Integrated Healthcare
ASSOCIATION

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Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0042-NC
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Request for Information; Health Technology Ecosystem CMS-0042-NC

This response is intended to supplement our joint submission with Availity to CMS's Request for Information; National Directory of Healthcare Providers & Services (CMS-0058-NC), submitted in December 2022.

Question TD-5
How could a nationwide provider directory of FHIR endpoints improve access to health information for patients, providers, and payers? Who should publish such a directory, and should users bear a cost?

Answer TD-5
A nationwide provider directory with FHIR endpoints would establish a foundational infrastructure to transform healthcare access by creating a unified source of truth for provider data across the entire ecosystem. This directory would serve as the critical matching platform connecting patients' care needs to capable and available providers, while eliminating the pervasive "ghost network" problem that undermines patient access today.

The Provider Directory Challenge and Solution
Provider data factors into nearly every healthcare transaction between patients, providers, and payers. Operating from a common foundation would dramatically reduce administrative friction while enabling interoperability at scale. However, past mandates like the No Surprises Act have failed because they focused on compliance requirements rather than addressing the core challenge: incentivizing providers to actively maintain accurate data.

Providers typically contract with 8-20 payer products, each with separate data intake processes, differing formats, and fragmented requirements. This multiplies the administrative burden without delivering value back to providers. Any CMS solution must offer a multi-payer approach that reduces rather than adds complexity.

Proven Technology Foundation: Symphony's California Model
Symphony is California's statewide provider directory utility, developed and governed by the Integrated Healthcare Association (IHA) and powered by Availity's cloud-based network. It manages data for more than 100,000 providers and 700,000 provider-location-network combinations. A proprietary data-tuning algorithm integrates primary-source verification, payer data, and provider attestations to create a unified, accurate view of provider information. This foundation supports streamlined compliance with SB 137 (California's provider-directory accuracy law), Covered California, and other regulations, while establishing a standardized data-exchange model that serves all stakeholders.

IHA is a California nonprofit with more than two decades of experience leading multi-stakeholder health data collaborations. As Symphony's program manager, IHA supplies governance, policy leadership, and ongoing stakeholder engagement, aligning health plans, provider organizations, purchasers, and state agencies around common standards and shared value.

Availity, Symphony's technology partner, operates one of the nation's largest health information networks, connecting more than two million providers and thousands of payers. Its scalable infrastructure delivers real-time data exchange, administrative transactions, and clinical interoperability, giving Symphony the technical reach needed to support statewide and future national provider-directory initiatives.

Symphony's extraordinary success as California's statewide provider directory utility has established us as the definitive thought leader in this space, with Oklahoma, Minnesota, and Arizona actively seeking our feasibility assessments and stakeholder engagement insights based on recommendations from CMS-connected payers who recognize our trailblazing model as the blueprint for national scalability.

Multi-Stakeholder Governance and Industry Alignment
Symphony's success is grounded in more than just technology. It reflects the power of industry-wide collaboration and shared ownership. Guided by IHA's 40-member Board of Directors, which includes leaders from California's top health plans, providers, health systems, purchasers, and universities, Symphony aligns historically competing interests around a common vision. This governance model not only shapes practical solutions, but it also secures early and ongoing buy-in. That buy-in helps organizations overcome inertia, resource constraints, and change fatigue.

National Scalability Through Proven Infrastructure
Availity's national network provides the foundation to replicate Symphony's success at scale. The Availity Essentials portal serves 95% of US providers for healthcare transactions, with approximately 70% having submitted provider data through the platform, resulting in 5.7 million attested provider records. This existing trust relationship and workflow integration positions us to incentivize provider participation by coupling directory updates with streamlined claim adjudication and authorization processes.
Symphony's current infrastructure already supports seven of the ten largest health insurance companies in the United States, including the five largest Medicare payers: Centene, CVS/Aetna, Elevance, Molina, and UHC. This operational scale demonstrates our capacity to manage a national directory implementation.

Operational Impact of Symphony
As of May 2025, Symphony Provider Directory powers Covered California's online shop and compare provider directory, the state's Affordable Care Act health insurance marketplace, delivering accurate, up-to-date information to support consumers in selecting their health plans and care providers. Leveraging the platform's advanced data cleansing and validation capabilities, Symphony developed a tailored solution that enables ongoing data quality improvements.

Symphony serves as the centralized data exchange hub for all 12 Covered California Qualified Health Plans, encompassing approximately 100,000 providers. This single integration point streamlines participation for health plans in the Covered California network and lays a strong foundation to enhance the Shop and Compare experience over time.

