

# Trading Partner Registration Worksheet

*This worksheet can be used to gather the information you will need in order to complete the TPR system registration process. This information may come from several different sources within your organization.*

## Facility Information

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### *Entity Information*

Entity Name\*: MyLife Medical Center

Entity Type\*: Hospital

Street Address\*: 101<sup>st</sup> West Main Street

City\*: Dunlap

State\*: Tennessee

Zip Code\*: 37327

Entity Specialty: Inpatient

Point of Contact Name\*: Edward King

Point of Contact Title\*: CIO

Point of Contact Phone\*: 800-154-8000

Point of Contact E-mail Address\*: [Edward.King@workISP.com](mailto:Edward.King@workISP.com)

### *Identifier Type (must select at least 1)\**

ISO/OID (International Organization for Standardization):

CLIA (Clinical Laboratory Improvement Amendments):

Provider NPI (National Provider Identifier): *Required for Drug Overdose Reporting interfaces.*

Group NPI (National Provider Identifier): *Required Drug Overdose Reporting interfaces.*

Provider License Number:

Local:

Other Identifier(s): *Required Joint Annual Report ID Number for DOR interface*

\*Required field: must be completed to move forward in the system.

\*Contact vendor or IT staff for assistance with this section if needed.

For additional questions, contact [MU.Health@tn.gov](mailto:MU.Health@tn.gov).

## Interface Selection<sup>+</sup>

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*Gather information for selected interface(s); if registering for multiple interfaces, gather this information for each interface.*

Interface (e.g., Immunization Registry, ELR, Cancer Case Reporting, Syndromic Surveillance, and **Drug Overdose Reporting**\*:

Point of Contact Name\*: **Edward King**

Point of Contact Title\*: **CIO**

Point of Contact Phone\*: **800-154-8000**

Point of Contact E-mail Address\*: **Edward.King@workISP.com**

HIE and/or HISP Affiliation (if applicable):

*File Information<sup>+</sup>*

File Structure Capability (select all that apply)\*: HL7 V2.3.1 Message  
HL7 V2.5.1 Message  
HL7 V2.7.1 Message  
HL7 V2 Other Message  
HL7 V3  
**Other: CSV Drug Overdose Reporting interface.**

HL7 V3 Type (if applicable, select all that apply): Messages  
Documents (CDA)

Vocabulary Capability (select all that apply): LOINC  
**SNOMED**  
UCUM  
ICD9  
**ICD10**  
CPT  
CVX  
Adverse Events  
HL7 Vocabulary  
NAACCR Version X  
**Other: NUBC**

File Transport Capability (select all that apply): **SFTP Drug Overdose Reporting interface.**  
DIRECT  
SOAP/Web Services  
PHIN MS  
Other:

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<sup>+</sup>Contact vendor or IT staff for assistance with this section if needed.

For additional questions, contact [MU.Health@tn.gov](mailto:MU.Health@tn.gov).

Intended Mode: Real Time  
Batch

Bidirectional: Yes  
No  
Maybe/Unsure

Current Submission Method:

### *Application Information\**

System Type: LIMS or LIS  
EHR  
Other:

Application Name\*: Big EHR

Application Version: 12.5.1

Application Identifier:

Application ONC Certification Year: 2014

Application ONC Certification ID:

### *Vendor Point of Contact\**

Vendor Name\*: Big EHR, Inc.

Point of Contact Name\*: William Winkler

Point of Contact Title: Help Desk

Point of Contact Phone: 800-105-8000

Point of Contact Email Address: William.Winkler@workISP.com

\*Required field: must be completed to move forward in the system.

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For additional questions, contact [MU.Health@tn.gov](mailto:MU.Health@tn.gov).

## Meaningful Use

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*TDH has not declared readiness to accept Drug Overdose Reporting data as a part of a specialized or public health registry.*

Meaningful Use Entity Type\*: Eligible Hospital  
Eligible Professional  
Critical Access Hospital

Stage\*: 1  
2  
3

Year\*: 1  
2  
3

Reporting Period\*: Start Date – End Date

Meaningful Use Point of Contact Name\*:

Meaningful Use Point of Contact Title\*:

Meaningful Use Point of Contact Phone\*:

Meaningful Use Point of Contact Email Address\*:

Incentive Program Enrolled (select all that apply): Medicare  
Medicaid

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