

North Carolina Division of Public Health
Promoting Interoperability Program (PIP)
Registration of Intent
User Guide
Version 4.3
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Introduction

This guide provides an overview of registering intent to share data with the North Carolina Division of Public Health as part of the Promoting Interoperability incentive program. The public health program areas covered by this user guide include:

- Electronic Laboratory Reporting (ELR)
- North Carolina Immunization Registry (NCIR)
- Electronic Case Reporting (eCR)

To register intent all users must have a valid NCID. If you do not have a NCID username and password, visit the NCID user registration page at <https://ncidp.nc.gov/pmf/Registration.html>.

There are two ways to register intent through the North Carolina Promoting Interoperability Portal. The Web interface, covered in Section 1 of this user guide, is the primary method of registering intent for each public health program area. The Bulk Upload process, covered in Section 2, is only available for users registering 50 or more eligible clinicians for the North Carolina Immunization Registry (NCIR).



JavaScript must be enabled in your browser for the site to function properly.

Login

To login, go to <https://ncdphmeaningfuluse.org> and click on the Login button. After clicking on the Login button, you will be directed to the NCID login page. Login with your NCID username and password. If you need help with your NCID username and password or requesting an NCID account, please visit <https://it.nc.gov/ncid-help>.

Figure 1: NCID Login Page

NCID Tips

NCID

Username

Password

NCID Login

Forgot Username
Forgot Password
Unlock Account

Need Help? Register!

NC DPH Registration of Intent User Guide

After selecting the option to Register Eligible Hospitals/Clinician Practices and/or Eligible Clinicians you will be provided with an overview of the registration process. The main steps to register intent are outlined below:

- Identify providers (clinicians and/or hospitals/clinician practices) for whom you plan to register intent using the Provider Identification page. You will need your provider NPIs to use this report.
- Register providers and track the registration process using the Registration Summary page. While you may want to review the User Guide ahead of time to see the information you will need to complete registration for each public health program area, you will be able to save a partial registration and return at a later time to complete it. Registration for each public health program area includes requests for the following information:
 - Contact information for the provider's Promoting Interoperability contact person, internal subject matter expert, internal IT contact, and vendor contact.
 - Information about the certified electronic health record technology used for that program area.
 - Information specific to that public health program area that will be used to inform the onboarding process.
- A confirmation email will be sent for registrations that are received. Email clients and providers should be set up to accept messages from ncdphmu-noreply@dhhs.nc.gov. If messages are not received within a few minutes of submitting a registration, please verify that the message was not marked as spam and sent to the Junk Email folder.



Please see the Bulk Upload section of this user guide for more information on registering 50 or more eligible clinicians for the North Carolina Immunization Registry.

Figure 2: Registration Instructions



North Carolina Health IT

NCPH
North Carolina Public Health

dhhs
the department of health and human services

[Reports](#) [User Guide](#) [Logout](#)

Registration Instructions

You can review detailed information you will need to complete the Registration of Intent by reviewing the User Guide. Registering Intent involves these main steps:

- » Identifying the providers for whom you plan to register intent using the Provider Identification page. You will need your provider NPIs to use this report.
- » Registering hospitals, clinician practices and/or eligible clinicians and tracking the registration process using the Registration Summary page. While you may want to review the User Guide ahead of time to see the information you will need to complete registration for each public health program area, you will be able to save a partial registration and return at a later time to complete it. Registration for each public health program area includes requests for the following information:
 - » Contact information for the provider's Promoting Interoperability contact person, internal subject matter expert (e.g. Primary Contact for NCIR Contact), internal IT contact, and vendor contact
 - » Information about the certified electronic health record technology used for that program area
 - » Information specific to that public health program area that will be used to inform the onboarding process

Note: If you plan to register intent for 50 or more eligible clinicians, you may want to use the Excel-based Bulk Upload Process. Please go to the [Bulk Upload Request page](#) for more information.

If you need assistance with your registration and can't find your answer on the user guide, please contact the help desk via email at cchi@listserv.med.unc.edu.

[Start registration](#)

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Section 1: Registration using the Web Interface

This section covers registration using the Web Interface for the following situations:

- Registering fewer than 50 eligible clinicians for the North Carolina Immunization Registry
- Registering eligible hospitals for Electronic Laboratory Reporting and registering eligible clinicians and hospitals for the North Carolina Immunization Registry and registering eligible clinician practices and hospitals for Electronic Case Reporting.

For instructions on how to register 50 or more eligible clinicians for the North Carolina Immunization Registry, please go to the Bulk Upload section of this user guide.

Provider Identification

The first step for registering providers is to identify the providers that will be registered. As shown in the Provider Identification screenshot, users should enter a NPI for an eligible hospital, eligible clinician or eligible clinician practice. The NPI is a 10-digit number.

Figure 3: Provider Identification Page

North Carolina Health IT

North Carolina Public Health | North Carolina Department of Health and Human Services

Reports | FAQ | User Guide | Logout

Identify Eligible Providers for Registration

» Please identify the provider(s) for which you are registering intent by entering their NPI below. The NPI entered should be for an eligible professional or an eligible hospital only.
» If you are registering multiple providers, please enter their NPIs one at a time.

Provider NPI:

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If the NPI is found in the registration system, the data for that NPI will be shown in the form shown in the next screenshot. The NPI data displayed in the provider identification form was downloaded from the CMS.gov website. Users can make any needed corrections to the information in the form. Once the data are correct, users click on the save button to add the provider to their registration list. If the NPI the user entered was incorrect, users can click on the cancel button to return to the NPI data entry page.

Figure 4: Provider Data Shown in Form after entry of an NPI

North Carolina Health IT

North Carolina Public Health | North Carolina Department of Health and Human Services

Reports | User Guide | Logout

Identify Eligible Providers for Registration

Please review the information we have for the NPI 1999999994 you entered.

» Click on the Cancel button if the NPI is not correct.
» If this NPI is not for an eligible hospital/clinician Practice or eligible clinician, click on the Cancel button.
» If the NPI is correct but changes are needed on the provider information, please make them in the form below.
» After you have verified that the provider information is correct, please click on the Save button to add this provider to your registration list.

NPI: 1999999994 Type: Clinician Hospital/Clinician Practice

First Name: Last Name:

Street Address:

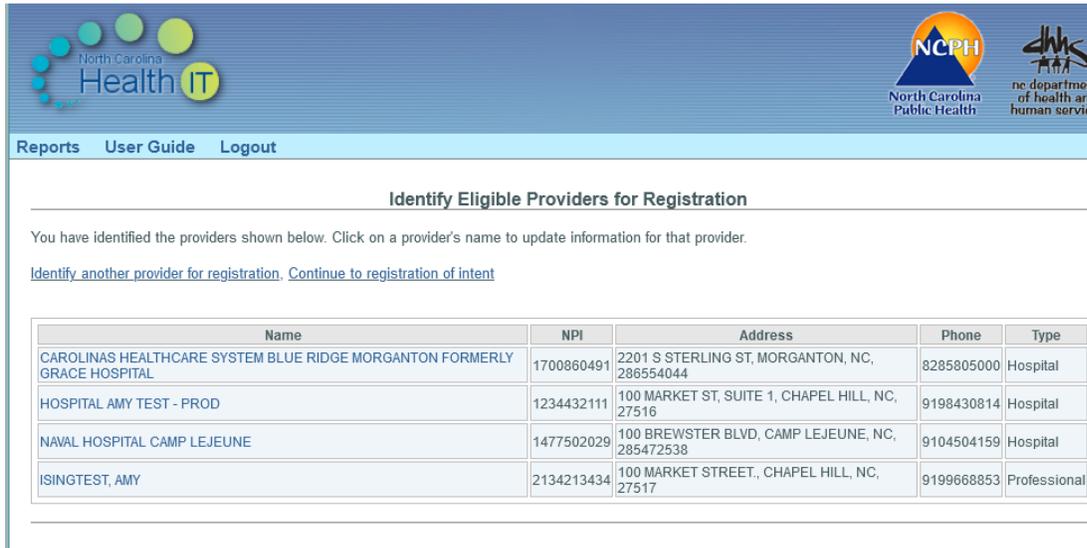
City: State: ZIP Code: Phone:

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Section 1: Registration of Intent Using the Web Interface Option

After a provider's information is saved, users will be shown a list of all providers that have been identified. If all providers have been identified, users can proceed to the Registration of Intent. If users need to identify additional providers, they can return to the Provider Identification/NPI data entry page.

Figure 5: Provider List with Four Providers Identified

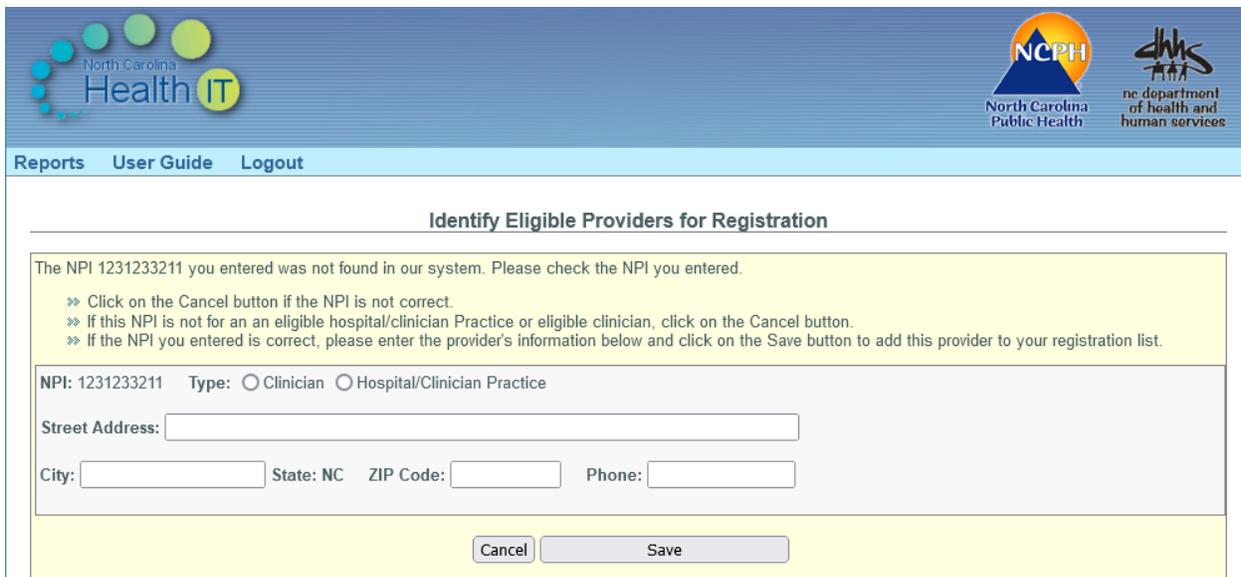


The screenshot shows the 'Identify Eligible Providers for Registration' page. It includes a header with logos for North Carolina Health IT, NCPH, and the North Carolina Department of Health and Human Services. A navigation bar contains 'Reports', 'User Guide', and 'Logout'. The main content area displays a table of four providers with their names, NPIs, addresses, phone numbers, and types.

Name	NPI	Address	Phone	Type
CAROLINAS HEALTHCARE SYSTEM BLUE RIDGE MORGANTON FORMERLY GRACE HOSPITAL	1700860491	2201 S STERLING ST, MORGANTON, NC, 286554044	8285805000	Hospital
HOSPITAL AMY TEST - PROD	1234432111	100 MARKET ST, SUITE 1, CHAPEL HILL, NC, 27516	9198430814	Hospital
NAVAL HOSPITAL CAMP LEJEUNE	1477502029	100 BREWSTER BLVD, CAMP LEJEUNE, NC, 285472538	9104504159	Hospital
ISINGTEST, AMY	2134213434	100 MARKET STREET., CHAPEL HILL, NC, 27517	9199668853	Professional

If users enter a NPI that was not included in the data downloaded from the CMS.gov website, they can enter the provider's name and address in a blank form for that NPI. Once all required information is entered and saved for that NPI, the clinician will be added to the registration list.

