



Qualified Health Plan Directory Pilot User Guide

Published on 6/10/25





Table of Contents

Introduction.....	1
Key Definitions.....	1
Acronyms.....	2
Tool Tip and Icon Legend.....	2
“Verify By” Color Codes.....	2
Getting Started.....	3
Privacy Notice.....	3
Logging In	4
Password Reset.....	4
Multi-factor Authentication	5
Using the QHP Directory Pilot Portal.....	7
Provider Review and Verification.....	7
Categories to Review.....	7
Review Process.....	7
Organizational Administrator Review and Verification	15
Categories to Review.....	15
Review Process.....	15
Delegate Verification	19
Verification Process.....	20
Troubleshooting	20
Contact for Help.....	20
HL7® FHIR® API for Qualified Health Plans	21
Introduction	21
Understanding the QHP Directory Pilot FHIR® API.....	21
Key Features.....	21
Data Exchange.....	21
Interoperability	21
Data Dictionary	22



List of Figures

Figure 1: Verify By Color Codes	2
Figure 2: Privacy and Security Notice	3
Figure 3: Login Page	4
Figure 4: Multi-factor Authentication.....	5
Figure 5: Multi-factor Authentication Verify Code.....	6
Figure 6: Provider Home Page.....	7
Figure 7: Contact Information Page	8
Figure 8: Demographics Page.....	9
Figure 9: Professional Profile Page.....	10
Figure 10: Adding a Secondary Specialty.....	10
Figure 11: Adding a State License	11
Figure 12: Practice Locations Page.....	12
Figure 13: Adding a Practice Location.....	12
Figure 14: Accepting New Patients	13
Figure 15: Provider Review & Submit Verification.....	14
Figure 16: Organizational Administrator Home Page.....	15
Figure 17: Personal Contact Information	16
Figure 18: Organization Overview Page.....	17
Figure 19: Practice Location Information	18
Figure 20: Delegate Home Page	19



Introduction

This user guide is intended to help you get started with the Centers for Medicare & Medicaid Services (CMS) Qualified Health Plan (QHP) Directory Pilot portal (“the portal”). In September 2024, the Centers for Medicare & Medicaid Services (CMS) announced a first-of-its-kind QHP Directory Pilot (“the pilot”) to establish and launch an automated, one-stop shop, statewide provider directory. The pilot aims to improve data accuracy, lessen burden on providers and payers, lower administrative costs, support interoperable data exchange, and ultimately improve patient and provider experiences.

The pilot is being launched in collaboration with the Oklahoma Insurance Department (OID). As its first test market, the pilot targets QHP issuers and their provider networks in Oklahoma.

Users (including providers, organizational administrators, [or their delegates] who participate in a QHP in Oklahoma) will have the opportunity to log in, review their data, and verify that their information is accurate and complete upon the pilot’s launch.

In this guide, you will find:

- Key terms and common acronyms
- Instructions for accessing and navigating the portal
- Step-by-step guidance for reviewing and verifying provider and facility data
- Tips for troubleshooting and resolving common issues
- Support contact information for questions or technical help
- Fast Healthcare Interoperability Resources® (FHIR®) application programming interface (API) guidance for QHP issuers

Key Definitions

- **Delegates:** Third-party administrators or designated staff who manage provider data on behalf of individual providers and/or organizational administrators.
- **Issuers:** QHP issuers that use an API to pull information from the portal, which they then display for providers on their own consumer-facing websites.
- **Organizational Administrators:** Individuals who represent health care organizations—such as clinics, hospitals, facilities, and other Type 2 National Provider Identifier (NPI) entities practicing in Oklahoma. They are responsible for managing and maintaining accurate information about their organizations.
- **Portal:** The user interface for the online, automated, one-stop-shop, statewide provider directory for QHPs in Oklahoma.
- **Providers:** Health care professionals affiliated with a QHP and practicing in Oklahoma who hold a Type 1 NPI and are responsible for managing and verifying their own directory data.

If you encounter any issues with the portal or have questions, please contact our [Help Desk](#) or refer to the Frequently Asked Questions (FAQs) document on the [QHP Directory Pilot web page](#) for guidance.



Acronyms

- **API** Application Programming Interface
- **CMS** Centers for Medicare & Medicaid Services
- **EIN** Employee Identification Number
- **FAQ** Frequently Asked Questions
- **FHIR®** Fast Healthcare Interoperability Resources®
- **HL7®** Health Level Seven International®
- **ITIN** Individual Taxpayer Identification Number
- **NPI** National Provider Identifier
- **NPPES** National Plan & Provider Enumeration System
- **PII** Personally Identifiable Information
- **QHP** Qualified Health Plan
- **SSN** Social Security Number

Tool Tip and Icon Legend



Informational Tool Tip



Checkbox



Button Link



Text Link

“Verify By” Color Codes

The QHP Directory Pilot portal uses different colors to indicate the verification statuses of different categories.

