ABHW
Advancing Health Care Policy
for Mental Health and Addiction

December 6, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0058-NC
P.O. Box 8013
Baltimore, MD 21244-8013

RE: CMS-0058-NC; National Directory of Healthcare Providers & Services

Dear Administrator Brooks-LaSure:

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to comment on CMS's Request for Information on establishing a centralized repository for healthcare provider and services data.

ABHW serves as the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to approximately 200 million people in both the public and private sectors to treat mental health (MH), substance use disorders (SUDs), and other behaviors impacting health and wellness.

Our organization aims to increase access, drive integration, support prevention, raise awareness, reduce stigma, and advance evidence-based treatment and quality outcomes. Furthermore, our policy work strives to promote equal access to quality treatment. We are deeply concerned about health disparities in this country in the areas of MH and SUD services and are committed to promoting health equity in the healthcare system.

As you consider policy changes on this critical issue, we urge CMS to take the below suggestions into account:

I. Comprehensive and Accurate Data

As the RFI discusses, despite industry efforts, there are persistent information gaps and challenges with maintaining accuracy in existing health provider directories. In particular, there are complex challenges in updating databases for the behavioral health workforce.

Many behavioral health providers operate small businesses independently without staffing support. They often use their personal information (email and cell phone contact information) to book appointments, making it difficult for health plans to monitor their office hours and availability. A national directory could be helpful to enhance accuracy and, ultimately, access. We look forward to working with CMS and other partners to find solutions with this model.

- Technology

To reduce the administrative burden on providers and streamline efforts, CMS's national database should be interoperable with other public and private databases, including private health insurer and group health plan directories, Medicare, Medicaid, states (e.g., licensing databases, and health agencies), and other data sources (e.g., CAQH, NPPES).

CMS should work to create a scheduled workflow to update the information that is predictable and eventually has an opportunity for automation. Ultimately, the database should harmonize with another database and have real-time updates that allow seamless system-to-system integration.

- Strong Verification Process

ABHW encourages CMS to have an initial verification mechanism to check data as it is entered. Some of our members suggested that CMS request an IRS tax identification number for verification and attestation as an entry point. After the initial verification, there should be additional steps to re-validate the information provided.

- Incentives and Training

We encourage CMS to provide funding incentives, technical assistance, and training for providers to promote their adoption of the national database. These supports are essential for small-scale behavioral health providers that might not have additional staffing support.

## II. Provider Data & Promoting Health Equity

- Include All Healthcare Providers

The CMS national directory should include providers that scale the continuum of care across the medical and behavioral health fields, including physicians, psychiatrists, psychologists, licensed social workers, and those in the broader care team.

- Provider Information

The directory should also include mandatory and optional fields. Required fields would include provider name, address, NPI, and TIN, and optional fields would include but not be limited to languages, race, ethnicity, and specialties serving particular populations, such as

sexual orientation and gender identity. These fields will benefit patients seeking culturally responsive behavioral healthcare and allow providers to list their racial and ethnic identity and specify cultural and linguistic competence areas.

III. Compliance

If health Insurance plans are participating in supporting CMS's national database, they should be deemed compliant with existing provider directory regulations.[1]

IV. Stakeholder Participation

We are grateful that CMS seeks feedback on establishing a national directory, and ABHW encourages broad stakeholder engagement in this process. This continued collaboration should include health and behavioral health providers, private health insurers and group health plans, and federal partners.

V. Phased In Implementation:

ABHW recommends that CMS build out the national directory incrementally. Developing a comprehensive, real-time national directory is a substantial undertaking and will require significant staff time, expertise, and coordination. We suggest that CMS prioritize implementing the demographic data already required by the Consolidated Appropriation Act, 2021 (CAA), Section 116, which includes the names, addresses, specialties, telephone numbers, and digital contact information for healthcare providers and facilities.[2]

Thank you for the opportunity to provide feedback on this critical initiative. We are committed to engaging with CMS and other partners on opportunities to improve behavioral health access. If you have questions, please contact Kathryn Cohen, Senior Director of Regulatory Affairs, at cohen@abhw.org.

Sincerely,

Pamela Greenberg

Pamela Greenberg, MPP
President and CEO

[1] Including but not limited to 42 CFR 422.111(b)(3), section 403 of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009, 45 CFR 156.230(b), as well as the most recent Consolidated Appropriations Act, 2021 (CAA) (Pub. L. 116-260), Division BB, section 11

[2] Consolidated Appropriations Act, 2021 (CAA) (Pub. L. 116-260)