

**Registered Attendees:**

<input checked="" type="checkbox"/>	Aaron Soto	<input checked="" type="checkbox"/>	Berle Ross	<input checked="" type="checkbox"/>	Rena Long
<input checked="" type="checkbox"/>	Anthony Pheasant	<input checked="" type="checkbox"/>	Deborah O'Willow	<input checked="" type="checkbox"/>	Spencer Hargett
<input checked="" type="checkbox"/>	Ashley Boysen	<input checked="" type="checkbox"/>	Glena Felker	<input checked="" type="checkbox"/>	Todd Slettvet
<input checked="" type="checkbox"/>	Becky Carrell	<input checked="" type="checkbox"/>	JoAnna Gaffney	<input type="checkbox"/>	

Agenda Items	Lead	Summary Notes
<b>Welcome/Introductions</b> <ul style="list-style-type: none"> <li>Ground Rules</li> </ul>	Deborah (ODHH)	<b>Ground Rules:</b> <ul style="list-style-type: none"> <li>There will be an interpreter rotation every 15 minutes. We ask that if this rotation occurs while you are speaking that you pause and allow the interpreters time to switch.</li> <li>When addressing the group always introduce yourself by name and organization.</li> <li>To ensure that we touch on every item on the agenda, please hold any comments/questions related to a specific agenda item until the Question and Answer session at the end of the meeting. We will write down the names of those who have questions and when we get to the Question and Answer session, we will start answering questions based on that list of names.</li> <li>Be respectful, engaged, and considerate of others.</li> <li>Help our interpreters by speaking clearly and slowly.</li> </ul>
<b>Workgroup Discussion</b> <ul style="list-style-type: none"> <li>P1 Enrollment Application</li> </ul>	Rebecca (HCA)	<ul style="list-style-type: none"> <li>Overview of ProviderOne Application</li> <li>Overview of FAQ that answers our already asked questions in regard to filling out the ProviderOne application.</li> <li>The HCA met with ODHH Contractors on 12/5/19 and started this conversation.</li> <li>The following boxes do not need to be filled out on the P1 application:               <ul style="list-style-type: none"> <li>NCPDP (NABP) Number</li> <li>Medicare Number</li> <li>Facility License</li> <li>Specialty</li> <li>Drug Enforcement Agency (DEA)</li> </ul> </li> <li>The following box is optional:               <ul style="list-style-type: none"> <li>National Provider Identifier (NPI)</li> </ul> </li> <li>What type of practice am i?               <ul style="list-style-type: none"> <li>ASL Interpreter Services</li> </ul> </li> <li>Do not need to fill out page 2</li> </ul> <b>Questions:</b> <ul style="list-style-type: none"> <li>Debbie: Mileage, interpreter hourly wage, and agency fee still need to be included.</li> <li>Glena: Will the billing be sent in excel?               <ul style="list-style-type: none"> <li>Becky: No.</li> </ul> </li> <li>Debbie: ODHH will work with HCA on processes. They are using our contract and we will be monitoring that contract. Next meeting, make lines between HCA and ODHH clear.</li> </ul>
<b>Question &amp; Answer Session</b>	Rebecca (HCA)	N/A

<b>Action Item Review</b>	Rebecca (HCA)	N/A
<b>Wrap-Up/Conclusion</b>	Deborah (ODHH)	<i>Thank you for your time!</i>

<b>Action Items</b>				
<b>Action Item</b>	<b>Assigned To:</b>	<b>Date Assigned:</b>	<b>Date Due:</b>	<b>Action Taken:</b>

<b>Additional Resources</b>	
<b>Description</b>	<b>Hyperlink</b>
<b>HCA Fill Rate Data</b>	<a href="#">Interpreter Services Data Dashboard</a> <a href="#">Interpreter Services Interpreter Coverage Report</a>
<b>HCA Transition Webpage</b>	<a href="#">Sign Language Interpreter Contract Transition</a>