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<b>Instructions for group breakouts</b>	
Groups will spend a total of 1 hour/45 min to work through identifying uses and the completing the rank worksheets (tasks 1 and 2)	
Each group will have an assigned facilitator and scribe	
Groups need to select a speaker who will present the group’s discussion points to the broader PDAG	
<b>Task 1 - Discuss and rank identified uses</b>	
1 - Discuss uses that were added or need to be clarified/descriptions refined/updates to the user categories – note: the two uses at the top of the table are automatically an included use	
2- Discuss uses that were selected from members of the group	
3- Decide on 5 uses that the group will address and complete justification exercises, rank in order from 1 being most important to 5. Additional uses that the group finds important but falls outside of the 5 should also be indicated.	
<b>Task 2 - Justification</b>	
Complete a justification exercise for each of the ranked use cases. Start with ones with highest priority. A draft data element comparison sheet "DataElements" is available for you to consider data elements that are available. Areas to address include:	
<ol style="list-style-type: none"> <li>1) What is the current (as-is) state? (e.g., how is this being done today, problems, issues, federal or state policies that apply, who (types of staff are involved)</li> <li>2) What is the future (to be) state? (e.g., how will this change how this is being done today, how will it be accessed)</li> <li>3) What are the potential challenges?</li> <li>4) What are the potential benefits? (e.g., cost savings, other benefits)</li> </ol>	
<b>Task 3 - presentations (40 minutes)</b>	
Pick a spokesperson to present to the group	
What were your top five uses and why (which one is your top use)?	
What were some of the key answers on the rank worksheet? Where did the group agree/disagree?	

**Provider Directory Advisory Group (PDAG): Use refining and ranking exercise instructions**

**List of uses**

Group Name			<Please select>					
#	Rank	Use name	Use description	Likely users	Analytics	Operations	HIE	Changes to use/questions about use
1	X	Integrate authoritative sources of data	Integrate authoritative sources of data, starting with common credentialing that links payers to providers	Health Plans, CCOs, clinics, hospitals, providers, HIEs, state	X	X	X	
2	X	HPD	Connect to HIE and HIT provider directories that have adopted HPD standards that allow for real-time searches for providers	Health Plans, CCOs, clinics, hospitals, providers, HIEs, state	X	X		
3		Integrate state sources of information	Integrate state sources of data such as Patient Centered Primary Care Home (PCPCH), Department of Human Services (DHS) licensing, public health, EHR Incentive Program, Medicaid - Provider Enrollment, Additions and Mental Health (AMH) facilities, APAC, CCO provider network tables into the provider directory	Health Plans, CCOs, clinics, hospitals, providers, HIEs, state	X	X	X	
4		Integrate flat file directory	Integrate the CareAccord flat file directory that contains static DSM addresses for subscribers	Health Plans, CCOs, clinics, hospitals, providers, HIEs, state			X	
5		GIS	Add Geographic Information Systems (GIS) functions into the provider directory	Health Plans, CCOs, clinics, hospitals, providers, HIEs, state	X	X	X	

**Provider Directory Advisory Group (PDAG): Use refining and ranking exercise instructions**

#	Rank	Use name	Use description	Likely users	Analytics	Operations	HIE	Changes to use/questions about use
6		Provider search or lookup for HIE addresses	Locate a provider, their direct address, and indication of trust community status of their Health Information Service Provider (HISP) (white pages)	Health Plans, CCOs, clinics, hospitals, providers, HIEs,			X	
7		Meet HIE requirements for meaningful use	Find providers that are part of the EHR Incentive Program or have adopted 2014 or 2015 Certified EHR Technology to exchange information and meet MU	Health Plans, clinics, hospitals, providers, HIEs		X	X	
8		Validate source	Validate a plan's, health care organization's, or program's own provider directory data using a single, authoritative data source – large extract	State - Medicaid EHR Incentive Program, Health Plans, CCOs	X	X		
9		User interface for accepting new patients	Provide a single entry point for certain data elements starting with accepting new patients	Health Plans, CCOs, clinics, hospitals, providers, HIEs,		X		
10		Program Audit and oversight	Verify Medicaid patient volume using the provider directories clinic and group affiliations and other eligibility criteria such as sanctions and licensing, for the Medicaid EHR incentive program	Medicaid EHR IP		X		
11		Source for payer information for a provider	Use the PD to associate payers to providers	Health Plans, CCOs, clinics, hospitals, providers, HIEs, state	X	X	X	

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#	Rank	Use name	Use description	Likely users	Analytics	Operations	HIE	Changes to use/questions about use
12		Source for privileging information for providers	Use the PD to associate hospitals to providers (hospital admitting privileges?)		X	X	X	
13		Outcomes and intervention	Use the affiliations data to identify clinics or groups within a CCO that require intervention because they are not meeting benchmarks or thresholds for a program or to highlight clinics or groups that are performing well	Health Analytics	X	X		
14		Referrals/care coordination (find providers)	Find providers to coordinate care (yellow pages) based on certain search criteria such as telemedicine, PCPCH, specialty, or language and their direct secure messaging address	Health Plans, CCOs, clinics, hospitals, providers, HIEs,		X	X	
15		Source for contacts management, information, and provider affiliation information	Validate contact information such as email addresses, location, practice affiliations, and phone number - large extract	Health Plans, CCOs, clinics, hospitals, providers, HIEs, state	X	X	X	

