

User Enrollment

CIIS Resource Center User Guidance

The CIIS Resource Center is a self-service system that allows you to do a number of tasks once enrollment is complete, including:

- Access CIIS training information and resources.
- 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).
- Receive assistance with Stage 1 Meaningful Use attestation for the immunization registry reporting objective.
- Register your intent for Stage 2 Meaningful Use.
- Submit online support tickets to the CIIS Help Desk for assistance.

Please note: The CIIS Resource Center is separate system from the Colorado Immunization Information System (CIIS), which allows you to access patient immunization records for Colorado residents.

This guide describes how to complete User Enrollment in the CIIS Resource Center. Requesting a user account for the CIIS registry is a separate process and directions will be provided on page 7 of this document.

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Getting Started

1. This section describes how to complete your user enrollment within the CIIS Resource Center. **Please note: In order to complete this process, you should have received an email from your CIIS Resource Center containing all of the information required to complete your user enrollment.** Click the IIS Users link on the blue bar of the CIIS Resource Center Home Page (<https://www.ciisresources.com/>).

The screenshot shows the CIIS Resource Center website. The navigation bar includes links for Home, IIS Users (highlighted with a red box), Healthcare Providers, Public Health Clinics, Pharmacies, EHR Vendors, Training Resources, and CIIS Help Desk. The main content area is titled 'About the CIIS Resource Center' and lists several services. On the right, there is a 'Returning Users' login form with fields for Username and Password, and buttons for Login and Clear. Below the form are links for 'Forgot Password' and 'Not Registered? Register Now'.

2. On the User Enrollment screen, click Begin User Enrollment.
Note: You will need access to the name, address, zip code, and county of the provider site where you work, as well as, the User Pin provided in the email that was sent to you by the CIIS Resource Center when your CIIS Site Administrator setup your account.





User Enrollment



User Enrollment Training CIIS Help Desk

In order to complete the user enrollment process, your provider site must be enrolled with the CIIS Resource Center. Every site will need to designate a primary contact for CIIS who will be responsible for authorizing users for the practice. This contact is called the CIIS Administrator. Please verify that your site's CIIS Administrator has sent a request authorizing you as a CIIS user (once this is done you will receive an email). If you have received an email inviting you to enroll with the CIIS Resource Center, please make sure you have the following information before you continue:

- The name, address, zip code, and county of the provider site where you work.
- Your own personal contact information.
- The User Pin provided in the email when your CIIS Administrator requested access for you.

Begin User Enrollment

3. Under Step 1: Identify the Provider Site you are registering with, complete all fields. Click Continue.

Note: All fields with an * notation are required fields (organization information should match what was sent in the email invite).

Step 1: Identify the Provider Site you are registering with

| | | | |
|---|---------------------------------|--|--------------------------------------|
| Provider Site Name* | | Organization NPI | |
| <input type="text" value="Kim's Test Pediatric Clinic"/> | | <input type="text"/> | |
| Address 1* | | Address 2 | |
| <input type="text" value="39049830 1st Ave"/> | | <input type="text"/> | |
| City* | State* | Zip Code* | County* |
| <input type="text" value="Test City"/> | <input type="text" value="CO"/> | <input type="text" value="80108"/> | <input type="text" value="DOUGLAS"/> |
| Phone Number | | Fax | |
| <input type="text"/> - <input type="text"/> - <input type="text"/> Extn. <input type="text"/> | | <input type="text"/> - <input type="text"/> - <input type="text"/> | |
| <input type="button" value="Continue"/> | | <input type="button" value="Cancel"/> | |



- a. Through a matching process the system may display one or more sites that are possible matches for the site you are trying to enroll under. If your site is found, click the appropriate radio button and click *Continue*. If the site is not listed contact your CIIS Site Administrator or call the CIIS Help Desk at 303-692-2437, option 2 or 1-888-611-9918, option 1.

Step 1: Identify the Provider Site you are registering with

The following provider site(s) has been identified. If your provider site is listed below, select it and click continue to proceed with enrolling for the CIIS Resource Center. Otherwise, check with your CIIS Administrator or call the CIIS Help Desk at 303-692-2437 x2 or 1-888-611-9918 x1.

| Select | # | County | Provider Site Name | Address | City | Zip | Contact | Clinic NPI | PIN # |
|----------------------------------|---|---------|-----------------------------|------------------|-----------|-------|----------|------------|-------|
| <input checked="" type="radio"/> | 1 | DOUGLAS | Kim's Test Pediatric Clinic | 39049830 1st Ave | Test City | 80108 | Kim Test | 1417983602 | |

4. Under Step 2: Provide information about yourself, complete all fields. Click Continue.

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

Note: The User PIN was included in the email invite you received from the CIIS Resource Center.

