HIMSS23: Directing the Future of Healthcare Connectivity

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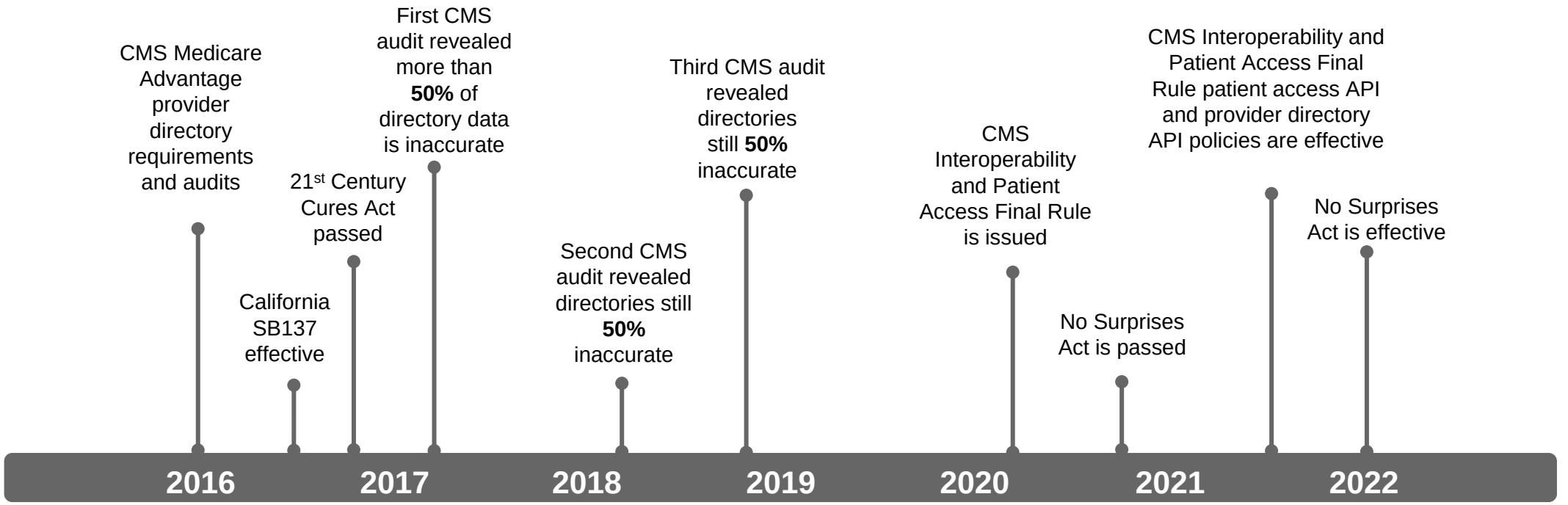
Agenda

- Journey for Health Care Identifiers and Directories
- Discussion of the National Directory of Healthcare RFI
- Opportunities for Interoperable Standards and Directories and Industry Engagement

Learning Objectives

- Hear about prior HHS efforts to adopt and encourage use of identifiers and directories
- Discuss CMS' National Directory of Healthcare Request for Information (RFI) and summary of responses
- Understand how standards could be utilized to develop an interoperable healthcare directory
- Learn about industry efforts with FHIR for a national directory

Evolution of the regulatory and policy environment



Federal and state requirements for provider directories expand every year, and the accuracy of health plan provider directories has remained largely unchanged throughout this time period.

Current State of Provider Directories

Current provider and healthcare directories are often **inaccurate, fragmented, burdensome to maintain, rarely support interoperable data exchange or public health reporting, and are overall costly** to the health care industry

- There are over 5,000 individual healthcare directories nationwide[1]
- Providers update their directory information to **20 different payers** on average
- Physician practices collectively spend **$2.76 billion annually** on directory maintenance
- Transitioning directory data collection to a single streamlined platform could save physician practices an estimated collective **$1.1 billion annually**[2]

1 United States Digital Service 2020 Provider Directory Report.
2 CAQH. (2019). The Hidden Causes of Inaccurate Provider Directories. Retrieved from https://www.caqh.org/sites/default/files/explorations/CAQH-hidden-causes-provider-directories-whitepaper.pdf

Identifiers for Entities in Directories

- Adoption of standards for some identifiers for use in transactions is a requirement under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Under HIPAA, the Secretary was required to adopt identifiers for **employers, patients, providers and health plans**
- Those identifiers have been used in some directories
    - **NOTE ON A PATIENT IDENTIFIER:** Though required under HIPAA, **Congress has prohibited** use of federal funds for the adoption of this identifier under HIPAA
        - In 2019, **Congress directed the Office of the National Coordinator** to work with private sector entities to develop a national strategy to improve patient identification, and provided funding for their work, and to report to Congress within one year