Figure 6: Provider Identification Blank Form



The screenshot shows the 'Identify Eligible Providers for Registration' page with a message indicating that the entered NPI (1231233211) was not found in the system. Below the message is a form for entering provider information. The form includes a text input for the NPI (1231233211), radio buttons for 'Clinician' and 'Hospital/Clinician Practice', and text inputs for 'Street Address', 'City', 'State' (pre-filled with 'NC'), 'ZIP Code', and 'Phone'. At the bottom of the form are 'Cancel' and 'Save' buttons.

Registration Summary

On the Registration Summary report, users can view the providers they have identified and the status of the registration for each provider and program area. To begin a registration, users must click on the appropriate link. There are three registration statuses that can be shown on the Registration Summary Report:

- **Not Yet Registered:** this status is shown for registrations that have not been started for that provider and public health program area. Please note that users who enter only Promoting Interoperability general information and the Promoting Interoperability Contact information for a provider and program area will still see a status of Not Yet Registered on the Registration Summary Report.
- **Registration in Progress:** A status moves from Not Yet Registered to Registration in Progress once a user enters and saves information on at least one program area-specific tab.
- **Registration Complete:** A status moves from Registration in Progress to Registration Complete once a user enters all required information for a provider and then certifies and submits the registration.

Figure 7: Registration Summary Page

North Carolina Health IT

NCPH North Carolina Public Health

dhhs nc department of health and human services

Reports User Guide Logout

Identify Eligible Providers for Registration

You have updated information for provider HEALTHCARE SYSTEM TEST. Your current list of providers is shown below. To update information for another provider, click on the provider's name to update information for that provider.

[Identify another provider for registration.](#) [Continue to registration of intent](#)

Name	NPI	Address	Phone	Type
HEALTHCARE SYSTEM TEST	1700860491	1 VILLAGE STREET, MORGANTON, NC, 286554044	9195550220	Hospital
HOSPITAL AMY TEST - PROD	1234432111	100 MARKET ST, SUITE 1, CHAPEL HILL, NC, 27516	9198430814	Hospital
NAVAL HOSPITAL CAMP LEJEUNE	1477502029	100 BREWSTER BLVD, CAMP LEJEUNE, NC, 285472538	9104504159	Hospital
ISINGTEST, AMY	2134213434	100 MARKET STREET., CHAPEL HILL, NC, 27517	9199668853	Professional

ELR Registration of Intent

The Registration of Intent process for the Electronic Laboratory Reporting asks for the following information:

- General Promoting Interoperability status information
- Contact information for the provider’s Promoting Interoperability contact person, primary contact for electronic reportable disease lab reporting, internal IT contact, and LIS vendor contact
- Information about the laboratory information system that will be used to transmit reportable lab data
- Information specific to ELR that will be used to inform the onboarding process

Detailed guidance on the questions asked in the ELR registration process is available in the table below.

Table 1: Guidance for Provider Users for Registration of Intent – ELR

Registration Questions	Description	Allowable Answers & Formats (where applicable)
<i>Promoting Interoperability Information</i>		
Reporting Period Begin & End Dates	The date this provider intends to start and end his/her reporting period. If the exact dates are not known, please provide the best estimate.	MM/DD/YYYY
<i>Contact Information</i>		
Promoting Interoperability Contact Person <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	Please provide the contact information for the primary Promoting Interoperability contact person for this provider.	Free text

Section 1: Registration of Intent Using the Web Interface Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
<p>Lab Contact</p> <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	<p>Please provide the contact information for the primary laboratory contact for this provider. This person should have a general knowledge of the type of tests and testing methodology utilized by this provider.</p>	<p>Free text</p>
<p>IT Contact</p> <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	<p>Please provide the contact information for the primary internal IT contact for this provider. If there is not a full time IT person in the office, please provide the information for the person who typically troubleshoots your lab information system before you call the help desk.</p>	<p>Free text</p>
<p>Vendor Contact</p> <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	<p>Please provide your primary vendor contact information. If you typically just call the help desk, please put the vendor name and helpdesk in the first and last name fields.</p>	<p>Free text</p>
<p><i>Laboratory Information System (LIS)</i></p>		

Section 1: Registration of Intent Using the Web Interface Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Vendor	What is the name of the company that manufactures the Laboratory Information System that you will use for ELR?	See drop-down list; If your vendor is not listed, please select the “Other” option and then enter your vendor in the text box.
Product Name	What is the product name of the LIS software you will use for ELR?	Free text
Software Version	What is the software version for this LIS product?	Free text
Is your LIS capable of sending HL7 messages?	Can your LIS send a message in the Health Level Seven (HL7) format?	Yes, No, I don't know
What version(s) of HL7 messages can your LIS send?	According to what version of the HL7 ELR Implementation Guide are the messages that your LIS sends formatted?	2.3.1, 2.5.1, Other
Does your LIS store coded values for individual tests (i.e. LOINC codes or local codes)	Instead of storing the test name as text, does your LIS store a numeric value that references the test name?	Yes, No, I don't know
Would someone in your organization be interested in training on translation of local codes to LOINC and SNOMED codes for reportable laboratory results?	Would your facility be interested in receiving training on how to translate test names and codes to the standard vocabularies of LOINC and SNOMED?	Yes, No

Section 1: Registration of Intent Using the Web Interface Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Does your facility have any plans to transition to a new electronic health record in the near future?	Are you planning on changing your LIS software in the future?	Yes, No
When do you plan to transition to this new electronic health record?	If the answer is yes to above question, when?	N/A; In process; 1-2 months; 3-6 months; 7-12 months; More than one year
Future Vendor	Name of the future vendor you will be using.	Free text
Future Product Name	Name of the future product.	Free text
Future Software Version	Version of future software.	Free text
Transition Comments	Please provide any additional information about your plan for transitioning to the future LIS.	Free text

Section 1: Registration of Intent Using the Web Interface Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
<p>Approximately how many total specimens are processed in your laboratory on a weekly basis? (NOTE: If your facility's laboratory is divided into departments, such as Microbiology, Chemistry, Pathology, etc., please provide an estimate of the total number of specimens processed by all of the groups combined.)</p>	<p>Please provide an estimate of the total number of specimens that are tested by all of the departments of your laboratory on a weekly basis.</p>	<p><500; 500 - 2,000; 2,000 - 5,000; 5,000 - 15,000; 15,000 - 25,000; >25,000</p>
<p>Approximately how many different tests does your laboratory perform? In other words, how many different tests are included in your menu of services?</p>	<p>Please provide an estimate of the number of different tests your laboratory offers to its customers.</p>	<p><100; 100 – 250; 250 – 500; 500 - 1,500; >1,500</p>
<p>What results are most frequently reported to Public Health by your facility? (i.e., Identification of <i>Neisseria gonorrhoea</i>, Identification of <i>Chlamydia trachomatis</i>, Positive for Hepatitis B Core Antigen, etc.)</p>	<p>Which reports does your facility most frequently report to either the state or local health departments?</p>	<p>Free text</p>

Section 1: Registration of Intent Using the Web Interface Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Approximately what proportion of tests that are performed in your facility are reportable to public health per North Carolina regulations?	What percentage of your total number of results is reportable to public health?	0%; <1%; 1% - 2%; 2% - 4%; >5%
Approximately what proportion of tests in your menu of services (such as Viral Loads, CD4s, Western Blots) are sent to a reference laboratory?	What percentage of your total number of tests is sent to a reference laboratory for testing?	0%; <5%; 5% - 25%; 50% - 75%; 75% - 100%
Which reference laboratory does your facility use?		Select from the available drop-down list. If your reference laboratory is not listed, please select "Other" and then enter the lab name into the free text box.

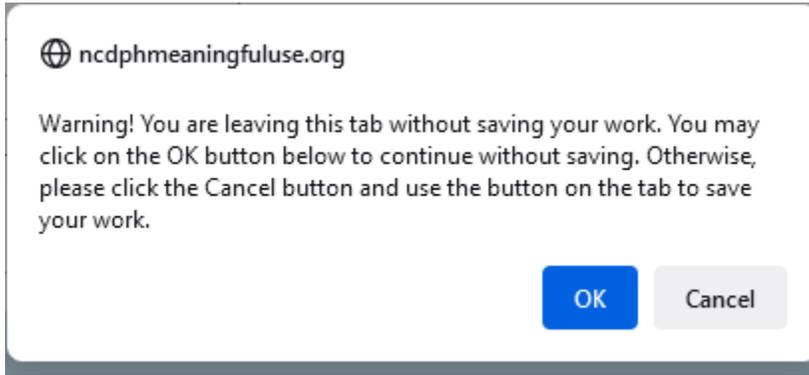
ELR Registration is for hospitals only.

When users click on the link to begin registering intent for ELR, they will be shown the first tab of the registration process.

- The tab shows the hospital for whom they are currently registering intent in a pink-shaded box.
- Informational messages are displayed in a yellow-shaded box.
- Required fields are designated with a red asterisk. Users can save their registration and return if they do not know the answer to a required question on all tabs except the Contact tabs. All required information must be provided for a contact for that contact to be saved.
- If users click on another tab without saving information on their current tab, they will be shown a warning message.

Section 1: Registration of Intent Using the Web Interface Option

Figure 8: Clicking on a New Tab without Saving Warning Message



Promoting Interoperability General Information

On the Promoting Interoperability General Information tab reporting begin and end dates are required.

Figure 9: ELR Promoting Interoperability General Information Blank Form

A screenshot of a web application interface. At the top left is the "North Carolina Health IT" logo. At the top right are logos for "NCPH North Carolina Public Health" and "nc department of health and human services". Below the logos is a navigation bar with "Reports", "User Guide", and "Logout". The main content area is titled "ELR: Registration of Intent" and includes a "Return to Registration Summary" link. A tabbed interface shows "PI Info", "PI Contact", "Lab Contact", "IT Contact", "Vendor Contact", "LIS", "ELR Details", and "Review & Submit". The "PI Info" tab is active, displaying "Promoting Interoperability General Information:" and a message: "You are currently providing information for HEALTHCARE SYSTEM TEST." Below this is a yellow box with instructions: "Items marked with an asterisk (*) are required to complete registration. You can return at a later time to provide this information. Click on the Save button at the bottom of the page to save any data entered before moving to another tab." The form asks for "Reporting Period Begin Date" and "Reporting Period End Date" with text boxes and "(Date Format MM/DD/YYYY)" labels. A "Save" button is at the bottom.

Section 1: Registration of Intent Using the Web Interface Option

Figure 10: ELR Promoting Interoperability General Information Completed & Saved Form

The screenshot shows the 'ELR: Registration of Intent' web interface. The top navigation bar includes 'Reports', 'User Guide', and 'Logout'. The main content area has a breadcrumb trail: 'PI Info' > 'PI Contact' > 'Lab Contact' > 'IT Contact' > 'Vendor Contact' > 'LIS' > 'ELR Details' > 'Review & Submit'. The 'Review & Submit' tab is active. A message box states: 'Promoting Interoperability General Information: You are currently providing information for HEALTHCARE SYSTEM TEST.' Below this, a green box contains the text: 'The information provided in this section is now complete. Please use the Update feature to make any updates or click on another section to continue the registration process. If all sections are complete please review and submit your full registration using the Review & Submit tab.' At the bottom, two asterisked fields are shown: '*Reporting Period Begin Date: 01/01/2022' and '*Reporting Period End Date: 12/31/2022'. A 'Return to Registration Summary' link is in the top right corner.

Adding Contacts

Users must enter information for four contacts: Promoting Interoperability, Subject Matter Expert (Primary ELR Contact), IT Contact and Vendor Contact. Users who have previously entered contacts for another provider can search for and select an existing contact. The form will be completed automatically. Otherwise, users can type the information directly into the form. The Position and Department fields are optional, and all other fields are required.

