

Provider Directory Proposed Fee Structure Principles

Below are draft fee structure principles developed by the Provider Directory Advisory Group that will be used as a foundation and basis for the provider directory fee structure:

1. Administration of the financing mechanism will be well-defined and as simple as possible.
2. Fees will be transparent and justifiable in how they are developed and maintained.
3. Fees will be balanced considering the benefits accrued and the respective user resources.
4. Fees will not be a barrier to participation but will be adequate to produce predictable incomes that support services and sustainability.
5. Customized enhancements that are not part of a regular release cycle and approved by the governance body/steering committee, will be borne by provider directory users
6. Federal and State investment to stimulate implementation of statewide technology will be leveraged.
7. Investment and adoption by as many stakeholders and users will be encouraged to support economies of scope and scale, and support overall success.

Change log

| Revised principle | Prior principle | Comments/Questions to PDAG |
|--|---|--|
| 1. Administration of the financing mechanism will be well-defined and as simple as possible | (4) Administration of the financing mechanism should be as simple as possible | Wording adjustment; moved to be the first principle |
| 2. Fees will be transparent and justifiable in how they are developed and maintained. | (5) Fees should be transparent and justifiable in how they are developed | Wording adjustment; moved to second principle Question to PDAG: Is this different enough from revised principle #1 to keep or should we reword and merge? If reword and merge, suggestions for language? |
| 3. Fees will be balanced considering the benefits accrued and the respective user resources. | (1) Fee development for users must be delicately balanced considering the benefits they may experience and their respective resources | Wording adjustment; moved from being the first principle; |
| 4. Fees will not be a barrier to participation but will be adequate to produce predictable incomes that support services and sustainability. | (2) Ensure that fees are not a barrier to participation but are adequate to produce a predictable income to support the current and future costs of the provider directory | Wording adjustment |
| 5. Customized enhancements that are not part of a regular release cycle and approved by the governance body/steering committee, will be borne by provider directory users | (6) Ensure that costs of specific, individually requested services (that are not of general application) are borne by those making such requests and are managed outside the provider directory fee structure | Wording adjustment |
| 6. Federal and State investment to stimulate implementation of statewide technology will be leveraged | (7) Federal and State investment to stimulate implementation of statewide technology should be leveraged | Wording adjustment |
| 7. Investment and adoption by as many stakeholders and users will be encouraged to support economies of scope and scale, and support overall success | (8) Investment and adoption by as many stakeholders and users as possible as it assures greater adoption and success | Wording adjustment |
| | (3) <i>Fees for users and their affiliated organizations should be equitably balanced to consider the size, types, access, and level of participation</i> | Removed – duplicate concept to revised principle #3. |

DRAFT

Assumptions for statewide provider directory software enhancement process

A tiered governance strategy will be implemented by the Oregon Health Authority (OHA) for the review and prioritization of system enhancements:

Tier 1: Executive Steering Committee/Governing Board – Responsible for decisions and direction of provider directory, including enhancements

Tier 2: User group – Responsible for discussing, documenting, and prioritizing system needs and enhancements

- 1) It is assumed that the Provider Directory vendor will offer regularly scheduled upgrades/enhancements to their product.
- 2) It is assumed that the Provider Directory vendor will have regularly scheduled bug fix/maintenance releases (e.g. “patches”, etc.) that may or may not be combined with enhancement updates.
- 3) It is assumed enhancements to the vendor product will be driven in part by customer/client feedback.
- 4) As a statewide provider directory, OHA will submit enhancements to the Provider Directory vendor in a single voice (i.e. a single prioritized list of enhancements).
- 5) Enhancement requests that affect the statewide Provider Directory application/utility will be prioritized by an OHA sponsored provider directory user group and approved by the governance board prior to submission to the Provider Directory vendor (via the vendor’s established enhancement process)
- 6) The Provider Directory vendor may or may not have an established process for contracting for (Governing Board) approved customized enhancements outside of the vendor’s enhancement release schedule.
- 7) Costs for approved enhancements that cannot be funded within an established Improvement and Development account will be shared across members.
- 8) Pursuing customized enhancements of the provider directory may complicate ongoing maintenance and support of the statewide Provider Directory.
- 9) Statewide Provider Directory Members (Orgs) who seek enhancements for their own purposes (e.g. a specific interface to the member’s own application) will seek that work directly through the Provider Directory vendor. These requests will NOT go through the state user group for prioritization and submission and the cost for such enhancements will not be shared by members of the statewide Provider Directory.

Instructions:

Break out into your assigned small group:

| 1 – Led by Jason | 2 – Led by Tyler | 3 – Led by Melissa | 4 – Led by Wendy |
|---|--|---|--|
| Gina Bianco Peter Graven Laura McKeane Maggie Mellon | Bob Power MaryKaye Brady Jessica Perak | Liz Hubert Mary Dallas, MD Monica Clark | Martin Martinez Kelly Keith HongCheng Zhao |

Discuss fee structure questions – your OHA facilitator/scribe will be documenting your answers

Per fee structure:

1. What are the benefits to this particular fee structure? Does it benefit one type of organization over another?
2. What are the challenges to the fee structure?
3. What are other considerations for this fee structure
 - a) How well does the fee structure support the fee principles?
 - b) What would make the fee structure better?
 - c) What changes would you make to this fee structure?
 - d) If you had to pick a fee structure, which one is your favorite? Least favorite?

Applies to all fee structures:

1. What are your thoughts around fee discounts?
 - a) Early adopter – what would be an “early adopter”
 - b) Data contributor – what is a good discount rate? Renewed annually?
2. Thoughts around whether fees for initial participation which will include onboarding should be higher or lower compared to ongoing fees.

Fee structure #1 - Fee structure based on # users and services (slide 15)

| Benefits | Challenges | Considerations |
|----------|------------|----------------|
| | | |

Fee structure #2: Fee structure based on organization type/size (slide 16)

| Benefits | Challenges | Considerations |
|----------|------------|----------------|
| | | |

Fee structure #3: Fee structure based on annual revenue (slide 17)

| Benefits | Challenges | Considerations |
|----------|------------|----------------|
| | | |

Other considerations

| Fee discounts | Pricing for initial participation vs. ongoing | Other |
|----------------------|--|--------------|
| | | |