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#	Rank	Use name	Use description	Likely users	Analytics	Operations	HIE	Changes to use/questions about use
16		Search for contacts management, information, and provider affiliation information	Find contact information such as email addresses, location, practice affiliations, and phone number - by single provider	Health Plans, CCOs, clinics, hospitals, providers, HIEs, state	X	X	X	
17		In network search	Identify if doctor is "in network" as part of a CCO/health plan	Health Plans, CCOs, clinics, hospitals, providers, HIEs, state	X	X	X	
18		Practice site analytics	Use as a data source to report on how care varies by practice sites or programs (PCPCH, CCOs)	Health Analytics, other health researchers	X			
19		Performance measure analytics	Use as a data source to report on EHRs in use, performance measures, and claims by groups.	Health Analytics, other health researchers	X			
20		Network adequacy analytics	Use as a data source to report on network adequacy	Health Plans, CCOs, clinics, hospitals, providers, HIEs, state	X	X		
21		System of record for TBD defined elements (user interface)	Provide a single entry point for certain defined data elements not present in common credentialing or HPD data models (or other sources)	Health Plans, CCOs, clinics, hospitals, providers, HIEs,		X		

Provider Directory Advisory Group (PDAG): Use refining and ranking exercise instructions

**Justification matrix exercise – complete for 5 uses**

Group: <Please select>  
Use:



Facilitators will work with group by engaging the group and asking questions to complete the matrix

**Provider Directory Advisory Group (PDAG): Use refining and ranking exercise instructions**

Rank - Example  
 Group: <Please select>

**Justification matrix example**

**Use:** Verify Medicaid patient volume using the provider directories clinic and group affiliations and other eligibility criteria such as sanctions and licensing, for the Medicaid EHR incentive program

<p>Today, we use multiple public websites and private data sources to get this information.</p> <p>There is not an authoritative single data source for clinic and group affiliations so the confidence level in the current data is not high.</p> <p>The Medicaid EHR Incentive program is operated by the state of Oregon with the approval and oversight by CMS. CMS requires states to manage the program and provide proper audit and oversight over the payments made in the state.</p> <p>Users: Now: State staff - Compliance specialists and auditors</p>	<p>It will decrease the number of websites and sources that currently need to be reviewed to make decisions. Staff will view data from one source, likely an extract that would imported into a current reporting software that staff are familiar with using. Staff could also do a web portal search if that ended up being a more streamlined approach.</p> <p>access: Web portal or through the user's own HIT solution</p> <p>Potential users: analysts, research</p>
<p>General complexity of group affiliations to providers, dates for those affiliations, and ensuring they are accurate</p>	<p>When a richer set of data is available, additional types of analytics could be run including: Medicaid EHR Incentive Program participation by CCO, Medicaid EHR Program participation by geo-coded locations (likely later stage), Medicaid EHR incentive program by PCPCH.</p> <p>We don't have an actual \$ amount but feel this would not only save time by not having to go to multiple sources but would also promote accuracy and confidence in the results of the audit.</p>

*As is*

*To be*

*Challenges*

*Benefits*

Draft Comparison Table for HPD, Common Cred Data Sources – (CCO and PCPCH Not Completed)

<b>Availability</b> 1- Must have 2 -Nice to have 3- Not necessary	<b>Accuracy</b> 1- 95-100% (high) 2- 80-94% (medium) 3- 0-79% (low)	<b>Field</b>	<b>Description (taken from primarily from HPD standard)</b>	<b>HPD</b>	<b>Common Credentialing</b>	<b>CCO</b>	<b>PCPCH</b>
		Organization - Accepting new patients	Flag indicating whether the organization is accepting new patients				
		Organization - FQHC/Community health center flag	Flag indicating whether the organization is an FQHC or community health center				
		Organization - nights and weekends flag	Flag indicating whether the organization has after-hours operations				
		Organization - PCPCH designation and tier	Patient centered primary care home designation and tier				x
		Organization Address	Physical address information for an organization. Each type of address can be primary or secondary. Addresses that are no longer valid are marked as Inactive. Three types of addresses are supported: Billing Address (legal), Mailing Address, Practice Address	x	x		x

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		Organization Contact	Multiple individuals who can be contacted in reference to this organization, including a phone number and e-mail address and fax. An individual role can be included in the name, instead of an individual.	x	x		
		Organization Credentials	This includes certifications or licenses earned by an organization.	x	x		
		Organization hours of operation					
		Organization Identifier	National, Regional or local identifier that uniquely identifies an organization, that may be publicly shared. Some examples are: National Provider Identifier #, Tax ID #	x	x		
		Organization language	Language(s) that an Organization supports	x			
		Organization Name	This attribute contains multiple names for an organization including known names and legal name	x	x		

