mn DEPARTMENT OF HEALTH

Request for Information: Minnesota Provider Directory Study

Released: September 16

Responses due: October 16

For questions, please email MN.eHealth@state.mn.us

Objectives

- Understand current practices and provider directories (environmental scan)

- Identify stakeholders for in-depth interviews

- Allow opportunity for comments on statewide shared provider directory study

Introduction

The Minnesota Department of Health (MDH) is seeking input on the impact, costs, and considerations for a statewide shared health care provider directory (statewide shared provider directory) as part of a health care provider directory study. This Request for Information (RFI) is a project of the MDH Center for Health Information Policy and Transformation and is part of a legislative request (see Appendix A) to assess the feasibility and stakeholder commitment to develop, manage, and maintain a statewide electronic directory of health care providers. This RFI is intended to gather input from a wide range of stakeholders regarding a statewide shared provider directory.

This RFI uses the following working definition for "statewide shared provider directory."

A centralized "platform" for provider data management that would serve as a single source of truth to support accurate provider information. A statewide shared provider directory would help health plans and providers streamline the complex data exchange processes to help improve efficiency, quality, and ease of use.

The first phase of the provider directory study seeks to understand the provider directory landscape in Minnesota. Based on the findings of an environmental scan, response to this RFI and interviews with stakeholders, the second phase of the study will aim to develop options for a statewide shared provider directory. The proposed options may range from proposed best practices and standards to standing up a statewide shared provider directory. MDH anticipates a broad continuum of proposed options, for which further input be collected, given the complexity of the present environment.

Who should respond

While responses to this RFI are welcome from any individual or organization, MDH strongly encourages responses from the following types of stakeholders in Minnesota:

- Health systems, health care providers and provider organizations of all specialties and sizes (including mental/behavioral health)
- Health plans, payers, and purchasers
- Local and state government programs, departments, and agencies
- Non-clinical community-based and social service organizations
- Consumers and patient advocacy groups
- Vendors

Respondents are encouraged to include multiple perspectives from their organization and stakeholder groups.

Instructions

Respondents are not expected nor required to respond to every question and are welcome to comment on only those of interest or importance.

Link to RFI response tool

Respond to RFI

Deadline

Responses must be submitted by 11:59 p.m. Wednesday, October 16, 2024.

Technical assistance

To obtain the RFI response tool in a different format, call 651-201-5979.

Respondents are responsible for all costs associated with the preparation and submission of responses to this request. All responses to this request are public, according to Minnesota Statutes, chapter 13, section 13.03, unless otherwise defined by Minnesota Statutes, chapter 13, section 13.37 as "Trade Secrets." If a responding organization submits information that it believes includes trade secrets and the respondent does not want such data used or disclosed for any purpose other than the evaluation of its response, the respondent must clearly mark every page of trade secret materials in the response at the time the response is submitted with the words "Trade Secret" and must justify the trade secret designation for each item in its response.

Thank you

MDH appreciates responses to any or all the questions included in this RFI as well as any overall comments. Obtaining feedback from the public is an important part of this study process.

RFI questions

Profile

1. Indicate the perspective you are responding on behalf of:

    a. Health system, health care provider or provider organization (including mental/behavioral health)

    b. Health plan, payer, or purchaser

    c. Local or state government program, department, or agency

    d. Non-clinical community-based or social service organization

    e. Individual, consumer, and/or patient advocacy group

    f. Vendor

    g. Other (please specify)

2. What is your organization's approximate annual operating budget?

3. Health systems/providers: What is your organization's approximate annual number of patient encounters?

4. Health plans/payers: What is your organization's approximate annual number of plan members?

Provider directory data and operations

5. Briefly describe the purposes of your provider directory(s) and how they are supported and managed. For example, do you have one combined directory or several directories, what vendor or in-house systems are used, etc.

6. Health plans/payers: Do you use an external vendor to manage all or part of your provider network(s)?

7. Briefly describe your process for updating, verifying and/or validating directory information (e.g., how frequently, how many staff involved, number of directories updated, automated or manual, reference data sources, use of AI tools, etc.).

8. To what extent are the following items an administrative burden for your organization (1= no burden; 5 = extreme burden; not sure)

    a. Sending or receiving provider information

    b. Ensuring data accuracy

    c. Ensuring timely data updates

    d. Capturing the complexity of provider-organization relationships (e.g., provider working at multiple sites, organizations and/or networks)

e. Managing directory policies and governance (e.g., legal, privacy)

f. Addressing member/patient inquiries about incorrect directory information

g. Managing IT systems to support your provider directory(s)

Describe any other burdens not captured above.

9. What is your organization's readiness to support the technical architecture for provider information data exchange (e.g., application programming interfaces (APIs), cloud-based service, or other mechanisms)?

a. We are currently ready

b. We expect to be ready within 5 years

c. Expect to be ready after 5 years

d. Not sure

10. What is your organization's estimated annual cost of maintaining your provider directory(s), including:

a. Internal costs (e.g., staffing, IT systems)

b. External costs (e.g., contracted vendors, consultants)

(If an estimate can't be calculated, please describe number of employees, IT systems, contracted vendors, etc.)

11. Please describe any additional challenges or costs associated with managing your provider directory(s).

Provider directory features and governance

12. What features of a statewide shared provider directory could improve health care access in underserved communities?

13. Based on personal experiences and/or experiences of your patients or members, what health care access problems could a statewide shared provider directory help solve?

14. What purposes would be most beneficial for statewide shared provider directory?

15. What drawbacks or potential unintended consequences should be considered?

16. If Minnesota stakeholders were to establish a statewide shared provider directory, what programs or policies might help support full participation (e.g., incentives) or limit full participation (e.g., market competition, proprietary information, user agreements, privacy)?

17. What would your organization need to consider supporting a statewide shared provider directory (e.g., sharing data into it, pulling data from it, helping think through the build, paying for it)?

18. Share any other comments on this topic that have not been addressed.

Respondent Information (Optional)

Respondent Name

If you represent an organization, what is the organization's name

Briefly describe your role

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https://www.health.state.mn.us/facilities/ehealth/pdstudy/index.html

09/16/2024

To obtain this information in a different format, call 651-201-5979.

Appendix A Legislative request

In 2023 the Minnesota legislature directed the Commissioner of Health to assess the feasibility and stakeholder commitment.

Sec. 42. STATEWIDE HEALTH CARE PROVIDER DIRECTORY.

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given.

(b) "Health care provider" means a practicing provider that accepts reimbursement from a group purchaser.

(c) "Health care provider directory" means an electronic catalog and index that supports the management of health care provider information, both individual and organizational, in a directory structure for public use to find available providers and networks and support state agency responsibilities.

(d) "Group purchaser" has the meaning given in Minnesota Statutes, section 62J.03, subdivision 6.

Subd. 2. **Health care provider directory.** The commissioner shall assess the feasibility and stakeholder commitment to develop, manage, and maintain a statewide electronic directory of health care providers. The assessment must take into consideration consumer information needs, state agency applications, stakeholder needs, technical requirements, alignment with national standards, governance, operations, legal and policy considerations, and existing directories. The commissioner shall conduct this assessment in consultation with stakeholders, including but not limited to consumers, group purchasers, health care providers, community health boards, and state agencies.

https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/70/?keyword_type=exact&keyword=STATEWIDE+HEALTH+CARE+PROVIDER+DIRECTORY.#laws.2.42.0