Step 2: Provide information about yourself

Your User PIN provided Primary Contact at CIIS at your Practice*

First Name* MI Last Name*

Employee Type

Phone Number x Email Address

Are you considered a main contact for this Provider Site? Yes No

Are you the Technical Contact for this Provider Site? Yes No

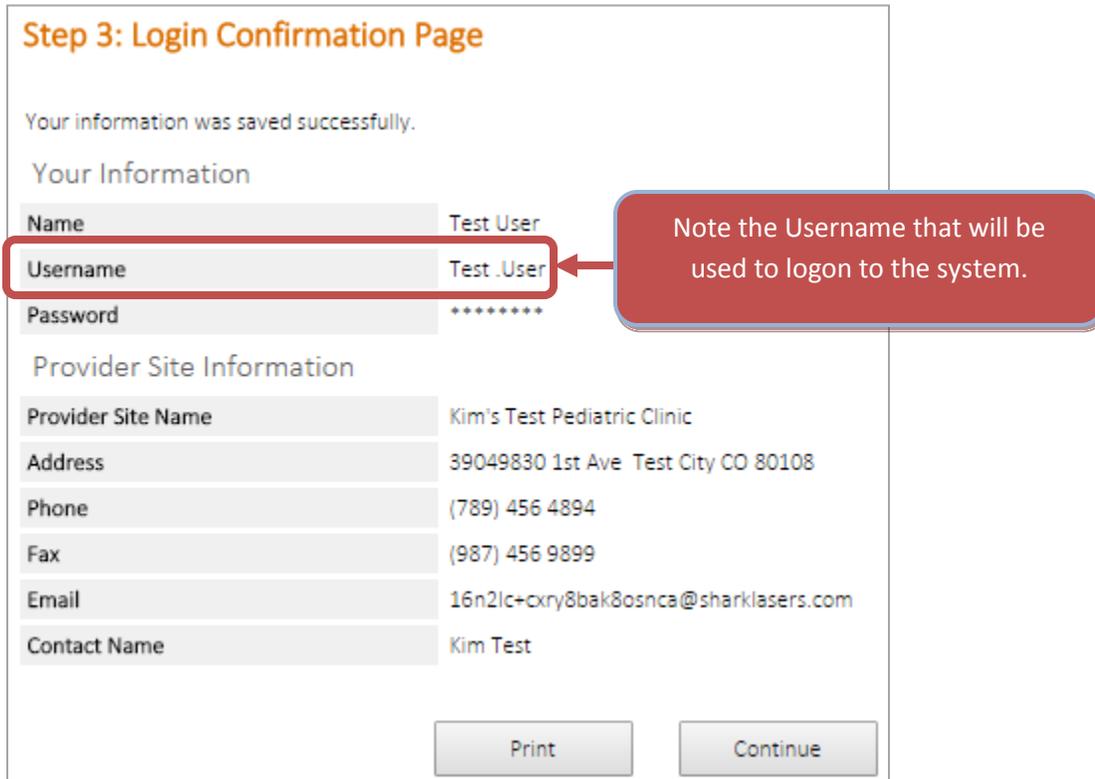
Are you a current CIIS User? Yes No CIIS User ID

Please create a password. This password will be used to access this system in the future. Password should be atleast 6 characters long and should have atleast one numeric digit, one capital letter and one special character.

Password* Confirm Password*

Secret Question* Secret Answer*

5. Under *Step 3: Login Confirmation Page*, click *Print* if you want this information for your records. If not, then click *Continue*.



Step 3: Login Confirmation Page

Your information was saved successfully.

Your Information

| | |
|-----------------|------------------|
| Name | Test User |
| Username | Test User |
| Password | ***** |

Provider Site Information

| | |
|--------------------|---------------------------------------|
| Provider Site Name | Kim's Test Pediatric Clinic |
| Address | 39049830 1st Ave Test City CO 80108 |
| Phone | (789) 456 4894 |
| Fax | (987) 456 9899 |
| Email | 16n2lc+cxry8bak8osnca@sharklasers.com |
| Contact Name | Kim Test |

Print Continue

Note: The Username you will use during the logon process is listed on this page.

