December 6th, 2022

Administrator Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: FR Doc #2022-0163-0001 Request for Information: National Directory of Healthcare Providers and Services

Submitted electronically via www.regulations.gov

Dear Administrator Brooks-LaSure,

athenahealth, Inc. ("athenahealth" or "athena") appreciates the opportunity to respond to national directory of healthcare providers and services request for information.

Over the past 25 years, athenahealth has built a network of approximately 385,000 healthcare providers in both the ambulatory and acute settings in all 50 states. We provide electronic health record (EHR), practice management, care coordination, patient engagement, data analytics, revenue cycle management, and related services to physician practices and hospitals. More than 140,000 providers utilize our single instance, continuously updated, cloud-based platform. We also support on-premise software solutions. In both hosting paradigms, athenahealth seeks out and establishes connections with partners across the care continuum, enabling our clinicians to improve the quality of care they deliver. athenahealth's vision is to create a thriving healthcare ecosystem that delivers accessible, high quality, and sustainable healthcare for all. We work towards this vision partially by reducing the burden of cumbersome regulatory requirements and red tape facing healthcare providers today.

athenahealth is supportive of a CMS-developed and maintained, API enabled national provider directory. Health IT developers spend a significant amount of time and resources building provider directories, oftentimes from various sources with inconsistent formats. Maintaining baseline data quality can be a constant challenge. If successfully implemented and adopted, we believe that a single streamlined platform can serve as an important resource for patients, providers, and health IT developers. It is with that context that we offer the following comments to CMS:

1. **A National Provider Directory Must be Considered the Source of Truth, and Cover both Provider and Organization Data**
   The current healthcare directory landscape is fragmented, resulting in patients struggling to find up-to-date information about providers, and providers facing redundant and burdensome reporting requirements to multiple databases. Directories often contain inaccurate information, rarely support interoperable data exchange or public health reporting, and are costly to the healthcare industry. There are many downstream impacts associated with baseline data quality issues. For example, if provider directory data are inaccurate, orders and referrals will not get placed correctly, leading to care that is

delayed or worse, never delivered. To be widely adopted, CMS must ensure that the proposed centralized data hub is both viewed as the source of truth across the industry, and the only directory required for providers, payers, health IT developers, and others update. CMS must also ensure that data on both providers - including care team members that do not have an assigned NPI - and organizations (location, place of service, etc.) are captured. To provide value, a national directory must be able to support use cases where a patient is referred to a specific provider, as well as use cases where a patient is referred to a specific organization as is often the case for imaging or physical therapy referrals. Athenahealth recommends including the following data elements, at a minimum, in the national directory: NPI (or other identifier for care team members that do not have an assigned NPI), Specialty, Location, Place of Service, Direct Address, Fax Number, and Accepted Insurance.

2. **CMS Must Utilize 21st Century Technology to Enable Access to Directory Data**

athenahealth creates our provider directory through various sources including clients, payers, standards organizations, and internal data. It is an onerous process to ingest, match, and maintain this information. Much of this process involves manually downloading text files from CMS sources like the National Plan and Provider Enumeration System (NPEES) and the Provider Enrollment, Chain and Ownership System (PECOS). When creating a national provider directory, we strongly encourage CMS to utilize standards that are widely adopted for the 21st century such as Bulk FHIR data delivery. We also recommend including a public record of changes made to the data - what was updated, when, and by whom? - and/or providing a "change" file to improve usability.

3. **There Must be Clearly Defined Data Governance**

athenahealth seeks clarification from CMS on whether the national directory of healthcare providers will become the sole directory. As noted above, we currently receive raw data sets from numerous sources. Is the intention of CMS to replace the need to go to multiple sources to get complete and trusted data? With multiple sources comes a perpetual problem of data quality. CMS should implement a governance process that eliminates the need for basic curation, ensuring it is clear who is responsible for owning and updating data elements. For example, individual providers could be responsible for updating their contact information, locations where they practice, etc. and payers could be responsible for updating information about accepted insurances. CMS must implement a validation process to ensure that when parties add new or overwrite existing entries, accuracy is confirmed.

athenahealth appreciates the opportunity to provide comments and input on this request for information, and we look forward to continued collaboration with CMS in improving interoperability and reducing the burden faced by clinicians today.

Regards,

Jennifer Michaels
Government & Regulatory Affairs
athenahealth, Inc.