# **Oregon Provider Directory Data Source Evaluation Form**

Thank you for your interest in the Oregon Provider Directory (OPD). Please submit completed worksheet toOregon.Provider-Directory@dhsoha.state.or.us. Once we hear from you, we will set up a time to meet to review your completed form and answer any questions you may have. Contact Oregon.Provider-Directory@dhsoha.state.or.us if you have any questions.

## Data Contributor Contacts

### Primary Data Contact

**Name**

**Department**

**Title**

**Phone Email**

### Secondary Data Contact

**Name:**

**Department**

**Title**

**Phone Email**

## Types of providers to be contributed (please select all that apply)

|  |  |
| --- | --- |
| **Individual Provider Types** | **Organization Types** |
| [ ]  Physical Health[ ]  Oral Health[ ]  Behavioral Health[ ]  Non-clinical Staff (i.e., does not have an NPI\_[ ]  Other  | [ ]  Clinics[ ] Physical Health[ ]  Oral Health[ ] Behavioral Health[ ] Other [ ] Hospitals[ ] Independent Practice Association[ ] Payer[ ] Commercial[ ] Medicaid CCO[ ] Other [ ] Other  |

## How many provider records do you anticipate submitting?

## How many organization records do you anticipate submitting?

## Types of data to be contributed (please select all that apply)

|  |  |
| --- | --- |
| **Provider Information** | **Organization Information** |
| [ ] Provider Name[ ] Provider Identifiers[ ]  Contact Info (phone, email, fax for the provider)[ ]  Provider Type and Specialty[ ]  Provider Demographics[ ]  Provider License Information[ ]  Degree | [ ]  Organization Name[ ]  Organization Identifiers[ ]  Organization Type and Specialty[ ]  Accessibility (e.g., accepting new patients)[ ]  Physical/Service Location Address[ ]  Mailing Address[ ]  Billing Address[ ]  Legal Address[ ]  Hours of Operation[ ]  Licenses[ ]  EHR Information |
| **Provider Affiliations** | **Organization Affiliations** |
| [ ]  Affiliation info (dates, type, end reason)[ ]  Accessibility (e.g., accepting new patients)[ ]  Affiliation Contact Info in the context of the clinic[ ]  Hours at the Practice | [ ]  Affiliation info (dates, type of affiliation, end reason) |
| **Other** |  |
| [ ]  Endpoints for a provider[ ]  Endpoints for a clinic[ ]  Non-clinical staff information[ ]  Program participation data (only for program owners) | ` |

1. Are you the primary source for any of the fields that you will be contributing? If so, please indicate below. (e.g., a licensing board is the primary source of license information; NPPES is the primary source of a national provider identifier (NPI); providers are the primary source for their demographic information (name, ethnicity), etc.)

## How often do you update your data?

[ ]  Weekly [ ]  Monthly [ ]  Semi-Annually [ ]  Annually [ ]  Other

## What policies do you enforce that contributes to the quality of your data (E.gs., do you follow certain accrediting body standards, such as NCQA? Do you require providers submit changes of address within a certain period or else their contract can be terminated)?

## How do you ensure your data are accurate?

## How often do you contact providers for updates to their information?

## What data standards do you utilize for your data (e.g., x12 274, FHIR, IHE-HPD, EHR/Proprietary, etc.)

## What unique identifiers are used for your providers (e.g., NPI, TIN)?

## What unique identifiers are used for your organizations (e.g., TIN, OID,)?

## The OPD uses OIDs to uniquely identify an organization’s location. Do you have OIDs in use to identify each organization locations?

## OHA can provide OIDs for your organizations. Can you ingest OIDs into your databases/systems so that when you provide data on an ongoing basis, you can send the OID for each of your organizations?

## What is your preferred transport method for providing data?

[ ]  File Uploader [ ]  SFTP [ ]  Direct Secure Messaging [ ]  API – Standard REST [ ]  API – FHIR REST

|  |
| --- |
| Form completed by |
| Organization staff |  |
| OHA staff |  |