



Use Case Number	101
Use Case Name	Manage Provider Information
Subject Matter Area	Provider Maintenance
Priority	1

## Overview

Provider information is an important and frequently changing component of health plan operations. In the Connecticut State Medical Assistance Program (CMAP), the process of managing provider information is initiated by the collection of provider information through the Department of Social Services (DSS) provider enrollment process. During this process, provider information is obtained and entered into the Medicaid Management Information System (MMIS) data store. Data from the MMIS data store is shared with the Administrative Service Organization (ASOs) for use in their business operations. Throughout the course of business operations, ASOs or DXC Technology may receive requests to update provider information that is inaccurate, incomplete, or out of date or to deactivate a provider record or service location in which a provider no longer practices. The information provided by the MMIS is specific to traditional MMIS use cases and does not contain all of the data elements needed by the ASOs so there is a need expand the data model. There is also the problem of the ASO needing to correct the provider data with a bias toward keeping the data current and appropriate to communication as opposed to administrative use cases. The provider data in the MMIS is surrounded by payment, contractual, and other considerations limiting the ability to update it. The ASO wants to be informed by the MMIS data but not completely dominated by it. This means there is a need to have the ability for the ASO to update provider data without affecting the MMIS. The Provider Registry (PR) will provide the ability to make such updates.

The objective of this use case is to assist in the maintenance of up to date and accurate provider information by making it possible to update provider data on an on-demand basis and allowing for the use of data from other provider data sources, including the composite record, to identify potential updates and/or enhancements of provider information.

For Phase 1, the PR will be a consolidated repository of provider data received from multiple sources. Initially, the PR will include data from the current MMIS system, Department of Public Health (DPH) license data, and the National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) Registry. Limited data elements from the Community Health Network of Connecticut (CHNCT) Cactus System will be included in the Phase 1 PR implementation. The CHNCT Cactus data elements being included are listed in the table below.

CHNCT Specific Data Element	Description
Provider Category	<ul style="list-style-type: none"> <li>o Primary Care Provider</li> <li>o Specialists</li> <li>o Dual (PCP/Specialist)</li> <li>o Hospital or Ancillary determinations</li> <li>o Indicate PCP or Specialty status by location</li> </ul>
Provider Category Notes	<ul style="list-style-type: none"> <li>o Note contains               <ul style="list-style-type: none"> <li>* Created date and date stamp</li> <li>* Creator name</li> <li>* Multiple notes can be added</li> </ul> </li> </ul>
PCP Flag	<ul style="list-style-type: none"> <li>o This is set by the CHNCT Provider Engagement Team on the provider file today and not supplied by HP</li> </ul>
Languages	Languages- Provided by HP and CHNCT
Provider Address Notes	<ul style="list-style-type: none"> <li>o CHNCT Note contains               <ul style="list-style-type: none"> <li>* Note</li> <li>* Created date and time stamp</li> </ul> </li> </ul>
Email Addresses	<ul style="list-style-type: none"> <li>o Email addresses for all address locations</li> </ul>
Office Fax Numbers	* Provider Fax Number for all locations
Attributes and Limitations	* Attributes/Limitations: Ability to add new attributes as needed by CHNCT Provider Engagement representative per provider/per address
Office Manager	<ul style="list-style-type: none"> <li>* Office Manager Information- Capture at each office location/address               <ul style="list-style-type: none"> <li>o Name</li> <li>o Phone #</li> <li>o Fax #</li> <li>o Email information</li> </ul> </li> </ul>
Office Hours	<p>Office Hours</p> <ul style="list-style-type: none"> <li>* Provider Office Hours: This is needed for all addresses- CHNCT supplied               <ul style="list-style-type: none"> <li>o Hours by day of the week * Mon-Sun</li> <li>* AM Open- AM Close * PM Open – PM Close</li> </ul> </li> </ul>
Zip code match for region	

Each contributor including the Connecticut ASOs and MMIS, will have their own local record for each provider and that contributor will maintain ownership and update/edit rights and capabilities for those records. For the purposes of defining “local record” for the PR implementation, this will be the

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contributor’s version of the provider record which will be stored and maintained within the PR solution. Any updates made by the contributor will be made to the contributor’s local record for the provider and will not impact the records of other contributors. Based on security settings, end-users can see other records, such as records from other source systems, and copy those records into their own local record store where they can be freely edited.

