December 6, 2022

The Honorable Chiquita Brooks-LaSure, MPP
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1751-P
7500 Security Boulevard
Baltimore, MD 21244-1850

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

Dear Administrator Brooks-LaSure,

The American Academy of PAs (AAPA), on behalf of the more than 159,000 PAs (physician assistants/associates) throughout the United States, appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services' (CMS) National Directory of Healthcare Providers & Services request for information (RFI). AAPA finds significant value from provider directories in helping beneficiaries identify providers and care that is available and most appropriate for their situation. We believe that provider directories are most successful when the information contained in them is complete, accurate, and navigable. In CMS's RFI, the agency proposes the creation of national directory of healthcare providers and services. AAPA sees promise in the creation of such a directory, if developed and implemented properly, and it is within this context that we would like to draw your attention to our comments on the concept.

Provider directories are listings maintained by public and commercial payers that alert beneficiaries to the healthcare professionals within their coverage network. The information in a provider directory varies from payer to payer, but may include information regarding provider specialty, location, contact information, licensure, languages spoken, and whether they are accepting new patients, among other information.

In the RFI, CMS identifies several potential benefits of "contemporary and comprehensive" healthcare directories. These benefits include making consumers aware of available care options when choosing a provider, aiding in comparison of health plan networks, allowing payers and providers to find each other's contact information, supporting audits regarding network adequacy, and the potential for increased coordination of care. CMS notes that provider directories are increasingly being used by consumers in the selection of care options.

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However, while CMS recognizes the potential promise of provider directories, the agency makes a stark assessment of the present reality of provider directories. CMS notes that provider directories in their current form often display inaccurate or redundant information and are often missing essential information that may be valuable to beneficiaries/patients. CMS notes that many directories don't support the ability to exchange data.

AAPA concurs with CMS regarding both the potential of provider directories and the fact that the current state of provider directories is not optimal.

The National Directory of Healthcare Providers and Services

CMS's proposed solution to the numerous deficiencies with the current landscape of disjointed and inadequate provider directories is to develop a National Directory of Healthcare Providers and Services (NDH). The NDH would act as a centralized data hub that would provide a single source of provider information. This information could then be utilized by payers to populate their individually developed provider directories. CMS plans to ensure the NDH is API enabled, allowing for various systems and directories to exchange data.

CMS envisions multiple benefits being associated with the NDH. For providers, the development of the NDH would simplify reporting processes by ensuring providers would only have to report to one platform. This information would be disseminated to the individual directories of the respective payers with whom the provider contracts. CMS expects this to save providers both money and time, eliminating the need to report and update information to multiple entities. Currently, providers have to supply information to an average of 20 payer directories.

For payers, the development of the NDH would remove time-consuming, administrative burdens. Payers are often required to maintain accurate provider directories, but they must rely on individual providers to keep this information up to date. If such information is out of date, the payer may be penalized. Finally, beneficiaries and patients that utilize the information sourced from the NDH are likely to access more current and accurate information, increasing satisfaction with the provider directory experience.

AAPA's Position on the Establishment of an NDH

AAPA is generally supportive of CMS establishing an NDH. The directory concept has the potential to standardize the quality of information contained in provider directories. It is vital that the information available to beneficiaries about their network of providers be timely and accurate so they can determine the best coverage and care options. Information on care availability is particularly important in rural or underserved areas, and for health plans with limited networks. In a time of worsening health professional shortages, greater clarity and accuracy about all available care options can improve access to care.

However, AAPA cautions that there are important considerations the agency must account for to ensure that beneficiaries have optimal interactions with provider directories. First, any database is only as good as the

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information it contains. Currently, some directories omit information that would alert beneficiaries to all available care options. For example, while not always the case, PAs are occasionally omitted from a payor's provider directory. As essential members of healthcare teams, PAs must be specifically included in all payer provider directories. As a centralized hub, the NDH must include providers that may oversee care for a patient.

