
Provider Directory Advisory Group Meeting

January 13, 2016

The logo for the Oregon Health Authority is centered at the bottom of the slide. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health", which is in a larger, dark blue, serif font. A thin blue horizontal line is positioned below "Health", and the word "Authority" is written in a smaller, orange, serif font below the line.

Oregon
Health
Authority

Welcome!

- Introductions
- Agenda review
- Updates on HIT procurement and Common Credentialing
- Fees discussion
- Break
- Fees discussion
- Wrap up and next steps

HIT Procurement Updates

Rachel Ostroy
Implementation Director



Prime Vendor (Harris) Updates

- 1st Contract amendment executed on Dec 16
 - Planning for portfolio architecture / systems integration
 - Project management services for portfolio
 - Common Credentialing market analysis, RFP and vendor recommendation
- 2nd Contract amendment for Harris sent to CMS for approval
 - Includes market analysis, RFP and vendor recommendation deliverables for Provider Directory and CQMR
- Harris onsite Jan 19-21
 - Project plan review
 - High level system architecture
 - Common Credentialing SME workflow review

QA Vendor (CSG) updates

- Reviews/documentation completed to date:
 - Deliverable expectation documents
 - Initial risk assessment
 - Quality management plan
 - Quality control checklists
 - Provider Directory requirements
 - SOW for PD (when ready)
 - Baseline project plan
 - Provider Directory requirements

Requirements review - High level risks identified

- Purpose: The report provides the Quality Standards and Assessment Criteria used for the review as well as the CSG Quality Assurance (QA) team's observations and recommendations for improvement if needed.

CSG Finding	OHA Response
Testing requirements not included	This is captured in the Prime/SI Requirements and SOW.
No requirement for detailed responses to the National Institute of Standards and Technology (NIST) Special Publication (SP) 800-53 deficiencies	Need to discuss if NIST / POAM are applicable and required for this solution.
No disaster recovery or business continuity plans are required.	This is captured in the Prime/SI Requirements and SOW.

Common Credentialing Updates

Melissa Isavoran
Credentialing Project Director



Current Progress

- **Discussions regarding tracking delegation agreements and the credentialing decision have resulted in mixed approach**
- **Fee structure development work continues with identifying logistics for tiered set-up fees and possible annual subscription fee**
- **Discussions with stakeholders revealed consensus that there is value in additional data collection through common credentialing, but not enough support**
- **Upcoming work to include an exploration of possible phasing, contracting steps/negotiations, fee structure finalization, outreach and marketing planning, and rule revisions via a rulemaking advisory committee**

Provider Directory Fees Discussion



Fee discussion highlights from last meeting

- Value proposition of the provider directory may not equal strictly to staff time:
 - Staff time spent on provider directories is one component of other duties such as credentialing
- At a high level, value and benefits of the provider directory includes:
 - Decreasing time and burden from chasing down data
 - Accessing provider data that is not available today from existing sources
 - Having an accurate, high quality provider data for members to find providers
 - Reducing number of unpaid claims dues to incorrect provider information

Fee discussion highlights from last meeting

- Financial penalties due to incorrect provider directory data are substantial. Examples:
 - Medicare - \$25,000 per instance
 - HIPAA – varies based on severity of breach and harm
- Other notables on value:
 - Value of the provider directory depends on adoption of the provider directory – if the provider directory data are not reliable, providers will still get contacted to update
 - Solution is only for Oregon vs. a national solution
- Concern over using proxies for costs based on size of an organization or annual receipts rather than actual usage
 - Does size of an organization equal use?

Fee Principles

- Review, discuss, and adopt

Fee structure development activities

- Understand current state of provider directory fees and costs ✓
- Develop draft fee structure principles ✓
- Continue fee structure development
 - Discuss and refine fee definitions developed so far
 - Develop additional fee definitions and approaches within the structure
 - Consider what would be included within certain fee categories or fee bundles
- Develop fee structure options and considerations
 - Benefits
 - Challenges
 - Considerations

Common Credentialing Fee Structure Options

FEE OPTIONS	STRUCTURE
Credentialing Organizations	
One-Time Setup Fee	Flat Fee
	Tiered Fee
	Flat Fee, + Amortization
Transactional Fee (ongoing operations and maintenance costs)	Flat Fee
	Tiered Fee; based on Practitioner Type
Expedited Credentialing Fee	Flat Fee
Health Care Practitioners	
Initial Application Fee	Flat Fee
	Tiered Fee; based on Practitioner Type
Delegation Agreements	
Capitated Fee?	Annual Capitated Fee?
Data Users	
Data Use Fee	Undetermined

Provider directory fee structure components to consider

1. How the provider directory is accessed (“access types”)

2. Membership and service fees (“fee types”)

3. Proxy pricing vs. pricing based on actual use

4. How provider directory services should be classified or bundled (e.g., web portal access for all?)

Provider Directory Access Categories

- **Web portal** - Users who need to access information via the web portal and export results
- **Integrated provider directory** - Users who access the provider directory within their own Health IT system, such as an Electronic Health Record (EHR) or a regional Health Information Exchange (HIE)
- **Data extracts** - Users who need large extracts of data
 - Fees based on type of extract?

Do the access categories make sense?

Are there other options the group wants to explore?

What questions do you have?

