Navigation in CoPHR/CIIS

Individual Health Care Provider Site

Colorado's Integrated Public Heath Reporting portal (CoPHR) allows Colorado's health care community to register intent for Meaningful Use for the following public health programs: Cancer Registry Reporting, Electronic Lab Reporting, Immunization Reporting, and Syndromic Surveillance Reporting. **This guide describes how to navigate the CIIS Resource Center (CRC) within CoPHR. This guide does not address the other public health programs.**

CoPHR is the primary portal for all public health reporting in Colorado. Within CoPHR there is an immunization-specific sub-portal called the CIIS Resource Center (CRC). The CRC is a self-service system that allows you to do a number of tasks once enrollment is complete, including:

- Submit new user account requests.
- Access training information and resources.
- Provides access to electronic data exchange guidelines and CIIS messaging specifications.
- Test Health Level 7 (HL7) messages generated from your EHR against CIIS specifications for formatting accuracy (HL7 validation).
- Register your intent and receive assistance with Meaningful Use attestation for the immunization registry reporting objective.
- Submit online support tickets to the CIIS Help Desk for assistance.

Table of Contents

Entering the CIIS Resource Center (CRC)

This document picks up where the Individual Site Enrollment guidance docmuent left off. Please login to your CoPHR account on the CoPHR website (www.cophr.com).

1. From the main CoPHR portal, click on *Open CIIS Resource Center* in the CIIS Resource Center widget.
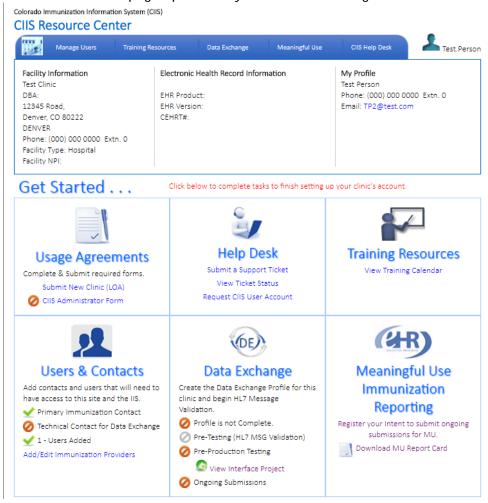
NOTE: This guidance document is for steps in the Immunization sub-module (CIIS Resource Center) only. In order to get further guidance on the registries for Cancer, Syndromic Surveillance, or Electronic Lab Reporting, please see the contact information on the right-hand side of the webpage.

2. The CIIS Resource Center main page opens and you will see six widgets.

Note: Each section on the Main Screen will be called a widget in the remainder of this guidance document. The chart below describes what the icons stand for:

✔	Step Completed and approved (if applicable)
⊘	Step Not Completed
⚠	Step In Process – May Need Approval

3. If at any time you get lost within the portal or redirected back to the main CoPHR page, you can navigate back to the Immunizations sub-module by clicking *Immunization Reporting* in the dark blue bar at the top.

Widget Navigation

This section describes how to navigate the following:

- Usage Agreements
- Help Desk
- Training Resources
- Users & Contacts
- Data Exchange
- Meaningful Use Immunization Reporting

Note:

All sites should complete the information within the Usage Agreement widget and setup users under the Users & Contacts widget.

Sites **interested in developing an immunization interface** should complete pre-testing or have their EHR vendor complete pre-testing for them using the HL7 testing tool under the Data Exchange Widget.

Sites **participating in the Meaningful Use incentive program** can register their intent to submit ongoing submissions under the Meaningful Use Immunization Reporting widget and print the Meaningful Use Report Card for attestation.