6. You will be directed to the *Main* screen. This page will look different based on the type of user you have been set up as. Review the **Next Steps** section to find out what other features can be used.

Next Steps

This section describes the variety of Widgets that may be displayed on the Main screen. The Widgets vary based on the user type so you may not see all Widgets described below.

My Account Widget

This section describes how to submit a request for a CIIS User Account, (CIIS allows you to access patient immunization records for Colorado residents) and how to edit your CIIS Resource Center Account (allows you to access CIIS training resources, submit a help desk ticket, etc.).

Requesting a CIIS User Account

Note: Training needs to be completed prior to requesting a CIIS User Account. To find out what trainings are required visit the Training Resources tab.



1. Click on the Request CIIS User Account link under the My Account Widget.

| | | |
|--|--|---|
| <p>Kim's Test Pediatric Clinic 39049830 1st Ave Test City, CO 80108 Phone: (789) 456 4894 Fax: (987) 456 9899</p> | <p>Test User Phone: (123) 456 7891 Email: 16pdxl+t5yn18w@sharklasers.com Username: Test .User</p> | |
| <p> My Account Enroll with the CIIS Edit your Resource Center Account</p> | <p> Help Desk Submit a Support Ticket View Ticket Status</p> | <p> Training Resources View Training Calendar</p> |

2. Complete the Colorado Immunization Information System (CIIS) Login Request Form. Click Submit.
Note: Training needs to be completed prior to requesting a CIIS User Account. To find out what trainings are required visit the Training Resources tab.



Please complete the Colorado Immunization Information System (CIIS) User enrollment form below to begin your enrollment.

Colorado Department of Public Health and Environment

Colorado Immunization Information System (CIIS)

LOGIN REQUEST FORM

**Attention NEW CIIS Users: Before completing a Login request form, you must complete the CIIS user training. Click on the [Training Information Sheet](#) for directions.*

Instructions: Complete this online form to create a new CIIS account, change your existing CIIS account, or inactivate a CIIS account. *You can only complete this form if your site has a signed Letter of Agreement with CIIS.* **NOTE: All fields marked with * are required.** Have questions about how to complete this form? Call us toll-free at 1.888.611.9918 or 303.692.2437 or email us at CDPHE.CIIS@state.co.us.

* Date:

* Why are you completing this form?

* Please check ALL applicable categories:

3. Once the login request form is submitted a confirmation message is displayed.

Note: CIIS will notify your site's CIIS Administrator of your login request. You will be provided access rights to the CIIS web application following the verification process.



**Thank you for completing the online CIIS Login Request Form!
Your form has been successfully submitted to CIIS for processing.**

CIIS will notify your site's CIIS Administrator of your login request.
You will be provided access rights to the CIIS web application following the verification process.

A CIIS Staff member will be in touch with you soon.

Editing Your CIIS Resource Center Account

1. Click on the Edit your CIIS Resource Center Account link under the My Account Widget.



| | | |
|---|---|--|
| Kim's Test Pediatric Clinic 39049830 1st Ave Test City, CO 80108 Phone: (789) 456 4894 Fax: (987) 456 9899 | | Test User Phone: (123) 456 7891 Email: 16pdxl+t5yn18w@sharklasers.com Username: Test .User |
| My Account Enroll with the CIIS <input type="button" value="Edit your Resource Center Account"/> | Help Desk Submit a Support Ticket View Ticket Status | Training Resources View Training Calendar |

- The Edit Your Information sub tab on the Your Profile screen will be selected. This sub tab will allow you to edit the following fields: 1) Phone Number; 2) Secret Question; 3) Secret Question Answer; and 4) Email Address. Click Save when all edits have been made.

Your Profile

| | | |
|--|---------------------------|---|
| Username* | Password* | Phone # |
| Test .User | ***** | 123 456 7891 Extn. <input type="text"/> |
| Secret Question* | Answer* | Email |
| What was the color of your first car? <input type="text"/> | Blue <input type="text"/> | 16pdxl+t5yn18w@sharklase |

- To change your password, click the Change Your Password sub tab on the Your Profile screen. Enter the new password in the Password and Re-type Password fields. Click Save.



