

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 a web form titled "Provider Profile". It includes a note: "Note: Fields with a green icon will NOT be publicly available". The form is divided into two main sections:

- Provider Name Information:** This section contains two identical sets of input fields. Each set includes a "Prefix" dropdown, a "First" text field, a "Middle" text field, a "Last" text field, and a "Suffix" dropdown. Below these are fields for "Credential(s) (MD, DO, etc.)" and "Other Name(s) (Appellation)".
- Other Identifying Information:** This section includes:
 - "Date of Birth" (with a green icon), "DOB Type" (with a green icon), and "Tax Identification Number/TIN" (with a green icon).
 - "State of Birth (US)" (with a green icon) and "Country of Birth" (with a green icon).
 - "Gender" with radio buttons for Male and Female.
 - "Is a Practitioner or Sole Proprietor?" with radio buttons for Yes and No.
 - "Ethnicity" (with a green icon) section containing a list of checkboxes: "Hispanic or Latino", "Black or African American", "American Indian or Alaska Native", "Asian", and "Native Hawaiian or other Pacific Islander".
 - "Primary Language Spoken" (with a green icon) dropdown menu with options: English, Arabic, Urdu, American Tagalog, Bengali, Hindi, and Vietnamese.
 - "Secondary Language(s) Spoken" (with a green icon) dropdown menu with options: English, Arabic, Urdu, American Tagalog, Bengali, Hindi, and Vietnamese.

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

39

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

40

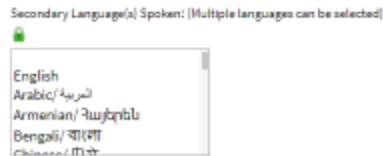
Data Collected for the Office of Minority. The below section allows the provider to input minority health Primary Language Spoken information.

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

The screenshot shows a web form titled "Business Practice Location". At the top, there is a note: "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." Below this, there are several sections:


- * 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)** (text input)
- * Telephone Number:** (text input), **Extension:** (text input), **Fax Number:** (text input)
- Address Line 2: (e.g. Apartment Suite Number)** (text input)
- * City:** (text input)
- * State:** (dropdown menu), *** Zip Code:** (text input), **Zip Ext:** (text input)
- Organization Name (Optional):** (text input)
- Office Hours:** A table with columns for days of the week (Monday through Sunday) and a "CODE" column. Each day has a "Apply to all" checkbox and a "YES/NO" dropdown menu.
- Accessibility Questions:**
 - 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
- Buttons:** "CANCEL" (red) and "SAVE" (green).

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: