Pew

September 12, 2025

Administrator Mehmet Oz
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1832-P
P.O. Box 8013
Baltimore, MD 21244-8013

RE: CMS-1832-P. Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program.

Dear Administrator Oz:

Thank you for soliciting feedback on the Centers for Medicare & Medicaid Services (CMS)'s FY 2026 proposed regulations to update health care provider 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 improving the data quality of public health 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.

Comments on the Request for Information (RFI) Regarding Performance-Based Measures for the Merit-based Incentive Payment System (MIPS)

Pew applauds CMS' ongoing efforts to improve data exchange between Merit-based Incentive Payment System (MIPS) eligible clinicians and public health agencies through the Promoting Interoperability performance category. Clinicians provide essential data that public health agencies need to detect, prevent, and respond to infectious diseases, environmental hazards, and other threats. Requirements incorporated in earlier years of the program have led to notable increases in the percentage of clinicians sending data to public health agencies. For example, when immunization registry reporting was required in Stage 2 of the Meaningful Use Program, reporting on this measure increased by more than 40% from 2011 to 2014.[i] Although there have been notable increases in the share of clinicians reporting data to public health agencies, major gaps remain in the quality, timeliness, and completeness of this data.

CMS plays a vital role in supporting public health data exchange. Unfortunately, the current approach of active engagement reporting does not allow CMS to assess the level of performance that MIPS eligible clinicians have achieved in sending this data to public health agencies. **Pew encourages CMS to adopt measures for public health that would allow the agency to drive improvements in the comprehensiveness, quality, and timeliness of health information being shared with public health agencies.** Performance measures are essential to ensure that clinicians are sending high-quality, real-time information that public health agencies can use to prevent illness and promote wellness in the jurisdictions they serve.

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 34 subject matter experts in late 2021 to determine potential metrics, approaches to quality measures, and barriers to collecting timely, complete, and high-quality data. Next, the research team conducted tests within electronic health record (EHR) systems to better understand the feasibility of data extraction from EHRs for public health use cases. In March 2022, researchers then 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.

Pew later worked with an external entity in 2025 to further explore information learned during the 2021-2022 research process. The team conducted interviews with 22 subject matter experts including public health practitioners, health care providers, and health information technology developers to (a) evaluate the measure's usefulness and feasibility and (b) identify factors and conditions that may facilitate or hinder implementation. Interviewees provided feedback on the measure's public health utility, technical feasibility and cost, and implementation recommendations.

Based on our research and stakeholder input, Pew encourages CMS to prioritize the following performance-based Immunization Registry Reporting measure: Successful electronic submission of immunization administrations within one day, out of total administered.

In Spring 2024, Pew sought feedback on its proposed measure from the National Association of Community Health Centers (NACHC), the leading national advocacy organization in support of community health centers and the expansion of health care access for the medically underserved and uninsured and the American Immunization Registry Association (AIRA), a membership organization that promotes the development and implementation of immunization information systems as a tool for preventing and controlling vaccine-preventable diseases. NACHC and AIRA are supportive of Pew's proposed measure for immunization registry reporting. AIRA agrees that the measure is reasonable and realistic to meet.

Pew recommends that CMS, as the measure steward, determine the standard to meet the measure threshold. As clinicians 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.

In the context of the Immunization Registry Reporting measure, assessing timeliness should prove both appropriate and valuable for public health purposes. The Association of Immunization Registries (AIRA) recommends the development and use of timeliness

targets for exchange between certified health information IT and immunization information systems (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.[ii] When seeking stakeholder feedback, participants were supportive of placing a positive incentive on the timeliness of every report. Moreover, the IIS Data Quality Blueprint developed by the Centers for Disease Control and Prevention (CDC) defines timely immunization data as being recorded within one day.[iii] CMS can play a pivotal role in promoting timelier and more complete immunization data that would improve public health agencies' analytic capabilities to better target vaccine resources and support public health efforts.

Given our research, Pew offers additional recommendations and 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.[iv] Stakeholders representing health care providers expressed that return acknowledgement messages are not necessarily revealed to individual providers. Therefore, a feasible first step may be to advance a measure that captures the unidirectional sending of immunization information to IIS. Pew recommends a future state in which both "I" and "W" messages, in addition to successful transmissions, are 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.

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 clinicians.

3. Pew encourages the developer to exempt travel vaccines from the numerator and denominator, as recommended by the expert panel in the first phase of research. 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.[v] Differences in jurisdictional consent to participate policies directly affect whether a vaccine is reported.[vi] If patients who opt out were included in the denominator, it would artificially deflate performance on the measure.

4. Pew recommends that CMS considers an implementation and scoring strategy that includes evidence-informed benchmarks. Public health stakeholders expressed that setting a benchmark for clinicians 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 clinicians, 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 clinicians who may require a longer phase-in period due to cost-related issues, lack of technical and staffing capacity, and other limitations.[vii] Some stakeholders suggested permitting attestation for a period of time (e.g., 3 years) for small, rural, independent clinicians.

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.[viii] While ASTP can measure immunization registry reporting, CMS

should incentivize clinicians to meet an attainable but robust reporting threshold in the interest of public health. 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.[ix]

As of 2024, non-federal acute care hospitals report on immunization registries more than any other electronic public health reporting type.[x] Of those hospitals reporting, 85% are doing so either fully or primarily automated.[xi] Primary care physicians also electronically exchange immunization data with public health agencies more than any other type of health information.[xii] Thus, the burden for entry on the proposed immunization registry reporting measure has the potential to be lower than other public health reporting measures. Findings from Pew's 2025 stakeholder interviews demonstrate that the burden for implementing an updated immunization registry reporting measure would be low for technical partners, as most sending (EHR) and receiving (IIS) systems likely already perform at the one-day target level. Steps should be taken to alleviate the cost burden that the implementation of this proposed measure would place on lesser resourced clinicians. The focus on timeliness within the measure would lead to real-time quality improvements in data completeness, benefiting interstate data exchange and improving access to digital immunization records for patients and clinicians.

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

Sincerely,

Kathy Talkington, MPP
Senior Director, Health Programs
The Pew Charitable Trusts

[i] Assistant Secretary for Technology Policy, "Electronic Reporting to Immunization Information Services (IIS) among Medicare Eligible Professionals, 2011-2014," Health IT Quick-Stat #48, July 2015, https://www.healthit.gov/data/quickstats/electronic-reporting-immunization-information-services-iis-among-medicare-eligible.

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

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

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

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

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

[vii] Srivastav, A, et al., "US clinicians' and pharmacists' reported barriers to implementation of the Standards for Adult Immunization Practice," *Vaccine* 36.45 (2018): 6772-6781.

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

[ix] Ibid.

[x] Assistant Secretary for Technology Policy, "Electronic Public Health Reporting Among Non-Federal Acute Care Hospitals, 2024," *ASTP Data Brief* no. 78, July 2025, https://www.healthit.gov/data/data-briefs/electronic-public-health-reporting-among-non-federal-acute-care-hospitals-2024.

[xi] Ibid.

[xii] Assistant Secretary for Technology Policy, "Electronic Public Health Reporting & Recording of Social & Behavioral Determinants of Health Among Office-Based Physicians, 2019," ASTP Data Brief no. 60, August 2022, https://www.healthit.gov/data/data-briefs/electronic-public-health-reporting-recording-social-behavioral-determinants-health.