

Enrollment in CoPHR/CRC

IDNS Vendor

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 an IDNS Vendor for Immunization Reporting into the CIIS Resource Center 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:

- Provides access to electronic data exchange guidelines and CIIS messaging specifications.
- Test Health Level 7 (HL7) messages generated from your participants' EHR against CIIS specifications for formatting accuracy (HL7 validation).
- The CIIS Resource Center HL7 Message Testing Tool provides detailed error reporting and gives the information necessary to correct formatting/content issues without delay.
- This guide describes how to enroll your HIE in the CIIS Resource Center.

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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 3rd Party Delivery Network (IDNS) accounts in CoPHR which simultaneously enrolls the vendor for Immunization Reporting via the CRC portal.

This guide is for IMMUNIZATION REPORTING only.



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:

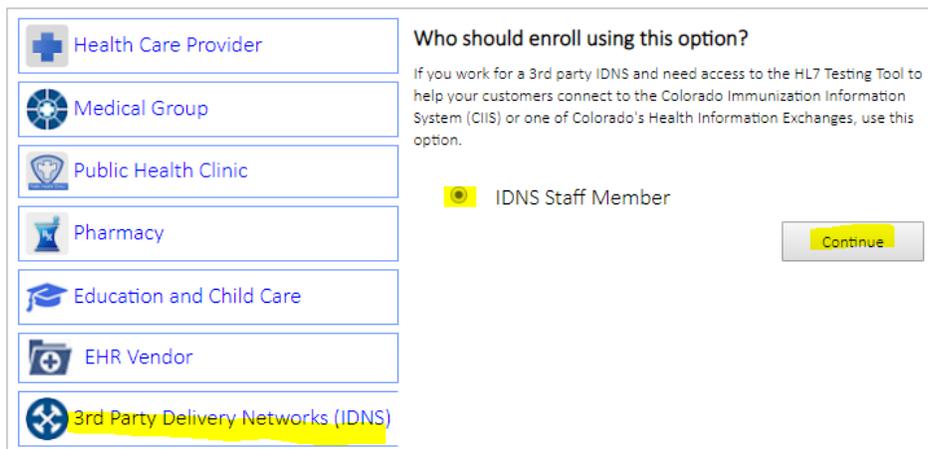
[Forgot Password.](#)

Not Registered? [Register Now.](#)

1. Click *Register* on the CoPHR Home Page (www.cophr.com).
2. Select 3rd Party Delivery Networks (IDNS) via the tabs (on the left) and then the specific radio button (on the right). Click *Continue*.

CoPHR Enrollment

Please select the appropriate enrollment option below.



Who should enroll using this option?

If you work for a 3rd party IDNS and need access to the HL7 Testing Tool to help your customers connect to the Colorado Immunization Information System (CIIS) or one of Colorado's Health Information Exchanges, use this option.

IDNS Staff Member

Note: This guidance document is targeted at those enrolling *3rd Party Integrated Delivery Network (IDNS)* or their employees ONLY. There are separate enrollment guidance documents for Health Care Providers, Public Health Organizations, Pharmacies, Schools, Medical groups, and EHR Vendors.

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



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

[Register >>](#)

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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <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 #\$\$!@&).

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"/>



4. Under Step 3, a list of existing enrolled IDNS Vendors appears. If your IDNS is listed, select the appropriate radio button. If not, select *Is NOT in the list above*. Click *Continue*.

Step 3: Select Your Data Delivery Network

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

1. Air Force Immunization Registry
2. ALN Medical Management
3. Axesson
4. BioPatch
19. YourCareLink
20. Is NOT in the list above.

Continue

Cancel

- a. Under *Step 4: Enter Your Data Delivery Network Information*, if you selected a pre-existing Data Delivery Network, verify all of the information is correct. If you selected *Is NOT in the list above*, complete all required fields.

Note: All Fields with an * notation are required fields



[Register >>](#)

Step 4: Enter Your Data Delivery Network Information

Name of Data Delivery Network*		Data Delivery Network Main Phone Number*	
<input type="text"/>		000	000 0000 x <input type="text"/>
Address Line 1*		Address Line 2	
<input type="text" value="123"/>		<input type="text"/>	
City*	State*	Zip*	
<input type="text" value="Denver"/>	<input type="text" value="Colorado"/>	<input type="text" value="80234"/>	
County*	Web Site		
<input type="text" value="ALAMOSA"/>	<input type="text"/>		

Please enter new Data Delivery Network primary contact information below:

Contact First Name*	Contact Last Name*	Contact Phone*
<input type="text" value="Testing"/>	<input type="text" value="IDNS"/>	000 000 0000 x <input type="text"/>
Contact Email*	Employee Type*	
<input type="text" value="IDNS@test.com"/>	<input type="text" value="Medical Assistant"/>	

5. 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*.



Step 5: Login Confirmation Page

Your information was saved successfully.

Your Information

Name	Testing IDNS
Username	Testing.IDNS
Password	*****
Email	IDNS@test.com

3rd Party Delivery Networks (IDNS) Information

Group Name	IDNS Site
Address	123 Denver CO 80234
Phone	(000) 000 0000
Fax	
Email	IDNS@test.com
Contact Name	Testing IDNS

Print

Continue

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

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



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