Identifiers for Use in Directories (and other purposes – The Employer Identifier (EIN)

- **2002:** HHS adopted the Employer Identifier Number, or EIN as the standard employer identifier to be used in HIPAA standard transactions. The EIN is also the federal tax identification number issues by the IRS and is used to identify a business entity for tax reporting purposes.
- **2004:** Compliance for use of the EIN in HIPAA transactions
- No changes to this number or requirement have been made since adoption of the EIN
- Some organizations may use this number in directories

Identifiers for Providers used in Directories (and other purposes – The National Provider Identifier (NPI)

- **2004:** HHS adopted a unique identifier for providers – the National Provider Identifier, or NPI
- **2007:** Compliance for use of the NPI in HIPAA transactions
- NPIs are enumerated through the National Plan and Provider Enumeration System, or NPPES
- The NPI itself has no “intelligence” and does not include information about the provider, such as specialty or location
- NPIs are required for either an individual (type 1) or organizational providers (type 2)
- NPIs are used in many directories and for identification purposes

Identifiers for Health Plans – The Health Plan Identifier (HPID)

- **2012:** HHS adopted a Health Plan Identifier (HPID) and Other Entity Identifier (OEID) to be used in HIPAA transactions; required to be enumerated and in use by 2014
- Implemented a separate system from NPPES to enumerate and maintain the HPID and OEDI – Health Plan and Other Entity System or HPOES
    - **2014 – 2019:** HHS received substantial negative feedback about the usability of the HPID and issued rulemaking to rescind the HPID and OEID
- **2012:** Under the Affordable Care Act of 2010, the Center for Consumer Information & Insurance Oversight (CCIIO) maintains an ID for each qualified health plan (QHP) approved by CMS, which is stored and maintained in the Health Insurance Oversight System (HIOS)

CMS Directories

- **National Plan and Provider Enumeration System (NPPES):** Used to enumerate and maintain provider NPI information. Now includes digital contact information for providers.
- **Provider Enrollment, Chain and Ownership System (PECOS):** Use to enroll Medicare Providers & Suppliers who wish to enroll in Medicare to bill for services provided to Medicare beneficiaries.
- **Medicare Care Compare Website:** To find and compare different types of Medicare providers, including physicians, hospitals, nursing homes, hospice, home health and other provider types) https://www.medicare.gov/care-compare/
- **Health Insurance Oversight System Plan Finder (HIOS):** To manage different data collections from the Department of Insurance for states and territories, as well as insurance issuers that sell health insurance coverage. Used by consumers to make health plan choices on www.healthcare.gov

Standards and Directories: Fast Healthcare Interoperability Resources (FHIR) Standard for Healthcare Directories

- May 2020 final Interoperability and Patient Access Final Rule
  - Requires certain payers to implement and maintain a Provider Directory API based on FHIR standards and recommended HL7 Implementation Guides to support an API for a directory information
- HL7 FHIR-based solutions to exchanging health care directory information:
  - The exchange of validated healthcare directory information
  - Query for FHIR endpoints from a directory
  - Submitting attested information to the directory and verifying the information against primary sources
- ONC FHIR at Scale Taskforce (FAST) initiative now collaborating with HL7 and CMS on the directory IG
  - Workgroup transitioned efforts in 2022: Three unique Implementation Guides (IG) for **exchange, query** and **attestation** consolidated to one IG intended to serve multiple purposes for exchanging directory information

What Should You Do?

- **Get involved in industry workgroups and attend meetings to make your voice heard.**
  - Find more information on the HL7 Confluence Page: https://confluence.hl7.org/display/FAST/National+Healthcare+Directory
- Meeting information: https://confluence.hl7.org/display/FAST/FAST+Calendar

What makes a good directory?

