

Interoperability payer notification to send member data

With this form, a payer is requesting Samaritan Health Plans/Intercommunity Health Network Coordinated Care Organization to intake a member's health information. Payer information fields must be completed on this form. SHP/IHN-CCO encourages payers to complete the member and authorized representative information fields on this form to the best of their knowledge/ability. The payer may provide a separate document containing the member and authorized representative information requested.

Payer information:		
Payer name:		
Address:		
City:	State:	ZIP:
Employee contact name:		
Phone:	Email:	
Requester information:		
Payer is fulfilling this request on behalf of: <input type="checkbox"/> Member <input type="checkbox"/> Authorized representative		
Member information:		
Last name:	First name:	MI:
Date of birth (MM/DD/YYYY):		
City:	State:	ZIP:
Phone:	Email:	
Authorized representative information (if applicable):		
Last name:	First name:	MI:
Phone:	Email:	

Requester information:

SHP/IHN-CCO requires member data be in Fast Healthcare Interoperability Resources (FHIR) format and transmitted via SFTP. After SHP/IHN-CCO confirms the request, SHP/IHN-CCO will coordinate file transmission details with your team.

To help link the records, please provide the member key that was used within your health plan for the member. If you have the SHP/IHN-CCO member ID, please provide that as well.

Member ID:

Member key:

My rights:

Missing information may hinder or delay fulfillment of this request.

Form submission options:

- **Email** completed form to HealthPlanResponse@samhealth.org.
- **Mail** completed form to Samaritan Health Plans/IHN-CCO, Attn: Customer Service, PO Box 1310, Corvallis, OR 97339.

If you have questions about this form, please call Customer Service at **541-768-4550** or **800-832-4580** (TTY **800-735-2900**), Monday through Friday from 8 a.m. to 8 p.m.