Second, even when PAs are included in provider directories, there is a potential for incomplete information to be made available to beneficiaries. Provider directories are typically designed so that a beneficiary is prompted to search for a potential provider based upon the specialty in which they practice, which is understandable. For example, a beneficiary with a skin lesion would select "dermatology" as a search filter in a provider directory to find an appropriate health professional to address their medical concern. However, as is the case with the Medicare program, PAs are often not enrolled with payers in a particular specialty and, consequently, are not listed in many provider directories under the specialty in which they practice. Instead, PAs are often listed under the generic category of "physician assistant" or "PA." If a beneficiary is looking for care in dermatology, a PA who practices in dermatology may not be identified in the directory as dermatology provider. The beneficiary may instead select a provider specifically listed under the category of dermatology who might be located a greater distance from the beneficiary and/or have substantially longer wait times, both of which create access issues for beneficiaries. To remedy this situation, PAs should be identified in provider directories under the specialty in which they practice and not placed into a "physician assistant" or "PA" category. This can be accomplished by authorizing PAs to report the specialty in which they practice to the NDH.

One of the core principles of the PA profession is flexibility and the ability to change practice specialties. This flexibility is essential in helping to meet the rapidly changing health care needs of patients. Unlike physicians, who are typically board certified in a particular specialty, PAs are nationally certified to practice medicine. The profession's comprehensive, generalist medical education, training and preparation give PAs the capability and expertise to practice in different specialties and change specialties in response to the changing health care needs of patient populations. Maintaining this practice flexibility is especially important because of 1) challenges facing the health care workforce, including the current and growing shortage of physicians and the increasing problem of losing health professionals due to provider burnout; 2) the need to deliver increased access to care for patients in rural and underserved communities; and 3) the necessity to rapidly respond to current and future public health emergencies. Authorizing PAs to report their practice specialty to the NDH will improve provider directory transparency, make beneficiaries aware of all available care options and ensure the profession's continued ability to meet the evolving needs of the US health care delivery system.

Third, the information requested of health professionals to report to the NDH should be as standardized as possible. There should not be information collected or displayed that differs between health professionals, unless that requested information isn't applicable to a specific provider group. To ensure the maximum benefit to beneficiaries is realized, PAs and all relevant health professionals must be listed, searchable, and their information must be complete and accurate.

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Implementation

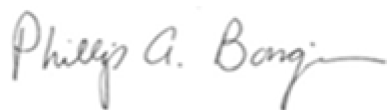
AAPA's support for the NDH is contingent on CMS achieving buy-in from other public and commercial payers. If payers choose not to utilize the NDH, providers would continue to be required to report information to numerous, individually managed directories. This would result in *increased* administrative burden for health professionals.

To encourage provider support of this centralized directory, it must be designed in a manner so that data collection from health professionals is not overly burdensome. The scope of the RFI leaves open the possibility of a wide variety of uses for the NDH, which, depending on what CMS chooses, may require varying levels of reporting. AAPA is open to additional uses for the NDH, but requests that the possibilities be further assessed and phased in only after time has been given to achieve the core function of collecting information that would be useful for provider directories to display to help consumers find care. A phased approach would help CMS obtain support from providers and payers alike, allow for an important initial focus on data veracity, allow time for increased provider familiarity with reporting and feedback requirements, and allow CMS to address any technical complications that are likely unavoidable when instituting such a significant digital instrument.

Finally, AAPA foresees the necessity of an extensive educational campaign targeting providers, payers, and consumers of healthcare services to promote widespread adoption and utilization. AAPA concurs with CMS regarding many of the potential benefits of the NDH such as decreased burden and increased data quality, but these must be properly communicated to stakeholders to solicit support. We encourage CMS to not only provide information to NDH stakeholders, but to continue to request feedback from such stakeholders on user interaction and facilitate the reporting of any problems with information collection and accuracy. This will allow CMS to continuously improve the functionality of the NDH, helping the directory achieve its goals.

Thank you for the opportunity to provide feedback on the National Directory of Healthcare Providers and Services RFI. AAPA welcomes further discussion with CMS regarding these issues. For any questions you may have please do not hesitate to contact Michael Powe, AAPA Vice President of Reimbursement & Professional Advocacy, at michael@aapa.org.

Sincerely,



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