

**Provider Directory Advisory Group
Meeting Summary – January 13, 2016**

Advisory group members in attendance	Advisory group members not in attendance
Gina Bianco Christopher Boyd (phone) Monica Clark Peter Graven (filling in for Stephanie Renfro) Liz Hubert, Co-chair Martin Martinez (phone) Laura McKeane (phone) Maggie Mellon (phone) Jessica Perak Bob Power, Co-chair (phone) Hongcheng Zhao	MaryKaye Brady Mary Dallas, MD Kelly Keith
	OHA staff and consultants
	Wendy Demers Karen Hale Melissa Isavoran Nick Kramer Tyler Lamberts Jason Miranda Rachel Ostroy Patricia Biggs, HealthTech Solutions (by phone) Gary Ozanich, HealthTech Solutions (by phone) Jason Webster, HealthTech Soltuions (by phone)

Welcome, introductions, and agenda review (slide 1-2)

Karen Hale, Lead Policy Analyst for the Provider Directory (PD) project welcomed everyone to the meeting. She then reviewed the agenda for the meeting.

Updates (slide 3-8)

HIT Procurement

Rachel Ostroy, Implementation Director, reminded the group that the first contract amendment was signed and executed with Harris (the systems integrator for the Health IT portfolio) last month. She noted that this amendment includes planning for portfolio architecture and systems integration as well as project management services for the Health IT project portfolio. This amendment also includes market analysis, RFP and vendor recommendations for the Common Credential solution. Next, Rachel shared that the second contract amendment with Harris has been sent to CMS for approval. This amendment will include the market analysis, RFP and vendor recommendation deliverables for the Provider Directory and Clinical Quality Metrics Registry (CQMR). Rachel informed the group that Harris will be onsite January 19-21 to meet with OHA team members, review the project plan, discuss the high level system architecture, and review the Common Credentialing subject matter expert (SME) workflow.

Lastly, Rachel shared the quality assurance updates from CSG, inclusive of a summary of the reviews and documentation they have completed to date. She explained the results of the initial risk assessment and the three high level risks identified by CSG.

Jason Miranda, Implementation Analyst for the Provider Directory, spoke about one of the high level risks identified by CSG. He explained how the National Institute of Standards and Technology (NIST) risk relates to

information security for patient level information. As patient level data could be contained within the CQMR, and a feed might exist between the CQMR to the Provider Directory, if an intrusion risk occur, it could result in a breach of the Provider Directory. Further consideration of this risk will be analyzed across the Health IT portfolio in order to address and mitigate this identified risk.

Common Credentialing

Melissa Isavoran, Comment Credentialing Project Director, shared the current progress with the project. She noted that the Common Credentialing Advisory Group (CCAG) will meet on February 10th. She plans to bring details back to PDAG following that meeting. The current fee structure recommendation is to move forward with an annual subscription fee versus having a transactional fee, for operational simplification. There are also discussions going on related to the value of including additional data elements within the Common Credentialing solution. The proposal to CCAG will be related to having a requirement related to these additional data fields within the first iteration of the Request for Proposal (RFP).

One PDAG member noted that there is some skepticism about provider's submitting accurate information on a consistent basis, which is why some of these data elements have currently been marked as optional or future elements (e.g. accepting new patients and office hours).

She then spoke about upcoming work for the project, including an exploration of possible phasing with the solution, contract negotiation, and fee structure finalization. Lastly she talked about marketing and outreach planning as well as rule revisions that will be done through a rulemaking advisory committee (RAC) in the coming year. She explained that the RAC will begin meeting later in Q1 2016, noting that others outside of the SME group are invited to participate in these discussions.

Fees Discussion (slides 9-30)

Karen provided highlights from the January PDAG fees discussion. She reviewed the value proposition of the provider directory, noting that it may not equate strictly to staff time, as often times the staff performing these duties have other components of their role, including credentialing activities. Karen also spoke about the high level values and benefits of the provider directory, financial penalties related to incorrect provider directory data, as well as the concern shared about using proxies for cost based on the size of an organization or annual receipts rather than usage.

Next Karen reviewed the updated Fee Structure Principles handout with the group and asked for feedback and input from. The group discussed how fees should be equitably balanced, bringing up points related to paying for usage as well as providing consideration to data contribution. Feedback was also provided by PDAG members about defining use types, governance over changes to the provider directory, updates to the fee principle wording, and the possible need for additional principles. The Provider Directory team will continue to develop these principles based on the feedback from PDAG during the meeting today and Karen will keep the group updated on this work.

The fee structure development activities were presented to the group, with a review of what work has been completed, what work is going on presently, and what is planned for future work. Access categories, fee types, proxy pricing fees, data usage frequency, and the use of data marts were also discussed. Sample fee structures

were presented and discussed, including structures used by OneHealthPort in Washington and the California Association of Health Information Exchange (CAHIE) in California. The group discussed options such as basing on data volume, transactions, users, or flat fees and the increased costs associated with more complex fee structures. Another proposed option was to bundle services in tiers with each tier increasing in cost and functionality where users can opt for the level of service.

Wrap Up and Next Steps (slide 31)

Karen closed the meeting by noting that the fees discussion will continue at the next PDAG meeting, which will take place on February 17th in Woodburn.