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October 19, 2026

Amol S. Navathe, M.D., Ph.D.
Chair
Medicare Payment Advisory Commission
425 I Street NW, Suite 701
Washington, D.C. 20001

Submitted electronically via: meetingcomments@medpac.gov

RE: Physician Participation in Medicare Advantage Provider Networks and Provider Directory Data

Dear Chairman Navathe:

Every American deserves easy access to accurate and up-to-date information about in-network health professionals that best meet their needs. The Blue Cross Blue Shield Association (BCBSA) supports the Medicare Payment Advisory Commission's (MedPAC or the Commission) interest in ensuring Medicare Advantage (MA) beneficiaries have access to accurate provider information and can readily identify participating providers, and we appreciate the opportunity to provide comments related to MedPAC's Oct. 8, 2026, discussion, "Physician participation in Medicare Advantage provider networks: Comparing provider directories with encounter data."

BCBSA is a national federation of independent, community-based and locally operated Blue Cross and Blue Shield (BCBS) companies (Plans) that collectively cover, serve and support 1 in 3 Americans in every ZIP code across all 50 states and Puerto Rico. BCBS Plans serve over 5 million people in MA and Part D plans, which represents about 15% of the market, and an additional 6.8 million in Medicare Part D options. BCBS Plans contract with 95% of hospitals and 91% of doctors across the country and serve those who are covered through Medicare, Medicaid, an employer or purchase coverage on their own.

BCBS companies have significant experience maintaining provider directories across MA, Medicaid, commercial and other lines of business. This work requires extensive coordination and ongoing data validation, and Plans understand firsthand the challenges health plans and providers face in keeping provider information accurate, timely and actionable for consumers. Inaccurate or outdated directory information is frustrating and confusing for patients and can

create barriers to care by making it more difficult for beneficiaries to identify in-network providers, potentially leading to delays in care and unexpected costs.

As MedPAC continues refining its analysis, BCBSA encourages the Commission to distinguish differences between provider directory and encounter data from evidence of directory inaccuracy, inadequate networks or beneficiary access problems. These two data sources serve different purposes, and observed discrepancies may reflect a range of operational and data issues that require further examination. We recommend MedPAC investigate the reasons for these differences by engaging affected stakeholders in evaluating the analysis and its methodology. MedPAC also should recognize the shared responsibility for maintaining accurate provider information when developing policy conclusions or recommendations.

Encounter Data Should Not Be Used as a Standalone Measure of Provider Directory Accuracy

Provider directories are consumer-facing tools intended to help beneficiaries identify providers participating in a plan's network and available to furnish covered services. Encounter data reflects services furnished and reported during a particular period. The two datasets therefore provide different information: directories describe network participation and provider information, while encounter data reflects utilization of services after care has occurred. An encounter-based measure may demonstrate that a physician furnished services to MA enrollees, but it does not, by itself, establish that the physician contracted with the enrollee's plan or should have appeared in that plan's directory.

We recognize that MedPAC found that nearly one-third of the encounters examined included a rendering physician who was not listed in the enrollee's plan directory. This finding warrants further examination, but it does not, by itself, establish that the directory was inaccurate, that the physician should have appeared in the directory, or that the beneficiary experienced an access problem. While differences between encounter data and provider directories may help identify areas for further review, additional validation is needed before those differences can be interpreted as evidence of ghost networks or systematic access concerns. Similarly, the absence of a provider from encounter data during a measurement period does not necessarily indicate that the provider is unavailable to beneficiaries or not participating in a network.

Differences between the two datasets may arise from provider organizational structures, group or facility billing arrangements, delegated relationships, provider data submissions, timing delays, providers joining or leaving networks during the measurement period, or limitations in matching records across datasets. As a result, the analysis cannot determine what share of the observed discrepancies reflects actual directory inaccuracies versus other data, operational, or methodological factors. Accordingly, BCBSA urges MedPAC not to treat discrepancies between encounter data and provider directory data as a standalone measure of directory accuracy, plan compliance, network adequacy or beneficiary access. While such discrepancies may warrant further review, they should be evaluated alongside information regarding provider contracting arrangements, billing practices, directory maintenance processes, and beneficiary access and experience before drawing policy conclusions.

