



## HPoP Profile Management

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## Profile Enrichment Checklist

<u>Theme</u>	<u>Checklist Item</u>	<u>Required for Ordering</u>	<u>Recommended</u>
<b>Provider Details</b>	Provider Type		✓
	Provider Location Setting		✓
	Populations Served		✓
<b>Location &amp; Operating Hours</b>	Physical Address	✓	
	Receiving Hours	✓	
	Address & Hours Verified Checkbox	✓	
<b>Site Contact Info</b>	Primary Point of Contact	✓	
	Additional Points of Contact		✓

**Items Required for Ordering:** Failure to maintain these parts of your profile will delay orders placed to your provider site until they are maintained. – they are the bare minimum requirements

## Accessing Multiple Profiles

This is for Users who are listed as a Point of Contact for Multiple Provider Profiles

1. [Log in to HPoP](#)
2. In the top ribbon select the name of the profile you are currently logged in to
  - a. You will be automatically logged in to the last provider profile accessed

The screenshot shows the top of the Oracle HPoP - Provider Portal. The header bar is dark grey with the Oracle logo, the text "Oracle HPoP - Provider Portal", the partner name "Partner: Oregon", and a dropdown menu for "Oregon Health Authority". To the right are links for "Help", "Feedback", and a user profile icon. Below the header, the main title "Oregon Health Authority : Therapeutic" is displayed. A red box highlights the word "Select" in a small button next to the title. Below the title is a navigation bar with links: "Show All", "Receiving Address / Hours", "Contacts", "External Partners", "My Feedback", "Therapeutics", "News", "Therapeutic Orders", and "Therapeutic Inventory".

3. View the Profiles available and make a selection to view profile

The screenshot shows the "Select a Provider" page. The header bar is dark grey with the Oracle logo, the text "Oracle HPoP - Provider Portal", the partner name "Partner: Oregon", and links for "Help", "Feedback", and a user profile icon. Below the header, the main title "Select a Provider" is displayed. The main content area has a light grey background. At the top is a search bar with the placeholder text "Search Provider Name". Below the search bar is a list of four provider profiles, each with a red box highlighting it. The profiles are: "COLDCHAIN TECHNOLOGY SERVICES [Therapeutic Provider] - TIGARD, OR 97223-4236", "Oregon Health Authority [Therapeutic Provider] - Portland, OR 97232", "Oregon Health Authority (PSOB) [Therapeutic Provider] - Portland, OR 97232", and "Oregon Health Authority1 [Therapeutic Provider] - ,". Each profile has a right arrow icon.

## Provider Details

1. Click the green Edit button under the Provider Details tab to display all provider details (only a portion of your details are displayed in the Overview screen below)

Oracle HPoP - Provider Portal

Partner: Oregon Oregon Health Authority ? Help Feedback

### Oregon Health Authority : Therapeutic

[Show All](#) [Receiving Address / Hours](#) [Contacts](#) [External Partners](#) [My Feedback](#) [Therapeutics](#) [News](#) [Therapeutic Orders](#) [Therapeutic Inventory](#)

Therapeutic Create New Order not available as using Partner Apportionment.

Therapeutic Orders

No orders submitted

Therapeutic Inventory

Courses Administered and Available (since last reported)

Wastage

Transfe

Courses Administered and Available (since last reported)

Save Therapeutic Courses

Provider Details

Receiving Address / Hours

Support Information

Provider Details

Name

Oregon Health Authority

Federal PIN

State PIN

National Provider Identifier (NPI)

ORAHTEST0

Provider Type

[UNK] Unknown

Alternative Vaccine ID

Alternative Therapeutic ID

Non-Public Provider

2. View Options Available (Mandatory Fields Outlined Below)

Maintain Provider Information

Name

Oregon Health Authority

Federal PIN

State PIN

National Provider Identifier (NPI)

ORAHTEST0

Provider Type

[UNK] Unknown

Alternative Therapeutic ID

Alternative Diagnostic ID

Non Public Provider?

No

Approximate number of patients/clients routinely served by this location

(Enter "0" if the location does not serve this age group.)