Usage Agreements Widget
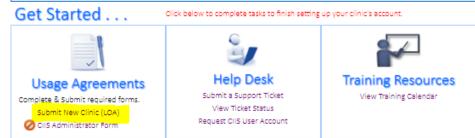
This section describes how to submit a site Letter of Agreement (LOA) and sign the CIIS Administrator Form.
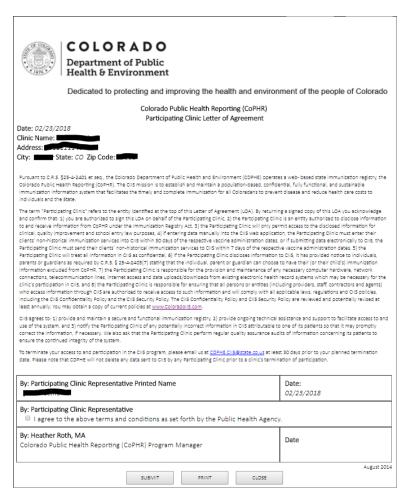
Signing the Site LOA
1. Click on the *Submit New Clinic (LOA)* link under the Usage Agreements Widget.

2. Review the Colorado Immunization Information System Participating Clinic Letter of Agreement. Check the box next to *I agree to the above terms and conditions as set forth by the Public Health Agency*. Click *Submit*.
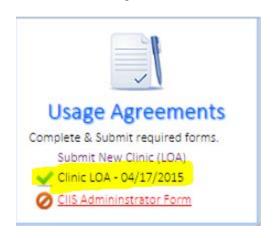
3. A box confirming that your LOA was submitted successfully will be displayed. Click *Close*.

Clinic Letter of Agreement (LOA) was submitted successfully!

CLOSE

4. Under Usage Agreements it will display that your site's LOA is in process. Once the LOA has been approved by the CIIS Program Manager the icon will change; displaying that it has been approved.

LOA waiting for approval

LOA approved

Usage Agreements
Complete & Submit required forms.
Submit New Clinic (LOA)
⚠ Clinic LOA - 04/17/2015
🚫 CIIS Admininstrator Form

Usage Agreements
Complete & Submit required forms.
Submit New Clinic (LOA)
✔ Clinic LOA - 04/17/2015
🚫 CIIS Admininstrator Form

5. To view or print your approved CIIS Letter of Agreement click on the blue link.

Usage Agreements
Complete & Submit required forms.
Submit New Clinic (LOA)
✔ Clinic LOA - 04/17/2015
🚫 CIIS Admininstrator Form

Completing the CIIS Administrator Form
1. Click on the *CIIS Administrator Form* link under the Usage Agreements Widget.

Get Started . . .   Click below to complete tasks to finish setting up your clinic's account.

Usage Agreements
Complete & Submit required forms.
Submit New Clinic (LOA)
CIIS Administrator Form

Help Desk
Submit a Support Ticket
View Ticket Status
Request CIIS User Account

Training Resources
View Training Calendar

2. Review and complete the Colorado Immunization Information System (CIIS) Clinic Administrator Form.
    a. Required question: *The best way to contact you.* Select phone or email.
    b. Required question: *Are you replacing the previous CIIS Administrator?* Select yes or no.
    c. Click on the box next to: *I agree to the above terms and conditions as set forth by the Public Health Agency.*
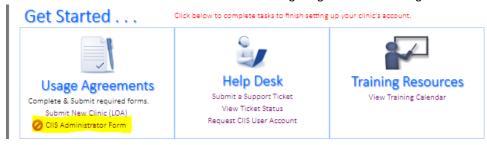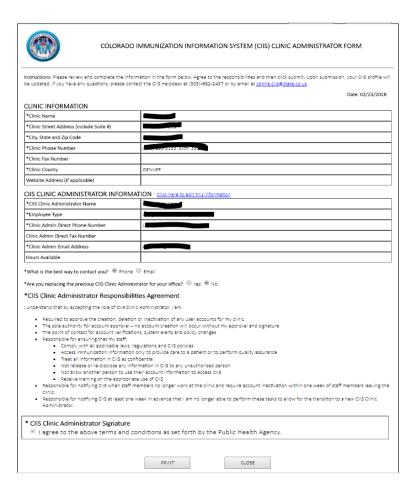   d. Click *Submit.*

COLORADO IMMUNIZATION INFORMATION SYSTEM (CIIS) CLINIC ADMINISTRATOR FORM

Instructions: Please review and complete the information in the form below. Agree to the responsibilities and then click submit. Upon submission, your CIIS profile will be updated. If you have any questions, please contact the CIIS Helpdesk at (303)-692-2437 or by email at cdphe.ciis@state.co.us.

Date: 02/23/2018

CLINIC INFORMATION

*Clinic Name	
*Clinic Street Address (include Suite #)	
*City, State and Zip Code	
*Clinic Phone Number	
*Clinic Fax Number	
*Clinic County	DENVER
Website Address (if applicable)	

CIIS CLINIC ADMINISTRATOR INFORMATION   Click here to edit this information

*CIIS Clinic Administrator Name	
*Employee Type	
*Clinic Admin Direct Phone Number	
Clinic Admin Direct Fax Number	
*Clinic Admin Email Address	
Hours Available	

*What is the best way to contact you? ⦿ Phone ○ Email

*Are you replacing the previous CIIS Clinic Administrator for your office? ○ Yes ⦿ No

*CIIS Clinic Administrator Responsibilities Agreement

I understand that by accepting the role of CIIS Clinic Administrator, I am:

- Required to approve the creation, deletion or inactivation of any user accounts for my clinic
- The sole authority for account approval – no account creation will occur without my approval and signature
- The point of contact for account verifications, system alerts and policy changes
- Responsible for ensuring that my staff:
    - Comply with all applicable laws, regulations and CIIS policies
    - Access immunization information only to provide care to a patient or to perform quality assurance
    - Treat all information in CIIS as confidential
    - Not release or re-disclose any information in CIIS to any unauthorized person
    - Not allow another person to use their account information to access CIIS
    - Receive training on the appropriate use of CIIS
- Responsible for notifying CIIS when staff members no longer work at the clinic and require account inactivation within one week of staff members leaving the clinic.
- Responsible for notifying CIIS at least one week in advance that I am no longer able to perform these tasks to allow for the transition to a new CIIS Clinic Administrator.

* CIIS Clinic Administrator Signature
☑ I agree to the above terms and conditions as set forth by the Public Health Agency.

PRINT   CLOSE

6. A box confirming that your CIIS Administrator Form was submitted successfully will be displayed. Click *Close.*

> COLORADO IMMUNIZATION INFORMATION SYSTEM (CIIS) CLINIC ADMINISTRATOR FORM was submitted successfully!
>
> CLOSE

7. Under Usage Agreements it will display that your CIIS Administrator Form has been completed.

Usage Agreements
Complete & Submit required forms.
Submit New Clinic (LOA)
✔ Clinic LOA - 04/17/2015
✔ CIIS Admininstrator Form

CIIS Administrator Form has been completed

Help Desk Widget

1. Click on the Help Desk link on the blue bar or on the Help Desk Widget.
2. Detailed instructions for using the *Help Desk* Widget are in a separate document that can be accessed by clicking on the Create Support Ticket link, under Guidance Documents, on the right.

Training Resources Widget

This section describes how to access training resources offered by CIIS.

Accessing CIIS Training Resources

1. Click on the *Training Resources* link on the blue bar or on the icon in the Training Resources Widget.

2. The Training Resources widget provides links and information regrading CIIS Training Webinars (when available), CIIS Video Library, and CIIS Online Training Courses. This page provides detailed descriptions on CIIS REQUIRED trainings and how to register for an online course.

Users & Contacts Widget

This section describes how to setup staff who need user accounts within the CIIS Resource Center. In addition, users will have access to requesting an account for CIIS.

Add New User

Click on the Manage Users link on the blue bar or on the icon 👥 in the Users & Contacts Widget to add a user (non-provider). Once opened, the widget displays information on each type of user. *NOTE: To add a provider, see the next section.*