Figure 11: Adding a New Contact

The screenshot shows the 'PI Contact: Assign a Contact Person' section of the 'ELR: Registration of Intent' web interface. The breadcrumb trail is: 'PI Info' > 'PI Contact' > 'Lab Contact' > 'IT Contact' > 'Vendor Contact' > 'LIS' > 'ELR Details' > 'Review & Submit'. The 'Review & Submit' tab is active. A message box states: 'PI Contact: Assign a Contact Person. You are currently providing information for provider: HEALTHCARE SYSTEM TEST.' Below this, instructions read: 'Please provide information below and click on the Save button. If you want to select a person from contacts you have previously entered, please use the Select a Person feature.' A note says: '* Items marked with an asterisk are required to save contact information.' The form fields are: 'First Name*:', 'Last Name*:', 'Position:', 'Department:', 'Organization*:', 'Email*:', 'Confirm Email*:', and 'Phone*:' (with a sub-instruction: 'Please enter the 10-digit number starting with area code with no spaces or dashes.'). A 'Save' button is at the bottom.

Section 1: Registration of Intent Using the Web Interface Option

Figure 12: Selecting an Existing Contact

The screenshot shows the 'ELR: Registration of Intent' page. At the top, there are logos for North Carolina Health IT, NCPH (North Carolina Public Health), and the NC Department of Health and Human Services. Below the logos are navigation links: Reports, User Guide, and Logout. The main heading is 'ELR: Registration of Intent' with a 'Return to Registration Summary' link. A tabbed interface is visible with tabs for PI Info, PI Contact, Lab Contact (selected), IT Contact, Vendor Contact, LIS, ELR Details, and Review & Submit. The 'Lab Contact' section is titled 'Lab Contact: Assign a Contact Person'. A message states: 'You are currently providing information for provider: HEALTHCARE SYSTEM TEST.' Below this, instructions read: 'Select the person from contacts you have previously entered by typing his/her name in the box below and selecting that person. If the person you need is not listed, please use the [Add a New Contact Person](#) feature.' A search box contains 'Bennett, George'. A confirmation message says: 'You have selected George Bennett as your new Lab Contact. Click the save button to confirm this change.' Below this, contact details are listed: Name: George Bennett, Position: (blank), Department: (blank), Organization: UNC, Phone: 9198430814, Email: ising@ad.unc.edu. A 'Save' button is at the bottom.

Once the user saves the contact, they will still have the option of changing that contact information OR updating the information provided for the current contact (for example if they need to correct a typo) by using the links at the bottom of the screen. If everything is correct, the user can proceed to another tab.

Figure 13: ELR Promoting Interoperability Contact Completed & Saved with Options to Edit Existing Contact or Change to a New Contact

The screenshot shows the 'ELR: Registration of Intent' page after the contact has been saved. The 'Lab Contact' tab is still selected. The message now reads: 'You have assigned George Bennett as your Lab Contact.' Below this, the same contact details are listed: Name: George Bennett, Position: (blank), Department: (blank), Organization: UNC, Phone: 9198430814, Email: ising@ad.unc.edu. A green box contains the instruction: 'Please click on another section to continue the registration process. If all sections are complete please review and submit your full registration using the Review & Submit tab.' Another green box contains the instruction: 'If there is an error in your current Lab Contact's information or you need to change your Lab Contact person all together, please click on the appropriate link below.' Two links are provided: 'Edit George Bennett's Contact Information' (circled in green) and 'Assign Different Contact Person as your Lab Contact'.

Laboratory Information System Information

On the Laboratory Information System (LIS) tab, users provide information about their LIS. All fields are required except for the EHR transition questions.

There are conditional questions on the LIS tab. If the user answers yes to the question “Does your facility have an in-facility laboratory that uses an electronic system to manage its laboratory information,” additional questions will appear to capture information about that electronic system. A list of system vendors is available from a drop-down menu. If a vendor is not available in the drop-down menu, users can select “Other” from the drop-down list and enter the vendor’s name in the text box that will appear below the drop-down list. If the user answers no, then these additional questions will not appear.

A similar conditional question process is included to capture information about HL7 Messaging and any plans to transition to a new electronic LIS in the future.

Figure 14: LIS Tab with Conditional Questions Hidden

The screenshot displays the 'ELR: Registration of Intent' web interface. At the top, there are logos for North Carolina Health IT, NCPH (North Carolina Public Health), and the North Carolina Department of Health and Human Services. Below the logos are navigation links for 'Reports', 'User Guide', and 'Logout'. The main content area is titled 'ELR: Registration of Intent' and includes a 'Return to Registration Summary' link. A horizontal menu contains tabs for 'PI Info', 'PI Contact', 'Lab Contact', 'IT Contact', 'Vendor Contact', 'LIS', 'ELR Details', and 'Review & Submit'. The 'LIS' tab is selected. Below the tabs, a message states: 'Information about your Electronic Laboratory Information System' and 'You are currently providing information for HEALTHCARE SYSTEM TEST.' A yellow box contains a note: 'Items marked with an asterisk (*) are required to complete registration. You can return at a later time to provide this information. Click on the Save button at the bottom of the page to save any data entered before moving to another tab.' Three conditional questions are listed, each with radio button options: 1. '* Does your facility have an in-facility laboratory that uses an electronic system to manage its laboratory information?' with options 'Yes' and 'No'. 2. '* Would someone in your organization be interested in training on translation of local codes to LOINC and SNOMED codes for reportable laboratory results?' with options 'Yes' and 'No'. 3. 'Does your facility have any plans to transition to a new laboratory information system in the near future?' with options 'Yes / Maybe' and 'No'. A 'Save' button is located at the bottom of the form.

Section 1: Registration of Intent Using the Web Interface Option

Figure 15: LIS Information with Conditional Questions Shown

ELR: Registration of Intent Return to Registration Summary

PI Info | PI Contact | Lab Contact | IT Contact | Vendor Contact | LIS | ELR Details | Review & Submit

Information about your Electronic Laboratory Information System

You are currently providing information for HEALTHCARE SYSTEM TEST.

Items marked with an asterisk (*) are required to complete registration. You can return at a later time to provide this information. Click on the Save button at the bottom of the page to save any data entered before moving to another tab.

* Does your facility have an in-facility laboratory that uses an electronic system to manage its laboratory information?
 Yes No

* Vendor used for your laboratory information system:
Select a vendor

* Product name:

* Software version:

* Is your LIS capable of sending HL7 messages? Yes No I don't know

* Would someone in your organization be interested in training on translation of local codes to LOINC and SNOMED codes for reportable laboratory results? Yes No

Does your facility have any plans to transition to a new laboratory information system in the near future?
 Yes / Maybe No

Estimated time for this transition:
 N/A In process 1-2 months 3-6 months 7-12 months More than one year

New LIS Vendor:

Product name:

Software version:

Transition comments:

Save

Users can save the information entered on a tab by clicking on the Save button. Users must answer all required questions before a registration can be submitted, but incomplete registrations can be saved and completed at a later time. Users who do not know the answers to all required questions, can save what is known during that session, and return at another time to complete the registration. Use the Update link on the tab to answer required questions and/or to make any corrections to existing answers. In the screenshot that follows, the required question “*Is your LIS capable of sending HL7 messages*” is blank. Once the user answers that question and saves that section, the section will be marked as complete.

Section 1: Registration of Intent Using the Web Interface Option

Figure 16: LIS Information, Saved but Incomplete. Use Update link for Additions & Corrections

The screenshot shows the 'ELR: Registration of Intent' form. The 'LIS' tab is selected. A message states: 'Your information has been saved but this section is incomplete. You have not completed all required items (marked with an asterisk). Please answer the required questions when you are ready using the Update feature. You can click on another section to continue the registration process.' The form contains several questions, most marked with an asterisk to indicate they are incomplete:

- * Does your facility have an in-facility laboratory that uses an electronic system to manage its laboratory information? **Yes**
- * Vendor used for your laboratory information system: **EPIC**
- * Product name: **EPIC X**
- * Software version: **2**
- * Is your LIS capable of sending HL7 messages?
- * Would someone in your organization be interested in training on translation of local codes to LOINC and SNOMED codes for reportable laboratory results? **No**

At the bottom, it asks: 'Does your facility have any plans to transition to a new laboratory information system in the near future?' with the answer **No**.

Figure 17: LIS Section, Saved and Complete

The screenshot shows the 'ELR: Registration of Intent' form. The 'LIS' tab is selected. A message states: 'The information provided in this section is now complete. Please use the Update feature to make any updates or click on another section to continue the registration process. If all sections are complete please review and submit your full registration using the Review & Submit tab.' The form contains several questions, most marked with an asterisk to indicate they are complete:

- * Does your facility have an in-facility laboratory that uses an electronic system to manage its laboratory information? **Yes**
- * Vendor used for your laboratory information system: **EPIC**
- * Product name: **EPIC X**
- * Software version: **2**
- * Is your LIS capable of sending HL7 messages? **Yes**
- * What version(s) of HL7 messages can your LIS send? **2.5.1**
- * Does your LIS store coded values for individual tests (i.e. LOINC codes or local codes)? **Yes**
- * Would someone in your organization be interested in training on translation of local codes to LOINC and SNOMED codes for reportable laboratory results? **No**

At the bottom, it asks: 'Does your facility have any plans to transition to a new laboratory information system in the near future?' with the answer **No**.

Electronic Laboratory Reporting Details

On the ELR tab, users provide information about the volume and types of laboratory tests performed in the hospital. The last three questions are required. As a reminder, users can save a partial registration and return at a later time to complete it if they need to gather additional information to answer required questions accurately.

Figure 18: ELR Details Tab

North Carolina Health IT

NCPH North Carolina Public Health

nc department of health and human services

Reports User Guide Logout

ELR: Registration of Intent [Return to Registration Summary](#)

PI Info PI Contact Lab Contact IT Contact Vendor Contact LIS ELR Details Review & Submit

ELR-specific Information

You are currently providing information for HEALTHCARE SYSTEM TEST.

Items marked with an asterisk (*) are required to complete registration. You can return at a later time to provide this information. Click on the Save button at the bottom of the page to save any data entered before moving to another tab.

Approximately how many total **specimens** are processed in your laboratory on a weekly basis?
(NOTE: If your facility's laboratory is divided into departments, such as Microbiology, Chemistry, Pathology, etc., please provide an estimate of the total number of specimens processed by all of the groups combined.)
 <500 500 - 2,000 2,000 - 5,000 5,000 - 15,000 15,000 - 25,000 >25,000

Approximately how many different tests does your laboratory perform? In other words, how many different tests are included in your menu of services?
 <100 100 - 250 250 - 500 500 - 1,500 >1,500

What results are most frequently reported to Public Health by your facility?
(i.e., Identification of *Neisseria gonorrhoea*, Identification of *Chlamydia trachomatis*, Positive for Hepatitis B Core Antigen, etc.)

* Approximately what proportion of tests that are **performed in your facility** are reportable to public health per North Carolina regulations?
 0% <1% 1% - 2% 2% - 4% >5%

* Approximately what proportion of tests in your menu of services (such as Viral Loads, CD4s, Western Blots) are sent to a reference laboratory?
 0% <5% 5% - 25% 50% - 75% 75% - 100%

* Which reference laboratory does your facility use?

Save

Review & Submit

After all required information has been provided users can click on the Review & Submit tab to submit the registration. If required information is still missing, instructions will be shown in yellow. If all required information has been provided submission instructions will be shown in green.

Section 1: Registration of Intent Using the Web Interface Option

Figure 19: Review & Submit Tab with Incomplete Information

The screenshot shows the 'Review & Submit' tab selected in the 'ELR: Registration of Intent' interface. The provider is 'HOSPITAL AMY TEST - PROD'. A yellow warning box states: 'You have not completed all required items in the sections listed below. Please select the appropriate section tab and then provide all required information.' The required sections are: Lab Contact, IT Contact, Vendor Contact, LIS Info, and ELR Details. The 'Review & Submit' tab is highlighted in the navigation bar.