MedPAC's analysis also should distinguish between circumstances in which a provider was omitted or inaccurately represented, and circumstances in which encounter and directory records reflect provider participation differently because of billing arrangements, organizational structures, or the manner in which provider information is presented to beneficiaries. This distinction is critical to ensuring the analysis identifies actual consumer-facing problems rather than technical differences between datasets.

Encourage Further Analysis and Continued Stakeholder Engagement Before Developing Policy Conclusions

BCBSA supports continued analysis of provider directory accuracy and physician participation in MA networks. Before relying upon the preliminary findings to inform policy recommendations, the Commission should further assess the methodology used to match encounter records to directory data and investigate factors contributing to the observed discrepancies. This assessment should consider the completeness and timing of the third-party-compiled directory data, the use of individual National Provider Identifiers to match physicians across datasets, and how group, facility and other billing arrangements may affect the results.

BCBSA recommends MedPAC work with a representative set of health plans, providers and other relevant stakeholders to determine whether the findings reflect provider contracting arrangements, organizational structures, billing practices, data matching limitations, the timing or completeness of provider updates, or actual directory inaccuracies. Further stakeholder engagement should help MedPAC develop a measurement approach that is fair, actionable and focused on the information that beneficiaries use to identify participating providers and make informed healthcare decisions.

Without this additional understanding, differences between datasets could be misinterpreted as evidence of limited access or inadequate provider networks. Any future policy recommendations should be tied to a demonstrated beneficiary problem and targeted to its underlying cause, rather than being based on discrepancies that may be unrelated to beneficiaries' ability to obtain care.

Provider Directory Accuracy Is a Shared Responsibility

Accurate provider directories depend on timely and reliable information from multiple stakeholders, including individual practitioners, provider groups, health systems, delegated entities and health plans. Plans invest significant resources in outreach, verification, monitoring and data validation, but they rely on providers and other entities to communicate changes in practice location, network status, contact information and availability.

Without timely provider updates and accompanying attestations, directory data will continue to face accuracy and consistency challenges that plan verification activities alone cannot fully resolve. BCBSA encourages MedPAC to ensure that any provider directory accuracy methodology reflects this shared responsibility and supports fair and actionable accountability among all parties that create, maintain and transmit provider information.

BCBSA also encourages MedPAC to consider solutions that improve the underlying provider data ecosystem. Consistent with recommendations BCBSA has provided to the Centers for Medicare & Medicaid Services, we support advancing a National Directory of Healthcare Providers and Services, or a similar centralized data hub, that can serve as a reliable data source for core provider information. This approach should include standardized and interoperable data exchange, as well as alignment across federal directory requirements. Enabling provider information to be maintained once and used across programs and directories could reduce duplicative reporting and help alleviate provider administrative burden while improving the timeliness and consistency of information available to beneficiaries.

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BCBSA shares MedPAC's goal of ensuring MA beneficiaries can readily identify participating providers and access timely, high-quality care. As the Commission continues this work, we strongly encourage MedPAC to avoid using encounter data as a standalone proxy for provider directory accuracy, further investigate the causes of observed discrepancies in collaboration with stakeholders, and recognize the shared responsibility for keeping provider information current.

We appreciate the opportunity to provide comments and welcome continued engagement as MedPAC refines its analysis. If you have any questions or would like additional information, please contact me or Brittany McCullough at Brittany.McCullough@bcbsa.com.

Sincerely,

A handwritten signature in cursive script that reads "A. Lincoln".

Amanda Lincoln
Vice President, Policy & Advocacy
Blue Cross Blue Shield Association