1.
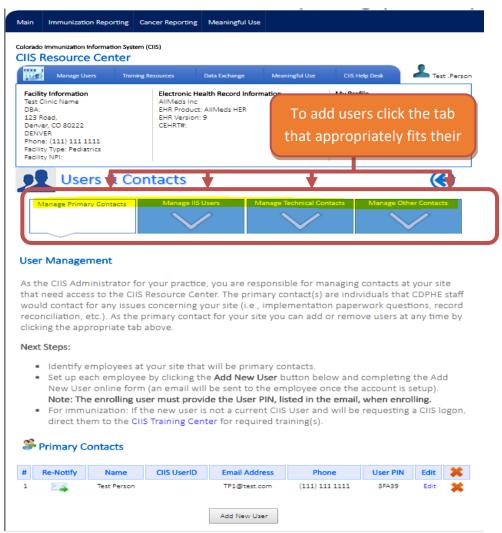
a. Primary Contact – Individuals that CIIS staff would contact for any issues concerning your site (i.e., CIIS implementation paperwork, CIIS record reconciliation, etc.).
   Note: Primary Contacts can add or edit users at any time.
b. IIS Users– Individuals that do not fall into the category of Primary Contacts or Technical Contacts who will access CIIS and be general CIIS users.
c. Technical Contacts – Individuals that will be responsible for data exchange and data validation at your clinic.
d. Other Contacts.

2. Click the *Add New User* at the bottom of the screen.

3. On the Add New CIIS User screen complete all fields, including selecting what type of user they will be (i.e., Main Contact/Site Admin, Technical Contact, or General User). Select if they are a VFC contact. Be sure to check the boxes for each public health reporting program that the contact is affiliated with. Click *Save*.
   Note: **All Fields with an * notation are required fields.**
   Note: **As you fill in information, more questions may display depending on your answers.**
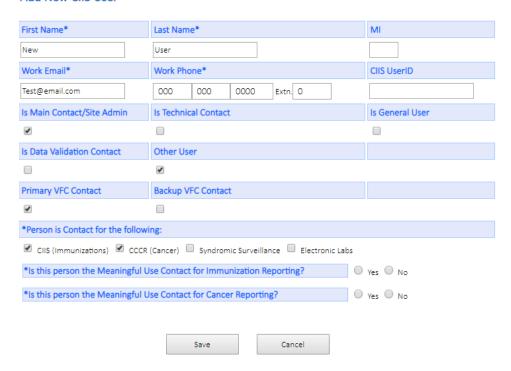
Add New CIIS User

First Name*	Last Name*	MI
New	User	

Work Email*	Work Phone*	CIIS UserID
Test@email.com	000 000 0000 Extn. 0	

Is Main Contact/Site Admin	Is Technical Contact	Is General User
☑	☐	☐

Is Data Validation Contact	Other User	
☐	☑	

Primary VFC Contact	Backup VFC Contact	
☑	☐	

*Person is Contact for the following:

☑ CIIS (Immunizations)   ☑ CCCR (Cancer)   ☐ Syndromic Surveillance   ☐ Electronic Labs

*Is this person the Meaningful Use Contact for Immunization Reporting?   ○ Yes ○ No

*Is this person the Meaningful Use Contact for Cancer Reporting?   ○ Yes ○ No

[Save]   [Cancel]

4. *A New User has been Successfully Added* message is displayed to verify that the user has been setup correctly. The User will receive an email with information on completing their User Enrollment and the Primary Contact will receive a notification email. Click *Close*.
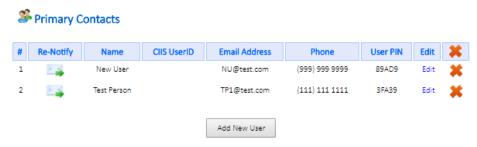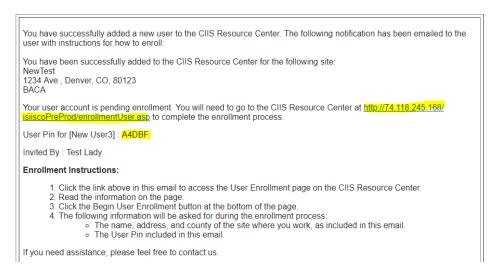
5. You will be directed back to the Users & Contacts screen and the new user will be listed under the user section at the bottom.