Figure 20: Review & Submit Tab with All Required Information Completed (Top Only Shown)

The screenshot shows the 'Review & Submit' tab selected in the 'ELR: Registration of Intent' interface. The provider is 'HEALTHCARE SYSTEM TEST'. A green confirmation box states: 'You have completed all required items for Electronic Laboratory Reporting Registration of Intent for provider: HEALTHCARE SYSTEM TEST. Please review the information below. If you need to update your information, please select the appropriate section to make changes. If the information is accurate, please check the certification box at the bottom of the page and submit your registration.' Below this, 'Promoting Interoperability General Information' is shown with reporting dates from 01/01/2022 to 12/31/2022. The 'PI Contact' is listed as George Bennett. The 'Review & Submit' tab is highlighted in the navigation bar.

Section 1: Registration of Intent Using the Web Interface Option

To submit a complete registration, please certify the accuracy of the information provided by checking the certification box at the bottom of the Review & Submit page and then clicking on the Submit button.



Please note that once a registration is submitted the information cannot be changed by those registering providers. If users need to make updates to a registration that has already been submitted, they should contact the appropriate public health program area using the contact information available at ncdphmeaningfuluse.org.

Figure 21: Review & Submit Certification Statement

Carolina regulations? <1%

- * Approximately what proportion of tests in your menu of services (such as Viral Loads, CD4s, Western Blots) are sent to a reference laboratory? <5%
- * Which reference laboratory does your facility use? Reference Lab A

I hereby certify that the statements and information in this registration are true and accurate to the best of my knowledge and belief. I understand that a failure to provide accurate information may move my registration to end of the queue in the on-boarding process and will be among the factors that the North Carolina Division of Public Health uses to assess an organization's readiness to onboard.

Submit

After the certified registration is submitted, users can print a copy of the registration information for their records and/or continue the registration process for another provider using the links provided. An email confirmation is also sent to the PI Contact person. The PI contact person should retain a copy of this email. Email clients and email providers should be set up to accept messages from ncdphmu-noreply@dhhs.nc.gov. If messages are not received within a few minutes of submitting a registration, please verify that the message was not marked as spam and sent to the Junk Email folder.

Figure 22: Registration Confirmation Page (Top Only Shown)

Health IT North Carolina Public Health Department of health human s

Reports User Guide Logout

Registration Confirmation Page

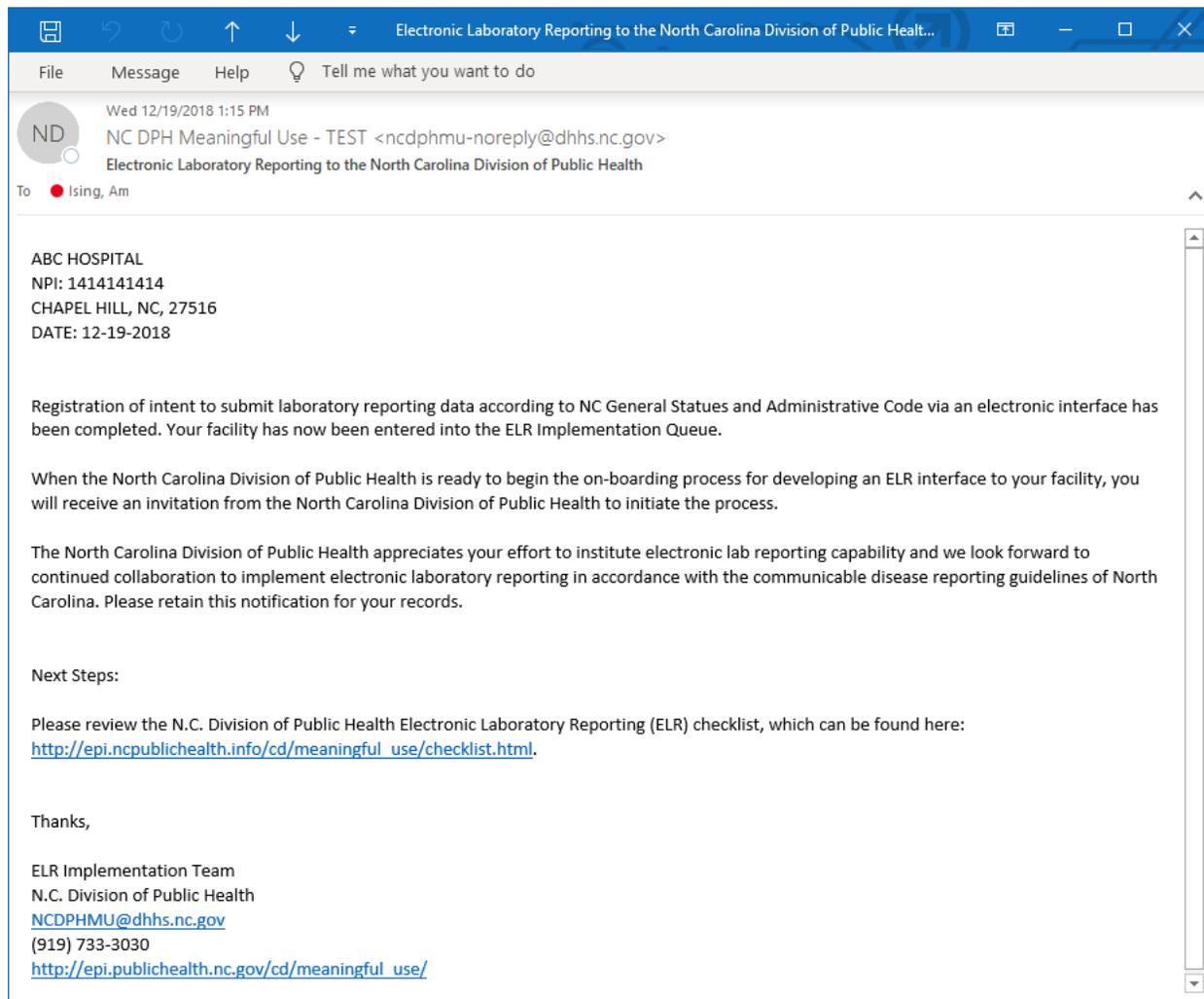
You have registered intent successfully for provider HOSPITAL C for Electronic Lab Reporting. A confirmation email will be sent to your Meaningful Use contact shortly.

[Print a copy of your registration record](#) [Register intent for another provider](#)

Your registration record:

Section 1: Registration of Intent Using the Web Interface Option

Figure 23: ELR Sample Confirmation Email



The ELR Registration of Intent process for this provider is now complete.

NCIR Registration of Intent

The Registration of Intent process for the North Carolina Immunization Registry asks for the following information:

- General Promoting Interoperability status information
- Contact information for the provider’s Promoting Interoperability contact person, primary contact for immunization registry reporting, internal IT contact, and EHR vendor contact
- Information about the EHR that will be used to exchange health information with NCIR
- Information specific to NCIR that will be used to inform the onboarding process

Detailed guidance on the questions asked in the NCIR registration process is available in the table below.

Table 2: Guidance for Provider Users for Registration of Intent – NCIR

Registration Questions	Description	Allowable Answers & Formats (where applicable)
<i>Promoting Interoperability Information</i>		
Reporting Period Begin & End Dates	The date this provider intends to start and end his/her reporting period. If the exact dates are not known, please provide the best estimate.	MM/DD/YYYY
<i>Contact Information</i>		
Promoting Interoperability Contact Person <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	Please provide the contact information for the primary Promoting Interoperability contact person for this provider.	Free text

Section 1: Registration of Intent Using the Web Interface Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
NCIR Contact <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	Please provide the contact information for the primary NCIR contact for this provider. This person should have a general knowledge of immunizations and immunization workflows utilized by this provider.	Free text
IT Contact <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	Please provide the contact information for the primary internal IT contact for this provider. If there is not a full time IT person in the office, please provide the information for the person who typically troubleshoots EHR related issues before you contact the help desk.	Free text
Vendor Contact <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	Please provide your primary vendor contact information. If you typically just call the help desk, please put the vendor's name and helpdesk in the first and last name fields.	Free text
<i>EHR</i>		
Vendor	What is the name of the EHR vendor for this provider?	See drop-down list; If your vendor is not listed, please select the "Other" option and then enter your vendor in the text box.

Section 1: Registration of Intent Using the Web Interface Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Product Name	What is the product name?	Free text
Software Version	What is the software version?	Free text
Is your EHR capable of sending HL7 2.5.1 transactions?		Yes, No
Is your EHR capable of creating VXU 2.5.1 messages?		Yes, No, I don't know
Is your EHR capable of accepting and processing ACK HL7 2.5.1 messages?		Yes, No, I don't know
Is your EHR capable of creating 2.5.1 QBP messages and accept resulting RSP messages?		Yes, No, I don't know
Which of the following interfaces are you planning to implement?		Update transaction (HL7 2.5 VXU/ACK), Query/Response (HL7 2.5 QBP/RSP), Both
If implementing Query/Response, do you plan to use NCIR series and/or recommendation information to display in your EHR? [NCIR can turn these features on as needed.]		Yes, No, I don't know

Section 1: Registration of Intent Using the Web Interface Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Does your EHR support real-time messaging using web services?		Yes, No
Do you have a hub through which all your organizations will send data, so that a single connection can be made to the NCIR?		Yes, No, I don't know
Do you have a test environment? (NCIR will perform Onboarding in the Test environment and on successful completion initiate data reception in production.)		Yes, No
Please provide the name of the person who will be the primary contact for addressing errors / rejects in HL7 messages:		Free text
How does your application handle reporting errors/warnings (ACKs returned in response to VXU)?		Free text
Are you planning to connect directly with the NCIR or go through the NC HIE?		Direct, HIE, I don't know

Section 1: Registration of Intent Using the Web Interface Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
How adaptable is the software being used? Are you able to change aspects of the software (and/or HL7 messages) to meet the NCIR requirements, if needed?		Yes, No, I don't know
Does your facility have any plans to transition to a new electronic health record in the near future?		Yes, No
When do you plan to transition to this new electronic health record?	If the answer is yes to above question, when?	N/A; In process; 1-2 months; 3-6 months; 7-12 months; More than one year
Future Vendor	Name of the future vendor you will be using.	Free text
Future Product Name	Name of the future product.	Free text
Future Software Version	Version of future software.	Free text
Transition Comments	Please provide any additional information about your plan for transitioning to the future EHR.	Free text
<i>NCIR Details</i>		

Section 1: Registration of Intent Using the Web Interface Option

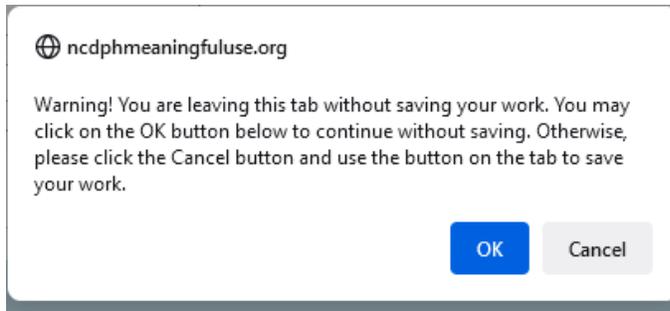
Registration Questions	Description	Allowable Answers & Formats (where applicable)
Organization NPI	Please enter the NPI of the organization in which this provider practices (e.g., ABC pediatric associates):	NPI
Organization Name	Please enter the name of the organization in which this provider practices (e.g. ABC pediatric associates):	Free text
Please select a specialty for this provider.		Use the drop-down list to select the specialty; if the provider's specialty is not shown, please select Other and then type the specialty into the Other Specialty text box.
Does your organization participate in the Vaccine for Children (VFC) Program? (In other words, does your organization order and receive state supplied vaccines?)		Yes, No
If VFC provider, does your EHR have the ability to capture eligibility codes for VFC doses?		Yes, No
Do you plan to setup privately purchased vaccine in NCIR?		Yes, No
Does your EHR have the ability to capture dose-level inventory information like Lot Number, dose size, expiration date, manufacturer and VIS date?		Yes, No
What type of patients do you administer vaccines to?	Select all that apply: pediatric, adolescent, adult	Pediatric, Adolescent, Adult
Does your EHR collect historical immunizations?		Yes, No
What is your total patient population at your organization's level, approximately?		1-500; 501-1000; 1001-5000; 5001-10,000; over 10,000
How many immunizations does your organization administer per month on an average?		0; 1-20; 21-100; 101-500; 501-2000; over 2,000

Section 1: Registration of Intent Using the Web Interface Option

When users click on the link to begin registering intent for NCIR, they will be shown the first tab of the registration process.