Number of children 18 years of age and younger

Unknown

Number of adults 19 - 64 years of age

Unknown

Number of adults 65 years of age and older

Unknown

Number of unique patients/clients seen per week on average

Unknown

☐ Not applicable (e.g., for commercial vaccination service providers)

Modules

Vaccine

Therapeutic

Diagnostic

Therapeutic Categories

☒ Monoclonal Antibody

☒ Monoclonal Antibody Special

☒ Antiviral

☒ Antiviral Special

License

EXEMPT

License Expiration Date

12/31/2022

Diagnostic Categories

Test Kits

Personal Protective Equipment

Point of Care

Status

ACTIVE

Setting(s) where this location will administer products (select all that apply) \*

☐ [1] Child care or day care facility

☐ [2] College, technical school, or university

☐ [3] Community center

☐ [4] Correctional/detention facility

☐ [5] Health care provider office, health center, medical practice, or outpatient clinic

☐ [6] Hospital (i.e., inpatient facility)

☐ [7] In home

☐ [8] Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)

☐ [9] Pharmacy

☐ [10] Public health clinic (e.g., local health department)

☐ [11] School (K - grade 12)

☐ [12] Shelter

☐ [13] Temporary or off-site vaccination clinic - point of dispensing (POD)

☐ [14] Temporary location - mobile clinic

☐ [15] Urgent care facility

☐ [16] Workplace

☐ [17] Other

Population(s) served by this location (select all that apply)

☐ [1] General pediatric population

☐ [2] General adult population

☐ [3] Adults 65 years of age and older

☐ [4] Long-term care facility residents (nursing home, assisted living, or independent living facility)

☐ [5] Health care workers

☐ [6] Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)

☐ [7] Military - active duty/reserves

☐ [8] Military - veteran

☐ [9] People experiencing homelessness

☐ [10] Pregnant women

☐ [11] Racial and ethnic minority groups

☐ [12] Tribal communities

☐ [13] People who are incarcerated/detained

☐ [14] People living in rural communities

☐ [15] People who are underinsured or uninsured

☐ [16] People with disabilities

☐ [17] People with underlying medical conditions\* that are risk factors for severe COVID-19 illness

☐ [18] Other people at higher risk for COVID-19

Programs

Code	Name	Vaccine	Therapeutic	Diagnostic	Description
<input type="checkbox"/> T2T	Test to Treat	No	Yes	No	
<input type="checkbox"/> LTCP	Long Term Care Pharmacy	No	Yes	No	

Cancel

Apply Changes

## Provider Type

This field is a single-select only. Choose the option that best describes your facility.

Maintain Provider Information

Name  
Oregon Health Authority

Federal PIN

State PIN  
ORAHTEST0

National Provider Identifier (NPI)

Provider Type  
[UNK] Unknown

[1] Commercial vaccination service provider

[2] Corrections/detention health services

[3] Health center – community

[4] Health center – migrant or refugee

[5] Health center – occupational

[6] Health center – STD/HIV clinic

[7] Health center – student

[8] Home health care provider

[9] Hospital

[10] Indian Health Service

[11] Tribal health

[12] Medical practice – family medicine

[13] Medical practice – pediatrics

[14] Medical practice – internal medicine

[15] Medical practice – OB/GYN

[16] Medical practice – other specialty

[17] Pharmacy – chain

[18] Pharmacy – independent

[19] Public health provider – public health clinic

Modules

☐ Vaccine

☒ Therapeutic

☐ Diagnostic

## Provider Location Setting

Select as many as apply to your *primary setting(s)*.

Maintain Provider Information

Name  
Oregon Health Authority

Federal PIN

State PIN  
ORAHTEST0

National Provider Identifier (NPI)

Provider Type  
[UNK] Unknown

Alternative Therapeutic ID

Alternative Diagnostic ID

Non Public Provider? **No**

Approximate number of patients/clients routinely served by this location

(Enter "0" if the location does not serve this age group.)

Number of children 18 years of age and younger

☐ Unknown

Number of adults 19 – 64 years of age

☐ Unknown

Number of adults 65 years of age and older

☐ Unknown

Setting(s) where this location will administer products (select all that apply) \*

☐ [1] Child care or day care facility

☐ [2] College, technical school, or university

☐ [3] Community center

☐ [4] Correctional/detention facility

☐ [5] Health care provider office, health center, medical practice, or outpatient clinic

☐ [6] Hospital (i.e., inpatient facility)

☐ [7] In home

☐ [8] Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)

☐ [9] Pharmacy

☐ [10] Public health clinic (e.g., local health department)

☐ [11] School (K – grade 12)

☐ [12] Shelter

☐ [13] Temporary or off-site vaccination clinic – point of dispensing (POD)

☐ [14] Temporary location – mobile clinic

☐ [15] Urgent care facility

☐ [16] Workplace

☐ [17] Other

# Populations Served

Select as many as apply to your *Primary Patient Population*.

