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Administrative Procedures for Chronic and Post-Acute Care Quality Programs (CMS-10945)

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Administrative Procedures for Chronic and Post-Acute Care Quality Programs (CMS-10945)

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Comment on CMS-2026-0661-0001

Submitter Information

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General Comment

To Whom It May Concern: The Centers for Medicare & Medicaid Services (CMS)

Re: Administrative Procedures for Chronic and Post-Acute Care Quality Programs, CMS Form Number CMS-10945; OMB Control Number 0938-NEW

My name is Tessa Cherian, and I'm a senior undergraduate student at the City College of New York and the CUNY School of Medicine's Sophie Davis program. As a public health advocate, I'm writing to express my support for the proposed public notice by CMS in regards to formally collecting healthcare information from providers and to urge the Office of Management and Budget (OMB) to approve this request.

As noted in the Federal Register notice, it is extremely crucial for CMS to formally collect healthcare information from providers because this will enable the agency to support two key programs: Quality Reporting Programs (QRPs) and Value-Based Purchasing (VBP) programs (3). For Quality Reporting Programs, by collecting information such as patient outcomes, safety metrics, and care efficiency, CMS will be better able to track how well different medical facilities are providing care to their respective patient populations. This is important because it enforces provider accountability to provide quality patient care, and it enables CMS to appropriately identify problems with care quality and target appropriate interventions. Similarly, for Value-Based Purchasing Programs, by collecting information such as provider performance that links CMS reimbursement with provider performance, it incentivizes providers to provide the highest quality of care for their patients. Furthermore, research has shown that the Centers for Medicare & Medicaid Services' use of public health and clinical data has enabled faster and more accurate reporting from healthcare providers, improving both public health response and the

quality of care delivered to patients (1). Hence, by mandating formal healthcare information collection, CMS will continue to increase healthcare transparency, keeping healthcare providers accountable for the quality of care they provide.

While some may argue that increasing healthcare data collection could increase the administrative burden for providers, it's crucial to note that the Centers for Medicare & Medicaid Services' formal request for information includes information such as claims data, staffing data, and patient surveys that are already reported for other purposes (3). Hence, this formal request for data collection isn't necessarily placing an additional burden on providers, but is formalizing the use of existing information to improve quality measurement, enhance transparency, and support performance-based programs like QRPs and VBP while also complying with the Paperwork Reduction Act.

For these aforementioned reasons, I strongly urge the Office of Management and Budget to accept the CMS request for healthcare data, and I recommend that the CMS continue to minimize reporting burden by leveraging existing data collection methods. This will inevitably allow the CMS to formally use existing information to improve patient care and create stronger public health outcomes.

Thank you for taking the time to consider my comment.

Tessa Cherian

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Resources:

<https://www.pew.org/en/about/news-room/opinion/2026/01/30/cms-has-the-opportunity-to-improve-public-health-data-reporting>

<https://data.cms.gov/provider-data/topics/hospitals>

https://www.regulations.gov/document/CMS_FRDOC_0001-4288