Provider Directory fee types

- **Membership Fees**
 - **Onboarding fee (enrollment)** – an initial fee that is assessed when access to the provider directory is initially granted
 - Supports account set-up and authorization
 - Allows access to the provider directory
 - **Ongoing fee** – a fee assessed at a specified timeframe, such as annually that continues access to the provider directory.
- **Service Fees**
 - **One-time fee** - a fee assessed for additional or specific services or for a one time use
 - Supports authorization to access data for a specified timeframe
 - **Contractor services** - negotiated between the contractor and the user (TBD)

Do the fee types make sense?

Are there other options the group wants to explore?

What questions do you have?

Provider directory – Proxy pricing fees vs. pricing on actual use

Proxy pricing

- Participant types/size
- Annual revenue
- Participant type/annual revenue (shortened)

Actuals

- Flat charge per user/seat

Other?

Proxy pricing by Participant types/size

- Provider practice
 - Tiered based on # providers (1-5, 6-10, up to 90+ providers)
- Hospital
 - Tiered based on # beds
- Provider organization
 - Tiered based on # beds (LTC, nursing)
- Government agencies
 - Flat amount
- Payers
 - Tiered based on covered lives
- EHR vendors, IPAs, Regional HIEs, hosted solutions
 - Based on # active users?

Fees by participant types/size– annual revenue

Organization Level	Annual Organization Revenue	2013 Annual Subscription fee
Entry	\$0 - \$10 Million	\$600
Small	\$10 Million - \$100 Million	\$6,000
Mid-size	\$100 Million - \$500 Million	\$12,000
Large	\$500 Million - \$1 Billion	\$24,000
Leadership	\$1 Billion plus	\$48,000

<http://www.onehealthport.com/sites/default/files/hie/HIE%20Collateral.pdf>

Sample fee structure by Participant types/size – annual revenue

	Set-up (Onboarding) fee			Ongoing fee			One time fee
	Web portal	HIT Integration	Extracts	Web portal	HIT Integration	Extracts	Extracts
Entry	\$ x	\$ x	\$ x	\$ x	\$ x	\$ x	
Small	\$ x	\$ x	\$ x	\$ x	\$ x	\$ x	
Mid-size	\$ x	\$ x	\$ x	\$ x	\$ x	\$ x	
Large	\$ x	\$ x	\$ x	\$ x	\$ x	\$ x	
Leadership	\$ x	\$ x	\$ x	\$ x	\$ x	\$ x	

User types by participant type/size - (shortened)

Membership Type *(select one)*

All Members may participate in Committees and Workgroups and suggest topics for or present at the Knowledge Network, are included on CAHIE's exclusive member mailing list and receive invitations to CAHIE activities, may use the CAHIE logo on their marketing material, and are included as a CAHIE Member on our web site.

- Large HIE Organization** HIOs with greater than \$50M in annual revenue
\$5,000 annually
- Small HIE Organization** HIOs with less than \$50M in annual revenue
\$2,500 annually
- Junior HIE Organization** HIOs in the first two years of incorporation that do not yet have the
No cost budget for full membership
- Affiliate Member** Clinic, hospital, or other participant of a Member HIO (Large or Small
\$500 annually HIE Organization)
- Non-HIE Association** Not-for-profit associations of health IT stakeholders interested in
\$1,000 annually HIE
- Government Organization** Any federal, state, or local government agency
No cost

http://www.ca-hie.org/site-content/2014/08/CAHIE-Membership-Application_20150402.pdf

Sample fee structure by Participant types/size - (shortened)

	Set-up (Onboarding) fee			Ongoing fee			One time fee
	Web portal	HIT Integration	Extracts	Web portal	HIT Integration	Extracts	Extracts
Large HIE	\$ x	\$ x	\$ x	\$ x	\$ x	\$ x	
Small HIE	\$ x	\$ x	\$ x	\$ x	\$ x	\$ x	
Junior HIE	\$ x	\$ x	\$ x	\$ x	\$ x	\$ x	
Affiliate Member	\$ x	\$ x	\$ x	\$ x	\$ x	\$ x	
Non-HIE	\$ x	\$ x	\$ x	\$ x	\$ x	\$ x	
Government	\$ x	\$ x	\$ x	\$ x	\$ x	\$ x	

Provider Directory fees additional considerations

- Reduced costs to data contributors or charge more to organizations that do not contribute?
- Reduced costs to users who front the cost for additional interfaces, functionality, and/or access methods?
- Other?

Provider Directory Access Options

Access types (web portal, HIT integration, extract) vs. flat charge for all access levels

Option	Benefits	Challenges	Considerations
Access types			
Flat			
Other			

Provider Directory Fee types

Membership – Service fees vs. other?

Option	Benefits	Challenges	Considerations
Fee types – Membership & service fees			
Other			

Provider directory tiered fee options based on proxies vs. actual

Option	Benefits	Challenges	Considerations
Proxy			
Actual (fee per user)			

Provider directory tiered fee options based on proxies

Option	Benefits	Challenges	Considerations
Participant types			
Annual revenue			
Participant size/type (shortened)			

Ongoing fee maintenance and strategies

- Annual review of participation fees
- Development of monthly, quarterly and annual financial statements that report participation rates, revenue and expenses and whether projections are being met.
- If projections are not on target, OHA will develop and submit to the Provider Directory governance body action steps to implement changes to meet targets and projections (e.g., increase marketing, offer additional services).
- The provider directory operating entity must cultivate business relationships with other potential participants, and implement new services to meet future business needs of stakeholders.
- The provider directory operating entity will establish a Funded Depreciation Account for the planned replacement of current equipment assets, and an Improvement and Development Account to dedicate revenue to the future enhancement of the PD (e.g., additional functionality and services)

Updates and next meeting

Karen Hale

