



April 3, 2020

The Honorable Donald Rucker, M.D.
Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
Mary E. Switzer Building
Mail Stop: 7033A
330 C Street SW
Washington, DC 20201

RE: 2020-2025 Federal Health IT Strategic Plan

Submitted electronically at www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan

Dear Dr. Rucker:

Centene appreciates the opportunity to comment on the 2020-2025 Federal Health IT Strategic Plan¹ (Strategic Plan). Centene broadly supports the efforts of the Office of the National Coordinator for Health IT (ONC) to improve the health care experience and outcomes for individuals. We support enabling greater interoperability to further facilitate empowering individual to manage their health and wellness, while effectively preserving data privacy and security.

Founded in 1984, Centene has established itself as a leading multi-national healthcare enterprise with a commitment to helping people live healthier lives. The company takes a local approach – with local teams and solutions - to provide fully integrated, high-quality, and cost-effective services to government-sponsored and commercial healthcare programs, focusing on under-insured and uninsured individuals. Centene offers affordable and high-quality products to nearly 1 in 15 Americans across all 50 U.S. states, including Medicaid and Medicare members² (as well as members in Medicare Prescription Drug Plans) and individuals and families served by the Health Insurance Marketplace, the TRICARE program, and individuals in correctional facilities. The Company also serves several international markets, and contracts with other healthcare and commercial organizations to provide a variety of specialty services focused on treating the whole person. Centene offers a comprehensive portfolio of innovative, flexible solutions that demonstrate our commitment to delivering results to better serve our members, providers, local communities, and government partners.

Centene supports the Administration’s efforts to encourage innovation, including greater use of data to drive decision-making, virtual care delivery, predictive analytics and other creative uses of health IT. Health plans such as Centene continue to develop innovative technology-based

¹ Draft for Public Comment version as issued by ONC on January 15th, 2020

² For purposes of this document, the terms “consumer”, “individual” and “member” are synonymous.

solutions to address health and wellness, population health management, value based purchasing, clinical quality, claim payment integrity, and other important dimensions of our healthcare system, and we encourage ONC to partner with the nation's health plans, as well as providers, health IT developers, and other stakeholders. In our detailed comments below, we provide additional context and recommendations to build on ONC's efforts. We note that effective health IT can help to more efficiently coordinate and address the current COVID-19 public health emergency (PHE). We remain a committed and willing partner in working with the Administration to pursue meaningful health IT policies and strategies to achieve better health outcomes and high-quality care

If you have questions or need more information, please contact me at Patti.A.Barnett@centene.com or 314.349.3086.

Sincerely,

A handwritten signature in black ink that reads "Patti Barnett". The signature is written in a cursive, flowing style.

Patti Barnett
Vice President, Health Policy
Centene Corporation

Detailed Comments

Our comments are discussed below in the order that ONC's objectives appear beginning on page 13 of the Strategic Plan.

Goal 1: Promote Health and Wellness

Objective 1a: Improve individual access to health information

On March 9, ONC released the 21st Century Cures Act final rule to support the access, exchange, and use of electronic health information. Centene shares the Administration's goal of providing enhanced access to health care data for health plan members. We believe there is great potential for expanded engagement of consumers in their health care and opportunities to integrate health care data with other health-enabling information, while simultaneously ensuring the use of safeguards and controls for adequate privacy and security protections. For example, more timely information on services and care received, coverage, and relevant cost information will allow for better health care decision-making and lead to better patient outcomes. We provide more specific feedback on ensuring protection of members' data security and privacy in our comments related to [Goal 4: Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure](#) beginning on page 7 below.

Centene supports efforts to improve access to smartphones and other technologies, especially for populations that have traditionally had lower technology adoption rates, such as rural and tribal Americans. We currently partner with the SafeLink program in several states to distribute phones, supported by the FCC's Lifeline program. Improving access to telecommunications for areas with disparities are especially important to respond to COVID-19, given the recent flexibilities granted towards use of telehealth.

Objective 1b: Advance healthy and safe practices through health IT

Centene supports the use of interactive patient-facing applications (apps) to help individuals better manage their care. We have a number of patient-facing apps offered to members through our state-based health plans, and we continue to invest and incorporate new technologies on our app platforms, including the use of Artificial Intelligence (AI) to enhance our symptom checker features as well as other clinical and service aspects of our offerings.

Objective 1c: Integrate health and human services information

We support ONC's efforts to promote greater understanding of how health IT can be used to assess and address the unmet needs of individuals and communities through the identification of social determinants of health (SDOH). Increased support of SDOH factors through health IT will likely require meaningful financial investment and training to build technical capabilities while protecting data privacy.