Locate providers

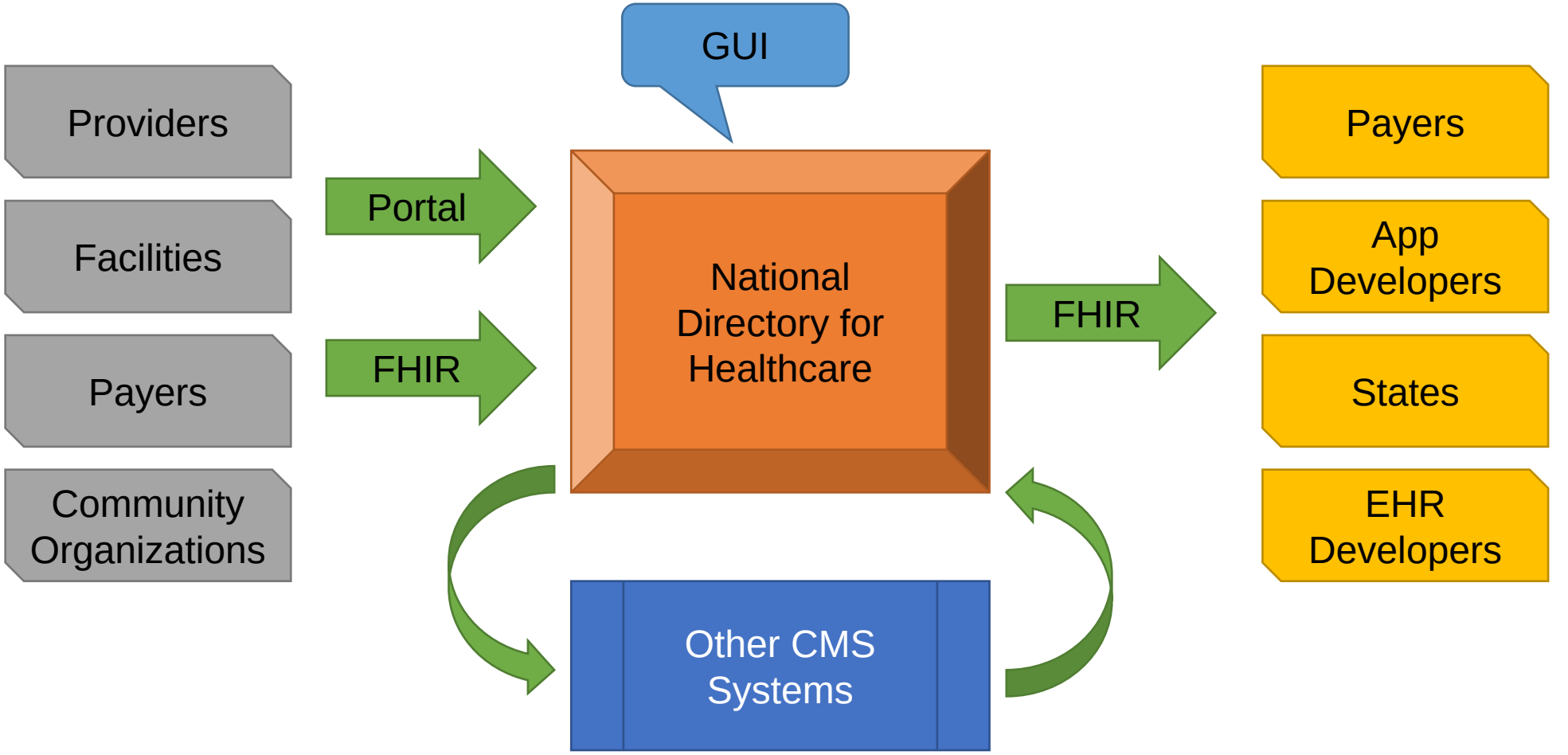
Compare health plan networks

Facilitate care coordination

Exchange health information

Report public health data

NDH Ecosystem (Conceptual)



Going Beyond a Provider Directory

The RFI Sought Comment on Key Considerations…

Note: we do not expect CMS to maintain network information. Payers could use NDH data but would remain responsible for verifying network information.

- How can an NDH provide a single streamlined data submission process for multiple CMS systems?
- What types of entities, beyond clinicians, should be included (post-acute care, emergency medical services, DME suppliers, pharmacies, public health entities, nursing facilities, health information networks, etc.)?
- What use cases should an NDH help meet (patient access, consumer choice, care coordination, essential business transactions, health information exchange, public health, emergency response, etc.)?
- Are there other Federal/HHS/CMS or state systems that an NDH should interact with?
- Are there ways to address social determinants of health goals and use cases with an NDH?
- How can an NDH address issues with providers practicing at multiple locations with regards to making sure the correct digital endpoints are identified?
- What data elements should be validated or verified?

For public health: Infectious disease surveillance, emergency management, public health needs assessments, and the ability to quickly access provider information during a disaster.

Apps could leverage NDH data to serve specific consumers, such as those looking for providers who speak a specific language.

For payers: As a source for their directories, to streamline credentialing, and to improve network adequacy analysis and compliance.

