

December 4, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0058-NC

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

Re: Request for Information; National Directory of Healthcare Providers & Services (CMS-0058-NC)

Dear Administrator Brooks-LaSure:

Premier Inc. appreciates the opportunity to submit comments to the Centers for Medicare & Medicaid Services (CMS) regarding the request for information (RFI) on establishing a National Directory of Healthcare Providers and Services (NDH). The RFI seeks information and recommendations on creating a CMS-run centralized data hub that patients, providers and payers could use to navigate health plan networks and facilitate health information exchange to improve access and outcomes.

Premier shares CMS' goals to improve access to provider information and facilitate health information exchange and data reporting. In our comments, Premier shares the experiences and concerns of our member hospitals, their employed physicians and independent physicians aligned with them. Specifically, Premier asks CMS to consider the following:

- Leverage federal authorities to streamline existing provider directory requirements, reducing duplication, provider and payer burden, and barriers to patient access to correct information;
- Consider the readiness of existing technology needed to support a centralized data hub, and invest in developing standards and incentivizing market development;
- Improve value to consumers by incorporating cost and quality data; and
- Utilize the NDH for centralized, federal-level provider credentialing and require CMS-regulated health plans to accept credentialing conducted by CMS.

I. BACKGROUND ON PREMIER INC.

Premier is a leading healthcare improvement company and national supply chain leader, uniting an alliance of 4,400 hospitals and approximately 250,000 continuum of care providers to transform healthcare. With integrated data and analytics, collaboratives, supply chain solutions, consulting and other services, Premier enables better care and outcomes at a lower cost. Premier's sophisticated technology systems contain robust data gleaned from nearly half of U.S. hospital discharges, 812 million hospital outpatient and clinic encounters and 131 million physician office visits. Premier is a data-driven organization with a 360-degree view of the supply chain, working with more than 1,300 manufacturers to source the highest quality and most cost-effective products and services. Premier's work is closely aligned with healthcare providers, who drive the product and service contracting decisions using a data driven approach to remove biases in product sourcing and contracting and assure access to the highest quality products. In addition, Premier operates the nation's largest population health collaborative having worked with more than 200 accountable care organizations (ACOs).

Contigo Health, LLC, a subsidiary of Premier, creates new ways for all stakeholders to work together to optimize employee health benefits. At its core, Contigo Health, with 900,000 network providers across 4.1 million U.S. locations, and claims repricing technology, helps improve access to care, and provides health

plan payors, and their health plan members, medical claims savings through pre-negotiated discounts with network providers.

A Malcolm Baldrige National Quality Award recipient, Premier plays a critical role in the rapidly evolving healthcare industry, collaborating with healthcare providers, manufacturers, distributors, government, and other entities to co-develop long-term innovations that reinvent and improve the way care is delivered to patients nationwide. Headquartered in Charlotte, North Carolina, Premier is passionate about transforming American healthcare.

II. NATIONAL DIRECTORY OF HEALTHCARE PROVIDERS & SERVICES CONCEPT, PERCEIVED BENEFITS, AND INTERACTIONS WITH CURRENT CMS DATA SYSTEMS

In the RFI, CMS asserts that a centralized data hub like the NDH could be used to help patients identify in-network and out-of-network providers and specialty services, to help providers and plans advance the use of electronic prior authorization, and to help providers reduce their reporting burden while streamlining network adequacy audits. As described, the NDH would consist of data collected from providers by CMS, and CMS would be responsible for aggregating and validating the correctness and completeness of the data.

CMS notes that directory maintenance is extraordinarily costly to providers, citing a Council for Affordable Quality Healthcare (CAQH) survey that found physician practices collectively spend \$2.76 billion annually on resources to verify and update directory information. The CAQH survey also found that provider staff must update directory information for an average of 20 different payers per practice.¹ CMS also notes that inconsistencies across various directories' levels of detail may cause confusion among consumers and drive inaccuracies across provider reporting practices.