Recommended Approach for CMS
For optimal adoption and effectiveness, we recommend:
1. **CMS as Publisher**: A CMS-published directory would provide unmatched trust and credibility across consumers and the healthcare industry that no third party could replicate.
2. **Free Consumer Access**: The directory should be free for consumer search and utilization to maximize public benefit and access.
3. **Provider Incentive Alignment**: Success requires coupling directory participation with tangible benefits for providers, such as streamlined prior authorization processes or quality measurement incentives through MIPS/APM programs.
4. **FHIR Endpoint Integration**: The directory should include standardized FHIR endpoints searchable by NPI and organizational identifiers to enable seamless data exchange and interoperability.

Symphony's proven California model, combined with Availity's national infrastructure and provider relationships, provides the technological foundation and operational expertise to deliver a successful

nationwide provider directory that serves patients, providers, and payers while advancing CMS's interoperability objectives.

Question PA-4
What would be the value to payers of a nationwide provider directory that included FHIR endpoints and used digital identity credentials?

Answer PA-4
A nationwide provider directory with FHIR endpoints and digital identity credentials would deliver significant value to payers by addressing current operational inefficiencies and regulatory compliance challenges. Symphony currently identifies an average of 100,000 data corrections to provider directories monthly in California, demonstrating the scale of inaccuracy issues nationwide.

For payers, this infrastructure streamlines provider data management by eliminating the need to maintain separate verification processes with individual providers. Availity's Provider Data Management currently tracks over 3.1 million NPIs and over 700 thousand businesses across the United States, providing the scale necessary for national implementation.

Digital identity credentials would enhance data security and reduce administrative burden by providing standardized authentication mechanisms. Current CMS requirements mandate that all payers check with their providers quarterly to verify directory information, creating repetitive workflows that digital credentials could streamline.

Alternative Security Framework: Should a centralized digital identity credential solution not be pursued, Availity's proven security infrastructure provides a robust alternative model. Availity requires all users to enroll in 2-step authentication, with options including mobile authenticator apps, text, voice, or hardware tokens. Availity's platform includes robust security infrastructure that defends against bad actors, and the platform is enhancing security by phasing out SMS/text and voice-based MFA in favor of stronger mobile authenticator applications beginning in 2025. This distributed security model, combined with identity verification requirements for administrators and mandatory 2-step authentication enrollment, demonstrates how enhanced security can be achieved without centralized digital identity credentials.

FHIR endpoints would enable real-time data exchange and automated updates, reducing the manual processes that contribute to directory inaccuracies. The standardized FHIR format would allow seamless integration across different health IT systems while maintaining data quality standards. This technical infrastructure would support the same level of sophisticated data validation that Symphony demonstrates in California, but at national scale through standardized APIs.

Question VB-15
How could a nationwide provider directory of FHIR endpoints help improve access to patient data and understanding of claims data sources? What key data elements would be necessary to maximize effectiveness?

Answer VB-15
A nationwide provider directory with FHIR endpoints would significantly improve access to patient data by creating standardized pathways for data exchange and establishing reliable provider identification mechanisms. Symphony's centralized, cloud-based platform helps ensure provider directory data is accurate and up-to-date, making it easier for consumers to make decisions about their care and health plan coverage.

For claims data sources, FHIR endpoints would enable automated provider verification and network participation validation. Provider directory requirements mean providers must validate information or risk payment delays or removal from health plan member directories, highlighting the critical connection between directory accuracy and claims processing.

Key data elements necessary for maximum effectiveness include:

Provider Identifiers: NPI, Tax ID, and organizational identifiers for precise matching
Network Participation: Real-time status across multiple payers and networks
Service Location Information: Physical addresses, telehealth capabilities, and appointment availability
Specialty and Credentialing Data: Board certifications, hospital affiliations, and scope of practice
Technical Endpoints: FHIR endpoint URLs and supported transaction types

Symphony validates data from numerous primary and secondary sources, including provider-sourced data, to ensure plan directories contain the most accurate provider information, demonstrating the multi-source validation approach necessary for comprehensive data quality.

Question PR-10d
What impact would mandatory credentials have on a nationwide provider directory?

Answer PR-10d
Mandatory digital identity credentials would significantly strengthen a nationwide provider directory by establishing trusted authentication mechanisms and reducing data integrity issues. The CMS identifies inaccurate provider directories as a "significant barrier to care," and mandatory credentials would address authentication-related inaccuracies.

Mandatory credentials would create accountability for data submissions and updates. Availity's Provider Data Management uses daily information from the provider network and third-party data sources to monitor changes in provider data and compares data changes against a payer's "golden record," but mandatory credentials would enhance the verification of who is making these updates.

The impact would include improved data quality through verified submissions, reduced administrative burden through standardized authentication processes, and enhanced security for sensitive provider information exchanges. Symphony is aligned with DMHC, DHCS, and Covered California, giving clients a direct line into California's regulatory landscape, demonstrating how standardized credential requirements could facilitate regulatory compliance at scale.

