Phasing snapshot

	Aug 2018 – Jan 2019	Feb 2019-Nov 2019	Dec 2019 and beyond?
Phase	Phase 1: Soft launch	Phase 2: Continued onboarding	Phase 3: Ongoing onboarding and updates
Directory status	Implementation of new functionality, data sources, and data management	Onboarding of additional data sources and users	TBD
Approach	Implement to a small group of users who find value in the data sources/elements in the PD and meet the Medicaid user criteria.	Implement to additional users and use cases:	TBD
Use case(s)	• HIE – transition of the Flat-File Directory to Statewide Provider Directory	Operations, HIE, and analytics	TBD

Users	• Medicaid enterprise users including:
	   o OHA – Medicaid EHR Incentive Program staff (5); Provider Enrollment (2); Health Analytics (5)
	   o HIE FFD users (25+ orgs)
		• Additional Medicaid enterprise users including:
		   o CCOs and affiliated entities
		   o PCPCH program
		   o Clinics and hospitals
		   o Additional HIE users
			TBD

Data sources in the directory	• Common Credentialing (minimal) • MMIS • NPPES • DSM Flat-File	• Common Credentialing data (robust) • CCO Network Tables • EHR Incentive Programs • PCPCH	TBD
Operations status and activities	• Heaviest data stewardship activities • Data sources are being phased in • Data stewardship and management activities are high • Onboarding of new users and HIT integration is high • User groups are active in providing feedback for enhancements and improvements • Develop basis and interest in non-Medicaid use • Establish benchmarks and targets for data quality, completeness, and data stewardship	• Additional Common Credentialing data • Data sources continue to provide data • Data stewardship and management activities continue • Onboarding of new users	TBD

Phase 1: Soft Launch: Aug 2018 – Jan 2019

Status	✓ Available to vetted Medicaid users; Market will be analyzed for non-Medicaid use ✓ Data sets may not be "complete" to support all use cases; Common Credentialing (CC) Program will be newly launched and data feeds to the Provider Directory will be limited to only those who are early adopters of the CC solution ✓ Data steward activity will be high to master and curate data
Use cases	**HIE** - Provider searches, including discovery of HIE endpoints **Analytics** - Data sets for analytics, including historical affiliations

Target Audiences	1. Medicaid administration (OHA and DHS), including the Medicaid EHR Incentive Program and Health Analytics
	2. Flat File Directory Participants (29 Organizations/15,000 Direct Secure Messaging addresses), which includes:
	   o Hospitals and Health systems
	   o Ambulatory clinics and practices, including FQHCs
	   o Regional Health Information Exchanges

Benefits	✓ Additional data elements not in the FFD today will be available, such as HIE endpoints ✓ Expanded ways to access and export data (excel extracts will still be available) ✓ More options for ways to contribute data including direct entry into web portal and APIs ✓ Access to HIE endpoints and other contact information that is not available within the organization today ✓ Data are kept up to date and refreshed every 30 days
Data sources and feeds	1. **Common Credentialing** - Best source of quality data: *minimal data available at go-live*; data are updated every 120 days by the provider 2. **MMIS Provider File** - Best source of who is a Medicaid provider; some clinic practice information 3. **HIE Flat File sources** (aka "Flat File Directory") - Best source of Direct secure messaging addresses and HIE endpoints; important to meet meaningful use and advancing care information objectives for coordinating care 4. **National Plan and Provider Enumeration System (NPPES)** – Primary source for National Provider Identifier (NPI) data

Functionality	✓ Implementation of the of the Provider Directory:
	   o Onboarding of initial data sources that feed the Provider Directory
	   o Web portal, custom extracts, and ability to view and download standard data extracts
	   o Inaccurate data flags (ability for users and data stewards to flag inaccurate data)

Data services	✓ Implement methodology for comparing multiple input data sets to determine definite and probable matches based upon flexible rules.
	   o Data matching of Medicaid data to NPPES to Common Credentialing (limited) to the HIE data
	✓ Establish Business Rules
	   o Quality source scoring profile
	   o Data ingestion, data scrubbing, matching and linking using a combination of algorithms and data stewards
	   o Development of best record
	   o Implement a data stewardship process for ongoing management and maintenance of quality data
	EXPECTATION: HEAVY DATA STEWARDSHIP

