



Healthcare Directory Technology Learning Community

TLC Meeting – July 14, 2017

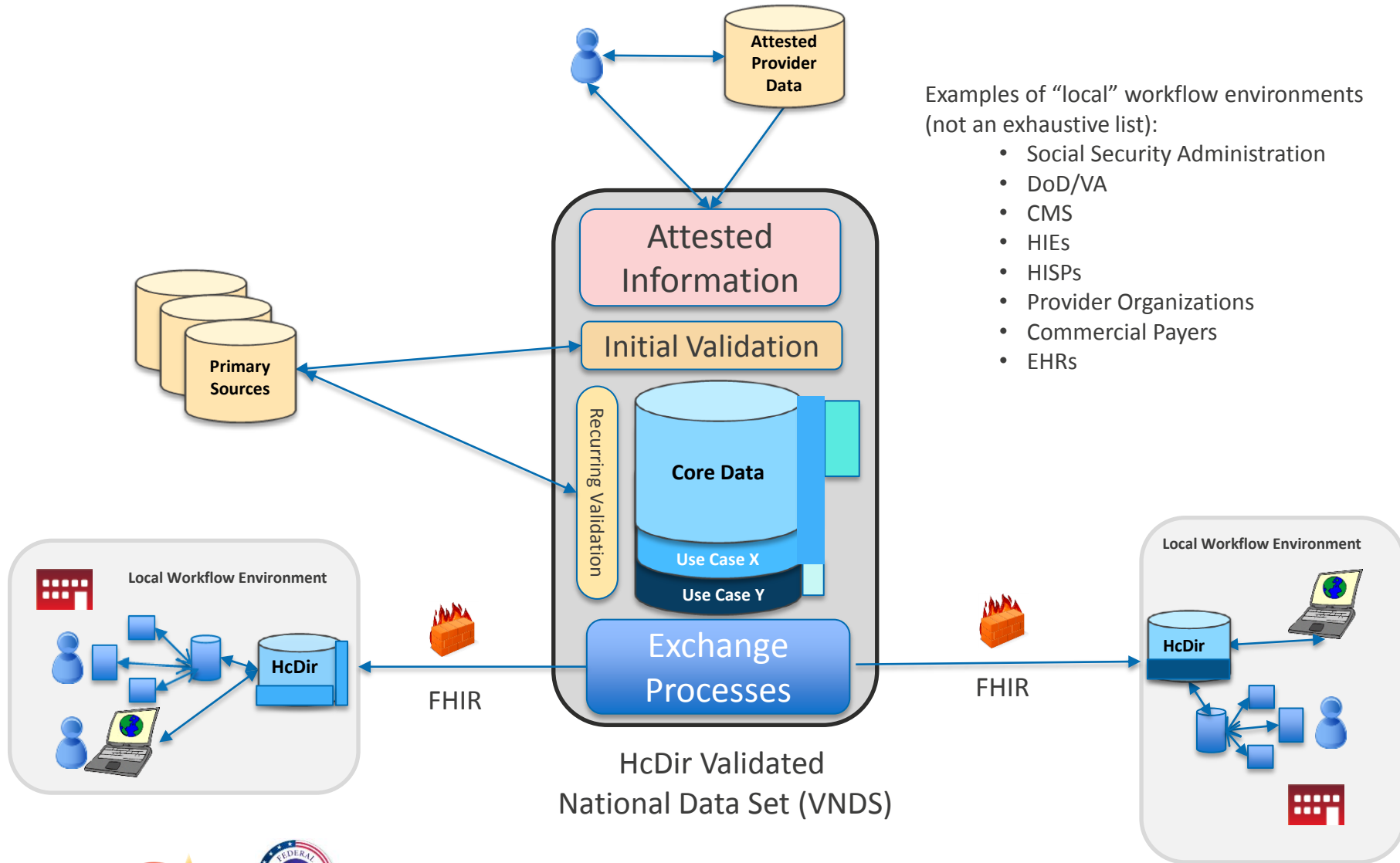
Daniel Chaput, ONC – Rim Cothren, A Cunning Plan - Bob Dieterle - EnableCare, LLC



