

Enrollment with CoPHR:

Pharmacy (Single Site & Network/Chain)

Colorado's Integrated Public Health 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 enroll a pharmacy for Immunization Reporting into 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:

- Enroll your organization for participation in CIIS.
- 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).
- Submit online support tickets to the CIIS Help Desk for assistance.

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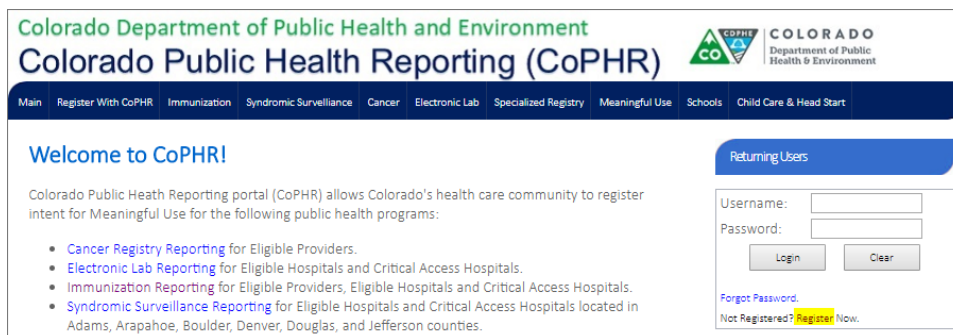
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Getting Started- Enrollment

This section describes all steps involved with setting up an account in Colorado’s Public Health Reporting portal (CoPHR). This document walks through all steps needed to register a Pharmacy in CoPHR which simultaneously enrolls the site in the CIIS Resource Center immunization portal.

This guide is for IMMUNIZATION REPORTING only.

1. Click Register on the CoPHR Home Page (www.cophr.com).

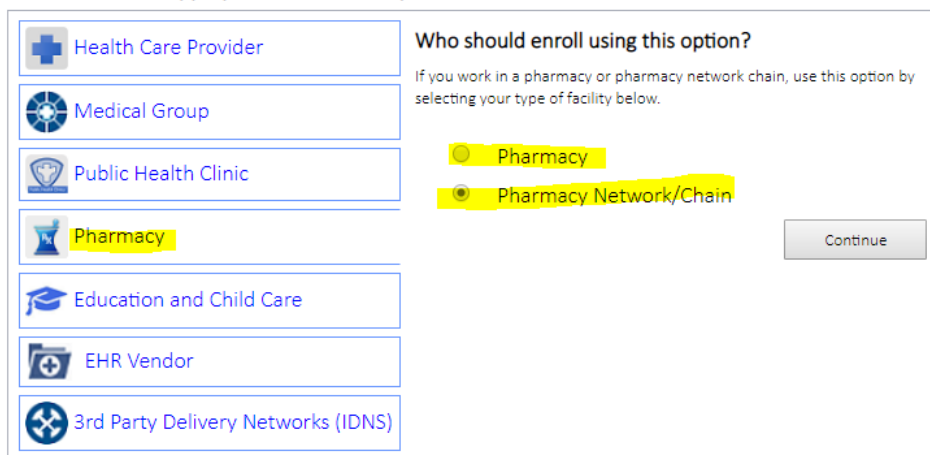


2. Select Pharmacy via the tabs (on the left) and then the specific radio button for either a single pharmacy or a network/chain (on the right). Click *Continue*.

NOTE: This guidance document has a section dedicated to enrolling a single site pharmacy and a section dedicated to enrolling a pharmacy network/ chain.

CoPHR Enrollment

Please select the appropriate enrollment option below.



Cancel



Enrolling a Single Site Pharmacy

- Under Step 1: What Facility are your Registering? , complete all required fields and click *Continue*.



Pharmacies - Enroll Your Pharmacy

Step 1: What Facility are you Registering?

