Pew

May 29, 2025

Administrator Mehmet Oz
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1833-P
P.O. Box 8013
Baltimore, MD 21244-8013

RE: CMS-1833-P. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026 Rates; Requirements for Quality Programs; and Other Policy Changes

Dear Administrator Oz:

Thank you for soliciting feedback on the Centers for Medicare & Medicaid Services (CMS)'s FY 2026 proposed regulations to update hospital payment policies and reporting programs. We appreciate the agency's leadership on advancing public policies affecting the nation's health, and we urge CMS to consider input on strengthening the Medicare Promoting Interoperability Program and improve public health data reporting.

The Pew Charitable Trusts (Pew) is an independent, nonpartisan research and policy organization dedicated to informing the public, improving public policy, and invigorating civic life with several initiatives focused on strengthening the quality of patient care and supporting public health. Specifically, Pew's public health data improvement project conducts research, provides technical assistance, and advocates for policies, resources, and public health department best practices to enable the rapid and effective use of health care data to improve outcomes and advance Americans' well-being.

Recommendations on the Medicare Promoting Interoperability Program's Public Health and Clinical Data Exchange Objective

Performance-based Immunization Registry Reporting

Pew applauds CMS' ongoing efforts to improve data exchange between eligible hospitals or critical access hospitals (CAHs) and public health agencies through the Medicare Promoting Interoperability Program. Health care organizations provide essential data that public health agencies need to detect, prevent, and respond to infectious diseases, environmental hazards, and other threats. CMS plays a vital role in supporting public health data exchange. However, the current approach of active engagement reporting does not allow CMS to accurately assess the level of performance that eligible hospitals and CAHs have achieved in sending this data to public health agencies.

To improve the quality of public health data reported to state public health agencies, we encourage CMS to transition from attestation-based to performance-based measures in the Public Health and Clinical Data Exchange objective, starting with Immunization Registry Reporting. Such performance-based measures would help ensure that hospitals and CAHs are appropriately incentivized to deliver high-quality, real-time information that public health agencies can use to prevent illness and promote wellness in the jurisdictions they serve. A performance-based Immunization Registry Reporting measure could ensure a greater degree of completeness of data in state immunization information systems (IIS) which would benefit interstate data exchange.

Two research studies, commissioned by Pew, support our recommendations for shifting from an attestation-based Immunization Registry Reporting measure to one that incentivizes hospitals and CAHs towards reporting more timely and complete data to public health agencies:

- Pew worked directly with an external research organization from 2021-2022 to identify potential performance-based public health measures. The researchers conducted a literature review to characterize existing public health reporting processes and interviewed subject matter experts in late 2021 to determine potential metrics, approaches to quality measures, and

barriers to collecting timely, complete, and high-quality data. The research team also conducted tests within electronic health record (EHR) systems to better understand the feasibility of data extraction from EHRs for public health use cases. Finally, in March 2022, researchers convened expert panels to generate proposed measures and obtain input and agreement on them; experts included EHR vendors, health information exchange representatives, public health agency leaders, public health organizations, front-line clinical providers, informatics specialists, public health and clinical researchers, and public health law and policy leaders. The expert panel recommended the following performance-based Immunization Registry Reporting measure: Successful electronic submission within 24 hours for a minimum of 90% of vaccines administered, out of total administered.

- Pew contracted with an external entity to gather and integrate additional stakeholder input on the proposed measure. From March to April 2025, the team conducted 13 virtual, semi-structured stakeholder discussions to elicit expert opinions and insights from 22 participants representing public health practitioners, health care providers, and health information technology (IT) developers. The goals of the discussions were to (1) evaluate the measure's usefulness and feasibility and (2) identify factors and conditions that may facilitate or hinder implementation. Participants shared specific feedback on the measure's public health utility, technical feasibility and cost, and implementation recommendations.

Based on our research and stakeholder input, Pew recommends that CMS develop the following immunization reporting measure: Successful electronic submission of immunization administrations within one day, out of total administered. Pew's efforts have focused on conceptualization and aspects of specification by defining what the measure seeks to evaluate, defining the business case as a benefit to improving public health reporting, and assessing implementation feasibility. Pew recommends that CMS, as the measure steward, determines the standard to meet the measure threshold. As hospitals and CAHs continue to report on the measure and CMS assesses progress, the agency should gradually increase the minimum performance score over time until the goal of 90%

is achieved to encourage further improvements in the timeliness and completeness of immunization data.

Given our research, Pew offers specific implementation considerations for the measure developer:

1. The measure must clearly define what constitutes a successful electronic submission. The HL7 immunization messaging standard includes an acknowledgment message that is returned to the sending system after receiving an immunization update message. The Error field documents the severity of errors that may result from the transmission. Severity is measured by three options: Information (I), Warning (W), and Error (E). Each option results in a specific action: an "I" value indicates that a transaction was successful but includes returned information; a "W" value indicates that the transaction was successful but there may be issues (e.g., invalid zip code); and an "E" indicates that the transaction was not successful, and the sender needs to review, correct, and resubmit the message.[1] Pew recommends that both "I" and "W" messages, in addition to successful transmissions, should be counted in the numerator: while the sender may need to correct information, a "W" error is considered "non-fatal" and should still be counted as a "successful" transmission. Further, if this measure is adopted in the Promoting Interoperability performance category for eligible providers participating in the Merit-based Incentive Payment System (MIPS), CMS must account for the fact that return acknowledgment messages are not always revealed to individual health care providers, potentially necessitating a different definition of successful electronic submission in MIPS.