Your Profile

Change Your Password | Edit Your Information

Your password MUST be 8 characters in length, include at least 1 letter, 1 number and 1 special character (for example #S%!@&).

| Username* | Password* | Re-type Password* |
|------------|-----------|-------------------|
| Test .User | | |

Save | Cancel

4. Once the password has been updated you will get a message that says Your Password has been successfully updated!

Your Profile

Change Your Password | Edit Your Information

Your Password has been successfully updated!

Your password MUST be 8 characters in length, include at least 1 letter, 1 number and 1 special character (for example #S%!@&).

| Username* | Password* | Re-type Password* |
|------------|-----------|-------------------|
| Test .User | | |

Save | Cancel



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 Agreement Widget.

The screenshot shows a user profile for 'Test.Name7' with options to 'Edit Main Profile' and 'View Messages'. The profile details include 'Test Clinic Site' (123 Test Blvd., Test City, CO 80108, Phone: (123) 456 7899, Fax: (456) 789 1321) and 'Test Name' (Phone: (123) 456 7899, Email: 14og5u+e5k6uu7tih4s0@sharklasers.com, Username: Test.Name7). Below this is a 'Get Started ...' section with the instruction 'Click below to complete tasks to finish setting up your clinic's account.' It features three main widgets: 'Usage Agreements' (with a red box around 'Submit New Clinic (LOA)' and 'CIIS Administrator Form'), 'Help Desk' (with 'Submit a Support Ticket' and 'View Ticket Status'), and 'Training Resources' (with 'View Training Calendar').

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.



COLORADO
Department of Public
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

Colorado Immunization Information System
Participating Clinic Letter of Agreement

Date: 04/17/2015
Clinic Name: Test Clinic Site
Address: 123 Test Blvd.
City: Test City State: CO Zip Code: 80108

Pursuant to C.R.S. §25-4-2401 et seq., the Colorado Department of Public Health and Environment (CDPHE) operates a web-based state immunization registry, the Colorado Immunization Information System (CIIS). The CIIS mission is to establish and maintain a population-based, confidential, fully functional, and sustainable immunization information system that facilitates the timely and complete immunization for all Coloradans to prevent disease and reduce health care costs to individuals and the State.

The term "Participating Clinic" refers to the entity identified at the top of this Letter of Agreement (LOA). By returning a signed copy of this LOA you acknowledge and confirm that: 1) you are authorized to sign this LOA on behalf of the Participating Clinic, 2) the Participating Clinic is an entity authorized to disclose information to and receive information from CIIS under the Immunization Registry Act, 3) the Participating Clinic will only permit access to the disclosed information for clinical, quality improvement and school entry law purposes, 4) if entering data manually into the CIIS web application, the Participating Clinic must enter their clients' non-historical immunization services into CIIS within 30 days of the respective vaccine administration dates, or if submitting data electronically to CIIS, the Participating Clinic must send their clients' non-historical immunization services to CIIS within 7 days of the respective vaccine administration dates, 5) the Participating Clinic will treat all information in CIIS as confidential, 6) if the Participating Clinic discloses information to CIIS, it has provided notice to individuals, parents or guardians as required by C.R.S. § 25-4-2403(7) stating that the individual, parent or guardian can choose to have their (or their child's) immunization information excluded from CIIS, 7) the Participating Clinic is responsible for the provision and maintenance of any necessary computer hardware, network connections, telecommunication lines, internet access and data uploads/downloads from existing electronic health record systems which may be necessary for the clinic's participation in CIIS, and 8) the Participating Clinic is responsible for ensuring that all persons or entities (including providers, staff, contractors and agents) who access information through CIIS are authorized to receive access to such information and will comply with all applicable laws, regulations and CIIS policies, including the CIIS Confidentiality Policy and the CIIS Security Policy. The CIIS Confidentiality Policy and CIIS Security Policy are reviewed and potentially revised at least annually. You may obtain a copy of current policies at www.ColoradoIIS.com.

CIIS agrees to: 1) provide and maintain a secure and functional immunization registry, 2) provide ongoing technical assistance and support to facilitate access to and use of the system, and 3) notify the Participating Clinic of any potentially incorrect information in CIIS attributable to one of its patients so that it may promptly correct the information, if necessary. We also ask that the Participating Clinic perform regular quality assurance audits of information concerning its patients to ensure the continued integrity of the system.