- The tab shows the provider for whom they are currently registering intent in a pink-shaded box.
- Informational messages are displayed in a yellow-shaded box.
- Required fields are designated with a red asterisk. Users can save their registration and return if they do not know the answer to a required question on all tabs except the Contact tabs. All required information must be provided for a contact in order for that contact to be saved.
- If a user clicks on another tab without saving information on their current tab, he/she will be shown a warning message.

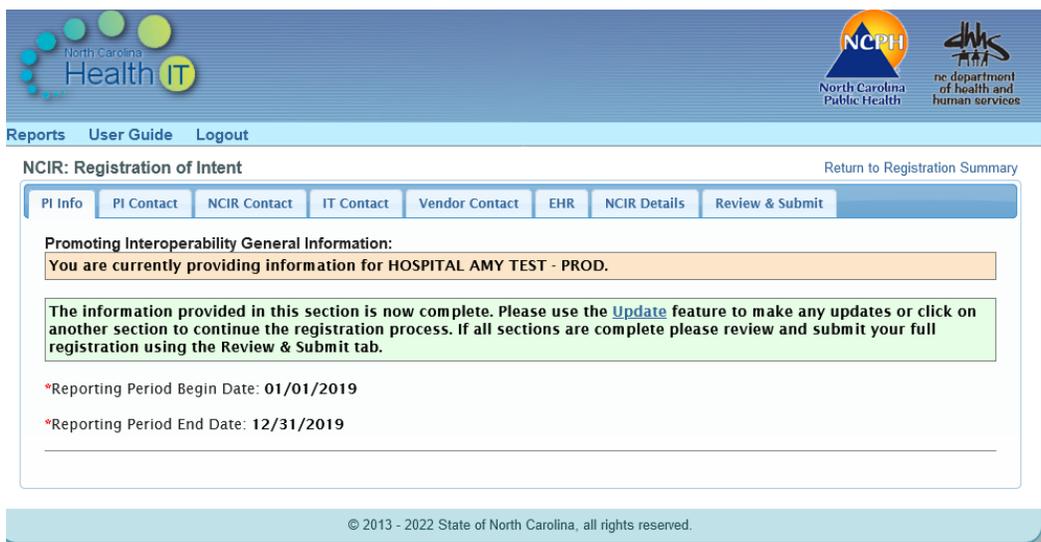
Figure 24: Leaving Tab without Saving Warning Message



Promoting Interoperability General Information

On the Promoting Interoperability General Information tab, reporting period begin and end dates are required.

Figure 25: NCIR Promoting Interoperability General Information



Section 1: Registration of Intent Using the Web Interface Option

Adding Contacts

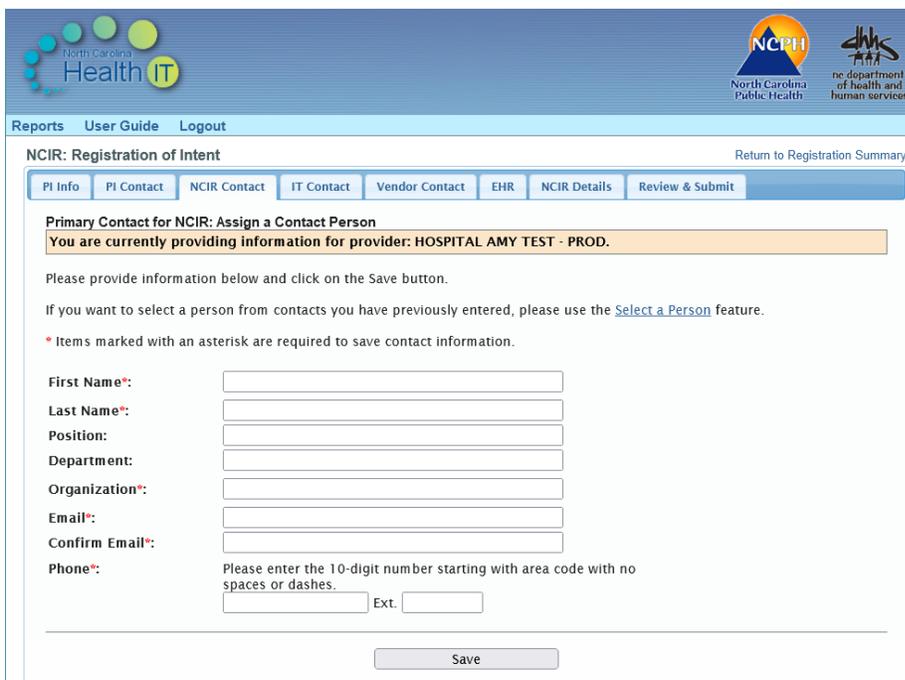
Users must enter information for four contacts: Promoting Interoperability, Subject Matter Expert (Primary Contact for Immunization Reporting), IT Contact and Vendor Contact. If a user has previously entered a contact, he/she can search for and select that person and the form will be completed automatically. Otherwise, the user will type the information directly onto the form. The Position and Department fields are not required.

Figure 26: Typing an existing contact name into the search box



The screenshot shows the 'NCIR: Registration of Intent' web interface. At the top, there are logos for 'North Carolina Health IT', 'NCPH North Carolina Public Health', and 'DHHS North Carolina Department of Health and Human Services'. Below the logos are navigation links: 'Reports', 'User Guide', and 'Logout'. The main heading is 'NCIR: Registration of Intent' with a 'Return to Registration Summary' link. A tabbed interface shows 'PI Info', 'PI Contact', 'NCIR Contact', 'IT Contact', 'Vendor Contact', 'EHR', 'NCIR Details', and 'Review & Submit'. The 'NCIR Contact' tab is active. The section is titled 'Primary Contact for NCIR: Assign a Contact Person'. A message states: 'You are currently providing information for provider: HOSPITAL AMY TEST - PROD.' Below this, instructions read: 'Select the person from contacts you have previously entered by typing his/her name in the box below and selecting that person. If the person you need is not listed, please use the [Add a New Contact Person](#) feature.' A search input field contains the placeholder text 'Start typing a person's name...'. A 'Save' button is located at the bottom of the form.

Figure 27: Adding a New Contact



The screenshot shows the 'NCIR: Registration of Intent' web interface, similar to Figure 26. The 'NCIR Contact' tab is active. The section is titled 'Primary Contact for NCIR: Assign a Contact Person'. A message states: 'You are currently providing information for provider: HOSPITAL AMY TEST - PROD.' Below this, instructions read: 'Please provide information below and click on the Save button. If you want to select a person from contacts you have previously entered, please use the [Select a Person](#) feature.' A note states: '* Items marked with an asterisk are required to save contact information.' The form fields are: 'First Name*', 'Last Name*', 'Position', 'Department', 'Organization*', 'Email*', 'Confirm Email*', and 'Phone*'. The 'Phone*' field includes a note: 'Please enter the 10-digit number starting with area code with no spaces or dashes.' and a sub-field for 'Ext.'. A 'Save' button is located at the bottom of the form.

Section 1: Registration of Intent Using the Web Interface Option

Once the user saves the contact, he/she will still have the option of changing that contact information OR updating the information provided for the current contact (for example if they need to correct a typo). If everything is correct, the user can proceed to another tab.

Figure 28: Editing or Assigning a New Contact

North Carolina Health IT

NCPH North Carolina Public Health

dhhs North Carolina Department of Health and Human Services

Reports User Guide Logout

NCIR: Registration of Intent Return to Registration Summary

PI Info PI Contact **NCIR Contact** IT Contact Vendor Contact EHR NCIR Details Review & Submit

PI Contact

You are currently providing information for provider: HOSPITAL AMY TEST - PROD.

You have assigned Lisa Lisa as your PI Contact.

Name: Lisa Lisa
Position:
Department:
Organization: UNC
Phone: 9198430814
Email: ising@ad.unc.edu

Please click on another section to continue the registration process. If all sections are complete please review and submit your full registration using the Review & Submit tab.

If there is an error in your current PI Contact's information or you need to change your PI Contact person all together, please click on the appropriate link below

[Edit Lisa Lisa's Contact Information](#) , [Assign Different Contact Person as your PI Contact](#)

Electronic Health Record Information

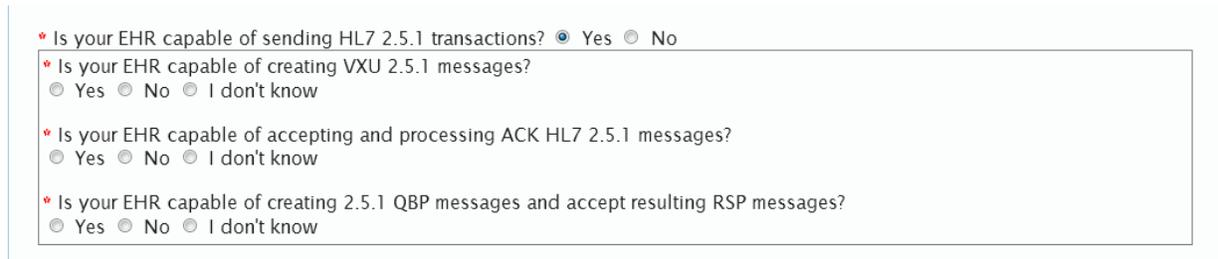
On the Electronic Health Record (EHR) tab, users provide information about their EHR. All fields are required except for Software Version and the EHR transition questions.

A list of vendors is available from a drop-down menu. If the user's vendor is not listed in the drop-down list, he/she can select other and then provide the vendor's name in the field that appears.

Section 1: Registration of Intent Using the Web Interface Option

- Is your EHR capable of creating VXU 2.5.1 messages?
- Is your EHR capable of accepting and processing ACK HL7 2.5.1 messages?
- Is your EHR capable of creating 2.5.1 QBP messages and accept resulting RSP messages?

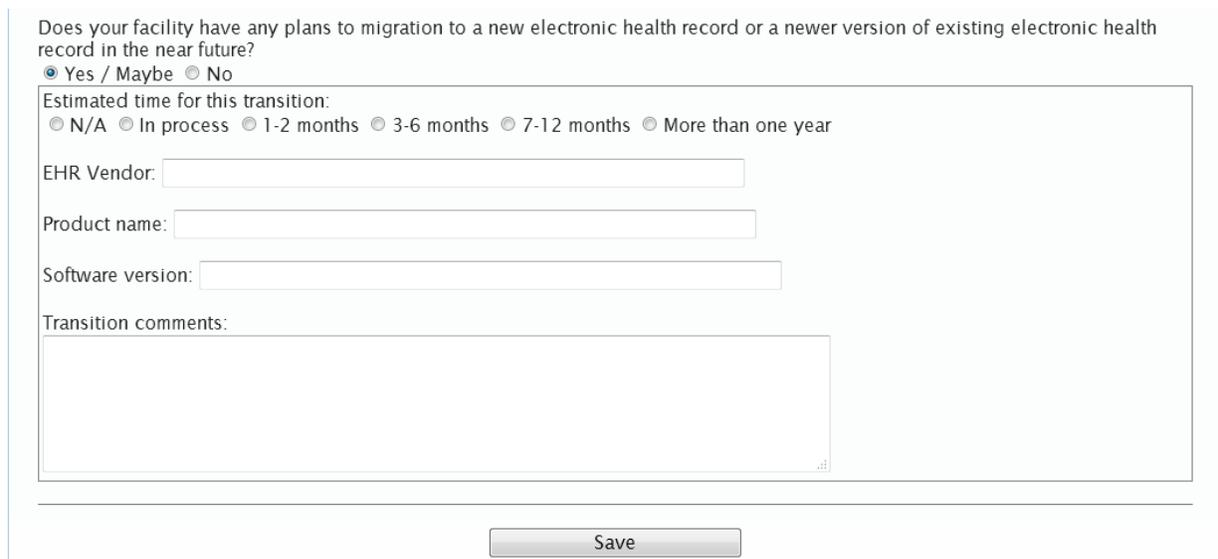
Figure 31: NCIR EHR HL7 2.5.1 Questions



A screenshot of a web form titled "NCIR EHR HL7 2.5.1 Questions". The form contains four questions, each with radio button options for "Yes", "No", and "I don't know". The first question is "Is your EHR capable of sending HL7 2.5.1 transactions?" with "Yes" selected. The second question is "Is your EHR capable of creating VXU 2.5.1 messages?". The third question is "Is your EHR capable of accepting and processing ACK HL7 2.5.1 messages?". The fourth question is "Is your EHR capable of creating 2.5.1 QBP messages and accept resulting RSP messages?".