Healthcare Facility Name*		Doing Business As (DBA: alternative facility name)	
<input type="text"/>		<input type="text"/>	
*Is this Facility part of a larger Medical/Physician Group or Hospital Network? <input type="radio"/> Yes <input type="radio"/> No			
Please provide the name of the Group or Hospital Network*		<input type="text"/>	
Address 1*		Unit #	P.O. Box
<input type="text"/>		<input type="text"/>	<input type="text"/>
City*	State*	Zip Code*	County*
<input type="text"/>	Colorado	<input type="text"/>	<input type="text"/>
Phone Number*	Fax	Facility Email	
<input type="text"/> x <input type="text"/>	<input type="text"/>	<input type="text"/>	
*Is this Clinic enrolled in the Vaccine for Childrens (VFC) Program? <input type="radio"/> Yes <input type="radio"/> No			

- Under Step 2: Create Your Profile, complete all fields. Click *Continue*.

Step 2: Create Your Profile

In the fields provided below, please enter your person contact information. This information will be used to create your profile for this service.

First Name*	Last Name*
<input type="text"/>	<input type="text"/>
Phone Number*	Secondary Phone Number
<input type="text"/> x <input type="text"/>	<input type="text"/> x <input type="text"/>

The email address entered below will be your login for this service. Please retain this information to access this service for future use.

Email Address*	Re-Enter Email*
<input type="text"/>	<input type="text"/>

Please create a password to access this site in the future. Your password MUST be 8 characters in length, include at least 1 letter, 1 number and 1 special character (for example #5%!(@&).

Password*	Re-Enter Password*
<input type="text"/>	<input type="text"/>

The secret question and answer entered below will allow you to reset your password in case you forget it. Please retain this information to access this service for future use.

Secret Question*	Secret Answer*
What is your favorite cartoon character?	<input type="text"/>



Note: All Fields with an * notation are required fields.

3. Under *Provider Site Enrollment Request*, a list of existing pharmacies appears. If your pharmacy is listed, select the appropriate radio button. If not, select *Provider site is not in the list above and is a New Provider Site*. Click *Continue*.



Pharmacies - Enroll Your Pharmacy

Provider Site Enrollment Request

The following provider sites were found. Please select your provider site from the list below. If your provider site is not listed below, select **New Provider site** and click "Continue" button.

A. Provider Site is in the list below:

Select	#	County	Provider Site Name	Address	City	Zip	Organization NPI
<input type="checkbox"/>	1	DELTA	CoPHR Test Site	12345 Street	Denver	80222	1750669727

B. Provider site is not in the list above and is a **New Provider Site**.

4. Under Step 2: *Create Your CoPHR Account*
 - a. Complete all required fields and create a password and secret question and answer.
 - b. Click *Continue*.



Pharmacies - Enroll Your Pharmacy

Step 2: Create your CoPHR Account

First Name*	MI	Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone <input type="checkbox"/> Check if same as Facility Phone	Email Address	
<input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/>	<input type="text"/>	
*Employee Type		
<input type="text"/>		
Please create a password to access this site in the future. Your password MUST be 8 characters in length, include at least 1 letter, 1 number and 1 special character (for example #S%!@&).		
Password*	<input type="text"/>	Confirm Password* <input type="text"/>
Secret Question*	<input type="text"/>	Secret Answer* <input type="text"/>



5. A Congratulations! Screen will appear with you login information displayed. Click *Print* if you want this information for your records. If not, then click *Continue* to be taken into the CoPHR portal.

 **CONGRATULATIONS!**

Your CoPHR Account has successfully been created.

Your Information

Name	New Contact4
Username	New.Contact4
Password	*****
Email	New@test.com

Provider Site Information

Provider Site Name	New Pharmacy
Address	12345 Street Denver CO 80222
Phone	(000) 000 0000 Extn. 000
Fax	
Email	
Contact Name	New Contact4

Print

Continue

Note: The Username you will use during the logon process is listed on this page. Retain this information for your records.

6. Once in the CoPHR portal, you will be prompted to answer additional questions in order to enroll in the CIIS Resource Center (CRC) immunizations portal.
7. Under *CIIS Enrollment - Step 1: Clinic Immunization Profile* complete all required fields. Click *Save & Continue*.

