

Appendix A1:

Data Collected for the Office of Minority. The below section allows the provider to input minority health information.

Provider Interface - Data Collection

Screen shot of the Individual Provider Profile page when it is first initiated

The screenshot displays the 'Provider Profile' form. It is divided into two main sections: 'Provider Name Information' and 'Other Identifying Information'. The 'Provider Name Information' section includes fields for First, Middle, Last, and Suffix names, and a dropdown for 'Type of Other Name'. The 'Other Identifying Information' section includes fields for Date of Birth, TIN Type, Tax Identification Number/TIN, State of Birth (in U.S.), Country of Birth, Gender, and Ethnicity. The Ethnicity section has a list of checkboxes for various groups: Arab, Black, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or other Pacific Islander. There are also sections for 'Primary Language Spoken' and 'Secondary Language(s) Spoken' with dropdown menus.

Data Collected for the Office of Minority. The below section allows the provider to input minority health Ethnicity information.

Provider Interface - Data Collection

Ethnicity

Demographic information(optional)

Ethnicity:

No, not of Hispanic, Latino/a or Spanish Origin

Yes, Hispanic, Latino/a or Spanish Origin

When Ethnicity of "Yes, Hispanic, Latino/a or Spanish Origin" is selected, the selection is expanded to allow the user to further refine their selection. The further refinement will be in the EthnicitySub field in the file.

Demographic information(optional)

Ethnicity:

No, not of Hispanic, Latino/a or Spanish Origin

Yes, Hispanic, Latino/a or Spanish Origin

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban

Another Hispanic, Latino/a or Spanish origin

Field "Ethnicity" in file

Field "EthnicitySub" in file

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Data Collected for the Office of Minority. The below section allows the provider to input minority health Race information.

Provider Interface - Data Collection

Race

When the Race of either "Asian" or "Native Hawaiian or Other Pacific Islander" is selected, the selection is expanded to allow the user to further refine their selection. The further refinement will be in the RaceSub field in the file.

Race:

White

Black or African American

American Indian or Alaska Native

Asian

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Native Hawaiian or other Pacific Islander

Race:

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

Field "Race" in file

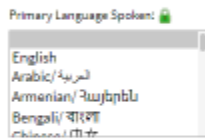
Field "RaceSub" in file

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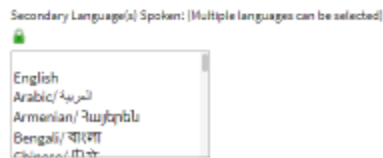
Data Collected for the Office of Minority. The below section allows the provider to input minority health Primary Language Spoken information.

Provider Interface - Data Collection

Individual Providers can select 1 Primary Language Spoken




Individual Providers can select multiple Language(s) Spoken



Data Collected for the Office of Minority. The below section allows the provider to input minority health Multiple Practice Location information.

Provider Interface - Data Collection

Multiple Practice Locations can be associated with each NPI

 **Business Practice Location**

This address(es) is where services are rendered. If the provider has more than one practice location, one must be identified as the primary practice location.

* Indicates Required Fields.

Select Type of Address: US Domestic Military Outside US / Foreign

Same as mailing address
 This is my home address
 Primary practice location

* Address Line 1: (Street Number and Name)


* Telephone Number: Extension: Fax Number:

Address Line 2: (e.g. Apartment Suite Number)

* City:

* State: * Zip Code: Zip Ext:

Organization Name (Optional):

Office Hours: 

<input type="checkbox"/> Apply to all	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is this office accessible to individuals with mobility disabilities? Yes No

Does this office have exam rooms accessible to individuals with mobility disabilities? Yes No


Does this office have medical equipment accessible to individuals with mobility disabilities? Yes No

Appendix A2:

Data collected for the 21st Century Cures Act, interoperability.

Data collected for 21st Century Cures Act, interoperability.

- Increase Innovation and Competition by giving patients and their health care providers safe and secure access to health information and to new tools, allowing for more choice in care and treatment.
- Reduce Burden and Advance Interoperability through the use of United States Core Data for Interoperability (USCDI) standard, new API requirements, and EHI export capabilities for the purposes of switching health IT or to provide patients their electronic health information.
- Promote Patient Access through a provision requiring that patients can electronically access all of their electronic health information (structured and/or unstructured) at no cost



Endpoint (optional)

* Indicates Required fields.

Endpoints provide a simple, secure, scalable, and standards-based way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the Internet. Endpoint Information will be made available on the [NPI Registry](#), [API](#), and [Data Dissemination Files](#) for users to receive and consume.

* Endpoint Type:
* Endpoint: ⓘ
Endpoint Description: ⓘ

Use: ⓘ
Content Type: ⓘ

* Is the Endpoint affiliated to another organization?
 Yes No

Enter Endpoint Location: ⓘ