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

Thank you for your interest in the Oregon Provider Directory (OPD). Please submit completed worksheet to[Oregon.Provider-Directory@dhsoha.state.or.us](mailto:Oregon.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](mailto: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 |  |