- **Verification in Good Standing:** If **less than 60 days** has passed since the last verification date, the Verify By tag will show **gray**.
- **Verification Due Soon:** If **60-89 days** have passed since the last verification date, the Verify By tag will show **yellow**.
- **Verification Due Immediately:** If a record has **never been verified** or **90 or more days** have passed since the last verification date, the Verify By tag will show **red**.

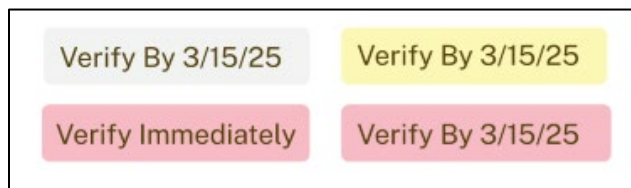


Figure 1: Verify By Color Codes



Getting Started

Privacy Notice

Before accessing the **Log In** page, you must accept the **Privacy and Security Notice**.

1. On the **Landing** page, read the **Privacy and Security Notice**.
2. Click **Accept**.

Privacy and Security Notice

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

This system is provided for Government authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.

By using this system, you understand and consent to the following:

- The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
- Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose to users before granting access to the system that provides privacy and security notices consistent with applicable laws, executive orders, directives, regulations, policies, standards, and guidelines and state that:
 - a. Users are accessing a U.S. Government system;
 - b. System usage may be monitored, recorded, and subject to audit;
 - c. Unauthorized use of the system is prohibited and subject to criminal and civil penalties; and
 - d. Use of the system indicates consent to monitoring and recording

Accept

Figure 2: Privacy and Security Notice



Logging In

All users will use their National Plan & Provider Enumeration System (NPPES) credentials to log in to the portal via the [CMS Identity & Access Management System](#) (I&A).

Note: Need NPPES credentials? Learn how to [obtain your NPPES credentials](#).

1. On the **Log In** page, enter your NPPES credentials for **User ID** and **Password**.
2. For the **PII storage** statement, click the checkbox to acknowledge.
 - a. If needed, click **Learn more about PII handling** for more information.
3. Click **Log In**.
 - a. If your login is denied, your credentials may be invalid or you may not have an NPPES account.

Note: Access to the portal is currently limited to providers and organizations based in Oklahoma.

Use your NPPES credentials to log in. ⓘ

User ID

John.Adams@adamsfamilypractice.com

Password

..... ⓘ

☒ I understand that the QHP Directory Pilot will store Personally Identifiable Information (PII). [Learn more about PII handling.](#)

Log In

[Forgot User ID / Password](#) ⓘ

Figure 3: Login Page

Password Reset

For login inquiries, please reach out to [NPPES](#) for support.

1. On the **Log In** page, click **Forgot Username / Password**.
 - a. This action will direct you to reset your NPPES password through the CMS I&A.



Multi-factor Authentication

When you first log in to the QHP Directory Pilot portal, you will be required to set up your preferred method for multi-factor authentication.

1. On the **Multi-factor Authentication** page, select your preferred method (text, call, or email) to receive your verification code.
 - a. You can make changes to where you receive your verification code at [CMS I&A](#).
2. Click **Send Verification Code**.

Multi-factor Authentication

Select where you'd like to receive your verification code:

☒ Receive a text to (XXX)-XXX-3451

☐ Receive a call to (XXX)-XXX-3451

☐ Receive an email to XXXXXXtin123@cms.gov

Need to make changes to where you receive your verification code?
[Go to the CMS Identity & Access Management System.](#)

[Cancel Log In](#) [Send Verification Code](#)

Figure 4: Multi-factor Authentication

3. Using your preferred method (text, call, or email), retrieve your **Verification Code**.
 - a. If you didn't receive a code, wait a few minutes, then check again.
 - b. You may request a new code, if needed. If you don't receive the code, click **Resend Verification Code**.
4. In the **Enter Verification Code** box, type the **Verification Code**.
5. Click **Verify Code**.



Multi-factor Authentication

Select where you'd like to receive your verification code:

☒ Receive a text to (XXX)-XXX-3451

☐ Receive a call to (XXX)-XXX-3451

☐ Receive a email to XXXXXXXtin123@cms.gov

Need to make changes to where you receive your verification code?
[Go to the CMS Identity & Access Management System.](#)

Enter Verification Code

023232

Verify Code

Figure 5: Multi-factor Authentication Verify Code



Using the QHP Directory Pilot Portal

Provider Review and Verification

On the **Home** page, your name will be visible in the top navigation menu bar.