6. Repeat these steps to add additional users to the CIIS Resource Center.

Once the User is added, they will receive the following email:
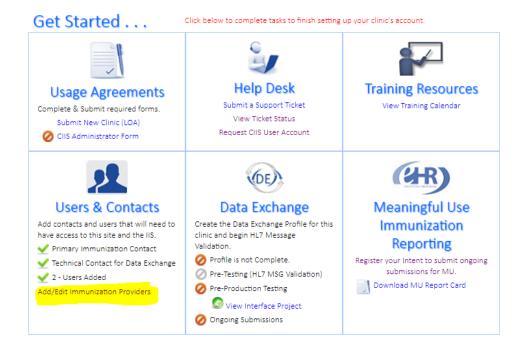
7. Once the contact receives this email, they have the option to enter their code into the site when prompted and complete their enrollment. They will then have access to the CIIS Resource Center portal. This is optional for added providers who do not need access to the portal.

Add/ Edit Immunization Providers
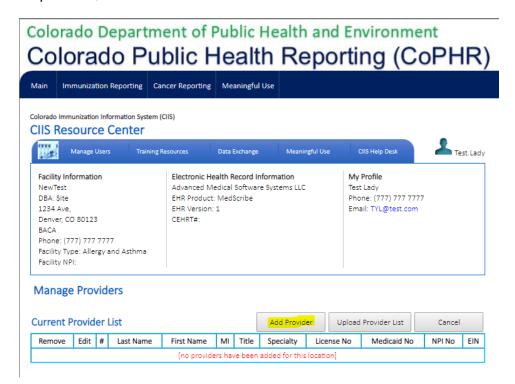
1. Click on the Add/Edit Immunization provider's link within the Users & Contacts widget.

2. To add a new provider, click on the *Add Provider* button.
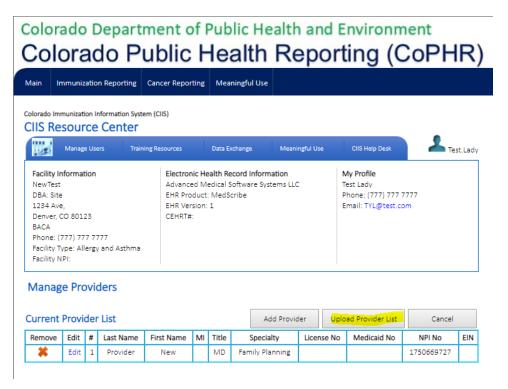
3. Complete all required fields and click *Continue*.

NOTE: Please provide one or both of the following: Medicaid or the prescribing provider's National Provider Identification (NPI).

4. To enter multiple new providers at once instead of one-by-one, click on *Upload Provider List.*

5. You can download the provided template, then follow the listed instructions for uploading the list.
6. Once the new providers have been added (either one-by-one or via upload), they will display under the Current Provider List. From here, providers can be removed or edited.

Data Exchange Widget

Instructions for using the Data Exchange widget can be found in a separate document by clicking on the appropriate HL7 Test Tool link under Guidance Documents on the right tab. You can access the Data Exchange profile and testing tool by clicking on Data Exchange in the blue header, or on the widget's icon.

The HL7 Test Tool guidance documents located on the right hand tab of the website under Guidance Documents, describe how provider staff or an EHR vendor can validate HL7 messages for a practice. This tool provides instantaneous, detailed error reporting information that is necessary to correct formatting/content issues without delay.

Meaningful Use: Immunization Reporting widget

This section describes how to register your intent to submit ongoing submissions, and how to download a Meaningful Use Report Card.

1. You can access the Meaningful Use profile by clicking on Meaningful Use in the blue header, or on the widget's icon. You can also click on direct links within the widget for: *Register your Intent to submit ongoing submissions for MU* and *Download MU Report Card.*

2. Within the widget, various tabs are available: Meaningful Use Information, Submit HL7 Test Message, MU: Register Intent, and Messaging & Acknowledgments.

Meaningful Use
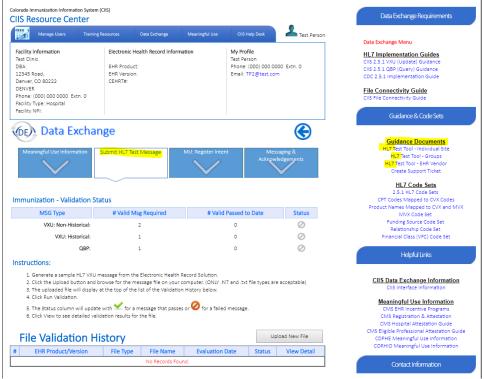
In order to meet the public health reporting objective for Meaningful Use, a practice or hospital should:

