Intermediate Approach – Directory

Although the goal is a federated access directory model which support all actors/entities within healthcare (payers, providers, apps, etc.), implementing segments of actors/entities incrementally is viable in that enables functionality and honing the model as additional implementations occur (such as providers) over time.

**Draft Version 1 – Payer endpoint directory (e.g. CAQH)**

1. Given the real world need for payers and member authorized applications to discover payer endpoints as mandated by the CMS rule, starting with a payer directory model is pragmatic. As a starting point, the exploratory work of discovering payer endpoints via an API enable common framework should be explored. (in scope but not required)
	1. Endpoint(s) for Patient Access API
	2. Endpoint(s) for Payer-Payer Exchange
	3. Endpoint(s) for Provider access (e.g. for PA)
2. An implementation of payer only directory as a start will provide real-world benefit as we exercise and evolve the concept.
3. As a complement to the payer endpoint work, focusing on a landing place and model for the overall directory can continue. The initial data model and API structure will be inclusive but the payer-payer endpoints would only be available to other payers as part of a real-world test.
4. Need to consider a model payer trust framework to enable easy entity validation for payer-payer exchanges
5. Question regarding inclusion of intermediaries (e.g. clearinghouses) that provide connectivity to payers

Prerequisites

1. Define minimum endpoint metadata
2. Define minimum payer demographics for endpoint discovery
3. Define requirements for a payer trust framework (e.g. ID proofing…)
4. Define directory participation requirements (who is allowed to play, rules to play and delisting)

**Draft Version 1 – Application directory (e.g. CAQH/AMA) “Good House Keeping Seal of Approval”**

1. Provide information on third party applications that meet defined criteria and can be used by payers to inform members
2. Compliance with terminology licensing requirements (AMA, AHA, X12)
3. Compliance with EHNAC criteria
4. Compliance with CARIN Code of Conduct

Prerequisites

1. Define minimum application metadata
2. Define directory participation requirements (who is allowed to play, rules to play and delisting)
3. Define requirements to access the Application directory

**Draft Version 1 – Provider endpoint directory (NPPES??)**

1. Given the real world need for entities to access provider data and therefore discover provider endpoints as mandated by the ONC and CMS rule, starting with a minimal provider directory model is pragmatic. As a starting point, the exploratory work of discovering provider endpoints via an API enable common framework should be explored.
2. An implementation of provider endpoint directory as a start will provide real-world benefit as we exercise and evolve the concept.
3. As a complement to the provider endpoint work, focusing on a landing place and model for the overall directory can continue. The initial data model and API structure will be inclusive but only accessed for payers as part of a real-world test.
4. Need to consider a model payer trust framework to enable easy entity validation for payer-payer exchanges
5. Question regarding inclusion of intermediaries (e.g. clearinghouses) that provide connectivity to payers

Prerequisites

1. Define minimum endpoint metadata
2. Define minimum provider demographics and relationships for endpoint discovery
3. Define requirements for a provider trust framework (e.g. ID proofing…)
	1. Examples: CareQuality/Sequoia, Commonwell
	2. Regional: MIHIN, eHealth Partnership, MAeHC, NYeC
4. Define directory participation requirements (who is allowed to play, rules to play and delisting)