We recommend that ONC engage with community-based organization (CBO) referral platforms to ensure (a) interoperability and (b) reporting capabilities that both support communities' needs and align with their health IT infrastructure. Interoperability and reporting capabilities will help ensure that communities and the CBOs operating in those communities are able to use meaningfully the SDOH tools that most effectively enable their work to address local social service needs.

Centene also supports efforts to capture and integrate SDOH data into EHRs to assist in care processes, such as clinical decision support and referrals, and integration of medical and social care. We note this will require greater standardization in SDOH data collection because capturing SDOH data has been challenging for stakeholders given the broad range of current tools, questions, and terminology used. Groups such as the Social Interventions Research & Evaluation Network (SIREN) have advanced discussions on this challenge.

Capturing demographic, clinical and SDOH data is critical to understand and address health disparities. For example, there are often population-specific differences in the presence of disease, health outcomes and access to healthcare by race, ethnicity and socio-economic groups. Understanding these differences is important to respond to COVID-19; for example, shelter-in-place orders may exacerbate food insecurity for families living in food deserts, areas with low access to grocery stores. Identification of disparities has also been challenging in terms of data collection & reconciliation, given the many sources for SDOH data across multiple health and social service programs. This will necessitate robust data exchange platforms and governance to enable sharing of health and social information. We do note that broader distribution of health, social, and demographic data could result in increased administrative burden and individual/patient data privacy concerns, and we suggest that both the collection and distribution of this multi-dimensional data needs to be incorporated as much as possible into the existing work processes of each stakeholder. In addition, any sharing of SDOH data must be appropriate and consent-driven, similar to traditional health data.

Goal 2: Enhance the Delivery and Experience of Care

Objective 2a: Ensure safe and high-quality care through the use of health IT

Centene strives to develop new tools and use emerging technologies to address the unique needs of our members, in order to improve their access to care and quality of experience. Therefore, Centene supports ONC's efforts to expand access to virtual care, including telehealth and remote patient monitoring.³ Virtual care has multiple innovative use cases and can reach patients in different settings, including increasing access to specialists and improving behavioral and physical healthcare coordination. Centene uses telehealth technology across various areas and multiple lines of business. For example, virtual visits funded by Centene were used to assess crisis situations in rural areas, addressing them in minutes versus hours, benefitting not only people in crisis, but also the first responders. Using telehealth, we avoided approximately 3,000 ER visits for our members, year to date as of November 2019. Remote patient monitoring technology that monitors vital signs and specially adapted video/audio technology could be beneficial for members with complex conditions in remote or rural areas, improving access in a

³ Of course, the need for virtual care is being dramatically demonstrated during the current COVID 19 pandemic.

cost-effective manner. There is widespread recognition during the COVID-19 PHE that use of telehealth can help to prevent spread of disease while ensuring individuals are able to see their providers, ensuring continued access to care even while social distancing.

Historically, a lack of substantial capital coupled with limited reimbursement has deterred significant investment in telehealth, along with major policy barriers. However, there have been positive shifts even before the recent PHE, including Medicare removing telehealth service restrictions on modality, patient location and care sites, and adding new CPT codes for telemedicine. State laws, regulations and policies had started to broaden Medicaid and commercial telehealth coverage as well. This has accelerated in a short amount of time: a significant amount of flexibility has been granted in recent guidance and legislation around COVID-19. For example, the Coronavirus Aid, Relief, and Economic Security (CARES) Act allows federally-qualified health centers (FQHCs) and rural health clinics (RHCs) as distant sites and high-deductible health plans (HDHPs) with a health savings account (HSA) to cover telehealth before a member reaches their deductible. While policy makers have started to embrace telehealth, further operational challenges persist, such as the cost of supporting technology, lack of funding, and adequate broadband access. The funding in the CARES Act is a major step towards ensuring this infrastructure can be built up. Providing further assistance with start-up costs for telehealth and supporting technology is one way to incent greater adoption of virtual care (we address infrastructure challenges more in our comments in [Objective 4c: Enhance technology and communications infrastructure](#) on page 7 below).

Continuing to address regulatory barriers such as state licensure requirements, originating site requirements, and certain duplicative consent or care standards requirements would also encourage greater use of telehealth, including beyond the PHE. Allowing telehealth providers to count towards health plan network adequacy requirements could incentivize greater telehealth utilization, such as with the credit proposed by CMS in the recent Medicare Part C and D proposed rule. We encourage ONC to continue in its efforts, along with those of CMS and the FCC, to continue to expand access to virtual care both to address COVID-19 and ongoing access to care, and we are happy to provide more details on our own virtual care and telehealth programs.

