



American Society for  
**Gastrointestinal Endoscopy**

3300 Woodcreek Drive  
Downers Grove, Illinois 60515  
630-573-0600 / 630-963-8607 fax  
info@asge.org / www.asge.org

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Ms. Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS–0058–NC  
7500 Security Boulevard  
Baltimore, MD 21244–1850

Dear Administrator Brooks-LaSure:

The American Society for Gastrointestinal Endoscopy (ASGE) appreciates the opportunity to respond to the Centers for Medicare and 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 health care provider, facility, and entity directory information nationwide.

The ASGE, with a membership more than 14,000 physicians worldwide, promotes the highest standards for endoscopic training and practice, develops clinical and quality guidelines and standards for infection control, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education.

ASGE agrees with the concept of a single provider directory if the intention is that it would be utilized by all commercial and Medicare Advantage plans thereby eliminating the need for physicians and other health care providers to enter redundant information into multiple databases.

An online search shows that health plans, health systems and other providers moved quickly to comply with provider directory requirements included in the *Consolidated Appropriations Act* by using industry-led solutions, such as the one developed by the Council for Affordable Quality Healthcare (CAQH) that allows providers to update and verify directory information through a single portal and share it with all contracted health plans at once. As another example, Quest Analytics states that more than 700,000 health care professionals use their tool, BetterDoctor, to attest their information with participating health plans.

As noted in the RFI, while industry-developed directories have helped facilitate communication among users, access to their data is often fee-based which can create barriers to use. Although, BetterDoctor advertises its provider directory

update and verification service as free to large group practices and health systems. For physician practices, any cost to utilizing an industry-developed tool is offset by decreased administrative burden and staffing resources, which the CAHC estimates at \$998.84 per month per practice on average, with the average fully loaded yearly cost (salary, benefits, overhead) for staff performing directory maintenance work reaching \$63,004.<sup>1</sup>

Incomplete or inaccurate information in provider directories makes it difficult for consumers to choose health plans and to verify that a provider is in-network. In the RFI, CMS shares the results of its reviews, including that of Qualified Health Plan issuers on the Federally-facilitated Exchanges in which it found significant accuracy issues. An NDH has the potential to improve the accuracy of provider directories, and, as noted in the RFI, it could streamline data collection across multiple CMS systems including PECOS, the National Plan and Provider Enumeration System (NPPES) and Care Compare.

In the RFI CMS asks about the benefits and challenges of integrating data from CMS systems (such as NPPES, PECOS, and Medicare Care Compare) into an NDH. First and foremost, our concern is the perpetuation of inaccurate information in any one of CMS' systems to an NDH. In preparation for responding to this RFI, ASGE asked 20 of its members to review their information on CareCompare. Of that 20, eight responded that their information (or information of their practice colleagues) was either inaccurate, incomplete, or just "mostly accurate." Building a NDH must start with accurate information and providers must have the ability to easily correct any incomplete or inaccurate information, and the data must be secure.

On the subject of linking provider contact information and quality data into one streamlined NDH, doing so could help consumers identify, compare and locate providers, as CMS suggests. However, according to a 2021 Press Ganey survey, consumers don't commonly use national directories. The survey found that fewer than 5 percent of consumers seeking a primary care doctor get their information from an insurer or a benefits manager, half search the internet first, and 24 percent seek a referral from a physician.<sup>2</sup> Before choosing a doctor, patients first read 5.5 reviews on average with a growing number of patients using health care review sites such as Healthgrades and Vitals.<sup>3</sup> Whether including quality data alongside provider contact information will make provider directories more valuable to consumers depends on the nature of the data provided, and whether other information that consumers find valuable, such as customer service,<sup>4</sup> is also included.

ASGE appreciates that CMS is in the initial phases of exploring the creation of an NDH. We look forward to following the progression of discussions on the topic and welcome future opportunities to engage. Should you have questions, please contact Camille Bonta, ASGE policy advisor, at [cbonta@summithealthconsulting.com](mailto:cbonta@summithealthconsulting.com) or (202) 320-3658.

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<sup>1</sup> 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>.

<sup>2</sup> <https://www.medscape.com/viewarticle/964264>

<sup>3</sup> <https://info.pressganey.com/press-ganey-blog-healthcare-experience-insights/invest-in-online-reviews-of-doctors-to-fast-track-new-patient-acquisition>

<sup>4</sup> Ibid.

Sincerely,

A handwritten signature in black ink that reads "Bret T. Petersen". The signature is written in a cursive style with a large, prominent initial "B".

Bret T. Petersen, MD, MASGE  
President