- **Register Intent:** After completing a registration in CoPHR, open the CIIS Resource Center and click on "Register your intent to submit ongoing submissions." to complete a Registration of Intent. This registration form documents your intent to submit ongoing public health data to CDPHE per Meaningful Use requirements.
- **For Immunization, validate Messages from Your EHR:** Upon the submission of 13 successful test messages (10 distinct administered messages **and** 3 distinct historical messages), your practice will be listed in the CIIS Resource Center as having met the CIIS HL7 messaging requirements. All 13 test messages must be properly formatted and include valid content in order to be marked as "Passed" (messages are valid) in the CIIS Resource Center.
- **For ELR, Syndromic, and Cancer** Submission procedures vary by program. Click here for more information.
- **Respond to Invitation to Onboard:** Wait for an email invitation from CDPHE staff to begin an HL7 interface project.
- **Conduct Testing:** The CDPHE team reviews health data sent to the CIIS "test" system. They will communicate corrections to the EHR vendor or the provider's IT support, and/or the clinical staff.
- **Receive an Acknowledgement:** Formal documentation needed for successful Meaningful Use public health reporting objective attestation.

3. Please refer to the appropriate HL7 Test Tool guidance document for instructions on submitting HL7 test messages. The guidance documents are located under Guidance Documents on the right tab of the website.

Registering your intent to submit ongoing submission

1. Click on the *Register your intent to submit ongoing submissions* link under the Meaningful Use Immunization Reporting Widget.

2. Complete all fields on the Registration of Intent screen.
   a. National Provider Identification (NPI) – enter your NPI number. If unknown, click the link to search for the appropriate NPI number.
   b. Meaningful Use Designation – select whether your site is an Eligible Provider (EP), Eligible Hospital (EH), or Critical Access Hospital (CAH).
   c. CMS Attestation Program – select the appropriate CMS program (Medicaid, Medicare, or both).
   d. Attesting CMS Program Identifiers – enter the programs IDs for the CMS programs identified.
   e. Select your Meaningful Use Reporting Period – from the drop down select your reporting period or you can enter the start date of your specific reporting period.

Meaningful Use Immunization to Public Health Attestation

Registration of Intent

Please Provide the following information

National Provider Identification (NPI) *Please provide the NPI for the organization NOT the provider:*	[ ] Click to search for NPI
Meaningful Use Designation *Please select the designation of your organization:*	⦿ Eligible Provider (EP) ◯ Eligible Hospital (EH) ◯ Critical Access Hospital (CAH)
CMS Attestation Program *Please Select CMS Program:*	☐ Medicaid ☐ Medicare
Attesting CMS Program Identifiers *Please Enter Program IDs for Programs selected above.*	Medicaid: [ ] Medicare: [ ]
Select your Meaningful Use Reporting Period *	[▼]
OR The start date of your EHR reporting period*	[ ] / [ ] / [ ]

Point of Contact (POC) for Meaningful Use Communications

In the fields below, provide name and contact information for the person responsible for handling and facilitating communications with the Public Health Agency. If there are multiple POCs for your organization, click "Add Additional POC" to add additional POCs. All fields are REQUIRED. Click the Self check box, if you are the designated POC.

Point of Contact	☐ Self
First Name*:	[ ]
Last Name*:	[ ]
Phone Number*:	[ ] [ ] [ ] x [ ]
Email Address*:	[ ]
Employee Type*:	[▼]

Add Additional POC [+]

Please read the following and then check I agree to the terms and conditions as set forth by the Public Health Agency for Meaningful Use Immunization Reporting Objective. Upon submission of your registration a confirmation along with instructions for the next steps will be emailed to the address(es) provided for the designated POC(s) as provided above. The confirmation and all other messages sent to the POC will also be accessible for download under the Messaging and Acknowledgments section located at the right of this page.