To support health plan compliance with Health Insurance Exchange requirements for QHPs and section 116 of the No Surprises Act (NSA):

- Update changes promptly, at least within 30 days of the change.
- Verify the accuracy of all data every 90 days.

Categories to Review

Providers can review four categories of data to ensure accuracy and make necessary updates:

1. Contact Information
2. Demographics
3. Professional Profile
4. Practice Locations

For more information, see tool tips for each field.

To begin the review, click **Verify**.

The screenshot shows the 'Qualified Health Plan Directory Pilot' portal. At the top, there is a navigation bar with a hamburger menu icon, the text 'Qualified Health Plan Directory Pilot', and the user's name 'Adam Sandler'. Below the navigation bar, the page is titled 'Home'. Under 'Home', there is a section titled 'Verify Information Accuracy' with the text: 'To support health plan compliance with Exchange requirements for Qualified Health Plans, and section 116 of the No Surprises Act(NSA):'. Below this text, there are two bullet points with checkmarks: 'Update changes promptly, at least within 30 days of the change' and 'Verify the accuracy of all data every 90 days'. To the right of this section, there is a box containing the user's information: 'Dr. Adam J. Sandler Jr.', 'NPI:1487657532', 'Last Verified 04/24/25', and 'Verify By 07/24/25'. At the bottom of this box is a blue button labeled 'VERIFY'.

Figure 6: Provider Home Page

Review Process

The portal will guide you through updating your information in each category.

Note: Fields marked with an asterisk (*) are required.



Contact Information

This information will be used for personal communication with system administrators and CMS. This information will be shared with authorized QHP issuers for administrative purposes only and will not be publicly available or used for marketing.

1. On the **Contact Information** page, review each entry for accuracy.
2. To modify an entry, click **Edit** to update your information.
 - Name*
 - Phone Number
 - Email*
 - Professional Mailing Address*
 - Tax Identification Number (Read Only)
3. Click **Next**.

The screenshot shows a web form titled "Contact Information". Below the title is a disclaimer: "This information serves as professional contact details to be shared with authorized health insurance companies and CMS for administrative purposes; it will not be displayed on a public-facing provider portal." The form contains five input fields, each with an "EDIT" button to its right. The fields are: "Name*" with the value "Dr. John L Dorian"; "Phone Number*" with the value "(818) 660-3650"; "Email*" with the value "jdorian@sacredheart.com"; "Professional Mailing Address*" with the value "123 Care Way Oklahoma City, OK 73126-8838"; and "Tax Identification Number*" with the value "XXX-XX-2312". The Tax ID field has a "Read Only" button instead of an "EDIT" button. At the bottom of the form, there is a note: "Any edits are temporary until final submission at the end of the workflow:" followed by a blue "NEXT" button.

Figure 7: Contact Information Page

Note: Your Tax Identification Number (SSN/ITIN) and your NPI are *read only* because they are managed by NPPES. Updates to these fields must be made directly in NPPES. If the NPI listed is incorrect, contact the NPI Enumerator Contact Center at 1-800-465-3203, email for support at customerservice@npienumerator.com, or learn about self-service options at [How to Apply for an NPI](#).



Demographics

This information will be used to maintain accurate records for health care administration, compliance, and reporting.

1. On the **Demographics** page, review each entry for accuracy.
2. To modify an entry, click **Edit** to update your information.
 - Sex
 - Ethnicity
 - Race
 - Birthdate (Read Only)
 - Languages Spoken
3. Click **Next**.

Demographics

This information will be used to maintain accurate records for healthcare administration, compliance, and reporting.

Sex	EDIT
Female	
Ethnicity ⓘ	EDIT
Not of Hispanic or, Latino/a, or Spanish origin	
Race ⓘ	EDIT
White	
Birthdate ⓘ	Private Information Read Only
01/01/1990	
Language(s) Spoken ⓘ	EDIT
English	

Figure 8: Demographics Page



Professional Profile

1. On the **Professional Profile** page, review each entry for accuracy.
2. To modify an entry, click **Edit** to update your information.
 - NPI Type 1* (Read Only)
 - Primary Specialty*
 - Secondary Specialty(ies)
 - Credentials*
 - State License(s)*
3. Click **Next**.

Note: Your NPI is managed by NPPES and must be updated directly through its system.

Professional Profile
This information will be used to maintain accurate records for healthcare administration, compliance, and reporting.

