December 6, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-0058-NC
Submitted electronically to: https://www.regulations.gov/document/CMS-2022-0163-0001

RE: Request for Information; National Directory of Healthcare Providers & Services

Dear Administrator Brooks-LaSure:

The National Association of ACOs (NAACOS) appreciates the opportunity to submit comments in response to the request for information (RFI) on establishing a National Directory of Healthcare Providers & Services (NDH). NAACOS represents more than 8 million beneficiary lives through Medicare's population health-focused payment and delivery models, including the Medicare Shared Savings Program (MSSP) and the Global and Professional Direct Contracting Model (GPDC) model, among other alternative payment models (APMs). NAACOS is a member-led and member-owned nonprofit of more than 400 ACOs in Medicare, Medicaid, and commercial insurance working on behalf of health systems and physician provider organizations across the nation to improve quality of care for patients and reduce health care cost. We applaud the agency's efforts to create an NDH that could serve as a "centralized data hub" for health care provider, facility, and entity information nationwide. Our comments below reflect our members' perspectives on how an NDH can support population health, transparency, patient choice, and care coordination.

NAACOS generally supports the concept of a single source of provider information that would reduce provider and patient burden resulting from the often error-prone directories that exist today. CMS should employ the following principles when developing an NDH:

Consider application to value-based care models like ACOs. NAACOS would like to see CMS create a designation for physicians and other clinicians operating in APMs, ideally listing the ACO in which clinicians participate. This should include not only permanent Medicare programs such as MSSP, but also participation in CMS Innovation Center models. CMS should also consider creating an optional field for providers to list participation in APMs supported by commercial health plans and managed care organizations. Such changes would further help patients and providers better understand participation in APMs, which is too often lacking.

This would also help provide ACO network transparency to physicians and other clinicians participating in ACOs. For example, it would allow clinicians in ACOs to refer patients to other ACO providers, enabling better care coordination within the ACO.

Replace individual health plan directories. A single directory could reduce the burdensome, duplicative, and often inaccurate approach that exists today. A 2019 report found that the average physician practice has over 20 plan contracts and must report directory information for each in varying ways and inconsistent formats on different schedules. This inefficient system leads to frequent inaccuracies while taking up hours of staff time and costing practices billions of dollars annually. Centralizing this data would allow for a single, technology-enabled reporting process that could be supplemented with third-party data to further increase accuracy.

Replace the Provider Enrollment, Chain, and Ownership System (PECOS). Aside from being a separate database for providers to update, PECOS lacks critical information on the specialty designation of nurse practitioners (NPs) and physician assistants (PAs), which is required of physicians. Accordingly, CMS doesn't know what type of care these non-physician providers are delivering, which is a major hindrance for Congress to remove the physician-visit requirement in MSSP's assignment methodology. Only visits delivered by physician specialties listed in §425.402(c) are eligible for assignment under MSSP, and PECOS lacks this critical information on NPs and PAs. A CMS-led NDH should include specialty designations for all provider types.

Ensure a national directory is accurate. CMS should add mechanisms that allow end users to flag inaccuracies so that they can later be reviewed and sent to the appropriate person to review and/or update. CMS could also consider annual or biannual verifications by owners of entries. However, the agency should consider ways to eliminate provider burdens with such requirements. For example, CMS could apply machine learning to ensure quality and accuracy.

***Make the directory relevant for patients*.** Patients and the public are the most important part of our health system; thus, CMS needs to build an NDH that incorporates data elements that include accessibility and network information. A national database should include information on specific insurance packages that providers accept, whether the provider is accepting new patients, and perhaps specific conditions the provider specializes in treating. CMS should also consider displaying relevant cost transparency and price comparisons for providers to aide consumers in making informed choices about the clinicians they seek care from.

Thank you for the opportunity to provide feedback on the National Directory of Healthcare Providers & Services RFI. NAACOS and its members are committed to providing the highest quality of care for patients while advancing population health goals for the communities they serve. We look forward to our continued engagement on the development of an NDH that could empower patient choice, enable care coordination, and reduce provider burden. If you have any questions, please contact Aisha Pittman, senior vice president, government affairs at aisha_pittman@naacos.com.

Sincerely,

Clif Gaus, Sc.D.
President and CEO
NAACOS