MU Registration Agreement

> I acknowledge that the Colorado Department of Public Health and Environment (CDPHE) is the Public Health Agency (PHA) for the state of Colorado. The PHA is not responsible for interpreting the rules set forth by the Centers for Medicare & Medicaid Services (CMS).
>
> By agreeing to the terms and conditions set forth by the PHA for the Meaningful Use (MU) Immunization Reporting Objective you agree to respond to an invitation to onboard and actively engage in the development of an

☐ I agree to the terms and conditions as set forth by the Public Health Agency for Meaningful Use Immunization Reporting Objective.

[Save & Continue]   [Cancel]

3. Complete all fields under the Point of Contact (POC) for Meaningful Use Communications section.
   a. By selecting *Self*, you are making yourself the MU Contact.
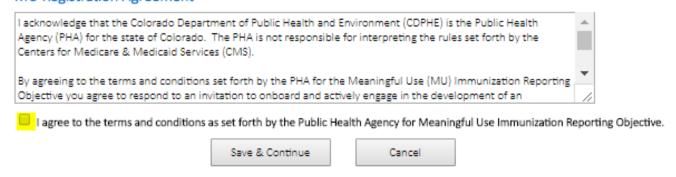   b. If there are multiple POC's for your organization, click *Add Additional POC* to enter another POC.

Point of Contact (POC) for Meaningful Use Communications

In the fields below, provide name and contact information for the person responsible for handling and facilitating communications with the Public Health Agency. If there are multiple POCs for your organization, click "Add Additional POC" to add additional POCs. All fields are REQUIRED. Click the Self check box, if you are the designated POC.

Point of Contact	☐ Self
First Name*:	
Last Name*:	
Phone Number*:	x
Email Address*:	
Employee Type*:	▼

Add Additional POC [-]

First Name:	
Last Name:	
Phone Number:	x
Email Address:	
Employee Type:	▼

Please read the following and then check I agree to the terms and conditions as set forth by the Public Health Agency for Meaningful Use Immunization Reporting Objective. Upon submission of your registration a confirmation along with instructions for the next steps will be emailed to the address(es) provided for the designated POC(s) as provided above. The confirmation and all other messages sent to the POC will also be accessible for download under the Messaging and Acknowledgments section located at the right of this page.

4. Review the MU Registration Agreement and click the box next to *I agree to the terms and conditions as set forth by the Public Health Agency for Meaningful Use Immunization Reporting Objective.* Click *Save & Continue*.

MU Registration Agreement

I acknowledge that the Colorado Department of Public Health and Environment (CDPHE) is the Public Health Agency (PHA) for the state of Colorado. The PHA is not responsible for interpreting the rules set forth by the Centers for Medicare & Medicaid Services (CMS).

By agreeing to the terms and conditions set forth by the PHA for the Meaningful Use (MU) Immunization Reporting Objective you agree to respond to an invitation to onboard and actively engage in the development of an

☐ I agree to the terms and conditions as set forth by the Public Health Agency for Meaningful Use Immunization Reporting Objective.

[Save & Continue]   [Cancel]

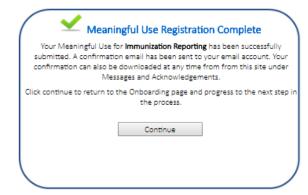5. A confirmation message is displayed and the contact will be sent an email. Click *Continue*.

✓ **Meaningful Use Registration Complete**

Your Meaningful Use for **Immunization Reporting** has been successfully submitted. A confirmation email has been sent to your email account. Your confirmation can also be downloaded at any time from from this site under Messages and Acknowledgements.

Click continue to return to the Onboarding page and progress to the next step in the process.

Continue

6. You are directed to the Immunization Registry Reporting Profile for the site. This page includes information regarding: immunization registry profile, contacts, and EHR information. Complete any additional information that you would like to have included in your profile.