NPI Type 1* ⓘ 1629049358	Read Only
Primary Specialty* ⓘ Family Medicine	Edit
Secondary Specialty(ies) ⓘ Sports Medicine	Edit
Credentials* ⓘ MD	Edit
State License(s)* ⓘ Oklahoma, D094894834 (Exp: 10/26/26)	Edit

Back Next

Figure 9: Professional Profile Page

Adding a Second and Third Specialty

1. On the **Professional Profile** page, navigate to **Secondary Specialty(ies)**.
2. Click **Edit**.
3. In the **Secondary Specialty(ies)** fields, select each secondary specialty.
4. Click **Save**.

Secondary Specialty(ies) ⓘ

Sports Medicine (Family Medicine) Physician

- ☒ Sports Medicine (Family Medicine) Physician
- ☐ Sports Medicine (Internal Medicine) Physician
- ☐ Sports Medicine (Neuromusculoskeletal Medicine) Physician

CANCEL SAVE EDIT

Figure 10: Adding a Secondary Specialty



Adding a State License

1. On the **Professional Profile** page, navigate to **State License(s)**.
2. Click **Edit**.
3. In the **State License** fields, enter **State**, **Number**, and **Expiration Date**.
4. Click **Save**.

The screenshot shows a form titled "State License(s)" with an information icon. At the top are buttons for "CANCEL", "ADD LICENSE", and "SAVE". Below are two rows of input fields. Each row has a "State*" dropdown menu (showing "OK"), a "Number*" text box, and an "Expiration Date*" date picker. The first row has the number "123456" and the date "01/01/2028". The second row has the number "1234567" and the date "01/01/2029". Each row also has a trash icon to its right.

Figure 11: Adding a State License

Practice Locations

In this section, you can edit multiple details about your practice. You can also add a new practice location. This information will be used to maintain accurate records for health care administration, compliance, and reporting.

1. On the **Practice Locations** page, review each practice location for accuracy.
2. To modify a practice location, navigate to the practice location and click the drop-down arrow to expand the section.
3. Click **Edit** to update your practice information.
 - Physical Address (Read Only)
 - Office Phone (Read Only)
 - Specialty(ies) Practiced by this Provider at this Location*
 - Days this Provider is Available at this Location*
4. Click **Next**.

Note: For "Read Only" information, contact your Organizational Administrator.



1. PEDIATRIX MEDICAL GROUP OF OKLAHOMA, P.C.

Office Address ⓘ
11200 N PORTLAND AVE, OKLAHOMA CITY, OK 73120

Phone Number ⓘ
(405) 936-1500

Specialty(ies) Practiced by this Provider at this Location* ⓘ EDIT
Physician Assistant

Day(s) this Provider is Available at this Location ⓘ EDIT
Variable Schedule

Care Delivery Method for this Provider at this Location ⓘ EDIT
In-person care only

Patient Acceptance Status for this Provider at this Location ⓘ EDIT
[What does "Patient Acceptance Status" mean?](#)

All Networks Medical Networks Dental Networks

Insurance Network	Patient Acceptance Status
Blue Advantage PPO (OKN008)	Accepting new patients
Blue Cross Blue Shield of Oklahoma (87577)	

Figure 12: Practice Locations Page

Adding a New Practice Location

1. On the **Practice Locations** page, click **Add a Practice Location**.

Add a Practice Location

Search for a Practice Name or Address

Enter practice name or address...

SEARCH

Figure 13: Adding a Practice Location

2. In the **Search** bar, enter the name or street address of your practice and select from the address list populated.
 - a. If your practice location is not listed in the results, please contact the Help Desk at QHPDirectoryPilot@cms.hhs.gov. However, if you can't reach the Help Desk immediately, please continue your review and verify the information available to you.
3. Click **Search**.
4. Select your practice.
5. Modify the specialty(ies) you practice at this location.
 - a. If you do not see a specialty available for selection in the **Practice Location**, add the specialty to the Professional Profile.
6. Check the boxes to indicate the days worked at this location.
7. Indicate Care Delivery Method (e.g., in-person care and/or telehealth).
8. Indicate Patient Acceptance Status (i.e., whether the provider is currently accepting new or existing patients for the selected insurance network).



9. Click **Confirm**.
10. On the **Practice Locations** screen, continue to edit your practice information, as necessary. Click **Save** for each edit.
 - a. To remove a practice location, scroll to the bottom of the practice location record and click **Remove Practice**.
11. Click **Next**.

Patient Acceptance Status

1. On the **Practice Locations** page, navigate to **Patient Acceptance Status**.
2. Click **Edit**.
3. For each **Network**, select your **Patient Acceptance Status** in the dropdown menu.
4. Click **Next**.