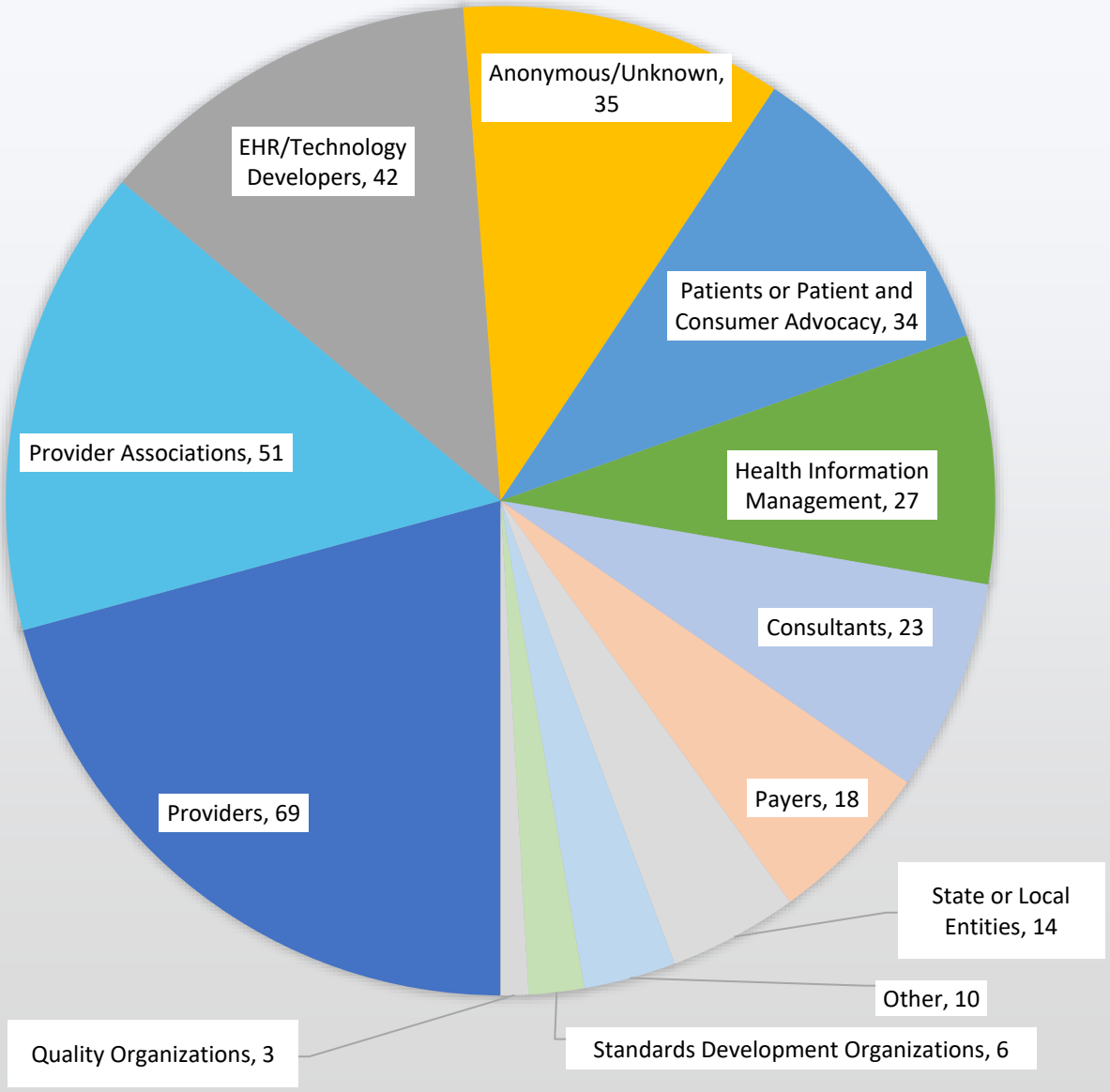
Identify providers/services to support continuity of care, care transitions, and referrals to specialists, mental health professionals, and community services.

Incorporate regional and national HINs in the NDH to facilitate interoperability.

Potential NDH Data

- Start with core data (name, address, phone number, office hours, specialty, accepting new patients) to ensure that an NDH can function before adding additional data
- Telemedicine information
- Languages spoken, accessibility, gender, race/ethnic/tribal information, cultural competencies, etc.
- Licensing and credentialing data
- Quality metrics - wide range of data sources available

Comment Letters Posted	647 Total
Unique Comment Letters	332 Total (1,685 pages)
Comment Sentiments Extracted	4,667 Total



Providers focused on the burden reduction for providers and their staff, and benefits for patient care

"[T]he most valuable benefits include burden reduction and reduced cost for physicians and other health care providers, as well as the gains in health equity expected to result from improving patient access to broader and more accurate, reliable health care provider information."

Payers commented on the benefits of a centralized data source to meet their statutory and regulatory requirements

"An NDH with accurate information could alleviate some of the current administrative challenges with maintaining provider directories by acting as a 'centralized data hub' for healthcare directory information. The key success factor to this endeavor will be to secure provider participation in the consolidation of accurate and verified data into one sharable source."

Developers focused on the benefits of interoperable data exchange

"A computationally robust modern provider directory would enable a wide range of specific use cases... Today such communications require extremely expensive "discovery" of contact points. A national provider directory could serve a role analogous to the Internet's DNS servers which map domain names to IP addresses enabling use of the Internet without additionally requiring expensive brokered connections to find resources."

Thank You!