NOTE: As you answer questions, more prompts may appear.



CIIS Enrollment - Step 1: Clinic Immunization Profile

*Please select the type of clinic you are registering.

*Please select the type of Vaccines that are given at the clinic.

Child Adolescent Adult Travel Clinic does not give immunizations

Are you the Main Immunization Contact for the Clinic? Yes No

*Is this Clinic enrolled in the Vaccine for Childrens (VFC) Program? Yes No

8. Under *CIIS Enrollment - Step 2: CIIS Manner of Usage* select how your clinic intends to report data to CIIS. If you select:
- Direct Data Entry**
 - Select if your site plans to manually enter immunization data directly into the CIIS web application, then click *Save & Continue* and you will be navigated to the Login Confirmation Page.
 - Electronic Data Exchange (HL7)**
 - Select if your site plans to electronically report data to CIIS, through an interface, from an EHR.
 - Complete all fields under the Clinic Technical Contact, Data Validation Contact, and Electronic Health Record Information, Health Information Exchange Participation, and Other Data Aggregation Services sections (entering contact information where prompted helps us during the interface process).
 - Note: All Fields with an * notation are required fields.**
 - Click *Save & Continue*.



CIIS Enrollment - Step 2: CIIS Manner of Usage

*How does your Clinic intend to use the Colorado Immunization Information System (CIIS)?

- Direct Data Entry - Manually enter data into CIIS web application
- Electronic Data Exchange (HL7) - Electronically report data to the CIIS through an interface from EHR.

Clinic Technical Contact

As part of creating an interface with CIIS, you will need to identify someone as the IT/Technical contact that will work with the CIIS Program to establish the interface.

Are you the Technical Contact for this Clinic? Yes No

Data Validation Contact

As part of creating an interface with CIIS, you will need to identify someone who can pull 30 patient records so that we can perform a data validation check. This is generally someone within the clinic. Please identify this person below:

Are you the Data Validation Contact for the Clinic? Yes No

Electronic Health Record Information

Does the Provider Site currently record immunizations in an Electronic Health Record (EHR)? Yes No

Please provide your EHR information:

Please select your Electronic Health Record.*

Please select the product provided by the selected EHR.*

Please select your Electronic Health Record Contact Add New [+]

Health Information Exchange Participation

*Is this clinic affiliated with or planning to work with a Health Information Exchange? Yes No

If yes, please SELECT your preferred HIE

Other Data Aggregation Services

Will data be sent through a 3rd party data bridge or Integrated Delivery Network? Yes No

Select the Data Aggregation Service.

Save & Continue

Reset

9. You will then be taken into the CIIS Resource Center main page of the CoPHR portal where you will see 6 widgets. Please see the Pharmacy Navigation guidance document, located on the right hand side of the website, for additional information.



Enrolling a Pharmacy Network/Chain

1. After selecting that you want to enroll as a Pharmacy network/Chain, under *Step 2: Create Your Profile*, complete all required fields and create a password and secret question and answer.

Step 2: Create Your Profile

In the fields provided below, please enter your person contact information. This information will be used to create your profile for this service.

First Name*	Last Name*
<input type="text"/>	<input type="text"/>
Phone Number*	Secondary Phone Number
<input type="text"/>	<input type="text"/>

The email address entered below will be your login for this service. Please retain this information to access this service for future use.

Email Address*	Re-Enter Email*
<input type="text"/>	<input type="text"/>

Please create a password to access this site in the future. Your password MUST be 8 characters in length, include at least 1 letter, 1 number and 1 special character (for example #5%!@&).

Password*	Re-Enter Password*
<input type="text"/>	<input type="text"/>

The secret question and answer entered below will allow you to reset your password in case you forget it. Please retain this information to access this service for future use.

Secret Question*	Secret Answer*
What is your favorite cartoon character? ▼	<input type="text"/>

2. Under *Step 3: Select Your Pharmacy Network*, a list of existing pharmacies networks will appear. If your network is listed, select the appropriate radio button. If not, select *Is NOT in the list above*. Click *Continue*.