Maintain Provider Information

Number of adults 19 – 64 years of age

☐ Unknown

Number of adults 65 years of age and older

☐ Unknown

Number of unique patients/clients seen per week on average

☐ Unknown

☐ Not applicable (e.g., for commercial vaccination service providers)

Modules

Vaccine

☒ Therapeutic

Diagnostic

Therapeutic Categories

☒ Monoclonal Antibody

☒ Monoclonal Antibody Special

☒ Antiviral

☒ Antiviral Special

License

EXEMPT

License Expiration Date

12/31/2022

Diagnostic Categories

Test Kits

Personal Protective Equipment

Point of Care

☐ [15] Urgent care facility

☐ [16] Workplace

☐ [17] Other

Population(s) served by this location (select all that apply)

☐ [1] General pediatric population

☐ [2] General adult population

☐ [3] Adults 65 years of age and older

☐ [4] Long-term care facility residents (nursing home, assisted living, or independent living facility)

☐ [5] Health care workers

☐ [6] Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)

☐ [7] Military – active duty/reserves

☐ [8] Military – veteran

☐ [9] People experiencing homelessness

☐ [10] Pregnant women

☐ [11] Racial and ethnic minority groups

☐ [12] Tribal communities

☐ [13] People who are incarcerated/detained

☐ [14] People living in rural communities

☐ [15] People who are underinsured or uninsured

☐ [16] People with disabilities

☐ [17] People with underlying medical conditions\* that are risk factors for severe COVID-19 illness

☐ [18] Other people at higher risk for COVID-19

## Address & Hours

Click on the Receiving Address / Hours Tab to view the Address or Addresses recorded for your specific Provider Location.

The screenshot shows the Oracle HPO - Provider Portal interface. The top navigation bar includes 'Partner: Oregon', 'Oregon Health Authority', 'Help', 'Feedback', and a search icon. The main header is 'Oregon Health Authority : Therapeutic'. Below this is a sub-header with tabs: 'Show All', 'Receiving Address / Hours', 'Contacts', 'External Partners', 'My Feedback', 'Therapeutics', 'News', 'Therapeutic Orders', and 'Therapeutic Inventory'. A yellow warning banner states: 'Therapeutic Create New Order not available as using Partner Apportionment.' The left sidebar has sections for 'Therapeutic Orders' (No orders submitted) and 'Therapeutic Inventory' (Courses Administered and Available (since last reported), Wastage, Transfers). The main content area shows the 'Receiving Address / Hours' tab selected, with a red box highlighting the 'Physical' button and the address '800 NE Oregon St, Portland MULTNOMAH OR 97232'. A table below shows 'Courses Administered and Available (since last reported)' with columns for Therapeutic, Courses Administered, Courses Available, and History. The table lists several therapeutics: Bebtelovimab (0002-7389-01), Evusheld (0310-7442-02), Paxlovid (0069-1085-30), Lagevrio (molnupiravir) (0006-5055-06), and Renal Paxlovid (0069-1101-20).

## Physical Address

1. Click the 'Edit Physical' button next to the Address to view all details and begin editing

This screenshot is a closer view of the 'Receiving Address / Hours' tab. It shows the 'Physical' button highlighted with a red box, next to the address '800 NE Oregon St, Portland MULTNOMAH OR 97232'. The 'row(s) 1 - 1 of 1' indicator is visible at the bottom right.

2. Ensure that the following fields are 100% accurate:

- 1) Address 1
- 2) Address 2 (i.e. Suite 123)
- 3) Zip (if you enter the 5-digit zip code the City and State will auto-populate)
- 4) Receiving Email
- 5) Receiving Phone # & Extension

The 'Maintain Address' form is shown with five numbered callouts: 1) Address1 (800 NE Oregon St), 2) Address2, 3) Zip (97232), 4) Receiving Email, and 5) Receiving Phone. The form also includes fields for City (Portland), County (MULTNOMAH), State Code (Oregon), and a checkbox for 'Loading Dock capable of handling 53' trailers?'. A 'Special Delivery Instructions' field is also present. The 'Receiving Phone' field is followed by 'Phone Extension' and 'Fax (555) 555-5555'. A note at the bottom states: 'Phone number, Phone Extension, and Fax will only accept numeric input.'