Insurance	Patient Acceptance Status
Blue Advantage PPO (OKN008) Blue Cross Blue Shield of Oklahoma (87571)	Accepting new patients
Blue Preferred PPO (OKN009) Blue Cross Blue Shield of Oklahoma (87571)	---
MyBlue HMO (OKN002) Blue Cross Blue Shield of Oklahoma (87571)	---
Premier Oklahoma (OKN001) Celtic Insurance Company (62505)	---

Figure 14: Accepting New Patients

Review & Submit Verification

Review all the information you've provided. Ensure all information is correct before submitting.

1. On the **Review & Submit** page, review each category and entry for accuracy.
2. To make changes to a category, click **Edit**.
3. To verify the information, click the checkbox indicating **I verify that the following information is accurate to the best of my knowledge**.
4. Click **Submit**.



Review & Submit

Review all the information you've provided. Ensure everything is correct before submitting.

Contact Information

EDIT CONTACT INFORMATION

Name* ⓘ
Dr. ALLISON L. HUEBERT

Phone Number ⓘ
(918) 660-3650

Email* ⓘ
a@t.com

Professional Mailing Address* ⓘ
PO BOX 268838 OKLAHOMA CITY, OK 73126-8838

Tax Identification Number ⓘ
XXX-XX-2312

Demographics

EDIT DEMOGRAPHICS

Sex
Female

Ethnicity ⓘ
Mexican, Mexican American, Chicano/a

Race ⓘ
American Indian or Alaska Native

Birthdate ⓘ
01/01/1990

Language(s) Spoken ⓘ
English

Professional Profile

EDIT PROFESSIONAL PROFILE

NPI Type 1 ⓘ
1487657532

Primary Specialty* ⓘ
Clinical & Laboratory Immunology (Allergy & Immunology) Physician

Secondary Specialty(ies) ⓘ
Chiropractor, Acupuncturist

Credentials* ⓘ
Bachelor of Science in Nursing

State License(s)* ⓘ
Alaska, 3434344 (Exp:01/01/2030)

Practice Locations

EDIT PRACTICE LOCATIONS

1. NORMAN REGIONAL PROVIDERS SPECIALTY CARE

Office Address ⓘ
3400 W TECUMSEH RD, NORMAN, OK 73072

Phone Number ⓘ
(405) 307-6630

Specialty(ies) Practiced by this Provider at this Location ⓘ
Clinical & Laboratory Immunology (Allergy & Immunology) Physician

Day(s) this Provider is Available at this Location ⓘ
Variable Schedule

Statement of Verification
☐ I verify that the provided information is accurate to the best of my knowledge.

*You will not be held accountable for information that is missing in the database, (e.g. your practice location) or information which you are unable to update (e.g. read-only information that is owned by a third party).

BACK SUBMIT

Figure 15: Provider Review & Submit Verification



Organizational Administrator Review and Verification

On the **Home** page, your name will be visible in the top navigation menu bar.

To maintain compliance, you need to:

- Update any material changes (address, contact info, etc.) within the portal promptly, and no later than 30 days after a change.
- Verify provider information upon initial login and every 90 days to help sustain an accurate directory.

Note: Fields marked with an asterisk (*) are required.

Categories to Review

Organizations can review three categories of data.

1. Personal Contact Information
2. Organization Overview
3. Practice Locations

Review the data fields in each category to ensure accuracy and, as necessary, make updates. See the tool tips for each field.

To begin the review, click **Verify**.

Name	NPI	Practices	Last Verified	Verify By
Healthcare Organization Name	123456789	2	12/15/24	3/15/25
Healthcare Organization Name	123456789	3	1/15/25	4/15/25
Healthcare Organization Name	123456789	2	1/15/25	4/15/25
Healthcare Organization Name	123456789	1	2/15/25	5/15/25
Healthcare Organization Name	123456789	4	2/15/25	5/15/25

Showing 5 of 13

[All Organizations \(13\)](#)

Figure 16: Organizational Administrator Home Page

Review Process

The portal will guide you through updating your information in each category.

Note: Fields marked with an asterisk (*) are required.



Personal Contact Information

1. In the **Main** menu, click **Personal Contact Information**.
2. On the **Personal Contact Information** page, review each entry for accuracy.
3. To modify an entry, click **Edit** to update your information.
 - Name*
 - Phone*
 - Email*
 - Professional Mailing Address*
4. Click **Next**.

Personal Contact Information
This information will be used for personal communication with system administrators and CMS.

This information will be shared with authorized health insurance issuers and insurers for administrative purposes only, and will not be publicly available or used for marketing.