Objective 2b: Foster competition, transparency, and affordability in healthcare

Centene supports ONC's commitment to providing meaningful and actionable price and quality transparency to individuals in an accessible format, as well as addressing the affordability of healthcare through market-based competition. From our experience and member research, we have found that consumers want information that is easy to understand and practical to use, particularly those members who may not have detailed health care knowledge. Ultimately, consumers want to know their out-of-pocket costs, taking into account their health plan's benefit design and deductibles. For example, one of our members expressed this typical need: *"I would like to know how much a treatment costs or the common price range in my area and how much I would have to pay out-of-pocket before scheduling it."*

Centene encourages ONC to focus on out-of-pocket cost impacts. Consumers appreciate transparency when it provides information that allows them to anticipate out-of-pocket cost for

items and services, and plan and budget for care. However, while consumers value transparency, they also tend to put a higher value on affordability. A recently published survey conducted by Morning Consult on behalf of America's Health Insurance Plans found that three in four adults would not support a federal regulation aimed at increasing transparency by making it easier to find the cost of a medical procedure, if that regulation also increased insurance premiums⁴. This demonstrates that consumers value transparency only if it improves health care affordability. Therefore, we encourage ONC to focus on personalized, out-of-pocket costs, and not negotiated rates, as it fosters greater price transparency and more directly meets consumer needs.

Negotiated rates do not provide consumers with meaningful, actionable, price information and may lead to confusion. Making negotiated rate information available would also decrease the competitive aspects of contract negotiation, negatively affecting plans' ability to negotiate with providers, ultimately increasing premiums for consumers. It could also lead to provider consolidation, as providers will align with the higher reimbursed hospital systems, which is contrary to the Administration's goals to improve affordability. These effects will be particularly harmful for unsubsidized Marketplace consumers and individuals in rural areas, where provider monopolies are common, but it is also likely to occur in areas that are more competitive as well. For those consumers in rural areas and/or who are unsubsidized, the lack of affordable options may lead them to forgo coverage and care, worsening their health outcomes. Therefore, ONC should focus on greater access to out-of-pocket cost information instead, allowing consumers to plan for the cost of procedures, and promoting informed decision-making by allowing them to compare what the cost of items and services may be at different providers.

Objective 2c: Reduce regulatory and administrative burden on providers

Centene appreciates ONC's efforts to reduce burden on the providers we work with to deliver care, especially with the increased workload they are experiencing due to the PHE. We encourage ONC to partner with health plans and other stakeholders in addition to providers. Centene is removing authorization requirements for COVID-19 related treatment. Beyond the PHE, health plans have been investing in refining prior authorization through the use of electronic and re-engineered processes in order to streamline administrative requirements and ensure ease of use for providers, as well as the development of real time benefit tools for prescribers and beneficiaries. For example, Centene is a Premier Member of the Da Vinci Project. Da Vinci is a healthcare industry initiative with members spanning the provider, payer, government, and health technology markets that addresses the needs of the Value Based Care Community by leveraging the HL7 Fast Health Interoperability Resources (FHIR) platform using HHS approved standards. Da Vinci is currently working on over a dozen "use cases" for FHIR based near real time data exchanges, including the next generation of Admission/Discharge/Transfer (ADT) support through FHIR, "on demand" requests from EMRs for detailed payer authorization requirements for specific services, and much more.

Individuals, providers, and health plans may also benefit from innovations on receiving member consent in a more seamless manner. Transferring member data from one health delivery area to

⁴ Morning Consult. (2020, January 23). America's Health Insurance Plans Pricing Transparency Polling Presentation. Retrieved from <https://www.ahip.org/new-study-majority-of-americans-value-privacy-and-affordability-over-transparency/>

another is critical for better care coordination, especially during a PHE: as one example, being able to transfer member information seamlessly from a telehealth visit to the member's primary care provider or an upcoming specialty visit. Currently, health plans have to obtain member consent for each care transition and this can add friction and unnecessary burden for members and providers.

Goal 3: Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation

Centene supports ONC's efforts to enable individuals to provide data via certified third party applications and to build secure governance to allow data sharing among different stakeholders. We support greater harmonization of data elements to enable this effort. As the amount and type of health information continues to proliferate, having expanded levels of standardization will help stakeholders to meaningfully use this data to enable insights, interventions, and population health programs. Centene uses health information to drive our care management and clinical programs to better our member's outcomes, and having greater data access may help us to build on these existing innovations.