If a user answers “Yes” to the question: “Does your facility have any plans to transition to a new electronic health record in the near future,” an additional set of optional questions will appear where the user can enter the new vendor-specific information, if available.

Figure 32: NCIR Optional EHR Transition Questions



A screenshot of a web form titled "NCIR Optional EHR Transition Questions". The form starts with the question "Does your facility have any plans to migration to a new electronic health record or a newer version of existing electronic health record in the near future?" with radio button options for "Yes / Maybe" (selected) and "No". Below this is a section for "Estimated time for this transition:" with radio button options for "N/A", "In process", "1-2 months", "3-6 months", "7-12 months", and "More than one year". The form then has four text input fields: "EHR Vendor:", "Product name:", "Software version:", and "Transition comments:". At the bottom of the form is a "Save" button.

NCIR Details

The NCIR details tab asks users to provide information that will assist in the onboarding process and the prioritization of providers for onboarding. Users are asked to provide information on the volume of immunizations provided patient type and their participation in the Vaccine for Children (VFC) program.

Users registering eligible clinicians are asked to provide the EC’s Organization NPI and name. In addition, they are asked to provide information on the EC’s specialty.

Section 1: Registration of Intent Using the Web Interface Option

Figure 33: EC Organization and Specialty Information

NCIR: Registration of Intent Return to Registration Summary

PI Info | PI Contact | NCIR Contact | IT Contact | Vendor Contact | EHR | NCIR Details | Review & Submit

NCIR-specific Information

You are currently providing information for Provider: ISINGTEST, AMY .

Items marked with an asterisk (*) are required to complete registration. You can return at a later time to provide this information. Click on the Save button at the bottom of the page to save any data entered before moving to another tab.

* Please enter the NPI and name of the organization in which this provider practices (e.g. ABC pediatric associates):

* Organization NPI:

* Organization Name:

* Please select the specialty of this provider:

* Does your organization participate in the VFC program? (In other words, does your organization order and receive state supplied vaccines?) Yes No

If VFC provider, does your EHR have the ability to capture manufacturer and VIS date? Yes No

* Do you plan to setup privately purchased vaccines? Yes No

* Does your EHR have the ability to capture manufacturer and VIS date? Yes No

* What type of patients do you administer vaccines? Pediatric Adolescent Adult

Select a Specialty

- Select a Specialty
- Deputized Provider
- Family Practice
- FQHC
- Health Department
- Internal Medicine
- OB/GYN
- Pediatrics Practice
- Other

Users registering hospitals are asked to provide their NCIR Organization Name if it is different from the hospital named used to register intent.

Figure 34: NCIR Organization Name (Hospitals Only)

NCIR: Registration of Intent Return to Registration Summary

PI Info | PI Contact | NCIR Contact | IT Contact | Vendor Contact | EHR | NCIR Details | Review & Submit

NCIR-specific Information

You are currently providing information for Provider: HOSPITAL AMY TEST - PROD.

Items marked with an asterisk (*) are required to complete registration. You can return at a later time to provide this information. Click on the Save button at the bottom of the page to save any data entered before moving to another tab.

If you are a current NCIR user but your organization's name is listed differently in NCIR, please provide your NCIR organization name:

Review & Submit

The Review & Submit Tab provides a summary of the registration status. Incomplete sections will be listed below the yellow information box. Users can click on the appropriate tab(s) to complete the required information for that section. Users must enter and save all required information for that tab for it to be marked as complete.

Section 1: Registration of Intent Using the Web Interface Option

Figure 35: NCIR Review & Submit Tab with Incomplete sections

NCIR: Registration of Intent Return to Registration Summary

PI Info | PI Contact | NCIR Contact | IT Contact | Vendor Contact | EHR | NCIR Details | **Review & Submit**

Review & Submit

You are currently providing information for provider: HOSPITAL AMY TEST - PROD.

You have not completed all required items in the sections listed below. Please select the appropriate section tab and then provide all required information.

- » Primary Contact for NCIR
- » IT Contact
- » Vendor Contact
- » EHR Info
- » NCIR Details

As with all the public health programs on this site, incomplete sections have a yellow box at the top while completed sections have a green box at the top. To complete an incomplete section, click on the Update link in the yellow box.

Figure 36: Incomplete NCIR Details

NCIR: Registration of Intent Return to Registration Summary

PI Info | PI Contact | NCIR Contact | IT Contact | Vendor Contact | EHR | **NCIR Details** | Review & Submit

Information about your Certified Electronic Health Record Information Technology

You are currently providing information for provider: HOSPITAL AMY TEST - PROD.

Your information has been saved but this section is incomplete. You have not completed all required items (marked with an asterisk). Please answer the required questions when you are ready using the [Update](#) feature. You can click on another section to continue the registration process.

- * EHR Vendor for this provider: **Allscripts**
- * Product name:
Software version:
- * Is your EHR capable of sending HL7 CDA R2? **Yes**
- * Is your EHR capable of creating VXU 2.5.1 messages? **Yes**
- * Is your EHR capable of accepting and processing ACK HL7 2.5.1 messages? **Yes**
- * Is your EHR capable of creating 2.5.1 QBP messages and accept resulting RSP messages? **Yes**
- * Which of the following interfaces are you planning to implement? **Update transaction (HL7 2.5 VXU/ACK)**

If implementing Query/Response, do you plan to use NCIR series and/or recommendation information to display in your EHR? [NCIR can turn these features on as needed.] **Yes**

- * Does your EHR support real-time messaging using web services? **No**

Do you have a hub through which all your organizations will send data, so that a single connection can be made to the NCIR? **Yes**

- * Do you have a test environment? (NCIR will perform Onboarding in the Test environment and on successful completion initiate data reception in production.) **Yes**

Users still can update information on completed tabs. The Update link will appear in the green box at the top.

Figure 37: Completed NCIR Details

NCIR: Registration of Intent Return to Registration Summary

PI Info | PI Contact | NCIR Contact | IT Contact | Vendor Contact | EHR | **NCIR Details** | Review & Submit

Information about your Certified Electronic Health Record Information Technology

You are currently providing information for provider: HOSPITAL AMY TEST - PROD.

The information provided in this section is now complete. Please use the [Update](#) feature to make any updates or click on another section to continue the registration process. If all sections are complete please review and submit your full registration using the Review & Submit tab.

- * EHR Vendor for this provider: **Allscripts**
- * Product name: **Test**
Software version:
- * Is your EHR capable of sending HL7 CDA R2? **Yes**
- * Is your EHR capable of creating VXU 2.5.1 messages? **Yes**
- * Is your EHR capable of accepting and processing ACK HL7 2.5.1 messages? **Yes**
- * Is your EHR capable of creating 2.5.1 QBP messages and accept resulting RSP messages? **Yes**
- * Which of the following interfaces are you planning to implement? **Update transaction (HL7 2.5 VXU/ACK)**

If implementing Query/Response, do you plan to use NCIR series and/or recommendation information to display in your EHR? [NCIR can turn these features on as needed.] **Yes**

- * Does your EHR support real-time messaging using web services? **No**

Do you have a hub through which all your organizations will send data, so that a single connection can be made to the NCIR? **Yes**

- * Do you have a test environment? (NCIR will perform Onboarding in the Test environment and on successful completion initiate data reception in production.) **Yes**

Submitting a Completed Registration

Once all required sections are complete, users must submit the registration on the Review & Submit Tab. Before users click on the Submit button to submit their completed registration, they must check the certification statement at the bottom of the Review & Submit page.



Please note that once a registration is submitted the information cannot be changed by those registering providers. If users need to make updates to a registration that has already been submitted, they should contact the appropriate public health program area using the contact information available at ncdphmeaningfuluse.org.

Section 1: Registration of Intent Using the Web Interface Option

Figure 38: NCIR Completed Registration - Not Yet Submitted

NCIR: Registration of Intent Return to Registration Summary

PI Info | PI Contact | NCIR Contact | IT Contact | Vendor Contact | EHR | NCIR Details | Review & Submit

Review & Submit

You are currently providing information for provider: HOSPITAL AMY TEST - PROD.

» You have completed all required items for the North Carolina Immunization Registry Registration of Intent for provider: HOSPITAL AMY TEST - PROD. Please review the information below.
» If you need to update your information, please select the appropriate section to make changes.
» If the information is accurate, please check the certification box at the bottom of the page and submit your registration.

Promoting Interoperability General Information:

*Reporting Period Begin Date: 01/01/2019
*Reporting Period End Date: 12/31/2019

PI Contact:

Name: Lisa Lisa
Position:

I hereby certify that the statements and information in this registration are true and accurate to the best of my knowledge and belief. I understand that a failure to provide accurate information may move my registration to end of the queue in the on-boarding process and will be among the factors that the North Carolina Division of Public Health uses to assess an organization's readiness to onboard.

» Please note that once you submit your registration you will not be able to make changes to your information. If you need to update your information after you have submitted your registration, please contact the appropriate public health program area.
» A confirmation email will be sent to the MU contact. To ensure that the confirmation email is delivered to the MU contact's inbox, please verify that the email client and email provider are set up to accept messages from: ncdphmu-noreply@dhhs.nc.gov

Submit

After the certified registration is submitted, users can print a copy of the registration information for their records and/or continue the registration process for another provider using the links provided. An email confirmation is also sent to the PI Contact person. The PI contact person should retain a copy of this email. Email clients and email providers should be set up to accept messages from ncdphmu-noreply@dhhs.nc.gov. If messages are not received within a few minutes of submitting a registration, please verify that the message was not marked as spam and sent to the Junk Email folder.

Section 1: Registration of Intent Using the Web Interface Option

Figure 39: NCIR Registration Confirmation Page

Registration Confirmation Page

You have registered intent successfully for provider HOSPITAL AMY TEST - PROD for the North Carolina Immunization Registry. A confirmation email will be sent to your Promoting Interoperability contact shortly.

[Print a copy of your registration record.](#) [Register intent for another provider](#)

Your registration record:

Promoting Interoperability General Information:

*Reporting Period Begin Date: **01/01/2019**

*Reporting Period End Date: **12/31/2019**

Figure 40: Email Confirmation of Completed Registration for NCIR

Immunization Reporting to the North Carolina Immunization Registry (NCIR)

 NC DPH Meaningful Use <ncdphmu-noreply@dhhs.nc.gov>
To:  Ising, Amy

 Reply  Reply All  Forward  

Mon 3/21/2022 1:46 PM

 This sender ncdphmu-noreply@dhhs.nc.gov is from outside your organization.

HOSPITAL AMY TEST - PROD
NPI: 1234432111
CHAPEL HILL, NC, 27516
DATE: 03-21-2022

As of today, the Eligible Hospital or Eligible Professional has completed their online registration of intent to submit immunization data according to the North Carolina requirements for interoperability between the Electronic Health Record (EHR) and the North Carolina Immunization Registry (NCIR).

The NC Immunization Branch appreciates your effort and we look forward to continued collaboration to implement immunization reporting in accordance with the interoperability guidelines of North Carolina. Please retain this notification for your records.