To terminate your access to and participation in the CIIS program, please email us at CDPHE.CIIS@state.co.us at least 30 days prior to your planned termination date. Please note that CDPHE will not delete any data sent to CIIS by any Participating Clinic prior to a clinic's termination of participation.

| | |
|--|---------------------|
| By: Participating Clinic Representative Printed Name Test Name | Date: 04/17/2015 |
| By: Participating Clinic Representative <input checked="" type="checkbox"/> I agree to the above terms and conditions as set forth by the Public Health Agency. | |
| By: Heather Shull, MA Colorado Immunization Information System Program Manager | Date |

August 2014

3. A box confirming that your LOA was submitted successfully will be displayed. Click *Close*.

Clinic Letter of Agreement (LOA) was submitted successfully!

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.



Completing the CIIS Administrator Form

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

The screenshot shows a user profile page for "Test.Name7". At the top, there are links for "Edit Main Profile" and "View Messages". Below this are two information boxes: "Test Clinic Site" (123 Test Blvd., Test City, CO 80108, Phone: (123) 456 7899, Fax: (456) 789 1321) and "Test Name" (Phone: (123) 456 7899, Email: 14og5u+e5k6uu7tih4s0@sharklasers.com, Username: Test.Name7). Below these is a "Get Started . . ." section with the instruction "Click below to complete tasks to finish setting up your clinic's account." This section contains three widgets: "Usage Agreements" (with a green checkmark icon and a red box around the "CIIS Administrator Form" link), "Help Desk" (with "Submit a Support Ticket" and "View Ticket Status" links), and "Training Resources" (with "View Training Calendar" link).

2. Review the Colorado Immunization Information System (CIIS) Clinic Administrator Form.
- Required question: The best way to contact you. Select phone or email.
 - Required question: Are you replacing the previous CIIS Administrator? Select yes or no.
 - Click on the box next to: *I agree to the above terms and conditions as set forth by the Public Health Agency.* 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: 05/08/2015

CLINIC INFORMATION

| | |
|--|--------------------|
| *Clinic Name | Test Clinic Site |
| *Clinic Street Address (include Suite #) | 123 Test Blvd. |
| *City, State and Zip Code | Test City CO 80108 |
| *Clinic Phone Number | (123) 456 7899 |
| *Clinic Fax Number | (456) 789 1321 |
| *Clinic County | DOUGLAS |
| Website Address (if applicable) | |

CIIS CLINIC ADMINISTRATOR INFORMATION

| | |
|-----------------------------------|--------------------------------------|
| *CIIS Clinic Administrator Name | Test Name |
| *Employee Type | Clinic Manager |
| *Clinic Admin Direct Phone Number | 123 456 7899 x |
| Clinic Admin Direct Fax Number | 456 789 1321 |
| *Clinic Admin Email Address | 14ag5u+e5k6uu7cih4z0@sharklazers.com |
| Hours Available | 8am-4pm |

*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.



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

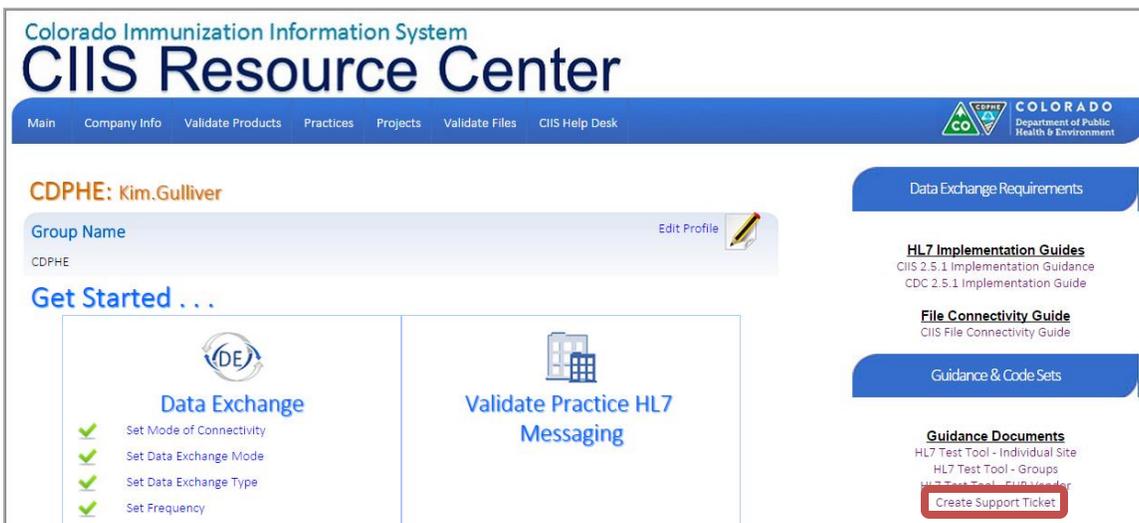


6. Under Usage Agreements it will display that your CIIS Administrator Form has been completed.



Help Desk Widget

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 and upcoming events on our Training Calendar.