Question PC-12
What are the most valuable operational health data use cases for patients and caregivers that, if addressed, would create more efficient care navigation or eliminate barriers to competition among providers?

Answer PC-12
The most valuable operational health data use cases center on eliminating the information gaps that prevent effective care navigation and create artificial barriers to provider competition. Symphony currently identifies an average of 100,000 corrections to provider directories monthly in California, demonstrating the scale of directory inaccuracies that impede patient access.

Critical use cases include:
- **Accurate Network Participation Status**: Real-time verification of which providers are accepting new patients within specific insurance networks. Inaccurate provider directories are a significant barrier to care, and outdated network information forces patients into out-of-network situations or delays care.
- **Specialty and Service Matching**: Precise identification of provider specialties, subspecialties, and specific services offered at each location. This enables patients to find providers with the exact expertise needed rather than making multiple referral attempts.
- **Appointment Availability and Access Methods**: Current information about appointment availability, telehealth options, and preferred contact methods. This eliminates the patient experience of calling multiple offices only to find providers unavailable.

- **Geographic and Accessibility Information**: Accurate location data, accessibility features, and transportation options that help patients navigate to appropriate care, particularly important for underserved populations.

Symphony validates data from numerous primary and secondary sources, including provider-attested data, to ensure health plan directories contain the most accurate provider information. This multi-source validation approach addresses these use cases by creating reliable, comprehensive provider profiles that support effective care navigation while promoting fair competition among providers based on accurate information.

Question TD-13
What new opportunities and advancements could emerge with APIs providing access to the entirety of a patient's electronic health information (EHI)?

Answer TD-13
APIs providing comprehensive EHI access would transform care coordination and enable sophisticated matching between patient needs and provider capabilities. However, realizing this potential requires foundational infrastructure that addresses current system disconnections and data silos.

- **Eliminating Administrative Friction Through Integration**: The primary obstacle to leveraging full EHI is disconnected systems that cause outdated directories, compliance gaps, and burdensome workflows for providers. The industry needs an approach that enables real-time, bi-directional data exchange between provider directory platforms and EHR/Practice Management Systems, embedding provider data solutions within the operational core of care delivery.
- **Streamlined Provider Workflows with Comprehensive Data**: For large provider groups and MSOs, EHI access combined with integrated directory updates would eliminate duplicative data entry and streamline workflows. Rather than maintaining provider information in multiple disconnected systems, integrated APIs would ensure consistency across EHR platforms, directory systems, and payer networks simultaneously.
- **Enhanced Care Coordination and Provider Matching**: With comprehensive EHI and accurate provider directories working in concert, systems could automatically identify care gaps, match patients to appropriate specialists based on clinical expertise and current availability, and route referrals efficiently.
- **Strengthened Compliance and Audit Readiness**: Health plans would gain access to timely, validated provider data that strengthens audit readiness and compliance performance. The combination of comprehensive EHI and real-time provider information updates would enable automated compliance monitoring and reporting.

The advancement opportunity lies in creating seamless integration between EHI access and provider data management, transforming administrative burden into operational advantage while improving patient care coordination.

Question VB-3
What are essential health IT capabilities for value-based care arrangements?

Answer VB-3
Essential health IT capabilities for value-based care represent a critical opportunity to transform healthcare delivery by creating seamless data flows that support the entire value stream from care coordination to payment accuracy. The stakes are high: inaccurate provider data undermines clinical outcomes, creates financial losses, and erodes trust in value-based arrangements.

- **Provider Attribution and Network Management**: Value-based care success hinges on precise provider identification and accountability. Robust provider directories with validated network participation, current credentials, and verified service capabilities become the backbone for accurate attribution and seamless payment processing thus eliminating the guesswork that plagues traditional fee-for-service models.
- **Provider Data Management and Payment Integrity**: This represents perhaps the greatest untapped opportunity in healthcare operations. When provider demographic and enrollment data flows accurately downstream, it creates a cascade of benefits: dramatically reduced claim denials, eliminated payment delays, and significantly fewer grievances and appeals. Real-time validation at the source transforms what is currently a major administrative burden into a competitive advantage that strengthens provider-payer relationships and accelerates cash flow.
- **Quality Measurement and Reporting**: Standardized, validated provider data becomes the foundation for meaningful quality measurement that drives better outcomes while ensuring payment accuracy. This eliminates disputes in the value stream and creates transparency that benefits all stakeholders.

These capabilities working in concert create a multiplier effect with each improvement amplifying the others, transforming value-based care from an administrative challenge into a strategic advantage that delivers better outcomes, stronger financial performance, and enhanced stakeholder satisfaction across the entire healthcare ecosystem.