Next Steps:

Effective January 1, 2019, providers wishing to receive incentive payments through the Promoting Interoperability incentive program must use Electronic Health Record Systems (EHRs) that are required to conform to the HL7 2.5.1 release 1.5 Immunization Messaging Implementation Guide 1 and Addendum 2 (also referred to as the HL7 IG). More details can be found on the NCIR website (<https://www.immunize.nc.gov/providers/ncirpromotinginteroperability.htm>)

Sincerely,
NCIR Immunization Branch
ncirdataexchange@dhhs.nc.gov

The NCIR Registration of Intent process for this provider is now complete.

eCR Registration of Intent

NC PIP for electronic case reporting is set up to allow participants to register an eligible hospital or clinician practice. The Registration of Intent process for Electronic Case Reporting asks for the following information:

- General Promoting Interoperability status information
- Contact information for the provider’s Promoting Interoperability contact person, primary contact for electronic case reporting, internal IT contact, and EHR vendor contact
- Information about the EHR that will be used to exchange health information with NCIR
- Information specific to eCR that will be used to inform the onboarding process

Detailed guidance on the questions asked in the eCR registration process is available in the table below.

Table 3: Guidance for Provider Users for Registration of Intent – eCR

Registration Questions	Description	Allowable Answers & Formats (where applicable)
<i>Promoting Interoperability Information</i>		
Reporting Period Begin & End Dates	The date this provider intends to start and end the reporting period. If the exact dates are not known, please provide the best estimate.	MM/DD/YYYY
<i>Contact Information</i>		
Promoting Interoperability Contact Person <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	Please provide the contact information for the primary Promoting Interoperability contact person for this provider.	Free text

Section 1: Registration of Intent Using the Web Interface Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
<p>eCR Contact</p> <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	<p>Please provide the contact information for the primary eCR contact for this provider. This person should have a general knowledge of reportable disease reporting requirements.</p>	<p>Free text</p>
<p>IT Contact</p> <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	<p>Please provide the contact information for the primary internal IT contact for this provider. If there is not a full time IT person in the office, please provide the information for the person who typically troubleshoots EHR related issues before you contact the help desk.</p>	<p>Free text</p>
<p>Vendor Contact</p> <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	<p>Please provide your primary vendor contact information. If you typically just call the help desk, please put the vendor name and helpdesk in the first and last name fields.</p>	<p>Free text</p>
<i>EHR</i>		
<p>Vendor</p>	<p>What is the name of the EHR vendor for this provider?</p>	<p>See drop-down list; If your vendor is not listed, please select the “Other” option and then enter your vendor in the text box.</p>
<p>Product Name</p>	<p>What is the product name?</p>	<p>Free text</p>

Section 1: Registration of Intent Using the Web Interface Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Software Version	What is the software version?	Free text
Is your EHR capable of sending initial Case Report Documents (eICRs)?		Yes, No, I don't know
Does your facility have any plans to transition to a new electronic health record in the near future?		Yes/Maybe, No
Estimated time for this transition:	If the answer is yes to above question, when?	N/A; In process; 1-2 months; 3-6 months; 7-12 months; More than one year
Future EHR Vendor	Name of the future vendor you will be using.	Free text
Future Product Name	Name of the future product.	Free text
Future Software Version	Version of future software.	Free text
Transition Comments	Please provide any additional information about your plan for transitioning to the future EHR.	Free text
<i>eCR Details</i>		

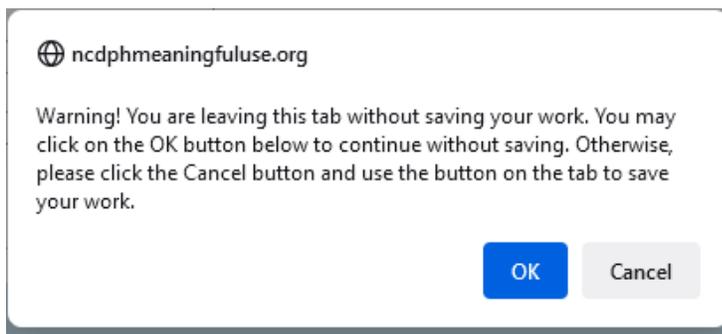
Section 1: Registration of Intent Using the Web Interface Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Do you store lab tests using standardized LOINC codes and lab results using standardized SNOMED-CT codes in your EHR?		Yes, No, I don't know
Approximately how many cases of reportable communicable diseases are diagnosed by this provider on an annual basis? (List of diseases providers are required to report can be found in 10A NCAC 41A .0101(a).)		< 150; 150-500; >500

When users click on the link to begin registering intent for eCR, they will be shown the first tab of the registration process.

- The tab shows the provider for whom they are currently registering intent in a pink-shaded box.
- Informational messages are displayed in a yellow-shaded box.
- Required fields are designated with a red asterisk. Users can save their registration and return if they do not know the answer to a required question on all tabs except the Contact tabs. All required information must be provided for a contact for that contact to be saved.
- If a user clicks on another tab without saving information on their current tab, he/she will be shown a warning message.

Figure 41: Leaving Tab without Saving Warning Message



Section 1: Registration of Intent Using the Web Interface Option

Promoting Interoperability General Information

On the Promoting Interoperability General Information tab, reporting period begin- and end-dates are required.

Figure 42: eCR Promoting Interoperability General Information

The screenshot shows the 'eCR: Registration of Intent' interface. At the top, there are logos for North Carolina Health IT, NCPH (North Carolina Public Health), and the North Carolina Department of Health and Human Services. Below the logos are navigation links: Reports, User Guide, and Logout. The main content area is titled 'eCR: Registration of Intent' and includes a 'Return to Registration Summary' link. A tabbed interface is visible with the following tabs: PI Info, PI Contact, eCR Contact, IT Contact, EHR Vendor Contact, EHR, eCR Details, and Review & Submit. The 'Promoting Interoperability General Information' section is active, displaying a message: 'You are currently providing information for HEALTHCARE SYSTEM TEST.' Below this, a green box contains instructions: 'The information provided in this section is now complete. Please use the Update feature to make any updates or click on another section to continue the registration process. If all sections are complete please review and submit your full registration using the Review & Submit tab.' Two asterisked fields are shown: '*Reporting Period Begin Date: 01/01/2022' and '*Reporting Period End Date: 12/31/2022'.

Adding Contacts

Users must enter information for four contacts: Promoting Interoperability, Primary Contact for Electronic Case Reporting, IT Contact and Vendor Contact. If a user has previously entered a contact, they can search for and select that person and the form will be completed automatically. Otherwise, the user will type the information directly onto the form. The Position and Department fields are not required.

Figure 43: Typing an existing contact name into the search box

The screenshot shows the 'eCR Contact: Assign a Contact Person' tab in the 'eCR: Registration of Intent' interface. At the top, there are logos for North Carolina Health IT, NCPH (North Carolina Public Health), and the North Carolina Department of Health and Human Services. Below the logos are navigation links: Reports, User Guide, and Logout. The main content area is titled 'eCR: Registration of Intent' and includes a 'Return to Registration Summary' link. A tabbed interface is visible with the following tabs: PI Info, PI Contact, eCR Contact, IT Contact, EHR Vendor Contact, EHR, eCR Details, and Review & Submit. The 'eCR Contact: Assign a Contact Person' section is active, displaying a message: 'You are currently providing information for provider: HEALTHCARE SYSTEM TEST.' Below this, instructions state: 'Select the person from contacts you have previously entered by typing his/her name in the box below and selecting that person. If the person you need is not listed, please use the Add a New Contact Person feature.' A search box is present with the placeholder text 'Start typing a person's name...'. A 'Save' button is located at the bottom of the form.

Section 1: Registration of Intent Using the Web Interface Option

Figure 44: Adding a New Contact

The screenshot shows the 'eCR: Registration of Intent' web interface. At the top, there is a navigation bar with tabs: 'PI Info', 'PI Contact', 'eCR Contact', 'IT Contact', 'EHR Vendor Contact', 'EHR', 'eCR Details', and 'Review & Submit'. The 'eCR Contact' tab is active. Below the navigation bar, there is a header 'eCR Contact: Assign a Contact Person' and a message: 'You are currently providing information for provider: HEALTHCARE SYSTEM TEST.' Below this, there is a text box with instructions: 'Please provide information below and click on the Save button. If you want to select a person from contacts you have previously entered, please use the [Select a Person](#) feature. * Items marked with an asterisk are required to save contact information.' The form fields are: 'First Name*', 'Last Name*', 'Position:', 'Department:', 'Organization*', 'Email*', 'Confirm Email*', and 'Phone*'. The 'Phone*' field has a sub-field for 'Ext.' and a note: 'Please enter the 10-digit number starting with area code with no spaces or dashes.' At the bottom of the form is a 'Save' button.

Once the user saves the contact, he/she will still have the option of changing that contact information OR updating the information provided for the current contact (for example if they need to correct a typo). If everything is correct, the user can proceed to another tab.

Figure 45: Editing or Assigning a New Contact

The screenshot shows the 'eCR: Registration of Intent' web interface. At the top, there is a navigation bar with tabs: 'PI Info', 'PI Contact', 'eCR Contact', 'IT Contact', 'EHR Vendor Contact', 'EHR', 'eCR Details', and 'Review & Submit'. The 'PI Contact' tab is active. Below the navigation bar, there is a header 'PI Contact' and a message: 'You are currently providing information for provider: HEALTHCARE SYSTEM TEST.' Below this, there is a message: 'You have assigned George Bennett as your PI Contact.' Below this, there is a list of contact information: 'Name: George Bennett', 'Position:', 'Department:', 'Organization: UNC', 'Phone: 9198430814', and 'Email: ising@ad.unc.edu'. The 'Phone' and 'Email' fields are circled in green. Below this, there is a message: 'Please click on another section to continue the registration process. If all sections are complete please review and submit your full registration using the Review & Submit tab.' Below this, there is a message: 'If there is an error in your current PI Contact's information or you need to change your PI Contact person all together, please click on the appropriate link below.' Below this, there are two links: '[Edit George Bennett's Contact Information](#), [Assign Different Contact Person as your PI Contact](#)'.

Electronic Health Record Information

On the Electronic Health Record (EHR) tab, users provide information about their EHR. All fields are required except for Software Version and the EHR transition questions.

Section 1: Registration of Intent Using the Web Interface Option

A list of vendors is available from a drop-down menu. If the user's vendor is not listed in the drop-down list, they can select other and then provide the vendor's name in the field that appears.

Figure 46: eCR EHR Information

The screenshot displays the 'eCR: Registration of Intent' web interface. At the top, there are navigation tabs: 'PI Info', 'PI Contact', 'eCR Contact', 'IT Contact', 'EHR Vendor Contact', 'EHR', 'eCR Details', and 'Review & Submit'. A 'Return to Registration Summary' link is located in the top right corner. Below the tabs, a message states: 'Information about your Certified Electronic Health Record Information Technology. You are currently providing information for provider: HEALTHCARE SYSTEM TEST.' A yellow box contains instructions: 'Items marked with an asterisk (*) are required to complete registration. You can return at a later time to provide this information. Click on the Save button at the bottom of the page to save any data entered before moving to another tab.' The main form area includes several fields: a required field for 'Please select the EHR Vendor for this provider:' with a dropdown menu open, showing a list of vendors including 'AdvancedMD', 'Allscripts', 'Allscripts Enterprise EHR', 'Allscripts Pro', 'Allscripts Professional', 'Amazing Charts', 'American Medical Software', 'Athena Health', 'AZZLY', 'Benchmark-Systems', 'CAPITAL PHYSICIANS GROUP', 'Care360', 'Carolina HealthCare Systems', 'Cerner', 'Cerner Ambulatory', 'Cerner Ambulatory EHR (PowerWorks)', 'Community Partners HealthNet, Inc.', 'CompuGroup Medical', and 'connexin software'. Other fields include 'Product name:', 'Software version:', and a question 'Is your EHR capable of sending electronic Initials?' with radio buttons for 'Yes / Maybe' and 'No'. A copyright notice '© 2013 - 20' is visible at the bottom of the page.

Figure 47: Entering a vendor not on the list for eCR

eCR: Registration of Intent Return to Registration Summary

PI Info | PI Contact | eCR Contact | IT Contact | EHR Vendor Contact | EHR | eCR Details | Review & Submit

Information about your Certified Electronic Health Record Information Technology
You are currently providing information for provider: HEALTHCARE SYSTEM TEST.