Accessing CIIS Training Resources

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

The screenshot shows the CIIS user interface. At the top, a blue navigation bar contains links: Main, Manage Users, Training Resources (highlighted with a red box), Data Exchange, Meaningful Use, and CIIS Help Desk. Below the navigation bar, the user profile for Kim.Test4 is displayed, including clinic information for Kim's Test Pediatric Clinic and personal contact details. A red text box with the instruction "Click either to access Training Resources" has two arrows: one pointing to the "Training Resources" link in the navigation bar and another pointing to the "Training Resources" widget icon in the "Get Started..." section. The "Training Resources" widget icon is also highlighted with a red box and includes the text "View Training Calendar".

2. The Training Resources screen will provide links to CIIS Training Webinars, CIIS Job Aids and Quick Guides, CIIS Video Library, and CIIS Online Training Courses. In addition, this screen provides detailed descriptions on CIIS REQUIRED trainings and how to register for an online course.



Viewing the CIIS Training Calendar

1. Click on View Training Calendar under the Training Resources Widget.

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

| | | |
|--|--|--|
|  <h3>Usage Agreements</h3> <p>Complete & Submit required forms. Submit New Clinic (LOA)  Clinic LOA - 05/05/2015  CIIS Administrator Form</p> |  <h3>Help Desk</h3> <p>Submit a Support Ticket View Ticket Status</p> |  <h3>Training Resources</h3> <p>View Training Calendar</p> |
|--|--|--|

2. Scheduled upcoming trainings will be displayed on the Training Resources screen.

Kim's Test Pediatric Clinic Edit Main Profile 

Training Resources

 **Training Calendar** 

Coming soon...

| Training Date | Training Start Time | Training |
|-------------------|---------------------|----------|
| No Records Found. | | |

Users & Contacts Widget

This section describes how to setup staff who need user accounts within the CIIS Resource Center.

Note: Some users may already be listed if you entered contacts (Technical, Data Validation, and EHR Contacts) during the enrollment process.

1. Click on the Manage Users link on the blue bar or on the icon in the Users & Contacts Widget.

The screenshot shows the CIIS Resource Center dashboard. At the top, a blue navigation bar contains links: Main, **Manage Users**, Training Resources, Data Exchange, Meaningful Use, and CIIS Help Desk. Below the navigation bar, the user profile for 'Test.Name7' is visible, with an 'Edit Main Profile' link and a 'View Messages' icon. The main content area is titled 'Get Started ...' and contains several widgets. A red callout box with the text 'Click either to begin setting up users' points to the 'Manage Users' link in the navigation bar and the 'Users & Contacts' widget. The 'Users & Contacts' widget is highlighted with a red box and contains the following information:

- Users & Contacts**
- Add contacts and users that will need to have access to this site and the IIS.
- ✓ Primary Immunization Contact
- ✓ Technical Contact for Data Exchange
- ✓ 3 - Users Added



2. Each sub tab lists different user types for account setup. Click on the appropriate sub tab based on the type of user you want to establish an account:
 - 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 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 – Individuals that do not fall into the category of Primary Contacts, IIS Contacts, or Technical Contacts.

Kim's Test Pediatric Clinic Edit Main Profile

39049830 1st Ave Primary Contact: Kim Test
(984) 498 7946
Test City, CO 80108 16n2lc+cxry8bak8osnca@sharklasers.com

Users & Contacts

To add users click the tab that appropriately fits their role

Manage Primary Contacts | Manage IIS Users | Manage Technical Contacts | Manage Other Contacts

3. Click Add New User at the bottom of the screen.

Primary Contacts

| # | Name | CIIS UserID | Email Address | Phone | User PIN | Edit |
|---|----------|-------------|---------------------------------------|----------------|----------|------|
| 1 | Kim Test | | 16n2lc+cxry8bak8osnca@sharklasers.com | (984) 498 7946 | 439AA | Edit |

Add New User



4. 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). Click *Save*.

