. The new measure requirements create additional burden for EHRs and multi-specialty provider practices to report more measures. The new requirements will require technology vendors to select specific specialties to support for reporting purposes, rather than broadly supporting a diverse client base. Allowing for flexibility and a gradual adoption period will better help EHR vendors work alongside their specialty clients to support them in taking on more risk in the transition to value-based care.

3) Scoring API

Section III. Other Provisions of the Proposed Regulations, K. CY 2020 Updates to the Quality Payment Program

athenahealth applauds CMS for its efforts to continuously improve the MIPS program and related scoring. We also recognize that CMS has gone through a broader initiative to update and modernize the agency's technology and the ability to share information with the industry. Historically, the scoring API has been released towards the end of each Performance Year. This late release makes it difficult for vendors to appropriately prepare and provide the necessary tools for providers to be successful. As providers continue to be measured on the quality and cost of care they deliver and take on more risk, it is essential that they have real-time or near real-time access to their performance data. Our concern is that proposed changes will further delay CMS's ability to release scoring APIs in a timely fashion. As CMS continues to update and improve the QPP, we encourage the agency to ensure their technical capabilities maintain pace with the proposed changes and effectively minimize burden for providers and their vendors. We support CMS's modernization of their technology, including the MyHealthEData initiative, and encourage the agency to continue its focus to deliver physician feedback in a more timely manner.

In summary, athenahealth appreciates the opportunity to provide comments and input on the Proposed Rule, and we look forward to continued collaboration with CMS in improving interoperability and reducing the burden faced by clinicians today.

Sincerely,



Greg Carey
Director of Government and Regulatory Affairs
athenahealth, Inc.