# PUBLIC SUBMISSION

**As of:** 4/14/26, 2:25 PM
**Received:** March 31, 2026
**Status:** Posted
**Posted:** April 14, 2026
**Category:** Individual
**Tracking No.** mnf-hg7e-njm0
**Comments Due:** April 14, 2026
**Submission Type:** Web

**Docket:** CMS-2026-0661
Administrative Procedures for Chronic and Post-Acute Care Quality Programs (CMS-10945)

**Comment On:** CMS-2026-0661-0001
Administrative Procedures for Chronic and Post-Acute Care Quality Programs (CMS-10945)

**Document:** CMS-2026-0661-0015
Comment on CMS-2026-0661-0001

## Submitter Information

**Name:** David Rocha
**Address:**
San Antonio, TX, 78256
**Email:** drocha3408@outlook.com

## General Comment

State Medicaid interoperability remains fragmented for financial management workflows.
The states, US territories, delegated entities (first tier, downstream, and related entities aka FDRs will need to use the following FHIR resources for financial management:

- Claim
- ClaimResponse
- Contract
- CoverageEligibilityRequest
- CoverageEligibilityResponse
- EnrollmentRequest
- EnrollmentResponse
- ExplanationOfBenefit
- Invoice
- PaymentNotice
- PaymentReconciliation

Dual eligible beneficiaries related to chronic and post acute care reporting continue to experience the fragmentation that remains between Medicare and Medicaid related services. The dual eligibles (Medicare primary, Medicaid secondary) and the Medicare Advantage Dual HMO beneficiaries related to chronic and post acute care reporting need a better digital experience using FHIR APIs related to administrative and financial workflows at scale.