Potential future phases will explore the capability for additional entities to contribute data and utilize the registry, this includes but is not limited to additional Medicaid ASO’s. As business and technology efforts continue to unfold, future potential use cases will be captured and existing use cases will be modified as DSS deems necessary.

### Assumptions

- For Phase 1, all fields in the local record may not be available for update by the end user. The Role Based Access Control (RBAC) process will dictate the fields authorized for update within the local record by the end user.
- In future phases, additional contributors may be added to the PR implementation. The inclusion of additional contributors will serve to further enrich the data which will be made available by the PR.

### Business Trigger Event

- Initial receipt of provider data via the provider enrollment process
- Identified need to update provider data that is inaccurate or out of date

### Actors

Actor	Role
HP	Produces extract of provider data obtained during enrollment process or updates received through provider service center
DSSQA	Application review and approval of provider enrollment
NextGate Processing Engine	Receives and stores data from contributors and creates composite record
NextGate User Interface	Provides end user access to view data and the ability to update provider data within the local record
ASO	Receives update requests from providers and produces an extract of relevant provider data captured at the ASO level for inclusion in their local record within the PR as approved by DSS.

### Preconditions

1. End-user must have been granted access to edit local record PR data through the RBAC process.
2. There must be an existing record for the provider within the registry to update or de-activate.
3. The request to update or de-activate must follow the defined process and be originated by a requester that is authorized to request changes.



## Successful Outcomes

1. The contributor's local provider record is updated to reflect the requested changes.
2. The updated information in the local record is passed to the PR and will be included in the PR composite record.

## Narrative Description

### Primary Flow

In Phase 1, the PR will be populated by data extracts from the MMIS, DPH files, and NPPES data. For the Phase 1 implementation, limited data elements from the CHNCT Cactus system will be incorporated into the registry. An extract of provider data from each source system will be provided to the PR on an ongoing basis to capture changes or updates. Information for newly enrolled providers will be included on the data extract from the MMIS after the provider has been approved by DSS Quality Assurance (DSSQA) to be a Medicaid Provider.

The NextGate PR solution will receive the data files from each source system contributor via a data extract and will store and maintain a local record for each source for all providers. The NextGate PR solution will then go through the process of matching and linking provider data. Throughout this process there may be records that need additional manual review to determine if the record is a match. Those records will be forwarded to a data steward for review. DSS is in the process of forming a Data Governance committee which will decide which data sources will be used to provide the Single Best Record (SBR) and define data stewards for the PR. Phase 1 of the PR will include all records along with a composite record but the SBR will not be identified in Phase 1. Contributors to the PR will have the ability to access provider data via the NextGate User Interface and reporting tools. Upon receipt of a request to update provider information an authorized end user may access the provider information via the user interface to search for and select the provider record in question. The end user may update their own local record or may make a copy of any other source systems local record in the registry. The copy will create their own local record allowing them to make the updates as needed. As each contributor maintains ownership of their own local records, end users may update any field included in their own local provider record which their access level (as determined by the RBAC) allows. The date, time, and the individual who made the update to the record will be captured.

### Alternate Flow

There are no alternate flows aside from failures.

### Failures

1. The request is made from an unauthorized requestor, does not follow the defined process, or does not contain the necessary elements. In the event of this situation the requestor will be notified.
2. If there is no record for the provider or service location for which an edit is requested the requestor will be notified and no changes will be made.

## Process Model

See Manage Provider Information Use Case Workflow Document