

Enrollment in CoPHR/CIIS

Public Health Clinic (PLHA, FQHC, RHC)

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 public health clinic in CoPHR and in the CIIS Resource Center (CRC) for immunization reporting only. 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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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 Public Health Clinic in CoPHR and then continue within CoPHR to register the site for Immunization Reporting via the Immunization CRC portal.

This guide is for IMMUNIZATION REPORTING only.

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



Colorado Department of Public Health and Environment
Colorado Public Health Reporting (CoPHR)

Colorado 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** for Eligible Providers.
- **Electronic Lab Reporting** for Eligible Hospitals and Critical Access Hospitals.
- **Immunization Reporting** for Eligible Providers, Eligible Hospitals and Critical Access Hospitals.
- **Syndromic Surveillance Reporting** for Eligible Hospitals and Critical Access Hospitals located in Adams, Arapahoe, Boulder, Denver, Douglas and Jefferson counties.

Returning Users

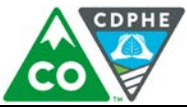
Username:

Password:

[Forgot Password.](#)

Not Registered? [Register Now.](#)

2. Select Health Care Provider via the tabs (on the left) and then the specific radio button (on the right). Click *Continue*.



CoPHR Enrollment

CoPHR Enrollment

Please select the appropriate enrollment option below.

<input type="checkbox"/> Health Care Provider	Who should enroll using this option? If you work in a publicly funded clinic, use this option by selecting your type of facility below.
<input type="checkbox"/> Medical Group	<input checked="" type="radio"/> Local Public Health Agency (LPHA)
<input checked="" type="checkbox"/> Public Health Clinic	<input type="radio"/> Federally Qualified Health Center (FQHC)
<input type="checkbox"/> Pharmacy	<input type="radio"/> Rural Health Center (RHC)
<input type="checkbox"/> Education and Child Care	<input type="button" value="Continue"/>
<input type="checkbox"/> EHR Vendor	
<input type="checkbox"/> 3rd Party Delivery Networks (IDNS)	

Note: This guidance document is targeted at those enrolling *Public Health Clinics* ONLY. There are separate enrollment guidance documents for Health Care Providers, Medical Groups, Pharmacies, Schools, EHR Vendors, and IDNS.

3. Under *Step 1: What Facility are you Registering?*, complete all fields. Click *Continue*.

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



Public Health Clinic - Enroll Your Clinic

Step 1: What Facility are you Registering?

Healthcare Facility Name* Doing Business As (DBA: alternative facility name)

*Is this Facility part of a larger Medical/Physician Group or Hospital Network? Yes No

Please provide the name of the Group or Hospital Network*

Address 1* Unit # P.O. Box

City* State* Zip Code* County*

Phone Number* x Fax Facility Email

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

4. On the Provider Site Enrollment Request screen, a list of existing public health clinics appears. If your site 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*.



Public Health Clinic - Enroll Your Clinic

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	ALAMOSA	new new	123 Rd	Denver	80222	
<input type="checkbox"/>	2	ARAPAHOE	LPHA Test Site	123 Rd	Denver	80222	
<input type="checkbox"/>	3	ARAPAHOE	Pharmacy Single Site	123 Rd	Denver	80222	

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

5. Under *Step 2: Create your CoPHR Account* complete the following steps regarding the enrollee:
 - a. Complete all fields to add contact information for the enrollee's account.
 - b. Click *Save & Continue*.

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



Public Health Clinic - Enroll Your Clinic

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 #5%!.@&).		
Password*	<input type="text"/>	Confirm Password* <input type="text"/>
Secret Question*	What is your favorite cartoon character? <input type="text"/>	Secret Answer* <input type="text"/>

6. A *Congratulations!* screen will appear showing your account information for CoPHR. At this time you will also receive an email from CoPHR. Please save this email for future reference.
 - a. Click *Continue*.

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Colorado Public Health Reporting (CoPHR)

CONGRATULATIONS!

Your CoPHR Account has successfully been created.

Your Information

Name	Test Person
Username	Test.Person
Password	*****
Email	TP1@test.com

Provider Site Information

Provider Site Name	Test Clinic Name
Address	123 Road Denver CO 80222
Phone	(111) 111 1111
Fax	
Email	
Contact Name	Test Person

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

You will now be directed to begin enrollment for the CIIS Resource Center (CRC) within the CoPHR portal.

CIIS Resource Center (CRC) Enrollment

1. The CIIS Resource Center main page opens, complete *Step 1: Clinic Immunization Profile*.

NOTE: As you fill information out, more questions will appear.

- a. Select the type of clinic you are registering.
- b. Select the types of vaccines given at this clinic.

Note: If your site does NOT administer immunizations, select *Clinic does not give immunizations*.

- c. Click the correct radio button for whether or not you are the Main Immunization Contact for the Clinic?
 - i. If YES, select the Yes button.
 - ii. If NO, select the *No* button and fill in the information if the information is available.
- d. Click the correct radio button for whether or not this is a VFC site.
 - i. If YES, fill in the VFC PIN.
 - ii. If NO, continue.
- e. Click *Save & Continue*.

Colorado Immunization Information System (CIIS)
CIIS Resource Center

Manage Users Training Resources Data Exchange Meaningful Use CIIS Help Desk First.Last

Facility Information Public Health Clinic DBA: Doctor Group 123 Rd, Denver, CO 80222 ALAMOSA Phone: (222) 222 2222 Facility Type: Public Health Facility NPI:	Electronic Health Record Information EHR Product: EHR Version: CEHRT#:	My Profile First Last Phone: (222) 222 2222 Email: Name@test.com
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CIIS Enrollment - Step 1: Clinic Immunization Profile

*Please select the type of clinic you are registering. Public Health

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

Child Adolescent Adult Travel Clinic does not give immunizations

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

Save & Continue Reset



2. Complete *Step 2: CIIS Manner of Usage*, select how your clinic intends to report data to CIIS. If you select:

a. **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.

b. **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

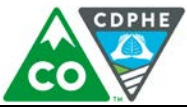
*Is this clinic affiliated with or planning to work with a Health Information Exchange? Yes No

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.



3. You are now directed to the CIIS Resource Center Main Page which displays 6 widgets.
- User Agreements
 - Help Desk
 - Training Resources
 - Users & Contacts
 - Data Exchange
 - My Account

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

Please see the Public Health Clinic Navigation guidance document located on the right hand side of the website for information about how to navigate within the portal.



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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