December 5, 2022

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0058-NC
P.O. Box 8013
Baltimore, MD 21244-8013

Dear Administrator Brooks-LaSure,

The Healthcare Business Management Association (HBMA) appreciates the opportunity to provide our recommendations and feedback on this import request for information (RFI) (CMS-0058-NC) on the concept of a national provider directory facilitated by the Centers for Medicare and Medicaid Services (CMS).

HBMA is the leading national trade association for the healthcare revenue cycle management (RCM) industry. HBMA is a recognized revenue cycle management (RCM) authority by both the commercial insurance industry and the governmental agencies that regulate or otherwise affect the U.S. healthcare system. Although HBMA membership includes some of the nation's largest billing companies (1,000+ employees submitting millions of claims), the typical HBMA member is a small to medium-sized business employing, on average 5 - 100 individuals. Nearly half of HBMA members have clients in more than one state.

CMS is suggesting the idea of a national provider directory for the purpose of reducing administrative burdens on providers, among other things. We appreciate CMS' desire to alleviate administrative burdens associated with provider directory updates. We agree with CMS that there are opportunities to improve enrollment and directory management processes to reduce administrative burdens and improve the accuracy of information for patients. However, we have many concerns about the concept outlined in the RFI that will prevent a national provider directory from achieving these goals. We caution CMS against implementing this concept until these concerns can be carefully studied and addressed.

Any effort by CMS to advance this effort must include stakeholder participation to ensure that a national provider directory is designed, implemented and enforced effectively. HBMA members regularly assist our provider clients with enrollment, credentialing and directory updates for Medicare, Medicaid and commercial payors. As the companies who are interacting with these systems on behalf of providers, HBMA brings an invaluable perspective to CMS on how this concept should be operationalized. We ask that HBMA is included in all future opportunities to collect stakeholder feedback on this concept.

HBMA's largest concern is that a national provider directory of the scale suggested in the RFI cannot be successfully operationalized. These concerns are articulated in greater detail throughout our response. We suggest CMS use this opportunity to address these challenges on a smaller scale as a starting point.

Centralized Medicare-Medicaid Directory

We are aware that CMS is in the process of updating the Medicare PECOS system. One of the improvements in this update is that ability for PECOS to serve as the provider enrollment system for state Medicaid programs in addition to Medicare. This would be a good opportunity to test a centralized, CMS-administered directory before CMS considers expanding this concept on a larger scale.

Operational and Interoperability Concerns

CMS believes that a national provider directory used by all payors will alleviate additional administrative burdens by removing the need for providers to update multiple directories when updates need to be made. In the RFI, CMS says the national provider directory's data would be available in an interoperable format that health plans could access and apply to their directories. CMS suggests this data will be interoperable via a standardized API framework.

In the RFI, CMS recognizes how trust in the system is essential to its success. We do not believe such trust currently exists. The standardized API data exchange method is relatively new. CMS policies to facilitate interoperable data transfers via a standardized API just started to take effect this year with the electronic health information and data blocking regulations. Stakeholders will need to wait and see if APIs are successful before placing trust in this concept for other uses.

Additionally, the data transfer is only one factor in an accurate directory. Health plans must add that data to their directories in a timely and accurate manner. Currently, clinicians give directory information directly to health plans, yet many health plan directories remain inaccurate. If health plans cannot maintain accurate directories when providers directly give them the information they need, we have little faith that their directories will be accurate if they are receiving the data from a third-party through CMS' API instead of directly from the clinician.

Enforcement

Any regulatory policy is only as effective as its enforcement. HBMA is concerned that CMS will not adequately enforce these requirements on health plans for a national provider directory to work as intended. Commercial health plans already have issues with inaccurate directories. Additionally, health plans are constantly making changes to their networks by abruptly dropping providers from their networks in the middle of a plan year. We have experienced an increase in these network terminations since the No Surprises Act (NSA) took effect. CMS must first address this foundational issue before any national provider directory will be successful.

For example, some health plans use a "multi-plan" umbrella of plan options. It is impossible for providers to keep track of which plans within this umbrella they are part of due to constant changes imposed by the health plan. We understand the purpose of the national provider directory is intended to ease burden by only having providers update the central directory which is then interoperable with the health plan directories. However, the larger issue is the unnecessarily confusing multi-plan system. As mentioned elsewhere in this response, we are not confident that health plans will maintain accurate directories despite access to a centralized directory. For this reason, a centralized directory will not succeed until other issues such as multi-plans are addressed.

Inclusion of Additional Information in the National Directory

The RFI shows that CMS is clearly interested in using a national provider directory for more than a directory. CMS suggests that this system could also display value-based payment program performance results, among other things. HBMA is strongly against including quality program performance or other

data in directories. These programs, as currently designed, do not adequately measure a provider's care outcomes and overall care quality. Yet, the names of these programs mean patients can easily misconstrue these process-focused measures for the clinical outcomes they expect to receive. Suggestions include quality performance data in the central directory will make the provider community extremely hesitant to endorse a national provider directory despite the potential benefits of this concept. CMS should definitely clarify that the directory would not be used for any other purpose.

CMS also asks about how a national provider directory can include information for care coordination and essential business transactions (for example, prior authorization requests, referrals, public health reporting). For many business transactions, the data transfer is less of an issue than other operational aspects of the transaction. For example, streamlined data exchanges for prior authorization requests (and responses) will help alleviate burdens associated with prior authorization. However, the more important issue to address is the current volume of prior authorization requirements. Removing unnecessary prior authorization requirements will do more to alleviate burdens associated with this function than streamlining the data transaction.

Conclusion

CMS asks for stakeholder input about if the national provider directory it outlines in the RFI will alleviate burdens and improve transparency for beneficiaries. While this concept does have the potential to achieve these goals, we are not confident that the concept as outlined and CMS' ability to implement and enforce this concept will be successful.

Providers do not want a centralized national provider directory to go beyond a directory. CMS' suggestion that this directory could include extraneous information such as quality program performance data – which many clinicians oppose – will hinder provider support for a national provider directory.

CMS can and should begin to test this concept on a smaller scale by first integrating state Medicaid programs into the Medicare provider directory systems. This will achieve burden reduction and give CMS and stakeholders an opportunity to see how this system can work in the real world before considering how it can be scaled.

We welcome any opportunity to participate in additional CMS stakeholder feedback forums on this important concept. As the entities that are interacting with these systems on behalf of providers, HBMA brings an essential perspective on how this concept can be designed and implemented.

If you wish to discuss our comments in more detail, please contact Matt Reiter (reiterm@capitolassociates.com).

Sincerely,

Jennifer Hicks

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President
Healthcare Business Management Association