

## Examples of Provider Directory uses

Short title	Use the Provider Directory:
<b>Analytics extract</b>	to view a large set of key data fields (current and historical) including provider identifying data as well as affiliations to a provider's group, clinic, location, system, <u>hospital</u> , and <u>payers</u> .
<b>Practice location/ Program</b>	as a data source to report on how care varies by practice location or by specific programs such as PCPCH, CCOs, etc.
<b>Performance analytics</b>	as a data source to report on EHRs in use by a provider, performance measures, and claims by groups.
<b>EHRs</b>	as a data source to report on EHRs in use
<b>Access</b>	to identify access and supply characteristics across Oregon
<b>Practice patterns</b>	to identify practice patterns to help organizations better understand the continuity of health care among their members
<b>Privileging info</b>	to identify the relationship of hospitals to specific providers (hospital admitting privileges)
<b>Office hours</b>	to find information on office hours for a given provider and/or practice
<b>Accessibility</b>	to find information on accessibility aspects such as handicapped access, languages, and cultural competency for a provider
<b>Accepting new patients</b>	to find out if a provider is accepting new patients
<b>Payer to provider affiliation</b>	to identify the relationship of payers to specific providers
<b>Hospital to provider affiliation</b>	to identify the relationship of hospitals to specific providers (hospital admitting privileges)
<b>CCO affiliations</b>	to find affiliations between CCOs and their providers
<b>Find a provider and their Electronic Servicing Info (ESI)</b>	to locate a provider's associated Electronic Servicing Information (ESI), and the indication of trust community status of their Health Information Service Provider (HISP) if you know the provider's name, like a white pages search, or if don't know the provider's name but are searching for providers that meet certain criteria (e.g., city, zip, specialty), like a yellow pages search.

<b>PD to meet care coordination needs</b>	<p>to enable a user to find core, accurate contact information for another provider (can be an organization or an individual) whose data are in the PD. Answers who they are, where they are, and how to contact them.</p> <p>Contact information includes names, identifiers, addresses, contact info and organizational (and sub-organizational) affiliations.</p> <ul style="list-style-type: none"> <li>• Users supply basic search information like a name, address, or specialty and view a list of results that match the search criteria; useful if a specific provider is known (“white pages” search) or not known (“yellow pages” search)</li> <li>• Electronic Servicing Information (e.g., Direct Secure Messaging) is not part of this particular use case.</li> <li>• Maintaining the history of affiliations and changes are needed although the display of historical information may be part of another use case.</li> </ul>
<b>Pulling data for own PD validation</b>	<p>to validate its local healthcare provider information and ensure it is current.</p> <p>The health care entity uses the provider directory to access the most current aggregated provider information on an individual basis (1 off validation) or an extract is downloaded to perform a database dif (entire directory validation).</p>
<b>Support Medicare Advantage requirements</b>	<p>to enable meeting Medicare Advantage requirements for provider directories. The following information needs to be kept up to date at least every 90 days (penalties for not doing so):</p> <ul style="list-style-type: none"> <li>-Ability to accept new patients</li> <li>-Street address</li> <li>-Phone</li> <li>-Office Hours</li> </ul> <p>Any other changes that affect availability to patients</p>
<b>Support meaningful use for coordination of care and health information exchange objectives</b>	<p>to find providers to exchange/ingest patient info to meet meaningful use objectives:</p> <ol style="list-style-type: none"> <li>1. Coordination of care <ul style="list-style-type: none"> <li>M3: Incorporation of Patient generated/non-clinical setting data</li> </ul> </li> <li>2. Health information exchange <ul style="list-style-type: none"> <li>M1: Care Summary e-exchange</li> <li>M2: Incorporate new patient info</li> <li>M3: Clinical information reconciliation</li> </ul> </li> </ol> <ul style="list-style-type: none"> <li>- It is important for the provider who is searching to know if another provider is capable of exchange (e.g., participates in MIPS, MACRA, Meaningful Use)</li> </ul>
<b>Support Medicaid Managed Care Provider Directory requirements</b>	<p>to enable a CCO to keep their directory in compliance with Medicaid Managed Care Provider Directory Requirements: Street address, phone, website URL, Specialty, <i>Accepting new enrollees, Cultural and linguistic capabilities, Office/Facility accommodations for physical disabilities.</i></p>