Immunization Registry Reporting Profile for: Test Facility

Immunization Registry Profile

Does this facility currently use or submit data to the State's Immunization Information System (IIS)?	☐ Yes ⦿ No
If you selected "YES", please enter your IIS Facility or CIIS Clinic Code. IIS Facility/CIIS Clinic Code:	
Does this facility currently partipate in the Vaccine for Children (VFC) Program?	⦿ Yes ⦿ No
If you selected "YES", please enter your VFC Provider PIN. VFC Provider PIN:	
Enter the estimated Volume of Immunization Records per month:	
Select VXU HL7 version being submitted. HL7 Version:	▼

Primary Immunization Reporting Contact

Select from previously entered contacts: New User ▼

Add New:

First Name:	
Last Name:	
Office Phone:	x
Email Address:*	

Technical Contact for Immunization Reporting at the facility

Select from previously entered contacts: New User ▼

Add New:

First Name:	
Last Name:	
Office Phone:	x
Email Address:*	

SELECT EHR

Select Company:	Allscripts ▼
Select Product/Version:	Allscripts ED - 6.3 Service Release 4 ▼
CEHRT #	🔍

EHR Contact

Select from previously entered contacts: Ashley Fairley ▼

Add New:

First Name:	
Last Name:	
Office Phone:	x
Email Address:*	

[Save]   [Cancel]

Downloading a Meaningful Use Report Card
1. Click on the *Download MU Report Card* link under the Meaningful Use Immunization Reporting widget.
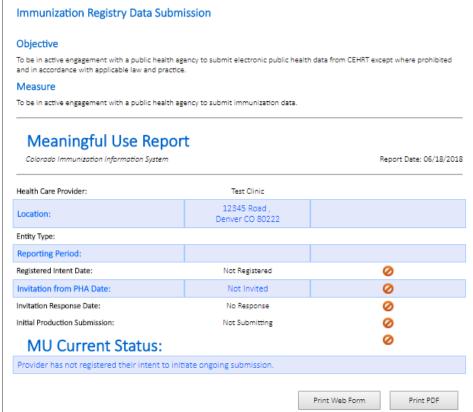
2. The MU Report Card will be displayed and includes the relevant dates and the site's Meaningful Use status. This form can be printed by selecting *Print Web Form* or *Print PDF.* This can be submitted during your attestation.

Immunization Registry Data Submission

Objective

To be in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure

To be in active engagement with a public health agency to submit immunization data.

Meaningful Use Report
Colorado Immunization Information System   Report Date: 06/18/2018

Health Care Provider:	Test Clinic	
Location:	12345 Road , Denver CO 80222	
Entity Type:		
Reporting Period:		
Registered Intent Date:	Not Registered	⊘
Invitation from PHA Date:	Not Invited	⊘
Invitation Response Date:	No Response	⊘
Initial Production Submission:	Not Submitting	⊘

MU Current Status: ⊘

Provider has not registered their intent to initiate ongoing submission.

Print Web Form   Print PDF

Modifying My Profile

This section describes how to edit your contact information (Phone #, Secret Question/Answer, Email, and Employee Type) and change your password.

Editing Your Information

1. Click on *My Profile* in the upper right corner of the screen.

2. The Edit Your Information sub-tab is automatically selected. Change any of the editable fields that need updating. Click *Save*.

3. Click the *Cancel* button to return to the Main screen.
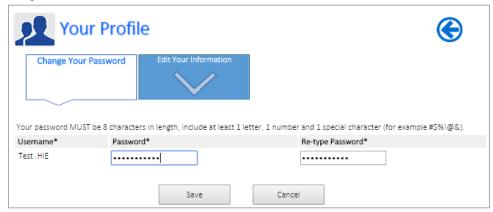
Changing Your Password

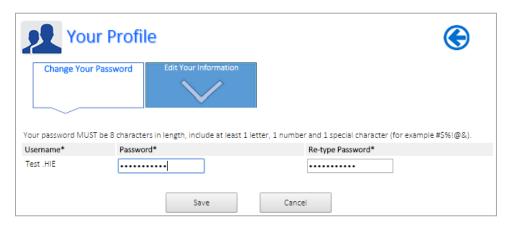1. Click on My Profile in the upper right corner of the screen.

2. Select the Change Your Password sub-tab.

3. Enter a new password in the Password and Re-type Password fields.

Note: **These two values must match.**

4. Click *Save*.
5. Click the *Cancel* button to return to the Main page screen.

Questions?

CIIS Help Desk
Phone: 303-692-2437 option 2
Toll Free: 1-888-611-9918 option 1
Fax: 303-758-3640

Send us an email:
Cdphe.ciis@state.co.us