Name* ⓘ Sarah A. Brown	Edit
Phone* ⓘ (405) 442-1234 ext. 3	Edit
Email* ⓘ BrownS@OUHealth.org	Edit
Professional Mailing Address* ⓘ 43 Oak Rd, Oklahoma City, OK 12345	Edit

Figure 17: Personal Contact Information

Organization Overview

1. On the **Organization Overview** page, review each entry for accuracy.
2. To modify an entry, click **Edit** to update your information. (See the tool tips for more information).
 - Organization Name*
 - Organization NPI (Read Only)
 - Employer Identification Number (EIN) (Read Only)
 - Phone Number*
 - Email*
 - Fax*
 - Mailing Address*
 - Website
 - Patient Portal URL
3. Click **Next**.

Note: Your NPI and EIN are managed by NPPES and must be updated directly through NPPES if incorrect in the portal.



Organization Overview
This information will be used to maintain accurate records for healthcare administration, compliance, and reporting.

Organization Name* ⓘ
FAMILY VISION TRENDS LLC

EDIT

Organization NPI ⓘ
1013071588

Read Only

Employer Identification Number (EIN) ⓘ
XX-XXX7335

Read Only

Phone Number* ⓘ
(405) 329-3937

EDIT

Email* ⓘ
nppes.test@yahoo.com

EDIT

Fax ⓘ
(405) 329-3556

EDIT

Mailing Address* ⓘ
1021 24TH AVE NW NORMAN, OK 73069-6365

EDIT

Website ⓘ

EDIT

Patient Portal URL ⓘ

EDIT

Any edits are temporary until final submission at the end of the workflow. **NEXT**

Figure 18: Organization Overview Page

Practice Locations

In this section, you can edit multiple details about your practice. See the tool tips for more information.

Location Information

1. On the **Practice Locations** page, click the dropdown to view the profile for each practice location.
2. For each entry, click **Edit** to update each location's information.
 - Name*
 - Physical Address*
 - Office Phone*
 - Fax
 - Email*
 - Website
 - Service(s) Offered*
 - Language(s) Spoken
 - Accessibility Accommodation(s)*
 - Hours of Operation*

This information will be used to maintain accurate records for healthcare administration, compliance, and reporting.

1. Tulsa City Care

456 Jones Ave

Name* ⓘ
Tulsa City Care [Edit](#)

Physical Address* ⓘ
456 Jones Ave, Oklahoma City, OK 12345 [Edit](#)

Office Phone* ⓘ
(678) 678-4342 [Edit](#)

Fax ⓘ
(678) 678-4342 [Edit](#)

Email* ⓘ
info@OUHealth.patients.org [Edit](#)

Website ⓘ
www.OUHealth.patients.org [Edit](#)

Service(s) Offered* ⓘ
Clinic / Text / Text / Text / Text / Text / Text / Text / Text / Text / Text / Text / Text / Text / Text / Text / Text
[Edit](#)

Language(s) Spoken ⓘ
English / Spanish [Edit](#)

Accessibility Accommodation(s) ⓘ
Providing ASL interpreters / Lowering Exam Tables [Edit](#)

Hours of Operation* ⓘ
Monday 8AM-5PM ET
Tuesday 8AM-5PM ET
Wednesday 8AM-5PM ET
Thursday 7AM-5PM ET
Friday 8AM-5PM ET
Saturday 8AM-5PM ET
Sunday 8AM-5PM ET [Edit](#)

Providers at this Location

Provider Specialty(ies) ⓘ [Read Only](#)
Family Medicine / Sports Medicine / Pediatrics

Name	NPI	Specialty(ies)	Last Attested Date
Provider Name	123456789	Family Medicine	10/10/24
Provider Name	123456789	Sports Medicine	10/10/24

Removing a Practice

- 18



Providers at this Location

Providers listed at a location and their specialties can only be modified by the individual provider and/or their delegate.

Review and Submit Verification

1. On the **Review and Submit** page, review each category for accuracy.
2. To make changes to a category, click **Edit**.
3. To verify the information, click the checkbox indicating **I verify that the following information is accurate to the best of my knowledge**.
4. Click **Submit**.

Delegate Verification

Delegates play a vital role in maintaining accurate and timely information for individual providers and organizations, especially when the provider or organizational administrator is not readily available. Delegates' support is essential in ensuring accurate and actionable data.

[NPPES](#) assigns role-based permissions to delegates, and these permissions determine the delegate's level of access and available functionality in the pilot. On the **Home** page, your name, as an authorized delegate, will be visible in the top navigation menu bar.

