# **Oregon Provider Directory Onboarding Worksheet**

Thank you for your interest in the Oregon Provider Directory (OPD). This worksheet collects contact information for your organization and information for how you anticipate using the OPD. Please submit completed worksheet to[Oregon.Provider-Directory@dhsoha.state.or.us](mailto:Oregon.Provider-Directory@dhsoha.state.or.us). Contact [Oregon.Provider-Directory@dhsoha.state.or.us](mailto:Oregon.Provider-Directory@dhsoha.state.or.us) if you have any questions.

## **Organization Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization Name** |  | | | | | | |
| **Organization Tax IDs (TINs)** |  | | | | | | |
| **Organization OID** |  | | | | | | |
| **Phone** |  | **Fax** | |  | | | |
| **Street Address** |  | | | | | | |
| **City** |  | | **State** | |  | **Zip** |  |
| **Mailing Address (if different than street)** |  | | | | | | |
| **City** |  | | **State** | |  | **Zip** |  |

## **Organization Core Contacts/Roles**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization’s OPD Executive Sponsor** (Role: Organization decision maker and leader for this work) | | | |
| **Name** |  | | |
| **Title** |  | | |
| **Department** |  | | |
| **Phone** |  | **Email** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization’s Primary OPD Contact** (Role: Main contact for OPD work) | | | |
| **Name** |  | | |
| **Title** |  | | |
| **Department** |  | | |
| **Phone** |  | **Email** |  |

## **Other Organization OPD Contacts – (please fill these in if they apply to your organization)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Administrative/Clinic Contacts** (Role: Clinical or admin staff in the org who will be using the OPD and communicating regularly with OPD staff) | | | |
| **Organization’s Primary Administrative/Clinic Contact** | | | |
| **Name** |  | | |
| **Title** |  | | |
| **Department** |  | | |
| **Phone** |  | **Email** |  |
| **Organization’s Secondary Administrative/Clinic Contact** | | | |
| **Name** |  | | |
| **Title** |  | | |
| **Department** |  | | |
| **Phone** |  | **Email** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Team** (Role: Legal staff in the org who will be responsible for reviewing/signing agreements) | | | |
| **Legal Counsel Primary Contact** | | | |
| **Name** |  | | |
| **Title** |  | | |
| **Phone** |  | **Email** |  |
| **Administrative Review Contact** | | | |
| **Name** |  | | |
| **Title** |  | | |
| **Phone** |  | **Email** |  |
| **Legal Signatory** | | | |
| **Name** |  | | |
| **Title** |  | | |
| **Phone** |  | **Email** |  |

## **Participation Agreements and MiHIN Terms of Service**

Each organization must sign a [participation agreement](http://www.oregon.gov/oha/HPA/OHIT/Documents/Oregon_Provider_Directory_Participation_Agreement.pdf) with OHA and a [Terms of Service](http://www.oregon.gov/oha/HPA/OHIT/Documents/MiHIN_Terms_of_Service_Feb2019.pdf) (ToS) with MiHIN.

What is the current status of your review?

Not Started  In process  Completed

1. **OneHealthPort**

User registration and access to the OPD is provided via OneHealthPort Single Sign-On (SSO) capability. Many organizations are already onboarded to OneHealthPort.

Are you onboarded with OneHealthPort?  Yes  No

If no, you must [register your organization](https://www.onehealthport.com/sso/register-your-organization) before you can access the OPD.

If yes, your organization’s OneHealthPort administrator may need to add OPD users as subscribers.

## **Anticipated Use**

## How do you anticipate using the OPD?

**Health care operations/administrative efficiencies**

Access provider information to validate your own directory information

Data exchange with partner organizations (i.e. rostering)

CCO Delivery System Network (DSN) support

Other:

**Care Coordination and health information exchange (HIE)**

Care coordination and health information exchange

Access to Direct secure messaging addresses, other HIE endpoints, and provider information to enable sending patient information electronically

Meet meaningful use/MIPS promoting interoperability objectives and measures

Other:

**Analytics**

Access to current and historical information to support research, claims analysis, and quality improvement efforts

Other:

## **Success Measures and benefits**

1. What do you hope to achieve by using the OPD?
2. Are there success metrics that your organization is tracking related to this work?

## **OPD Data Contribution**

Data displayed in the Oregon Provider Directory are gathered from multiple Data Contributors. Not all users of the OPD contribute data, but many do. Data Contributors provide data to the Oregon Provider Directory by data entry into the OPD portal, file upload, application programming interface (API), or by sending to OHA. To upload files to the OPD, data contributors must first onboard with OHA and MiHIN.

Will your organization provide data on your providers to the OPD?  Yes  No  Not Sure

If yes, please indicate the method of contribution.  Portal  File Upload  API  Send to OHA

If you selected file upload or API, please also complete the [data source onboarding worksheet](http://www.oregon.gov/oha/HPA/OHIT/Documents/OPD_Onboarding_Worksheet.docx).

## **Accessing OPD data**

## OPD data can be viewed/retrieved using the OPD web portal, API, or accessing reports. How are you planning to access data?

Web Portal search  Standard reports  API  Other

Thank you! Please submit completed worksheet to[Oregon.Provider-Directory@dhsoha.state.or.us](mailto:Oregon.Provider-Directory@dhsoha.state.or.us).