September 15, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201

RE:CY26 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Proposed Rule [CMS-1834-P]

Dear Administrator Oz:

Civitas Networks for Health ("Civitas") appreciates the opportunity to submit public comments on the CY26 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Proposed Rule (CMS-1834-P), published in the *Federal Register* on July 15. Civitas is a national nonprofit association comprised of more than 155 member organizations—health information exchanges (HIEs), regional health improvement collaboratives (RHICs), quality improvement organizations (QIOs), All-Payer Claims Databases (APCDs), and service providers to meet their needs—working to use data frameworks, information infrastructure, and collaborative approaches to improve health for individuals and communities. We educate, promote, and guide the private sector and policymakers on matters of interoperability, quality, coordination, and efficiency within the health system.

As we have noted in other recent comments, Civitas appreciates how CMS has re-committed itself to a vision of our nation's health information technology ecosystem grounded in patient empowerment, innovation, and network partnerships to achieve better results for all stakeholders. Civitas members themselves do not directly deliver clinical care or services addressing upstream drivers of health—but they do measure them, and process the resulting metrics across an ever-expanding array of data-intensive use cases. These measures include the eCQMs generated by the Hospital OQR, REHQR, ASCQR, and Quality Star programs (and other Medicare quality programs) as well as the SDOH domain elements standardized for exchange under USCDI. The advent of the CMS Interoperability Framework as a vehicle for accelerating Medicare's transition to dQMs and a baseline for realizing national FHIR exchange more broadly alongside TEFCA puts an even greater premium on comprehensive and actionable measure sets.

With this rapid evolution in mind, Civitas generally supports efforts to streamline the federal government's inventory of quality measures and associated data elements as long as the results can still accurately capture clinically relevant needs and conditions at the point of care. If CMS can delete, consolidate, or replace measures without sacrificing the measures' goals, it should do so in the service of administrative and technical efficiency. This is the rationale that the NPRM gives for removing two important new SDOH measures (Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health) from the OQR, REHQR, and ASCQR programs beginning in the FY25 reporting period. Though both measures only became mandatory for the program last year and saw low voluntary uptake among hospitals during the 2023 period, several Civitas members attributed that slow start to a lack of time and education—

particularly among rural and unserved systems where the need for SDOH screening is most acute. Our view is that with basic attention and technical assistance, hospitals' confusion and the claimed burden imposed by the two measures would be much reduced. CMS also claims that the measures "document an administrative process…and do not shed light on the extent to which providers are ultimately connecting patients with resources or services, and whether patients are benefitting from these screenings." Yet this "administrative process" that asks about food and housing insecurity, transportation needs, utility difficulties, and interpersonal safety is necessary to actually connect beneficiaries with specific resources via closed-loop referral architecture that Civias members have worked with hospitals develop.

The proposed removal of the two SDOH measures is tied to a request for information on future "measure concepts" that CMS might use to represent "well-being" and "nutrition" for the hospital quality programs, consistent with the Administration's focus on prevention. The NPRM has defined well-being expansively as "a comprehensive approach to disease prevention and health promotion, as it integrates mental and physical health while emphasizing preventative care to proactively address potential health issues," while nutrition is defined as "strategies, guidelines, and practices that promote healthy eating habits and ensure individuals receive the necessary nutrients for maintaining health, growth, and overall well-being." Both definitions encompass parts of the SDOH measures that CMS wants to delete, and open the door to potential tools that may be just as good or better at measuring the socioeconomic factors that often presage and exacerbate chronic disease for individuals and communities.

Civitas has a few ideas. We have been a partner in the Gravity Project collaborative alongside CMS, ASTP/ONC, and range of private-sector payers and HIT stakeholders, which in recent years has produced some of the most impactful work on measures for upstream drivers of health. Gravity's focus on developing USCDI domains and FHIR-aligned standards is especially important for breaking down interoperability barriers between health systems, information networks, and the community-based organizations (CBO) that are essential to delivering and coordinating beneficiaries' care over the long term. Gravity's insights are also informed by four ongoing pilots that it is sponsoring in Arizona, New York, Colorado, and Oklahoma to demonstrate real-world integration of upstream data elements into statewide and regional health ecosystems. Among Civitas RHICs, QIOs, and their HIE partners, several valuable and practical methodologies have emerged from both public and private sources. The CDC's Health-Related Quality of Life (HRQL) measures—particularly the "Healthy Days" measure that distills patient ratings of mental and physical health into a simple questionnaire module—and the six-domain "Flourishing Measures" for adolescents and adults initially developed by Harvard University and UCLA map closely unto the core program objectives that CMS wants to fulfill.

What these tools have in common is an emphasis on what Gravity's leaders have called "protective factors." The term refers to those social determinants which help individuals mitigate health risks, build resiliency, and achieve better outcomes—essentially the "positive" inverses of more traditional determinant evaluations (like the current USCDI SDOH domains, or the two SDOH assessment measures that the NPRM is proposing to remove) that seek to measure deficiencies from a baseline. Especially as it looks toward the next (draft) iterations of USCDI and new pilots, Gravity and its contributors are focusing on such protective factors as food access, neighborhood/community safety, financial security, and health literacy. These domains

have value to critical specialties with disproportionate roles in children's health as well as patient navigation and chronic disease management (pediatrics, nursing, social work), and they also represent a necessary step to operationalizing more complex metrics and translating standards to FHIR. Likewise, the "Healthy Days" measure is premised on a consolidated assessment of the patient's mental and physical health, based on their responses to questions about limitations and specific physical conditions vs. mitigating factors like getting enough rest. The "Flourishing Measures" methodology is even more tiled in a protective factors direction; it uses a rating system of patient inputs to create a much more comprehensive "index" of factors (happiness & life satisfaction, mental & physical health, meaning & purpose, character & virtue, close social relationships, and financial & material stability) which appears thoroughly aligned with the concept of well-being that CMS rightly seeks to capture.

On behalf of Civitas and our members, thank you again for your consideration of our comments. The Civitas community is deeply engaged in multiple corners of the health data policy and regulation space, and we stand ready to collaborate to achieve our shared goal of creating a higher-value health system.

Please do not hesitate to reach out if you have any questions or comments for us.

Sincerely,

Jolie Ritzo
CEO, Civitas Networks for Health