Qualified Health Plan Directory Pilot

Marcus L. Chen, Sr. MD

Home

Verify Information Accuracy

To support health plan compliance with Exchange requirements for Qualified Health Plans, and section 186 of the No Surprises Act (NSA):

☒ Update changes promptly, or least within 30 days of the change

☒ Verify the accuracy of all data every 90 days

Organization(s)

Name	NPI	Practices	Last Verified	Verify By	
Healthcare Organization Name	123456789	2	12/15/24	3/15/25	Verify >
Healthcare Organization Name	123456789	3	1/15/25	4/15/25	Verify >
Healthcare Organization Name	123456789	2	1/15/25	4/15/25	Verify >
Healthcare Organization Name	123456789	1	2/15/25	5/15/25	Verify >
Healthcare Organization Name	123456789	4	2/15/25	5/15/25	Verify >

Showing 5 of 13

All Organizations (13) >

Provider(s)

Name	NPI	Primary Specialty	Last Verified	Verify By	
Chen, Marcus L. Sr. MD (Me)	123456789	Lorem Ipsum	12/15/24	3/15/25	Verify >
Provider Name	123456789	Lorem Ipsum	1/15/25	4/15/25	Verify >
Provider Name	123456789	Lorem Ipsum	2/15/25	5/15/25	Verify >
Provider Name	123456789	Lorem Ipsum	2/15/25	5/15/25	Verify >
Provider Name	123456789	Lorem Ipsum	2/15/25	5/15/25	Verify >

Showing 5 of 22

All Providers (22) >

Figure 20: Delegate Home Page



Verification Process

The pilot displays a list of all associated organizations and providers.

Organization(s)

The pilot will display up to five organizations at a time. Click **All Organizations** to view more.

1. On the **Home** page, review the list of **Organization(s)**.
 - Organization Name
 - Organization NPI
 - Practices
 - Last Verified date
 - Verify By date
2. For each **Organization**, click **Verify**.

Note: In the **Organization** table, button links indicate entries that need to be verified more immediately, whereas text links indicate entries with more recent verifications.

Provider(s)

The pilot will display up to five providers at a time. Click **All Providers** to view more.

1. On the **Home** page, review the list of **Provider(s)**.
 - Provider Name
 - Provider NPI
 - Primary Specialty
 - Last Verified date
 - Verify By date
2. For each **Provider**, click **Verify**.

Note: In the **Provider** table, button links indicate entries that need to be verified more immediately, whereas text links indicate entries with more recent verifications.

Troubleshooting

Review the list below for common issues and resolutions:

- **Login Problems:** For login inquiries, please contact the NPI Enumerator at 1-800-465-3203 for support.
- **Submission Errors:** Double-check all required fields are filled.
- **Updating Practices:** If a location is missing, submit a Help Desk request.

Contact for Help

At any point, you may contact the Help Desk at QHPDirectoryPilot@cms.hhs.gov.



HL7® FHIR® API for Qualified Health Plans

Introduction

This guide provides information for QHP issuers on how to use the FHIR® API for interacting with provider data within the portal. It includes key considerations, technical requirements, and best practices for effective use of the FHIR® API. The pilot will be utilizing the Da Vinci PDex Plan Net implementation guide with slight modifications.

Understanding the QHP Directory Pilot FHIR® API

The FHIR® API is a standardized way to enhance data exchange and collaboration across health plans. Specifically, the FHIR® API facilitates:

- Data exchange, ensuring data consistency.
- Seamless transition from legacy systems to advanced interoperability frameworks.

Key Features

Data Exchange

Issuers can pull/download updated provider data from the portal through the FHIR® API to update their own directory systems and the information displayed for consumers.

Interoperability

CMS will leverage a FHIR application programming interface (API) using the [Bulk Data Access Implementation Guide \(IG\)](#) to facilitate mass downloads of data, especially for issuers with large provider networks. CMS will initially be conforming to a slightly modified version of the HL7 FHIR [Da Vinci PDex Plan Net IG 1.1](#), with an eventual goal of conforming to the HL7 FHIR [National Directory of Healthcare Providers & Services \(NDH\) IG](#).

For further questions or assistance, please contact the QHP Directory Pilot Help Desk at QHPDirectoryPilot@cms.hhs.gov.



