

**Provider Directory Advisory Group  
Fees Discussion Notes – December 16, 2015**

*Comments and Feedback about the Current State of Provider Directory Costs*

**1. How many staff FTE are spent on maintaining provider directories in your organization?**

Staff who manage the directory services also do other duties, so it is difficult to estimate exact FTE amounts. The challenge is that the FTE and cost is interwoven very closely with credentialing work and therefore it is difficult to say what savings will be, because the common credentialing solution savings are unknown at this time. The value as far as what a user is willing to pay may be more or not equal to the amount of FTE savings that a user will achieve when the provider directory comes to fruition. Value provided as far as savings FTE versus other savings factors will vary per participant.

Another identified challenge is the savings provided is only for Oregon and some users have operations across multiple states. Half of the IPA employees contribute in some way to their provider database. At least four or five health plans get their provider data from the IPA so it's valuable for those health plans as a trickle-down effect.

*Examples of FTE related activities include:*

- .25 FTE (if splitting out Provider Directory work from other duties)
- 7 people who do contracting, claims payment, etc. in addition to maintaining a provider directory
- 30-35 people who do credentialing and other services in addition to maintaining provider directories
- 50-60 people who collect provider data for credentialing and other tasks in addition to provider directories
- 1 FTE for the IPA that does credentialing with another FTE is a "database guru" for provider information

**1a. What are the types of staff that are involved in this work (e.g., IT, administrative, etc.)?**

It's a mix of database administrators, data entry staff, mailroom staff, office personnel (administrative), analysts, IT resources (development to support the solution), marketing team, provider relations (outreach), and credentialing staff.

**1b. What are the types of activities involved in maintaining a provider directory?**

*Not answered*

**2. Do you use contracted services for data that is used in your directories?**

Two PDAG members noted that they use contracted services for their directory.

*Examples of services purchased include:*

- Alternative care and behavioral health data extracts for claims payment
- Maintenance of online and printed directories
- Data needed for analytics (for Oregon and also CMS for all CMS providers with pricing schedule)
- Provider lists

**3. What financial penalties can be levied due to incorrect data being relied upon for care?**

Medicare fines are \$25,000 per member per instance. There are potential HIPAA fines if private data is sent to an incorrect email, fax, DSM address, etc. Fees can vary based on the severity of the breach and resulting harm.

**4. What are some of the additional costs that are also realized due to not having an authoritative complete source of provider data?**

Opportunity cost with regard to getting providers credentialed faster by reducing time and burden from chasing down data and lost money due to delay in getting providers on board. Good value comes from getting provider data that is not available today from existing sources.

*Note: There is a dependency on the adoption and prevalence of quality data from the common credentialing solution.*