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		Organization Specialty	Organization's specialization, a specific medical service, a specialization in treating a specific disease. Some specialties are: <ul style="list-style-type: none"> <li>• Psychiatry</li> <li>• Radiology</li> <li>• Endocrinology</li> </ul>	x			
		Organization Status	The status of this organization. Active – This organization is currently in existence. Inactive – This organization is no longer in existence	x	x		
		Organization Type	The type of organization represented. Some values are: Hospitals, HIEs, IDNs, Associations, Labs, Clinics, Departments, Pharmacies, Practice	x	x		
		Provider - EHR name and version					
		Provider - CCO affiliation				x	
		Provider - hours of operation	Times and days when the provider is available to see patients				
		Provider - nights and weekends	Flag indicating whether the provider has after-hours operations				

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		flag					
		Provider Phone	Includes business phone, mobile, pager, fax	x	x		
		Provider - Primary Care Provider designation			x		
		Provider "Identifiers" - NPI, Tax ID	National, Regional or local identifier that uniquely identifies an individual that is okay to be publicly shared. Some examples are: National Provider Identifier #, Tax ID #, Hospital Issued Identifier	x	x		
		Provider accepting new patients	Flag indicating whether the provider is accepting new patients				
		Provider address	Physical address information for an individual. An address can be designated as primary or secondary. Addresses that are no longer valid are marked as Inactive. Three types of addresses are supported: Billing (or legal), Practice, Mailing.	x	x		

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		Provider Credentials	Includes certification(s), license(s) and degree(s) earned by an individual provider. Information includes the Credential #, the name of credential, issuing authority, issue date, valid dates.	x	x		
		Provider date of birth					
		Provider e- mail address	Electronic mailing addresses to receive general purpose communication but not related to medical records	x	x		
		Provider Gender		x	x		
		Provider Home address			x		
		Provider Language	Language(s) that the provider is fluent in.	x			
		Provider Name	Includes title, first name, middle name, last name, known names	x	x		
		Provider Philosophy of care	Individual's sub-specialty that further describes their practice (chiropractor - sports injuries, pediatrician - neonatologist)				
		Provider practice	Telemedicine/full time part time		x		

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		info					
		Provider Relationship (affiliations)	Business associations with an organization. There can be multiple types of relationship but this profile generically categorizes all relationship as “member-of”.	x	x		
		Provider Relationship (affiliations) historic			x		
		Provider Relationship (affiliations) start and end dates	Start and end dates for an affiliation		x		
		Provider Specialty	Individual’s specialization, a specific medical service, a specialization in treating a specific disease. Some types are: psychiatry, radiology	x	x		
		Provider SSN			x		
		Provider Status	The status of this individual. Active – currently practicing Inactive – currently not practicing, Retired, Deceased	x	x		

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		Provider Type	Type of individual provider (e.g., physician)	x	x		
		Secure messaging - Certification	Various kind of certificate information (encryption, signing, attribute) for the individual	x			
		Secure Messaging - Electronic Service URI	Reference to an entry in a systems directory or to a services definition page where this organization has its electronic access points defined.	x			
		Secure messaging - Organization Certificate	Various kind of certificates (encryption, signing, attribute) information for the organization.	x			
		Secure messaging - Organization Medical Records Delivery Email Address	Electronic mailing address of an organization where medical or administrative records can be sent.	x			
		Secure messaging - Provider medical records deliver email address (direct secure	Electronic mailing address of an individual where medical or administrative records can be sent	x			

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<b>Availability</b> 1- Must have 2 -Nice to have 3- Not necessary	<b>Accuracy</b> 1- 95-100% (high) 2- 80-94% (medium) 3- 0-79% (low)	<b>Field</b>	<b>Description (taken from primarily from HPD standard)</b>	<b>HPD</b>	<b>Common Credentialing</b>	<b>CCO</b>	<b>PCPCH</b>
		messaging address)					

**Next exercise: Use cases for ranked uses**

<b>Use Cases</b>	
<b>Evaluation area</b>	<b>Description</b>
Preconditions	What needs to happen before the use can begin?
Input	What is the trigger that initiates the process?
Post conditions/Output	What are the results after the use case is completed? What if a provider record does not exist in the directory?
Normal course	What are the common steps in the process? Include users
Exceptions and alternate processes	Is there anything that would prevent any steps in the process from successfully occurring?
Priority of use case	High - must have out of the gate; Medium- Not necessary to have out of the gate; Low - Nice to have but not necessary
Business rules	Using the data elements sheet, what are the data elements that are needed as elements to see in a provider search?
	Using the data elements sheet, what is the level of accuracy for each element needed to ensure trust?
	What causes a change in the data?
	What do users need to know about the data that is displayed? (date of data, source of data, timeliness of the data)
	What regulations and policies exist that can restrict/allow use?
	How should data submitted from multiple sources be handled? How should data from multiple sources be displayed and presented to the users?
	Are there any upcoming deadlines that need to be considered?
Notes and other issues not otherwise documented	What else do we need to know?