Final EA may be found online on the following website: https://www.gsa.gov/about-us/regions/welcome-to-the-pacific-rim-region-9/land-ports-of-entry/calexico-west-land-port-of-entry.

Questions or comments concerning the Draft EA should be directed to Osmahn Kadri, EPA Program Manager, GSA, via email: osmahn.kadri@gsa.gov or Ms. Bianca Rivera, 355 South Euclid Avenue, Suite 107, Tucson, AZ 85719 via postal mail/commercial delivery.

FOR FURTHER INFORMATION CONTACT: Mr. Osmahn A. Kadri, NEPA Program Manager, GSA, Pacific Rim Region, at 415–522–3617 or email osmahn.kadri@gsa.gov. Please call this number if special assistance is needed to attend and participate in the public meeting.

SUMMARY:

The Project is located adjacent to the Historic Customs House at 340 East 1st Street, Calexico, California. The Project is proposed to provide a temporary pedestrian processing facility for use during the demolition of existing structures and construction of the new processing building while ensuring continued services to those utilizing the international crossing between the United States of American and Mexico. The temporary facility is anticipated to be constructed on Heffernan Road, to the south of East 1st Street. The building will be approximately 8,804 square feet and include a fire lane to the west, pedestrian ramps leading to/from the building, and pedestrian pick-up and drop-off areas at the north side of the building. The interior building will include wait areas, administrative offices, property storage interview rooms, inspection areas, processing areas, and restrooms. Since the facility is temporary, there would be no change in personnel staffing at this port of entry. Construction is likely to impact parking and loading/unloading merchandise for the retail facility to the west of the proposed facility, as well as traffic flow along East 1st Street during construction.

Under the No Action Alternative the construction of the temporary facilities, construction of the ramp, and renovations within the existing Historic Customs House would not occur. The Draft EA was made publicly available on August 19, 2022, for a 30-day period. The public review period closed on September 26, 2018. The Notice of Availability for the Draft EA was published in the Federal Register at 87 FR 51110 on August 19, 2022. A virtual public meeting took place on August 23, 2022. In preparing this Final EA, GSA considered public comments received regarding the Draft EA during the public review period.

After careful consideration of the environmental analysis and associated environmental effects of the Proposed Action Alternative and No Action Alternative, the purpose and need for the Project, and comments received on the Draft EA, GSA will be implementing the Proposed Action Alternative.

Finding: Pursuant to the provision of GSA Order ADM 1095.1F, the PBS NEPA Desk Guide, and the regulations issued by the Council on Environmental Quality (CEQ; 40 CFR parts 1500 to 1508), this notice advises the public of our finding that the Proposed Action will not significantly affect the quality of the human environment.

Basis for Finding: The environmental impacts of constructing the proposed structural enhancements were considered in the Final EA pursuant to the National Environmental Policy Act (NEPA) and the CEQ regulations implementing NEPA. No significant impacts on the environment would occur with implementation of best management practices and avoidance, minimization, and mitigation measures identified in the Final EA.

The Finding of No Significant Impact will be signed thirty (30) days after the publication of this notice, provided that no information leading to a contrary finding is received or comes to light during this period.

Russell Larson,
Director, Portfolio Management Division,
Pacific Rim Region, Public Buildings Service.

[FR Doc. 2022–21886 Filed 10–6–22; 8:45 am]
BILLING CODE 6820–YF–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–0058–NC]
RIN 0938–ZB72

Request for Information; National Directory of Healthcare Providers & Services

AGENCY: Centers for Medicare & Medicaid Services (CMS), Health and Human Services (HHS).

ACTION: Request for information.

SUMMARY: This request for information solicits public comments on establishing a National Directory of Healthcare Providers & Services (NDH) that could serve as a “centralized data hub” for healthcare provider, facility, and entity directory information nationwide.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on December 6, 2022.

ADDRESSES: In commenting, please refer to file code CMS–0058–NC.

Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed):

1. Electronically. You may submit electronic comments on this regulation to http://www.regulations.gov. Follow the “Submit a comment” instructions.

2. By regular mail. You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–0058–NC, P.O. Box 8013, Baltimore, MD 21244–8013.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. By express or overnight mail. You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–0058–NC, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

For information on viewing public comments, see the beginning of the SUPPLEMENTARY INFORMATION section.


SUPPLEMENTARY INFORMATION: Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following website as soon as possible after they have been received: http://www.regulations.gov. Follow the search instructions on that website to view public comments. CMS will not post on Regulations.gov public comments that make threats to individuals or institutions or suggest that the individual will take actions to harm the individual. CMS continues to encourage individuals not to submit duplicative comments. We will post acceptable comments from multiple unique commenters even if the content is identical or nearly identical to other comments.

I. Introduction

Healthcare directories that contain aggregated information about healthcare providers, facilities, and other entities involved in patient care are crucial resources for consumers and the healthcare industry. Contemporary and comprehensive directories can support a variety of use cases, such as helping consumers choose a provider, comparing health plan networks, auditing network adequacy, and coordinating patients’ care. Today, consumers use provider directories and online searches more than any other resource (such as word-of-mouth or physician referrals) to research healthcare providers. In a 2020 consumer preference report, a majority of the consumers surveyed indicated that the online availability of accurate directory information (address, insurance, specialty, hours, etc.) has affected their decisions when choosing a doctor.

Although these are important resources, the fragmentation of current provider directories requires inefficient, redundant reporting from providers. Directories often contain inaccurate information, rarely support interoperable data exchange or public health reporting, and are overall costly to the healthcare industry. According to one estimate from a provider survey completed in 2019 by the Council for Affordable Quality Healthcare (CAQH), physician practices collectively spend $2.76 billion annually on directory maintenance, which is equivalent to approximately $998.84 per month per practice, or one staff member workday per week.

The CAQH estimated that transitioning directory data collection to a single streamlined platform could save the average physician practice an estimated $4,746 annually, or an approximate $1.1 billion in collective annual savings across the nation. Directory maintenance costs for physician practices vary based on many factors including practice size, the number of payers with which they are contracted, number of practice locations, and importantly, how often and timely they verify or update their information in directories. Furthermore, providers reported that they must submit directory information in various ways, including by fax, credentialing software, provider management and enrollment software, phone, and physical mail. This disjointed system results in barriers to patient care, administrative burden on providers and their staff, and increased cost for the entire healthcare industry.

One driver of inaccuracy is the varying frequencies and levels of detail at which different directories require information. Some track directory information at the practice level, and others include directory information for each physical location. Without processes or internal audits for data accuracy, different practice staff may provide inconsistent information across

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3. We use the term “providers” generally in this RFI to refer to healthcare facilities and practitioners and do not intend that to include or exclude any specific category of individuals or entities.


5. Ibid.