3. Record any special delivery instructions (if you have a difficult to find office, or need to be badged into the building)

## Receiving Hours & VERIFICATION CHECK BOX

1. Click the 'Edit Physical' button next to the Physical Address to view all details and begin editing

Provider Details

Receiving Address / Hours

Support Information

Receiving Address / Hours

Physical

800 NE Oregon St

Portland MULTNOMAH OR 97232

row(s) 1 - 1 of 1

2. Enter the hours of operation for your facility – the times you are available to receive deliveries

Maintain Address

Phone number, Phone Extension, and Fax will only accept numeric input.

Receiving Phone  
(503) 354-7360

Phone Extension

Fax  
(555) 555-5555

The Receiving Email and Phone must be monitored for communications from the distribution center.

Day	All Hours	From1	To1	From2	To2
Monday		09:00 AM	05:00 PM		
Tuesday		09:00 AM	05:00 PM		
Wednesday		09:00 AM	05:00 PM		
Thursday		09:00 AM	05:00 PM		
Friday		09:00 AM	05:00 PM		
Saturday					
Sunday					

24hr Operations

No Gaps in Receiving Hours

Gaps in Receiving Hours i.e. closed for lunch

When editing To and From values 12:00 am at the top of the list represents 00:00. However, 12:00 am at the bottom of the list represents 24:00.

MUST BE CHECKED

☒ Receiving Address & Hours Verified

Cancel

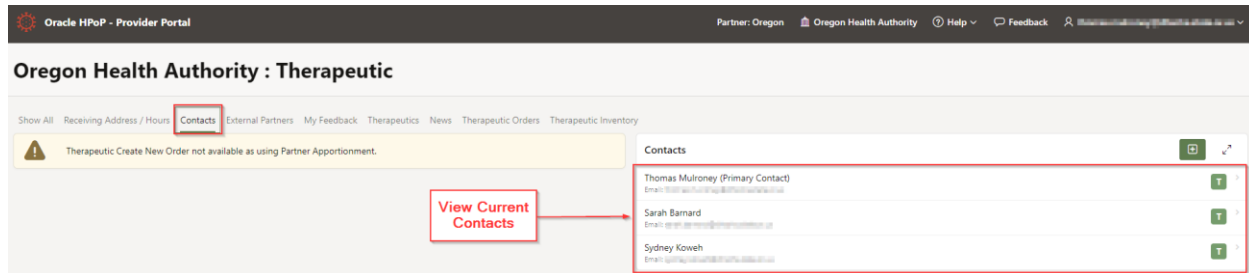
Apply Changes

3. Verify that the Address & Hours are 100% correct then CHECK BOX for 'Receiving Address & Hours Verified'

# Points of Contact

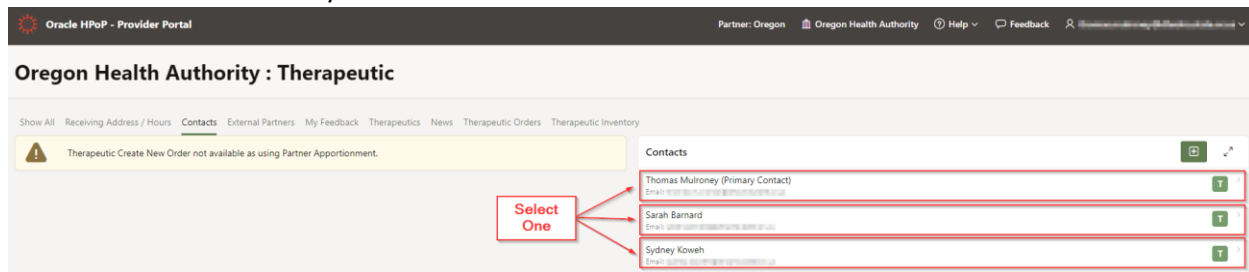
## View Contacts

Select the Contacts tab or scroll down to view contacts under the ‘Show All’ tab



## Edit Current Contacts

1. Select the contact you wish to edit



2. Enrich the Provider Contact as much as possible (First & Last Name, Title, Phone)

- a. Ensure the Therapeutic Module Checkbox is marked!
- b. You cannot edit the email address