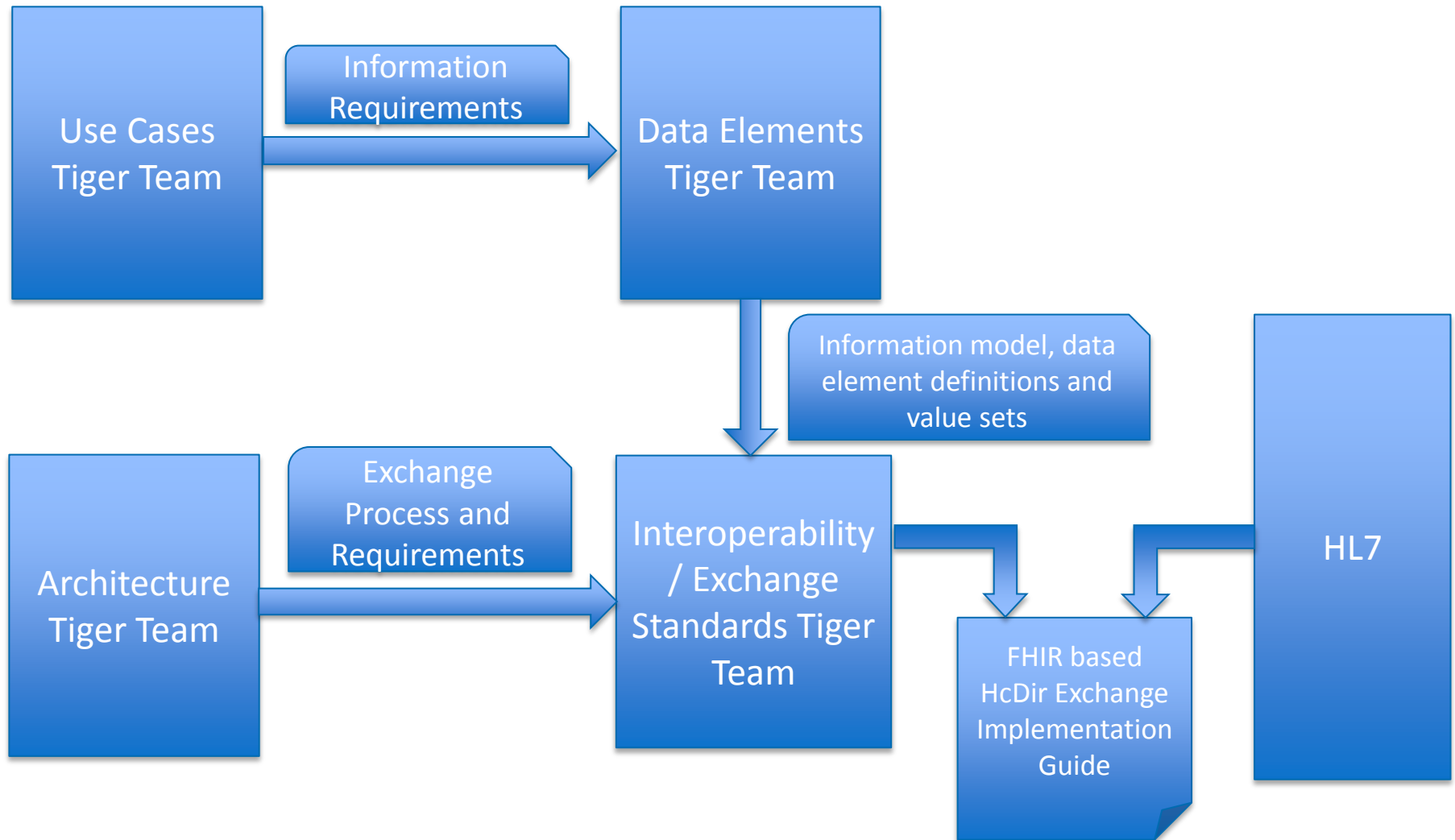
Agenda

- Welcome and Housekeeping
- Tiger Team Updates
- CMS Provider Directory Initiatives
 - » Richard Gilbert, Center for Program Integrity, CMS
- Dialogue: Defining the boundary between data available from the VNDS and data used solely in local work flow environments.

HcDir Conceptual Architecture -- Draft



ONC-FHA Healthcare Directory Tiger Team Dependencies



Tiger Team Status

- Use Cases
 - » Completing drafts of use cases to document information requirements
 - Claims management, quality reporting, program integrity are being finalized
- Data Elements
 - » Continuing to define data elements based on information requirements identified by the use cases tiger team (e.g. demographics, relationships, education/credentials, identifiers, endpoints, etc.)
- Architecture
 - » Drafting architectural overview deliverable
 - Includes description of how various actors interact with a healthcare directory, scope of population (i.e. what are they searching for), exchange mechanisms, security considerations
- Interoperability
 - » Preparing FHIR-based exchange implementation guide, including proposed changes to existing FHIR resource and new resources

Overview of CMS Healthcare Directory Initiatives

- Richard Gilbert, Center for Program Integrity, CMS
 - » PECOS – Public provider data set (Medicare FFS):
<https://data.cms.gov/public-provider-enrollment>
 - » NPPES – What’s new in NPPES video:
<https://www.youtube.com/embed/BOJCAj1P2u8>

Dialogue –

- Dialogue: Defining the boundary between data available from the VNDS and data used solely in local work flow environments.

