

December 6, 2022

Submitted electronically via: www.regulations.gov

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, MD 21244

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

Dear Administrator Brooks-LaSure,

Vizient, Inc. appreciates the opportunity to comment on Centers for Medicare & Medicaid Services (CMS) request for information (RFI) on establishing a National Directory of Healthcare Providers & Services (NDH) that could serve as a centralized data hub for healthcare provider, facility, and entity directory information nationwide. As described by CMS, providers and their staff are burdened to share and update directory information. Also, the agency notes that it may have an opportunity to alleviate some of these burdens and improve the state of provider directories through a CMS-developed and maintained Application Programming Interface (API)-enabled national directory.

Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 60% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than \$130 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Recommendations

In our comments, we respond to various questions provided in the RFI. We thank CMS for the opportunity to share recommendations related to the potential NDH. We emphasize the importance of ensuring that future NDH regulations, if pursued, reduce providers' administrative burden while providing accurate information. We also appreciate the agency's acknowledgement of various legislative and regulatory requirements associated with provider directories and encourage the agency to clarify how an NDH could be utilized to help satisfy such requirements.

Purpose

In the RFI, CMS indicates that a free and publicly available CMS-sponsored NDH could help ensure all stakeholders have equal access to the relevant digital contact information they may need to, among other functions, securely exchange health data. Also, CMS provides numerous legislative and regulatory efforts that aim to drive improvements to provider directors and support patient access to information about healthcare services. However, CMS also describes several challenges, including issues related to accuracy. Vizient agrees with CMS's belief that a centralized, validated NDH could help alleviate current directory challenges by acting as a "centralized data hub" for healthcare directory information, and that it could help alleviate provider burden by having providers report to only one system. Should CMS continue to pursue this option, we believe it is critical that the NDH be rigorously tested to prevent potential disruption, given all of the functions that would be dependent on an NDH.

Further, given the range of information collected and potential for different definitions or interpretations, Vizient also believes it is important that definitions or terms that would be included in the NDH align with the interpretation of those terms for other reporting purposes. For example, a provider may have multiple addresses, but there could be variability in how address is defined for reporting purposes (e.g., billing versus site of care) so additional clarity may be needed for commonly reported data elements.

In addition, as CMS potentially pursues an NDH, we believe it is important that the agency work with states, payers and other stakeholders who may also request that providers report or validate information. While CMS envisions a centralized data hub, others who currently collect provider-reported data may decide not to rely on such a hub, instead continuing to request data from providers. As such, Vizient encourages CMS to proactively work with stakeholders to better understand whether other directories or similar reporting requirements would still be requested to better understand providers' potential burdens. Vizient is supportive of efforts that reduce provider burden, including burdens beyond CMS programs.

Also, Vizient notes that an NDH, depending on its contents, may have multiple uses by stakeholders, in addition to compliance and to support patient access to information. For example, optional fields such as languages spoken, telehealth access, age, or gender may be useful to both patients and other stakeholders. For example, age may be relevant to planning for future workforce demands, while languages spoken may be relevant to patients seeking to connect with a provider who is fluent in their language. Should CMS pursue an NDH, Vizient encourages CMS to work with stakeholders to identify additional categories that may be helpful to include.

Vizient appreciates that CMS has requested information on data elements that are important to include in an NDH. In the RFI, CMS notes that some data elements should be made available for consumer use, while other elements would be for CMS to collect for internal use. To the extent data is identified as not being available for consumer use, Vizient suggests that CMS consider sharing the information publicly, as there may be other uses for such data.

Lastly, Vizient encourages CMS to clarify which mandatory fields are being contemplated for the NDH and what process CMS would use to modify such fields in the future. For example, it is unclear which providers CMS anticipates would be included in the NDH and how information from providers who do not accept insurance would be obtained. Given the array of current and potential future uses associated with an NDH, Vizient encourages CMS to clarify which data fields the agency believes would be included in the NDH and to consider opportunities to work with stakeholders to regularly review and update the content and infrastructure supporting the NDH.

Burden

As previously noted, Vizient supports efforts to minimize provider burden. One incentive of the NDH is that it could, if implemented as CMS describes, reduce providers' administrative burden once established. While it is unclear how an NDH would reduce provider burden, such as those associated with directory requirements under the No Surprises Act, Vizient is concerned that duplicative requirements may be imposed in separate rulemaking. To the extent possible, Vizient encourages CMS to minimize such duplication and to clarify the duration and process CMS envisions to develop the NDH.

Also, Vizient notes that providers may have additional burdens where directory information is not accurate or updated frequently (e.g., interruptions to care, challenges communicating with other providers, correcting and monitoring information in different systems). As such, Vizient believes it is important that steps be taken to support the accuracy of information in the directory, where those burdens to capture errors do not rest solely on providers. For example, some third parties that compile directories may verify provider information by reviewing the billing addresses, service addresses and reviewing external sources to confirm information. These steps may help reduce provider burden and, like other recommendations shared, should be considered by CMS if it moves forward with NDH.

Vizient membership includes a wide variety of hospitals ranging from independent, community-based hospitals to large, integrated health care systems that serve acute and non-acute care needs. In closing, on behalf of Vizient, I would like to thank CMS for providing us the opportunity to comment. Please feel free to contact me, or Jenna Stern at jenna.stern@vizientinc.com, if you have any questions or if Vizient may provide any assistance as you consider these recommendations.

Respectfully submitted,



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