

AMERICA'S PHYSICIAN GROUPS

December 6, 2022

Chiquita Brooks LaSure
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201
Submitted via: <https://www.regulations.gov/commenton/CMS-2022-0163-0001>

Re: National Directory of Healthcare Providers & Services (NDH) RFI CMS-0058-NC.

Dear Administrator Brooks LaSure:

America's Physician Groups (APG) appreciates the opportunity to respond to the Centers for Medicare & Medicaid Services (CMS) request for information on establishing a national provider directory. We welcome the agency's openness to stakeholder input and ongoing commitment to improving healthcare for all Americans.

Below, (I) APG will first provide a brief description of our organization, followed by (II) a summary of CMS' request for information, and then (III) our comments and recommendations. Together they reflect the voice of our membership and our commitment to working with the agency to ensure that all American's have consistently accessible, high-quality, person-centered healthcare.

I. About America's Physician Groups

APG is a national association representing more than 360 physician groups that are committed to the transition to value, and that engage in the full spectrum of alternative payment models and Medicare Advantage (MA). Our motto, "Taking Responsibility for America's Health," underscores our members' preference for being in risk-based, accountable, and responsible relationships with all payers, including MA health plans, rather than being paid by plans on a fee-for-service basis.

Delegation of risk from payers to providers creates the optimal incentives for our groups to provide integrated, coordinated care; make investments in innovations in care delivery; advance health equity; and manage our populations of patients in more constructive ways than if our members were merely compensated for the units of service that they provide. APG members collectively employ or contract with approximately 195,000 physicians (as well as many nurse practitioners, physician assistants, and other clinicians). These professionals in turn provide care for nearly 90 million patients.

II. CMS' Request for Information

In its Request for Information (RFI), CMS seeks input on the concept of creating a National Directory of Healthcare Providers and Services (NDH). The agency notes that health care directories can serve as an important resource for patients, helping them locate providers who meet their individual needs and preferences and allowing them to compare health plan networks. Directories can also facilitate care coordination, health information exchange, and public health data reporting.

Currently, organizations compiling health care directories struggle to provide accurate, timely, and relevant information, and typically fall short in these respects. This outcome leaves some patients in the dark when they need to search for a clinician. In turn, physicians with APG member organizations report that redundant and burdensome reporting requirements have led to directories that often contain inaccurate information, and work against the agency's goal of creating a truly patient-centered experience.

CMS seeks comments on how to make the process simpler for providers and payers alike, in part by streamlining and modernizing the reporting process. Using modern interoperable technology would allow payers to update their own directories seamlessly from a single directory through an Application Programming Interface (API). Harnessing such capabilities could also make data available in a format that would ease health data exchange among providers and improve public health reporting, needs highlighted by the COVID-19 pandemic. Finally, the existence of a CMS-led directory could support network interoperability through the Trusted Exchange Framework and Common Agreement (TEFCA).

III. APG's Response: Providing Accurate Information about Providers

APG commends CMS for proposing to create a national provider directory, a resource of significant potential value that many consumers eagerly await. Providing accurate descriptive information about all providers, such as their ability to accept new patients, participation in various health plans, and languages spoken, would greatly enhance the decision-making process for all Americans, especially those who are disadvantaged. APG also commends CMS for recognizing and thoroughly cataloging the challenges that developing and maintaining such a unified resource will face and questions that will have to be addressed.

Existing provider directories are fragmented and poorly serve the needs of consumers who seek accurate and timely data to make informed decisions about their care. Under current practices, health plans are charged with entering information on behalf of their contracted providers. Yet that information is rife with inaccuracies, is frequently out of date, and often does not fully and accurately describe the providers catalogued in directories. Some of these errors are simply the result of the complex nature of contracted care—health plans work with different physician groups—many of whom have their own contracted physicians on the payroll.

Provider directory accuracy is usually contingent on multiple factors. Health plans, for instance, must verify the information that is to be published with their contracted providers. Yet the choice of which providers or groups (i.e., individual providers, or group practices) are called upon to review and edit information introduces multiple opportunities for variations in collected data that range from minimal to significant. Even minimal differences, such as a misspelled name or the lack of a middle initial, can lead to an inaccurate listing. Processes that rely on static "snapshots" of provider information submitted from multiple sources create conflicting data that is not reconciled.

This review process is onerous and inefficient for providers. Provider groups must review and correct information with multiple health plans and other directory hosts with which they contract. Individual providers who are not exclusive to one group are also subject to a barrage of phone calls, faxes, and varying submittal procedures as well.

Relying on a single source of truth to describe each provider listed in a national directory would address many of the shortcomings of existing directories. If CMS were to create an NDH that offered all providers a “one-and-done” opportunity to review and correct their information at a single national portal, the data collection process would be far less burdensome. Allowing health plans and other directory hosts to update their own directories seamlessly from a single national directory through an API would reduce the workload for directory hosts. Both steps would almost certainly result in a more accurate national listing of providers.

APG expects that, once it is created, the NDH, like other new applications, will be refined over time based on experience and feedback. Although an ongoing process of development and refinement is a routine feature of introducing innovative approaches to sharing large amounts of data, such a transition period brings inherent inefficiencies. Health plans and other hosts of existing provider directories will continue to maintain existing directories until the new NDH is fully operational and sufficiently refined to address any remaining concerns. Only once directory hosts have confidence that integrating their data systems with the NDH will reliably and consistently function at least as well as their existing systems will they be able to shift to relying on the NDH and retire their existing data collection, vetting, and reporting methods.

APG recommends the following capabilities for the NDH:

- **One-and-done capability:** When a provider or group administrator makes a change, it should be reported promptly to each health plan that has a contractual relationship with that provider or group via an automated system.
- **Multiple data entry roles with one definitive source of truth:** Several types of entities (e.g., provider groups, individual providers, health plans, FQHCs) should be able to contribute information that the NDH then processes, reconciles, and updates in a systematic, accurate manner, including sending an automated notification to affected parties. The final review to accept or reject updated information provided through the registry should reside with affected providers.
- **Provider edits:** Capability to allow individual providers to update their information within a provider group’s network listings, subject to review and approval by the provider group administrator.
- **Automated, modernized processes:** The automated portal records and preserves the date, time, and content of all transactions so that an auditable trail of compliance is available to all parties.
- **Adaptability:** Capability to meet varying formatting requirements used by each health plan and provider directory host.

IV. Conclusion

Given the benefit to all parties involved – patients, providers, and health plans – APG enthusiastically supports CMS’ proposal to create an NDH. APG recommends that the agency allow an opportunity for all parties to contribute and review information included in the NDH while designating a single “source of truth” for sorting out any inconsistencies in the information added for each provider. Although APG recognizes that the NDH, once introduced, will be improved over time based on lessons learned once, APG encourages CMS to expedite this review process as much as possible so that health plans and other provider directory hosts can transition from maintaining dual efforts to relying solely on the NDH.

Sincerely,

A handwritten signature in cursive script that reads "Susan Dentzer".

Susan Dentzer
President and CEO
America's Physician Groups
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