Step 3: Select Your Pharmacy Network

Scroll through the list below, if your Pharmacy Network is listed, please select it from the list and click continue. If your Pharmacy Network is not listed, select "Is NOT in the list above" to add new.

1. 1st Allergy, Asthma and Pediatrics Too
259. Is NOT in the list above.



- Under *Step 4: Enter Your Pharmacy Network Information*, if you selected an existing network, verify that all information is correct and fill in all additional required fields. If you are enrolling a new network, complete all required fields. Click *Continue*.

Step 4: Enter Your Pharmacy Network Information

Name of Pharmacy Network*		Pharmacy Network Main Phone Number*	
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/>	
Address Line 1*		Address Line 2	
<input type="text"/>		<input type="text"/>	
City*	State*	Zip*	
<input type="text"/>	Colorado ▼	<input type="text"/>	
County*	Web Site		
<input type="text"/>	<input type="text"/>		

Please enter new Pharmacy Network primary contact information below:

Contact First Name*	Contact Last Name*	Contact Phone*	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/>	
Contact Email*	Employee Type*		
<input type="text"/>	<input type="text"/>		

- Under *Step 5: Login Confirmation Page*, you login confirmation information is displayed.
Note: The Username you will use during the logon process is listed on this page. Retain this information for your records.

- Click *Continue* to be taken into the CoPHR portal.



Step 5: Login Confirmation Page

Your information was saved successfully.

Your Information

Name	First Contact
Username	First.Contact
Password	*****
Email	FC@test.com

Group Information

Group Name	Pharm Network
Address	123 Rd Denver CO 80222
Phone	(000) 000 0000 Extn. 0000
Fax	
Email	FC@test.com
Contact Name	First Contact

Print

Continue

6. Once in the CoPHR portal, the page will display as a Medical Group.
7. Click on *Immunizations* in the left hand column to be taken into the CIIS Resource Center (CRC).



Medical Group First.Contact

Pharm Network

Select program below for more options

Immunizations

Colorado's Immunization Information System (CIIS)

Things you can do in the CIIS Resource Center...

1. Enroll Sites and User for access to CIIS
2. Training and Help Desk Support
3. Establish Electronic Immunization Reporting
4. Meaningful Use Registration and Status Reporting

Cancer

Colorado's Central Cancer Registry (CCCR)

Things you can do in the CIIS Resource Center...

1. Establish Electronic Cancer Reporting
2. Meaningful Use Registration and Status Reporting

Syndromic Surveillance

CDPHE Syndromic Surveillance

Things you can do in the CIIS Resource Center...

1. Establish Electronic Syndromic Surveillance Reporting
2. Meaningful Use Registration and Status Reporting

Electronic Labs

CDPHE Electronic Laboratory Reporting

Things you can do in the CIIS Resource Center...

1. Establish Electronic Laboratory Reporting
2. Meaningful Use Registration and Status Reporting

Meaningful Use Participation

Immunizations	Cancer	Syndromic Surveillance	Electronic Labs
0	0	0	0
Total Sites in Group	Sites	Sites	Sites

[View Instructions](#) [Print Instructions](#)

Manage Sites

Select what you want to do...

There are no sites associated with your group.

Instructions:

1. READ the requirements.
2. Select an option to add site locations managed by your organization.
3. Add sites.

***Requirements**

All sites must include the following information...

1. Legal name of the site.
2. If the site is commonly referred to by a DBA name, include it: DBA = "Doing Business As"
3. Street Address 1 (ex. 1234 Example Street)
4. Street Address 2 (ex. Suite A, Unit 1, etc.)
5. City, State, Zip Code
6. Organization NPI, this is the organization National Provider ID, NOT a physician or care provider working in or for the site.

If you do not know the Organization NPI, you can look it up [here](#)

Select how do you want to add your sites?

8. You will then be taken into the CIIS Resource Center main page of the CoPHR portal where you will see 8 widgets.

Please see the Pharmacy Navigation guidance documents, located on the right hand side of the website, for additional information.

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