Data Dictionary

Data Field	Data Category	Workflow
Name: Prefix	Professional Contact Information	Provider
Name: First name	Professional Contact Information	Provider
Name: Middle name	Professional Contact Information	Provider
Name: Last name	Professional Contact Information	Provider
Name: Suffix	Professional Contact Information	Provider
Phone Number	Professional Contact Information	Provider
Phone Number Ext.	Professional Contact Information	Provider
Email	Professional Contact Information	Provider
Mailing Address: First Line	Professional Contact Information	Provider
Mailing Address: Second Line	Professional Contact Information	Provider
Mailing Address: City Name	Professional Contact Information	Provider
Mailing Address: State Name	Professional Contact Information	Provider
Mailing Address: Postal Code	Professional Contact Information	Provider
Tax Identification Number - SSN / IDIN	Professional Contact Information	Provider
Sex	Demographics	Provider
Ethnicity	Demographics	Provider
Race	Demographics	Provider
Birthdate	Demographics	Provider
Languages Spoken	Demographics	Provider
NPI Type 1	Professional Profile	Provider
Primary Specialty	Professional Profile	Provider
Secondary Specialty(ties)	Professional Profile	Provider
Credentials	Professional Profile	Provider
State License: State	Professional Profile	Provider
State License: Number	Professional Profile	Provider
State License: Expiration Date	Professional Profile	Provider
Facility Name	Practice Profile	Provider
Facility Address	Practice Profile	Provider
Facility Phone number x ext	Practice Profile	Provider
Provider Specialties at a Facility	Practice Profile	Provider
Provider Days at a Facility	Practice Profile	Provider
Care Delivery Method	Practice Profile	Provider
Accepting New Patients	Practice Profile	Provider
Name: Prefix	Personal Contact Information	Organizational Administrator
Name: First name	Personal Contact Information	Organizational Administrator
Name: Middle name	Personal Contact Information	Organizational Administrator
Name: Last name	Personal Contact Information	Organizational Administrator
Name: Suffix	Personal Contact Information	Organizational Administrator
Phone Number	Personal Contact Information	Organizational Administrator
Phone Number Ext.	Personal Contact Information	Organizational Administrator
Email	Personal Contact Information	Organizational Administrator
Mailing Address: First Line	Personal Contact Information	Organizational Administrator



Data Field	Data Category	Workflow
Mailing Address: Second Line	Personal Contact Information	Organizational Administrator
Mailing Address: City Name	Personal Contact Information	Organizational Administrator
Mailing Address: State Name	Personal Contact Information	Organizational Administrator
Mailing Address: Postal Code	Personal Contact Information	Organizational Administrator
Organization Name	Organization Overview	Organizational Administrator
Organization NPI	Organization Overview	Organizational Administrator
Tax Identification Number - Employer Identification Number (EIN)	Organization Overview	Organizational Administrator
Organization Mailing Address	Organization Overview	Organizational Administrator
Organization Phone	Organization Overview	Organizational Administrator
Organization Email	Organization Overview	Organizational Administrator
Organization Fax	Organization Overview	Organizational Administrator
Organization Website	Organization Overview	Organizational Administrator
Organization Patient Portal	Organization Overview	Organizational Administrator
Facility Name	Practice Profile	Organizational Administrator
Facility Address	Practice Profile	Organizational Administrator
Facility Phone number x ext	Practice Profile	Organizational Administrator
Facility Fax	Practice Profile	Organizational Administrator
Facility Email address	Practice Profile	Organizational Administrator
Facility Website	Practice Profile	Organizational Administrator
Facility Services	Practice Profile	Organizational Administrator
Facility Languages Spoken	Practice Profile	Organizational Administrator
Facility Accessibility Accommodations	Practice Profile	Organizational Administrator
Facility Hours of Operation	Practice Profile	Organizational Administrator
Provider Name	Practice Profile	Organizational Administrator
Provider NPI Type 1	Practice Profile	Organizational Administrator
Provider Specialties at a Facility	Practice Profile	Organizational Administrator
Name: First name	Landing Page - Upper Right	Delegate
Name: Middle name	Landing Page - Upper Right	Delegate
Name: Last name	Landing Page - Upper Right	Delegate
Name: Suffix	Landing Page - Upper Right	Delegate
Organization Name	Organization Table	Delegate
Organization NPI	Organization Table	Delegate
Number of Practices	Organization Table	Delegate
Last Attested Date	Organization Table	Delegate
Provider(s)	Individual Provider Table	Delegate
Provider Name	Individual Provider Table	Delegate
NPI Type 1	Individual Provider Table	Delegate
Primary Specialty	Individual Provider Table	Delegate
Last Attested Date	Individual Provider Table	Delegate
Name: Prefix	Personal Contact Information	Delegate
Name: First name	Personal Contact Information	Delegate
Name: Middle name	Personal Contact Information	Delegate
Name: Last name	Personal Contact Information	Delegate



Data Field	Data Category	Workflow
Name: Suffix	Personal Contact Information	Delegate
Phone Number	Personal Contact Information	Delegate
Phone Number Ext.	Personal Contact Information	Delegate
Email	Personal Contact Information	Delegate
Mailing Address: First Line	Personal Contact Information	Delegate
Mailing Address: Second Line	Personal Contact Information	Delegate
Mailing Address: City Name	Personal Contact Information	Delegate
Mailing Address: State Name	Personal Contact Information	Delegate
County Code (Not in UI)	Personal Contact Information	Delegate
Mailing Address: Postal Code	Personal Contact Information	Delegate