Data model	

Data dictionary is under development with MiHIN. FFD fields are listed as a reference:

Required	Recommended	Optional
DIRECT_ADDRESS_1	NPI	PRIMARY_NAME_PREFIX
PRIMARY_NAME_LAST	PRIMARY_ADDRESS_LINE_1	PRIMARY_NAME_MIDDLE
PRIMARY_NAME_FIRST	PRIMARY_CITY	PRIMARY_NAME_SUFFIX
ORGANIZATION_NAME	PRIMARY_STATE	PRIMARY_NAME_CREDENTIAL
	PRIMARY_ZIPCODE	PRIMARY_NAME_TITLE
	PRIMARY_PHONE_NUMBER	ALTERNATE_NAME_PREFIX
	PRIMARY_FAX_NUMBER	ALTERNATE_NAME_LAST
	SPECIALTY_TAXONOMY_CODE_1	ALTERNATE_NAME_FIRST
	GENDER	ALTERNATE_NAME_MIDDLE
	PRIMARY_LANGUAGE	ALTERNATE_NAME_SUFFIX
		ALTERNATE_NAME_CREDENTIAL
		ALTERNATE_NAME_TITLE
		PRIMARY_ADDRESS_LINE_2
		BILLING_ADDRESS_LINE_1
		BILLING_ADDRESS_LINE_2
		BILLING_CITY
		BILLING_STATE
		BILLING_ZIPCODE
		BILLING_PHONE_NUMBER
		BILLING_FAX_NUMBER
		GENERAL_USE_EMAIL
		LICENSE_NUMBER_1
		LICENSE_STATE_1
		LICENSE_NUMBER_2
		LICENSE_STATE_2
		SPECIALTY_TAXONOMY_CODE_2
		DATE_OF_BIRTH
		PRIMARY_RACE
		SECONDARY_RACE
		PRIMARY_ETHNICITY
		SECONDARY_ETHNICITY
		SECONDARY_LANGUAGE

Other activities	• Next round of onboarding and data matching begins - CCO tables, EHR Incentive Programs, PCPCH • Monitor CC uptake • Analyze market for and interest in non-Medicaid use

Phase 2 – Continued onboarding: Feb 2019 - Nov 2019??	
Status	✓ Available to vetted Medicaid users; Potential drafts for fee structure for non-Medicaid use in process ✓ Data sets are more complete and Common Credentialing data will be flowing to the PD ✓ Evaluation of "completeness" of provider data and analyzing need for policies for Providers to enter their own data
Use cases	HIE - Provider searches, including discovery of HIE endpoints Analytics - Data sets for analytics, including historical affiliations Operations - Validate local directory information, provider searches, and meet regulations
Major audiences	*CCOs and affiliated entities* *Regional HIEs* *Independent Practice Associations* *Providers and clinics* *Dental* *Behavioral health (274 Agencies)* *Long Term Services and Supports*
Target Audiences	*Who should be targeted to adopt after the initial go-live?* *How many organizations should be targeted?* *What timeframe is appropriate for a phase?* *How many phases should we anticipate?*
Benefits	✓ Access to data not available today ✓ Cost avoidance to maintain ✓ Better data quality ✓ Validation of all providers ✓ Using a trusted source ✓ Reduced # interfaces ✓ Optimize provider search
Data sources and feeds	1. CCO Provider Network Tables (aka DSN)- Best source for the affiliation of a provider to a CCO 2. EHR Incentive Programs - - Best source of who are meaningful users of Certified EHR Technology, stage of meaningful use (MU), participation dates, and EHR vendor information 3. Patient Centered Primary Care Home (PCPCH) – Best source for PCPCH data
Functionality	✓ Onboarding of additional data sources that feed the Provider Directory ✓ Providers can enter their own data in the Provider Directory – Need to coordinate with common Credentialing?
Data services	✓ Similar to phase 1, may have additional business rules and modification of rules ✓ Additional functionality for emailing notifications to providers may be needed (discuss gaps in data sources that feed the directory)
Data model	TBD