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

Add New CIIS User

| | | |
|---|--|-------------------------------------|
| First Name* | Last Name* | MI |
| <input type="text" value="Test"/> | <input type="text" value="Name"/> | <input type="text"/> |
| Work Email | Work Phone* | CIIS UserID |
| <input type="text" value="test@test1.com"/> | <input type="text" value="123 456 7894"/> Extn. <input type="text"/> | <input type="text"/> |
| Is Main Contact/Site Admin | Is Technical Contact | Is General User |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

5. 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 copy of the same message. Click *Close*.

 **New User has been Successfully Added** ✕

User Test Name has been successfully added.

A notification along with instructions on how to register with the CIIS Resource Center has been sent to Test Name. You have been copied on the notification.

If you have any questions, please contact the...

CIIS Help Desk
Phone: 303-692-2437 (option 2)
Toll Free: 1-888-611-9918 (option 1)
Fax: 303-758-3640
Email: cdphe.ciis@state.co.us



6. You will be directed back to the Users & Contacts screen and will see that the new user is now listed under the user section at the bottom.

| # | Name | CIIS UserID | Email Address | Phone | User PIN | Edit |
|---|-----------|-------------|---------------------------------------|----------------|----------|------|
| 1 | Kim Test | | 16n2lc+cxry8bak8osnca@sharklasers.com | (984) 498 7946 | 439AA | Edit |
| 2 | Test Name | | test@test1.com | (123) 456 7894 | 12E0E | Edit |

[Add New User](#)

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

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.

Colorado Immunization Information System
CIIS Resource Center

Main Company Info Validate Products Practices Projects Validate Files CIIS Help Desk

CORHIO: Test .HIE [Edit Profile](#)

Group Name: CORHIO

Get Started . . .

- Data Exchange**
 - Set Mode of Connectivity
 - Set Data Exchange Mode
 - Set Data Exchange Type
 - Set Frequency
- Validate Practice HL7 Messaging**

Data Exchange Requirements

HL7 Implementation Guides
 CIIS 2.5.1 Implementation Guidance
 CDC 2.5.1 Implementation Guide

File Connectivity Guide
 CIIS File Connectivity Guide

Guidance & Code Sets

Guidance Documents (highlighted)

- HL7 Test Tool - Individual Site
- HL7 Test Tool - Groups
- HL7 Test Tool - EHR Vendor
- Create Support Ticket

The HL7 test tool guidance document describes 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 submit a HL7 message to prove submission capability (for Stage 1), register your intent to submit ongoing submissions (for Stage 2), and how to download a Meaningful Use Report Card.



Submitting an HL7 Message to Prove Submission Capability (Stage 1)

1. Click on the Submit HL7 Message to prove submission capability link under the Meaningful Use Immunization Reporting Widget.

| | | |
|--|--|--|
|  <h3>Users & Contacts</h3> <p>Add contacts and users that will need to have access to this site and the IIS.</p> <ul style="list-style-type: none"> ✓ Primary Immunization Contact ✓ Technical Contact for Data Exchange ✓ 6 - Users Added |  <h3>Data Exchange</h3> <p>Create the Data Exchange Profile for this clinic and begin HL7 Message Validation.</p> <ul style="list-style-type: none"> ⊘ Profile is not Complete. ⊘ Pre-Testing (HL7 MSG Validation) ⊘ Pre-Production Testing View Interface Project ⊘ Ongoing Submissions |  <h3>Meaningful Use Immunization Reporting</h3> <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>Submit HL7 Message to prove submission capability.</p> <p>OR</p> <p>Register your Intent to submit ongoing submissions for Stage 2.</p> </div> <p>Download MU Report Card</p> |
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2. 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.

Registering your intent to submit ongoing submission (Stage 2)

1. Click on the Register your intent to submit ongoing submissions for Stage 2 link under the Meaningful Use Immunization Reporting Widget.

| | | |
|--|--|--|
|  <h3>Users & Contacts</h3> <p>Add contacts and users that will need to have access to this site and the IIS.</p> <ul style="list-style-type: none"> ✓ Primary Immunization Contact ✓ Technical Contact for Data Exchange ✓ 6 - Users Added |  <h3>Data Exchange</h3> <p>Create the Data Exchange Profile for this clinic and begin HL7 Message Validation.</p> <ul style="list-style-type: none"> ⊘ Profile is not Complete. ⊘ Pre-Testing (HL7 MSG Validation) ⊘ Pre-Production Testing View Interface Project ⊘ Ongoing Submissions |  <h3>Meaningful Use Immunization Reporting</h3> <p>Submit HL7 Message to prove submission capability.</p> <p>OR</p> <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>Register your Intent to submit ongoing submissions for Stage 2.</p> </div> <p>Download MU Report Card</p> |
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2. Complete all fields, on the Intent Registration screen, under the Please Provide the following information section.
 - 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 for Stage 2.

