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Application To Be a Qualified Entity to Receive Medicare Data for Performance Measurement / Reapplication / Annual Report Worksheet (CMS-10394)

Comment On: CMS-2026-1091-0001

Application To Be a Qualified Entity to Receive Medicare Data for Performance Measurement / Reapplication / Annual Report Worksheet (CMS-10394)

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Comment on CMS-2026-1091-0001

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General Comment

I write in support of this information collection. CMS has specifically invited comments on "ways to enhance the quality, utility, and clarity of the information to be collected." This comment addresses that directly.

The Measure Information Workbook is a well-structured collection instrument. It asks applicants to document methodology across statistical validity, risk adjustment, attribution, outlier handling, and benchmarking. These fields help CMS evaluate the analytical rigor of applicants.

One dimension of methodology relevant to measure validity is not currently collected: how applicants address variability in the coding of the underlying procedure and diagnosis codes used in their measures. 42 CFR 401.705(a)(1)(i)(E) requires applicants to demonstrate expertise in correcting measurement errors and assessing measure reliability. Coding standardization methodology bears directly on that requirement, yet the Workbook does not currently ask applicants to describe it.

Adding one short field would help address this gap and improve CMS's ability to evaluate applications on a dimension relevant to measure reliability. Proposed field:

Coding Standardization Methodology: Describe the methods used to promote consistent assignment of procedure and diagnosis codes underlying each measure across measured entities, including any standardization rules, automated checks, or other approaches used to reduce coding variability as a source of measurement error, including emerging approaches that derive coding assignments consistently from structured clinical inputs. If no such methods are used, state how coding variability is considered in the measure's reliability assessment.

This addition would not require regulatory change, would fit within the current Workbook structure, and would add only modest burden relative to the added clarity and utility for CMS reviewers.

