

Enrollment in CoPHR/CIIS

Individual Healthcare Provider Site

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 individual site location 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).
- 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.

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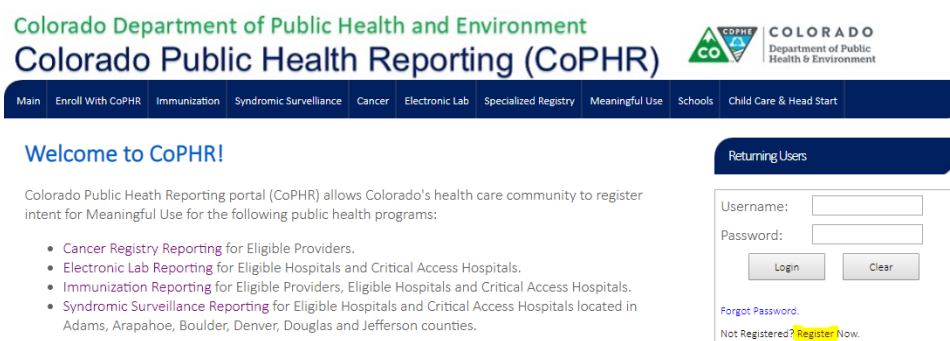
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Getting Started- Enrollment

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 Healthcare Provider 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)

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Welcome to 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.

 Health Care Provider	Who should enroll using this option? If you work in a single-site medical facility, use this option by selecting your type of facility below. Note: If you represent more than one facility, enroll under Medical Group, not as a Health Care Provider. <input checked="" type="radio"/> Physician Office (Eligible Providers - EPs) <input type="radio"/> Hospital (Eligible Hospitals - EHs and CAHs) <div>Continue</div>
 Medical Group	
 Public Health Clinic	
 Pharmacy	
 Education and Child Care	
 EHR Vendor	
 3rd Party Delivery Networks (IDNS)	

Cancel

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

- Under *Step 1: What Facility are you Registering?*, complete all fields. If your site is part of a medical group or hospital network, select the appropriate one from the drop down menu. Click *Continue*.

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



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Colorado Public Health Reporting (CoPHR)



CoPHR Registration



Healthcare Providers - Enroll Your Healthcare Facility

Step 1: What Facility are you Registering?

Select the type of facility you are 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* Address 2

City* State* Zip Code* County*

Phone Number* x Fax Facility Email

4. On the Provider Site Enrollment Request screen, if a possible match is found, a list of possible site matches 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*.

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Colorado Public Health Reporting (CoPHR)

CoPHR Registration

Healthcare Providers - Enroll Your Healthcare Facility

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 checked="" type="radio"/>	1	DOUGLAS	Kids Clinic	123 Street	Denver	80222	1750669727

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:
- Complete all fields to add contact information for the enrollee's account.
 - Click *Save & Continue*.

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

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Colorado Public Health Reporting (CoPHR)

CoPHR Registration

 **Healthcare Providers - Enroll Your Healthcare Facility**

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%l@&.).

Password*	<input type="text"/>	Confirm Password*	<input type="text"/>
Secret Question*	<input type="text" value="What is your favorite cartoon character?"/>	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.
- Click *Continue*.



Colorado Department of Public Health and Environment 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

Print

Continue

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

You will now be brought to the CoPHR Main profile page. All eligible public health programs will be listed below the Main Profile information.

CIIS Resource Center (CRC) Enrollment

1. 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.



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



Test Person

Immunizations Contacts

Immunizations
CIIS Help Desk
303-692-2437 option 2
cdphe.ciis@state.co.us

Cancer Contacts

Cancer
Randy Rycroft
303-692-2542
cdphe_cancer_mu@state.co.us

Electronic Lab Reporting

Electronic Lab Reporting
Andrew Horvath
303-692-2025
Andrew.Horvath@state.co.us

Syndromic Surveillance

Syndromic Surveillance
Andrew Horvath
303-692-2025
Andrew.Horvath@state.co.us

Test Person

Immunizations Contacts

Immunizations
CIIS Help Desk
303-692-2437 option 2
cdphe.ciis@state.co.us

Cancer Contacts

Cancer
Randy Rycroft
303-692-2542
cdphe_cancer_mu@state.co.us

Electronic Lab Reporting

Electronic Lab Reporting
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303-692-2025
Andrew.Horvath@state.co.us

Syndromic Surveillance

Syndromic Surveillance
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Test Person

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Syndromic Surveillance

Syndromic Surveillance
Andrew Horvath
303-692-2025
Andrew.Horvath@state.co.us

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

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

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

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

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

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Enrollment – Individual Site



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

Colorado Immunization Information System (CIIS)

CIIS Resource Center

Manage Users	Training Resources	Data Exchange	Meaningful Use	CIIS Help Desk
 Test.Lady				
Facility Information NewTest DBA: Site 1234 Ave, Denver, CO 80123 BACA Phone: (777) 777 7777 Facility Type: Facility NPI:	Electronic Health Record Information EHR Product: EHR Version: CEHRT#:	My Profile Test.Lady Phone: (777) 777 7777 Email: TYL@test.com		

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

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



3. 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.



4. You are now directed to the CIIS Resource Center Main Page which displays a variety of Widgets under *Get Started...*
- User Agreements
 - Help Desk
 - Training Resources
 - Users & Contacts
 - Data Exchange
 - Meaningful Use Immunization Reporting

Colorado Immunization Information System (CIIS)
CIIS Resource Center

Manage Users | Training Resources | Data Exchange | Meaningful Use | CIIS Help Desk | Test Person

Facility Information Test Clinic: DBA: 12345 Road, Denver, CO 80222 DENVER Phone: (000) 000 0000 Extn. 0 Facility Type: Hospital Facility NPI:	Electronic Health Record Information EHR Product: EHR Version: CEHRT#:	My Profile Test Person Phone: (000) 000 0000 Extn. 0 Email: TP2@test.com
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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
 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 1 - Users Added Add/Edit Immunization Providers	 Data Exchange Create the Data Exchange Profile for this clinic and begin HL7 Message Validation. Profile is not Complete. Pre-Testing (HL7 MSG Validation) Pre-Production Testing View Interface Project Ongoing Submissions	 Meaningful Use Immunization Reporting Register your Intent to submit ongoing submissions for MU. Download MU Report Card

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



5. 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.



Please see the Individual Site 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