2. The measure developer should clarify if, or in what circumstances, the measure numerator includes historical doses, administered doses, or both. There is variation in how administered vaccines are captured in EHRs. Two stakeholders—one from public health and one health IT developer—noted that some EHRs report administered doses as historical doses, highlighting potential discrepancies between EHRs and IIS that may need to be rectified. Specific guidance on how to address this variation would not only

ensure the measure includes all administered vaccines but would also facilitate consistency in reporting among all eligible hospitals and CAHs.

3. The expert panel recommended that immunization administrations be successfully electronically submitted "within 24 hours." The Association of Immunization Registries (AIRA) recommends the development and use of timeliness targets for exchange between certified health information IT and IIS to support various data needs, including during an outbreak when timely data can help public health agencies assess the vulnerability of the populations they serve.[2] When seeking stakeholder feedback, participants were supportive of placing a positive incentive on the timeliness of every report but suggested changing the timeliness target from "24 hours" to "one day" for practical reasons. Revising the measure to reference "one day" aligns with the IIS Data Quality Blueprint developed by the Centers for Disease Control and Prevention (CDC), which defines timely immunization data as being recorded within one day. [3]

4. Pew encourages the developer to exempt travel vaccines from the numerator and denominator. The expert panel in the first phase of research suggested that CMS should focus on the Advisory Committee on Immunization Practices recommended vaccines, which excludes travel vaccines. Additionally, CMS should exclude patients who opt out of vaccine reporting from the denominator. States in which individuals must explicitly consent for their vaccination records to be included in the IIS, have lower participation.[4] Differences in jurisdictional consent to participate policies directly affect whether a vaccine is reported.[5] If patients who opt out were included in the denominator, it would artificially deflate performance on the measure.

5. Pew recommends that CMS considers an implementation and scoring strategy that includes evidence-informed benchmarks. Public health stakeholders expressed that setting a benchmark for eligible hospitals and CAHs to meet would drive improvements in efficiency and interoperability but were concerned about the absence of quantitative information about data timeliness for immunization reporting. To address this, CMS may consider delaying specific performance requirements in the first year to

gather information on the baseline level of performance across the hospital sector, while also providing valuable data to inform and further calibrate the appropriate performance metric in the final implementation phase. This approach would also allow CMS to make adjustments if needed to accommodate small and rural facilities who may require a longer phase-in period due to interface-related issues (e.g., costs, complexity) and lack of capacity (e.g., technical, staffing).[6] Some stakeholders suggested permitting attestation for a period of time (e.g., 3 years) for small, rural, independent hospitals and CAHs. It is critical that smaller, lower-resourced health organizations are not left behind in data modernization efforts.

Additionally, CMS should consider how a performance-based immunization measure complements the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP)'s Insights Condition measure for Immunization Administrations Electronically Submitted to Immunization Information Systems Through Certified Health IT.[7] Although ASTP's Insights Condition for immunization reporting does not yet include a timeliness component (e.g., within one day), ASTP acknowledged that it may consider adding such a metric in the future.[8]

Thank you again to CMS for the opportunity to provide input and for your continued attention to this issue. Please contact Kyle Kinner (kkinner@pewtrusts.org) in our Government Relations department for additional information or questions.

Sincerely,

Ruth Lindberg
Project Director, Public Health Data Improvement
The Pew Charitable Trusts

[1] American Immunization Registry Association. Guidance for HL7 ACK Messages to Support Interoperability. 2015

[2] American Immunization Registry Association. IIS Data Quality Practices. 2018, https://repository.immregistries.org/files/resources/5c002cbde216d/aira_dq_guide_data_at_rest_-_final.pdf.

[3] Centers for Disease Control and Prevention. *Immunization Information Systems Data Quality Blueprint.* Centers for Disease Control and Prevention: Atlanta GA; 2020, https://www.cdc.gov/vaccines/programs/iis/downloads/Data-Quality-Blueprint-508.pdf.

[4] Murthy, NC. Update on Adult Vaccinations and Immunization Information Systems, 2015. Presented at: American Immunization Registry Association National Meeting; April 11, 2017; Chicago, Illinois. Available at: https://repository.immregistries.org/files/resources/58f907be494e4/aira_2017__1c__update_on_adult_vaccinations_and_iis__cdc__n__murthy.pdf (accessed 05/14/2025).

[5] Centers for Disease Control and Prevention, "IIS Policy and Legislation," (August 9, 2024), https://www.cdc.gov/iis/policy-legislation/index.html

[6] C. Richwine, C. Marshall, C. Johnson, & V. Patel, "Challenges to Public Health Reporting Experienced by Non-Federal Acute Care Hospitals," *ONC Data Brief* no. 56 (September 2021). Office of the National Coordinator for Health Information technology: Washington DC. Accessed at: https://www.healthit.gov/sites/default/files/page/2021-09/Challenges-to-PH-Reporting.pdf

[7] "Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (Final Rule)." 89:6 Fed. Reg. 1192 (January 9, 2024).

[8] Ibid.