- i. If you wish to edit the email address, see [section to Edit Email Address](#)

**Provider Contact**

**Not Editable**

Email: thomas.mulroney@oregonhealthauthority.org

Active: Yes

First Name: Thomas

Last Name: Mulroney

Primary Contact: ☒

Title:

Phone number, Phone Extension, and Fax will only accept numeric input.

Phone: (555) 555-5555

Phone Extension:

Fax: (555) 555-5555

Modules:

- ☒ **Therapeutic**

**Mandatory**

Cancel | Delete Contact | Apply Changes

3. Click ‘Apply Changes’ to Save

## Add New Contact

1. Click the green ‘Add Contact’ button in the contacts section and enter the contact email address



Oracle HPoP - Provider Portal Partner: Oregon Oregon Health Authority Help Feedback

## Oregon Health Authority : Therapeutic

Show All Receiving Address / Hours **Contacts** External Partners My Feedback Therapeutics News Therapeutic Orders Therapeutic Inventory

Therapeutic Create New Order not available as using Partner Apportionment.

**Add Contact**

Email  
Example123@nomain.com

Cancel Create

**Contacts**

Thomas Mulroney (Primary Contact)  
Email: thomas.mulroney@oregon.gov

Sarah Barnard  
Email: sarah.barnard@oregon.gov

Sydney Koweh  
Email: sydney.koweh@oregon.gov

## 2. Enter Contact Information

**Provider Contact**

**Mandatory Fields**

**Optional Fields**

Email  
Example123@nomain.com

Active **Yes**

First Name Last Name

Primary Contact \* ☐ Title

Phone number, Phone Extension, and Fax will only accept numeric input.

Phone (555) 555-5555 Phone Extension Fax (555) 555-5555

Modules \* ☒ Therapeutic

Cancel Create and Create Another **Create**

## Assign Primary Point of Contact

View your contacts to see which (if any) are assigned as the Primary. In order to receive deliveries of Therapeutics you **MUST** have a Primary Contact Assigned.

1. Navigate to the contacts section, note the current Primary and select the contact who will become the new Primary

Oracle HPoP - Provider Portal Partner: Oregon Oregon Health Authority Help Feedback

## Oregon Health Authority : Therapeutic

Show All Receiving Address / Hours **Contacts** External Partners My Feedback Therapeutics News Therapeutic Orders Therapeutic Inventory

Therapeutic Create New Order not available as using Partner Apportionment.

**Current Primary Contact**

Thomas Mulroney (Primary Contact)  
Email: thomas.mulroney@oregon.gov

**Desired New Primary Contact**

Sarah Barnard  
Email: sarah.barnard@oregon.gov

2. Toggle the Primary Contact Indicator & Apply Changes

**Provider Contact** ✕

Email Active **Yes**

First Name: Sydney Last Name: Koweh

Primary Contact \* ☒ Title:

Phone number, Phone Extension, and Fax will only accept numeric input.

Phone: (555) 555-5555 Phone Extension: Fax: (555) 555-5555

Modules \* ☒ Therapeutic

Cancel Delete Contact Apply Changes

3. Note the New Primary Contact appears at the top of the Contact list

Oracle HPoP - Provider Portal Partner: Oregon Oregon Health Authority Help Feedback

**Oregon Health Authority : Therapeutic**

Show All Receiving Address / Hours Contacts External Partners My Feedback Therapeutics News Therapeutic Orders Therapeutic Inventory

⚠ Therapeutic Create New Order not available as using Partner Apportionment.

**Contacts**

Sydney Koweh <b>Primary Contact</b>	<span>T</span>
Sarah Barnard	<span>T</span>
Thomas Mulrone	<span>T</span>

## Editing an Email Address

You cannot outright edit an email address. The way around this is to:

1. [Add a New Contact](#) (with the new, Correct Email Address)
  - a. You will receive an email from HPoP to your new email address. Follow the prompts before logging in.
2. Log in using the new email address
3. Delete the Contact containing the old email address