Intent Registration

Please Provide the following information

| | |
|---|--|
| National Provider Identification (NPI) <i>Please provide the NPI for the organization NOT the provider:</i> | 1264896 Click to search for NPI |
| Meaningful Use Designation <i>Please select the designation of your organization:</i> | <input checked="" type="radio"/> Eligible Provider (EP) <input type="radio"/> Eligible Hospital (EH) <input type="radio"/> Critical Access Hospital (CAH) |
| CMS Attestation Program <i>Please Select CMS Program:</i> | <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Medicare |
| Attesting CMS Program Identifiers <i>Please Enter Program IDs for Programs selected above.</i> | Medicaid: 12654 Medicare: <input type="text"/> |
| Select your Meaningful Use Reporting Period * <i>For Stage 2:</i> | Oct-01-2014 to Dec-31-2014 ▼ |

- 3. Complete all fields under the Point of Contact (POC) for Meaningful Use Communications section.
 - a. If there are multiple POCs 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 | <input checked="" type="checkbox"/> Self |
| First Name*: | Kim |
| Last Name*: | Test |
| Phone Number*: | 984 498 7946 x <input type="text"/> |
| Email Address*: | 16n2lc+cxry8bak8osnca@sharklasers.com |

[Add Additional POC \[-\]](#)

| | |
|-----------------------|---|
| First Name: | <input type="text"/> |
| Last Name: | <input type="text"/> |
| Phone Number: | <input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/> |
| Email Address: | <input type="text"/> |

Click Add Additional POC to add additional POCs



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 *Submit*.

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

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

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

Immunization: Successful Meaningful Use Registration!

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 On-boarding page and progress to the next step in the process.

6. You are directed to the Data Exchange screen which allows you to begin uploading HL7 test messages into the HL7 testing tool. For more information on how to upload a HL7 test message, please review the HL7 Test Tool – Individual Site guidance document. It is located under Guidance Documents on the right tab.



Downloading a Meaningful Use Report Card

1. Click on the *Download MU Report Card* link under the Meaningful Use Immunization Reporting Widget.

| | | |
|--|--|---|
|  <h3>Users & Contacts</h3> <p>Add contacts and users that will need to have access to this site and the IIS.</p> <ul style="list-style-type: none">✓ Primary Immunization Contact✓ Technical Contact for Data Exchange✓ 6 - Users Added |  <h3>Data Exchange</h3> <p>Create the Data Exchange Profile for this clinic and begin HL7 Message Validation.</p> <ul style="list-style-type: none">✗ Profile is not Complete.✗ Pre-Testing (HL7 MSG Validation)✗ Pre-Production Testing✓ View Interface Project✗ Ongoing Submissions |  <h3>Meaningful Use Immunization Reporting</h3> <p>Submit HL7 Message to prove submission capability.</p> <p>OR</p> <p>Register your Intent to submit ongoing submissions for Stage 2</p> <p>Download MU Report Card</p> |
|--|--|---|

2. The MU Report Card will be displayed and includes the relevant dates and a current Stage 2 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

Capability to submit electronic data to immunization registries or immunization information management systems except where prohibited, and in accordance with applicable law and practice.

Measure

Successful ongoing submissions of electronic immunization data to from CEHRT to an immunization registry or immunization information management system for the entire EHR reporting period.

Stage 2 Meaningful Use Report

Colorado Immunization Information System

Report Date: 05/05/2015

Health Care Provider:

Kim's Test Pediatric Clinic

Location:

39049830 1st Ave ,
Test City CO 80108

Entity Type:

EP

Reporting Period:

Q4 - 2014

Registered Intent Date:

05/05/2015



Invitation from PHA Date:

Not Invited



Invitation Response Date:

No Response



Initial Production Submission:

Not Submitting



MU2 Current Status:



Provider registered their intent to initiate ongoing submission and is awaiting an invitation from the PHA to begin testing and validation.

Print Web Form

Print PDF

For enrollment questions, contact the CIIS Help Desk at:

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