



Government and External Affairs  
1776 West Lakes Parkway, Suite 400  
West Des Moines, IA 50266  
unitypoint.org

December 6, 2022

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

RE: CMS-0058-NC – Request for Information; National Directory of Healthcare Providers & Services; published at Vol. 87, No. 194 Federal Register 61018-61029 on October 7, 2022.

Submitted electronically via <http://www.regulations.gov>

Dear Administrator Brooks-LaSure,

UnityPoint Health appreciates this opportunity to provide comments on this request of information (RFI) related to the National Directory of Healthcare Providers & Services. UnityPoint Health is one of the nation's most integrated health care systems. Through more than 32,000 employees and our relationships with more than 480 physician clinics, 40 hospitals in urban and rural communities and 14 home health agencies throughout our 9 regions, UnityPoint Health provides care throughout Iowa, central Illinois, and southern Wisconsin. On an annual basis, UnityPoint Health hospitals, clinics and home health agencies provide a full range of coordinated care to patients and families through more than 8.4 million patient visits.

UnityPoint Health appreciates the time and effort of CMS in developing this RFI. ***As a member of the American Hospital Association (AHA) and Premier Inc., UnityPoint Health supports their respective comment letters submitted in response to the RFI. If a National Directory of Healthcare Providers & Services is to be established, UnityPoint Health's support is contingent upon its streamlining and reduction of administrative burden, an implementation approach that is phased-in, and further public notice and comment period(s) relative to structure, burden and timing.*** In addition, UnityPoint Health respectfully offers the following input on select RFI questions.

#### **ESTABLISHMENT OF A NATIONAL DIRECTORY OF HEALTHCARE PROVIDERS & SERVICES (NDH)**

*CMS solicits comments on the establishment of an NDH.*

- *What benefits and challenges might arise while integrating data from CMS systems (such as National Plan and Provider Enumeration System (NPPES), Provider Enrollment, Chain, and Ownership System (PECOS), and Medicare Care Compare) into an NDH? What data elements from each of these systems would be important to include in an NDH versus only being available directly*

*from the system in question?*

**Comment:** Whether established to offset or be supplemental to existing data directories, it is unclear what additional value the NDH would offer providers or consumers. Overall, UnityPoint Health supports integrating multiple directories into a single directory to reduce administrative burden. ***Any new platform or NDH will need to emphasize robust standardization across all users for both new and migrated data to ensure timeliness and overall data quality.*** We acknowledge that this transition will be daunting and should be phased in over time. When merging multiple platforms, data verification and validity will be time consuming and will involve providers and other stakeholders as engaged and active partners. In current state, outdated or conflicting data within NPPES, PECOS, and Care Compare may exist for the same provider.

- *Are there other CMS, HHS (for example, HPMS, Title X family planning clinic locator, ACL's Eldercare Resource Locator, SAMHSA's Behavioral Health Resource Locator, HRSA's National Practitioner Data Bank, or HRSA's Get Health Care), or federal systems with which an NDH could or should interface to exchange directory data?*

**Comment:** ***All of the provider exchange directories noted above as well as public reporting directories, such as Physician Compare, would be an appropriate interface.*** This would allow patients, providers, and the healthcare industry generally to streamline their access to data. While displaying all data for each program/data warehouse may not be feasible, links to these various data warehouses and the ability to update basic demographic details, including provider location, specialty, care, education, and NPI/billing information, would be highly beneficial. For example, a physician's quality outcomes could still live within the Physician Compare platform yet show the demographics from within NDH. Additionally, disclosures for providers who work in various locations with multiple TINs/CCNs or billing identifiers will need to be developed within the NDH to facilitate the accurate alignment of data elements.

- *How could NDH use within the healthcare industry be incentivized? How could CMS incentivize other organizations, such as payers, health systems, and public health entities to engage with an NDH?*

**Comment:** ***Incentivizing use is always preferred over penalizing non-use, especially when provider burden is impacted.*** Simply updating the process to access and maintain NPPES data itself may create an incentive for further use. Presently, uploading and updating digital contact information within NPPES is extremely labor intensive and accessibility is hampered due to the multiple layers of security/proxy access requirements. For example, enabling updates/uploads by organizational groupings would make this platform more user friendly.

- *How could a centralized source for digital contact information benefit providers, payers, and other stakeholders?*

**Comment:** UnityPoint Health supports the adoption of a centralized source for digital contact information. ***Potential benefits include maintaining accurate and timely data, allowing improved interoperability capabilities (such as sending and receiving summary of care documents and admission, discharge, and transfer (ADT) event notifications) and improving general patient care.*** Having a central location for updates reduces administrative burden, as

opposed to maintaining information within multiple directories. Additionally, centralization of data helps create a national network for contact. For example, organizations may have patients seeing a subset of providers in an alternative location during winter months. The ability to pull digital contact information for a subset of providers without needing to implement the entire directory helps streamline care without causing an excessive burden of unnecessary records within an organization's electronic medical record (EMR).

### IMPLEMENTATION RISKS, CHALLENGES, AND PREREQUISITES

*CMS solicits comments on risks, challenges, and prerequisites associated with implementing such a directory.*

- *What technical or policy prerequisites would need to be met prior to developing an NDH?*

**Comment:** *Streamlining the technical build and requirements of data sources will have a long-term, beneficial impact on the effectiveness and efficiency of NDH.* To promote consistent information gathering/reporting, CMS should incorporate a standardized data element requirement for all providers utilizing the Certified Electronic Health Record Technology (CEHRT) requirements. The same standards should be implemented by payors, EMRs, and various other third-parties that wish to utilize the NDH from CMS.

- *What specific risks or challenges should be anticipated throughout the system development life cycle of an NDH? How can these risks and challenges be minimized?*

**Comment:** As stated above, placing the same requirements across all platforms utilizing NDH up front will minimize associated challenges. For example, standardizing demographic details, such as street labels, would facilitate data exchange. We encourage CMS to implement standardized postal addresses within all technology structures to create data efficiencies.

We are pleased to provide input on this RFI and its impact on our hospitals and health system, our beneficiaries, and communities served. To discuss our comments or for additional information on any of the addressed topics, please contact Cathy Simmons, Executive Director, Government & External Affairs at [cathy.simmons@unitypoint.org](mailto:cathy.simmons@unitypoint.org) or 319-361-2336.

Sincerely,



Cathy Simmons, JD, MPP  
Executive Director, Government & External Affairs