Goal 4: Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure

Objective 4b: Establish transparent expectations for data sharing

We appreciate ONC's continued work on developing a common agreement for nationwide exchange and sharing of health information to drive interoperability. The final CMS interoperability rule released on March 9 did not finalize the requirement to join a trusted exchange network, given the need to make a more mature construct. We support continued efforts to develop the Trusted Exchange Framework and Common Agreement (TEFCA), codification of this framework in regulation, and moving towards its implementation or any alternative regulatory framework assuming it would have the same standardization and privacy and security protections for electronic health information

There are a number of advantages when using TEFCA (or similar framework) including (1) there would be a common rule-bound framework protecting member data with data-use stipulations, extending HIPAA to non-HIPAA entities, and disallowing EHI use/disclosure outside of the U.S.; (2) these rules will be enforced and monitored by the Sequoia Project, the Recognized Coordinating Entity (RCE) that could monitor to ensure bad actors do not threaten the security of the system; (3) data would be collected from the party with the most current, credible information (e.g., clinical data from providers, claims information from health plans, etc.); (4) there would be greater assurance of standardization on terms of data use and on connectivity; (5) user authentication and identity proofing would be embedded safeguards. Altogether, these rules of the road would foster transparency and effective governance, also contributing to meeting [Objective 2a: Ensure safe and high-quality care through the use of health IT.](#)

We are happy to partner on future initiatives to work towards a final draft of TEFCA for subsequent implementation.

Objective 4c: Enhance technology and communications infrastructure

In our comments on [Objective 2a: Ensure safe and high-quality care through the use of health IT](#) on page 4 above, we discuss the great benefits to care and access that telehealth can deliver. We agree that expanding internet access and wireless infrastructure will enable greater use of virtual health and help to address disparities in rural and under-served areas. We note that it will be necessary to fund these improvements, particularly start-up costs; a number of efforts, such as the FCC's Connected Care Pilot and the HRSA Telehealth Network Grant Program represent important steps forward, along with the funding from the CARES Act. While the current PHE necessitates fast and efficient allocation of funding, ONC and its federal partners may want to consider for future grants after the end of the PHE whether there will be any requirements or incentives for standardization in order for a group to receive funding. In addition, we recommend that any infrastructure projects adequately consider the ongoing operating costs in advance. There are stories of infrastructure being built for rural providers, only for them to end up in deeper financial stress due to unanticipated operating costs. We also note that there are a number of private entities working to improve broadband access and other infrastructure, including in rural areas, that ONC may want to support in their efforts to establish a sustainable model of connectivity infrastructure.

In addition to live virtual visits, use of alternative virtual health methods may require less bandwidth, alleviating concerns around poor broadband access and device access: this includes use of store and forward or asynchronous visits, and allowing visits to have the option (if an individual opts in) to be completed with audio-only, instead of requiring both video and audio. We appreciate the recent flexibility allowing audio-only for Medicare virtual check-ins during the COVID-19 public health emergency. Additionally, delivery of virtual care at centralized sites within a community, such as schools, may help to address the lack of infrastructure, broadband, or devices within some individuals' homes. We believe another option worthy of consideration would be the expansion of the types of eligible providers who could provide virtual visits, and we recognize CMS' efforts in this area during the PHE. Overall, it is important to harmonize health policy with public infrastructure initiatives to achieve the desired outcomes.

Objective 4d: Promote secure health information that protects patient privacy

Centene continues to believe there needs to be a regulatory framework to oversee the privacy and security of any party, including third party application developers, that accesses member health information, similar to existing Health Insurance Portability and Accountability Act (HIPAA) protections. Further, users must clearly understand and actively opt-in to any uses or selling of their electronic health information (EHI).

In the final Interoperability rule, ONC "strongly encourages" empowering individuals with factual information to help them best select a third-party application, including information about how third-party apps may use and store EHI, consent options, and potential risks. ONC also notes that it will continue to work with federal partners, including the FTC, to assess education opportunities for consumers and app developers about the privacy and security of EHI collected. In its final companion rule, CMS notes they will be providing health plans with suggested content they can customize to produce patient resource documents to help educate members, as well as best practices and model language of easy-to-understand, consumer-friendly privacy policies. In its March 12th blog post, ONC also notes that "more public-facing transparency

requirements, such as publicly accessible privacy policies” are necessary for the growing amount of health and health-related information being generated, such as around online purchases and geolocation.

Centene supports efforts to ensure our members are fully informed around the use of their EHI and other data and encourages ONC to continue this dialogue. We support ONC’s continued efforts to work with health plans on developing member educational materials. We recommend that ONC prioritize collaboration with the FTC, OCR, CMS, and other partners to assess a framework for challenging deceptive statements that may be made by third parties. For example, a reporting line/complaint portal on CMS, OCR, and/or FTC’s website(s) could be developed for individuals who want to report concerns by third party apps. These websites could publicly report data on applications with repeat and severe complaints to ensure transparency and empower individuals to instead access applications that adhere to safety and security best practices. Alternatively, a seal of approval could be developed for apps that meet certain security and privacy criteria. It would help consumers to identify a list of high-quality apps (similar to how Medicare uses Star Ratings). It would also be a way for apps to compete against each other to employ best practices, allowing secure apps to differentiate themselves in the market. We note that there are industry efforts on this, and quality standards organizations may also have relevant experience. ONC can work to support private efforts in addition to its own work on security.