Use Cases

Basic Information Exchange

- A1. Enable electronic exchange (e.g. discovery of electronic end points)
- A2. Find an individual and/or organization (even if no electronic end point is available)

Patient/Payer focused

- B1. Find provider accessibility information (e.g. specialty, office hours, taking patients)
- B2. Relationship between provider and insurance plan or plan and provider (network)
- B3. Plan selection and enrollment
- B4. Claims management (adjudication, prior authorization, payment)

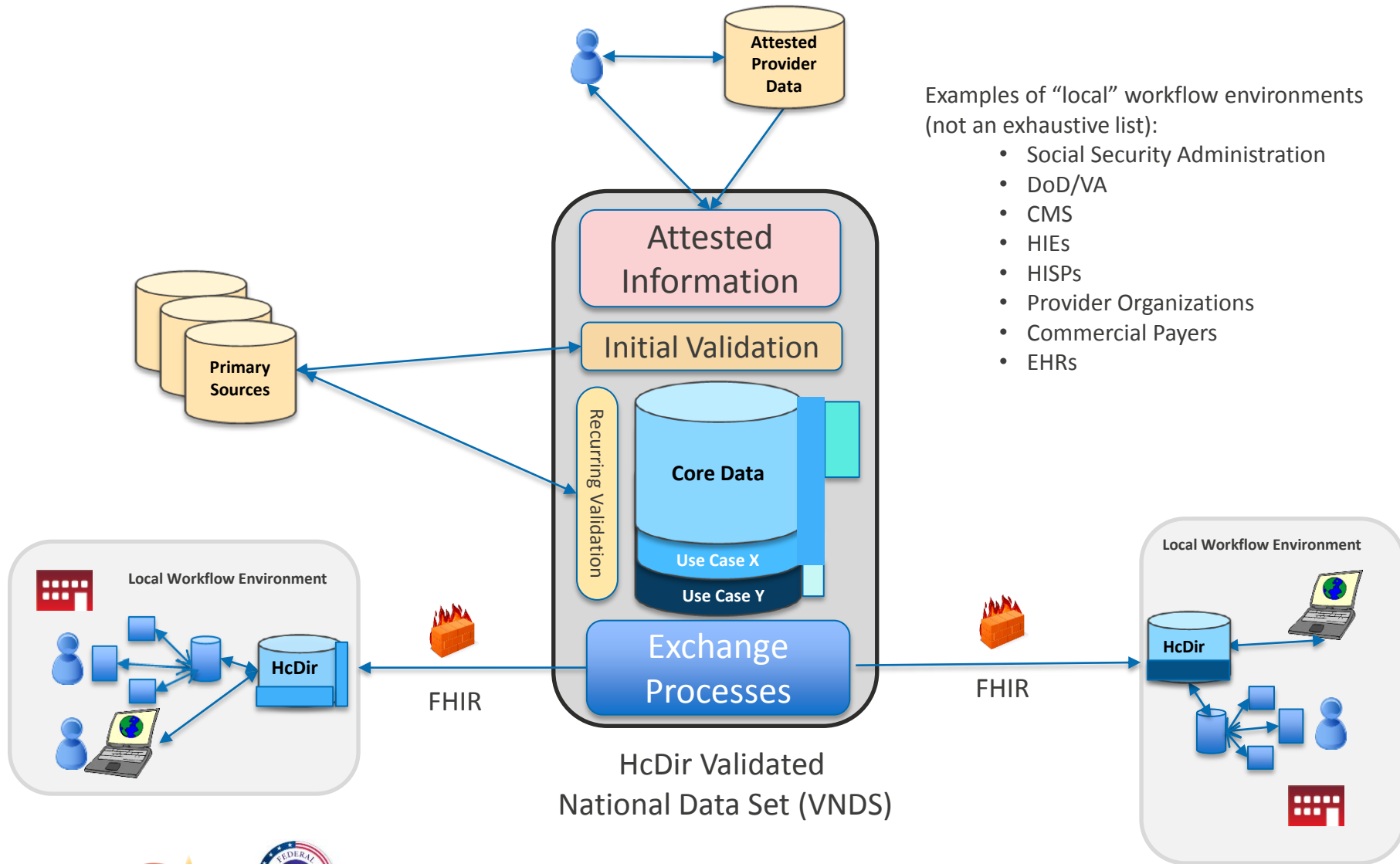
Care Delivery / Value Based Care

- C1. Provider relationship with a patient (e.g. for alerts)
- C2. Provider relationship with other providers in context of a patient (e.g. care team)

Other

- D1. Provider credentialing
- D2. Quality or regulatory reporting (e.g. aggregate data, plan networks)
- D3. Detection of fraud; inappropriate approval of services and/or payment for services

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