While the NDH presents an opportunity to relieve provider burden, CMS indicates that the NDH would exist alongside the existing federal data systems, including the National Plan and Provider Enumeration System (NPPES), the Medicare Provider Enrollment, Chain and Ownership System (PECOS), as well as provider directories that health plans are required to maintain within CMS programs, including Medicare Advantage, Medicaid and Children's Health Insurance Program managed care plans and the Marketplace Qualified Health Plans. **Premier urges CMS to streamline existing provider reporting requirements for all programs over which CMS has authority, requiring health plans subject to CMS regulations to utilize only the NDH for provider directory development and maintenance.** Only then could the NDH realize its potential to alleviate duplication and administrative burden. Premier reminds CMS that providers will still be subject to reporting other government-collected provider data (e.g., state licensing board data) as well as data collected by third-party administrators of commercial and self-funded health plans.

Additionally, CMS indicates in the RFI that the HL7 Fast Healthcare and Interoperability Resources (FHIR)-based Application Programming Interface (API) could serve as a key tool to enabling the utility of the NDH. Premier notes that the Office of the National Coordinator for Health Information Technology (ONC) and the Federal Health Architecture (FHA) have been working to define the underlying architecture for a national provider directory using FHIR since 2016 and have not yet completed their work. **Premier urges CMS to ensure adequate real-world implementation testing and national-level standardization regarding health information and data transmission before committing to a reliance on a FHIR-based API framework for the NDH.**

¹ CAQH. (2019). The Hidden Causes of Inaccurate Provider Directories, page 2. Retrieved from <https://www.caqh.org/sites/default/files/explorations/CAQH-hidden-causes-provider-directories-whitepaper.pdf>

III. INCORPORATION OF COST AND QUALITY DATA

CMS notes that the agency currently collects various demographic, contact and healthcare practice data from or about many provider types and payer entities. Current systems operate largely in siloes, performing specific roles to support specific programs. CMS further notes that linking provider contact information and quality data into one streamlined CMS resource could help consumers identify, compare and locate providers, and that such information may also be useful for providers and payers participating in value-based payment models.

Premier believes that the NDH presents an opportunity for true interoperability across CMS' own data systems and programs. **To maximize the potential of the NDH, Premier urges CMS to incorporate cost information and quality information from Medicare Care Compare programs.** The benefits of such integration are myriad. In the RFI, CMS cites a consumer preference report which found that a majority of consumers surveyed indicated that the online availability of accurate directory information has affected their decisions when choosing a doctor. Incorporating Compare data into NDH listings ensures that consumers, providers and payers have centralized access to CMS' publicly available data on provider performance.

IV. POTENTIAL APPLICABILITY FOR UNIVERSAL CREDENTIALING

Provider credentialing requires significant resources and, as a result, is a significant cost driver in the healthcare industry. In general, credentialing processes and requirements vary across insurance carriers, and this burdensome process must be executed accurately to ensure claims payment. A CAQH survey of physicians found that practices that use multiple methods for credentialing spend 40 percent more on associated administrative costs than those that use a single platform.² Errors in provider credentialing processes can result in significant lost revenue and staff resources for providers and facilities.

The NDH presents an opportunity for CMS to create a centralized federal credentialing process. **Premier recommends that CMS incorporate centralized credentialing capabilities into the NDH and require federally-regulated health plans to accept CMS credentialing for all providers.** Such a policy would allow providers and payers to redirect significant resources toward improving patient care and population health outcomes.

V. CONCLUSION

In closing, Premier appreciates the opportunity to submit these comments on the request for information on the potential creation of a National Directory of Healthcare Providers and Services. If you have any questions regarding our comments, or if Premier can serve as a resource on these issues to the agency in its policy development, please contact Mason Ingram, Director of Payment Policy, at Mason_Ingram@premierinc.com or 334.318.5016.

Sincerely,



Soumi Saha, PharmD, JD
Senior Vice President, Government Affairs
Premier Inc.

² Ibid.