Items marked with an asterisk (*) are required to complete registration. You can return at a later time to provide this information. Click on the Save button at the bottom of the page to save any data entered before moving to another tab.

* Please select the EHR Vendor for this provider: Other

* Other Vendor:

* Product name:

Software version:

* Is your EHR capable of sending electronic Initial Case Report Documents (eICRs)? Yes No I don't know

Does your facility have any plans to transition to a new electronic health record in the near future?
 Yes / Maybe No

Save

If a user answers “Yes/Maybe” to the question: “Does your facility have any plans to transition to a new electronic health record in the near future,” an additional set of optional questions will appear where the user can enter the new vendor-specific information, if available.

Figure 48: eCR Optional EHR Transition Questions

Does your facility have any plans to transition to a new electronic health record in the near future?
 Yes / Maybe No

Estimated time for this transition:
 N/A In process 1-2 months 3-6 months 7-12 months More than one year

EHR Vendor:

Product name:

Software version:

Transition comments:

Section 1: Registration of Intent Using the Web Interface Option

eCR Details

The eCR details tab asks users to provide information that will assist in the onboarding process and the prioritization of providers for onboarding.

Figure 49: eCR Details – Hospitals/Clinician Practices

The screenshot displays the 'eCR: Registration of Intent' web interface. At the top right, there is a link for 'Return to Registration Summary'. Below this is a navigation bar with tabs: 'PI Info', 'PI Contact', 'eCR Contact', 'IT Contact', 'EHR Vendor Contact', 'EHR', 'eCR Details', and 'Review & Submit'. The 'eCR Details' tab is currently selected. Below the navigation bar, the section is titled 'eCR-specific Information'. A yellow box contains the text: 'You are currently providing information for provider: HEALTHCARE SYSTEM TEST.' Below this, another yellow box provides instructions: 'Items marked with an asterisk (*) are required to complete registration. You can return at a later time to provide this information. Click on the Save button at the bottom of the page to save any data entered before moving to another tab.' There are two required questions marked with an asterisk: 1. '* Do you store lab tests using standardized LOINC codes and lab results using standardized SNOMED-CT codes in your EHR?' with radio buttons for 'Yes', 'No', and 'I don't know'. 2. '* Approximately how many cases of reportable communicable diseases are diagnosed by this provider on an annual basis? (List of diseases providers are required to report can be found in 10A NCAC 41A .0101(a).)' with radio buttons for '<150', '150-500', and '>500'. At the bottom center of the form is a 'Save' button.

Review & Submit

The Review & Submit Tab provides a summary of the registration status. Incomplete sections will be listed below the yellow information box. Users can click on the appropriate tab(s) complete the required information for that section. Users must enter and save all required information for that tab for it to be marked as complete.

Section 2: Registration of Intent Using the Bulk Upload Option

Figure 50: eCR Review & Submit Tab with Incomplete sections

The screenshot shows the 'eCR: Registration of Intent' interface. At the top right is a link 'Return to Registration Summary'. Below is a navigation bar with tabs: 'PI Info', 'PI Contact', 'eCR Contact', 'IT Contact', 'EHR Vendor Contact', 'EHR', 'eCR Details', 'Review & Submit', and a highlighted 'Submit' tab. The main content area is titled 'Review & Submit'. It contains a yellow box with the text: 'You are currently providing information for provider: HEALTHCARE SYSTEM TEST.' Below this is another yellow box: 'You have not completed all required items in the sections listed below. Please select the appropriate section tab and then provide all required information.' Underneath, a list of sections with update links is shown: '» eCR Contact', '» IT Contact', '» EHR Vendor Contact', '» EHR Info', and '» eCR Details'.

As with all the public health programs on this site, incomplete sections have a yellow box at the top while completed sections have a green box at the top. To complete an incomplete section, click on the Update link in the yellow box.

Figure 51: Incomplete eCR Details

The screenshot shows the 'eCR: Registration of Intent' interface with the 'eCR Details' tab selected. At the top right is a link 'Return to Registration Summary'. The navigation bar includes 'PI Info', 'PI Contact', 'eCR Contact', 'IT Contact', 'EHR Vendor Contact', 'EHR', 'eCR Details', 'Review & Submit', and a highlighted 'Submit' tab. The main content area is titled 'NCCCR-specific Information'. It contains a yellow box: 'You are currently providing information for provider: HEALTHCARE SYSTEM TEST.' Below this is another yellow box: 'Your information has been saved but this section is incomplete. You have not completed all required items (marked with an asterisk). Please answer the required questions when you are ready using the [Update](#) feature. You can click on another section to continue the registration process.' Underneath, two questions are listed with asterisks: '* Do you store lab tests using standardized LOINC codes and lab results using standardized SNOMED-CT codes in your EHR?' with the answer 'Yes', and '* Approximately how many cases of reportable communicable diseases are diagnosed by this provider on an annual basis? (List of diseases providers are required to report can be found in 10A NCAC 41A .0101(a).)'. A horizontal line is at the bottom of the content area.

Users still could update information on completed tabs. The Update link will appear in the green box at the top.

Section 2: Registration of Intent Using the Bulk Upload Option

Figure 52: Completed eCR Details

eCR: Registration of Intent Return to Registration Summary

PI Info | PI Contact | eCR Contact | IT Contact | EHR Vendor Contact | EHR | eCR Details | Review & Submit

NCCCR-specific Information
You are currently providing information for provider: HEALTHCARE SYSTEM TEST.

The information provided in this section is now complete. Please use the [Update](#) feature to make any updates or click on another section to continue the registration process. If all sections are complete please review and submit your full registration using the Review & Submit tab.

* Do you store lab tests using standardized LOINC codes and lab results using standardized SNOMED-CT codes in your EHR?
Yes

* Approximately how many cases of reportable communicable diseases are diagnosed by this provider on an annual basis? (List of diseases providers are required to report can be found in 10A NCAC 41A .0101(a).) **150-500**

Submitting a Completed Registration

Once all required sections are complete, users must submit the registration on the Review & Submit Tab. Before users click on the Submit button to submit their completed registration, they must check the certification statement at the bottom of the Review & Submit page.



Please note that once a registration is submitted the information cannot be changed by those registering providers. If users need to make updates to a registration that has already been submitted, they should contact the appropriate public health program area using the contact information available at ncdphmeaningfuluse.org.

Figure 53: eCR Completed Registration - Not Yet Submitted

eCR: Registration of Intent Return to Registration Summary

PI Info | PI Contact | eCR Contact | IT Contact | EHR Vendor Contact | EHR | eCR Details | Review & Submit

Review & Submit
You are currently providing information for provider: HEALTHCARE SYSTEM TEST.

» You have completed all required items for eCR Registration of Intent for provider: HEALTHCARE SYSTEM TEST. Please review the information below.
» If you need to update your information, please select the appropriate section to make changes.
» If the information is accurate, please check the certification box at the bottom of the page and submit your registration.

Promoting Interoperability General Information:

*Reporting Period Begin Date: 01/01/2022
*Reporting Period End Date: 12/31/2022

PI Contact:

Section 2: Registration of Intent Using the Bulk Upload Option

I hereby certify that the statements and information in this registration are true and accurate to the best of my knowledge and belief. I understand that a failure to provide accurate information may move my registration to end of the queue in the on-boarding process and will be among the factors that the North Carolina Division of Public Health uses to assess an organization's readiness to onboard.

- » Please note that once you submit your registration you will not be able to make changes to your information. If you need to update your information after you have submitted your registration, please contact the appropriate public health program area.
- » A confirmation email will be sent to the MU contact. To ensure that the confirmation email is delivered to the MU contact's inbox, please verify that the email client and email provider are set up to accept messages from: ncdphmu-noreply@dhhs.nc.gov

Submit

After the certified registration is submitted, users can print a copy of the registration information for their records and/or continue the registration process for another provider using the links provided. An email confirmation is also sent to the Promoting Interoperability Contact person. The PI contact person should retain a copy of this email. Email clients and email providers should be set up to accept messages from ncdphmu-noreply@dhhs.nc.gov. If messages are not received within a few minutes of submitting a registration, please verify that the message was not marked as spam and sent to the Junk Email folder.

Figure 54: eCR Registration Confirmation Page

North Carolina Health IT

NCPH North Carolina Public Health

dhhs nc department of health and human services

Reports User Guide Logout

Registration Confirmation Page

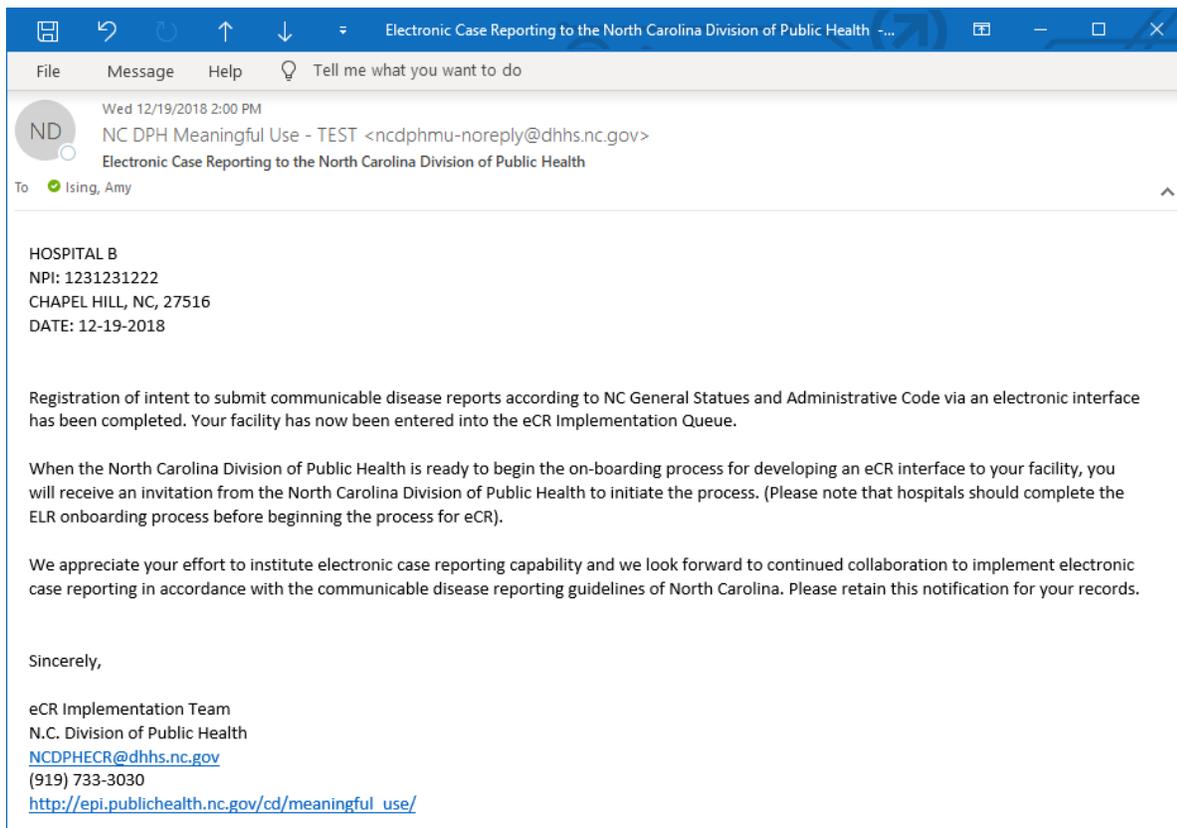
You have registered intent successfully for provider HOSPITAL B for the eCR Registry. A confirmation email will be sent to your Meaningful Use contact shortly.

[Print a copy of your registration record](#) [Register intent for another provider](#)

Your registration record:

Section 2: Registration of Intent Using the Bulk Upload Option

Figure 55: Email Confirmation of Completed Registration for eCR



The eCR Registration of Intent process for this provider is now complete.

This ends the section of the User Guide covering registrations using the Web Interface!

Section 2: Registration Using the Bulk Upload Option

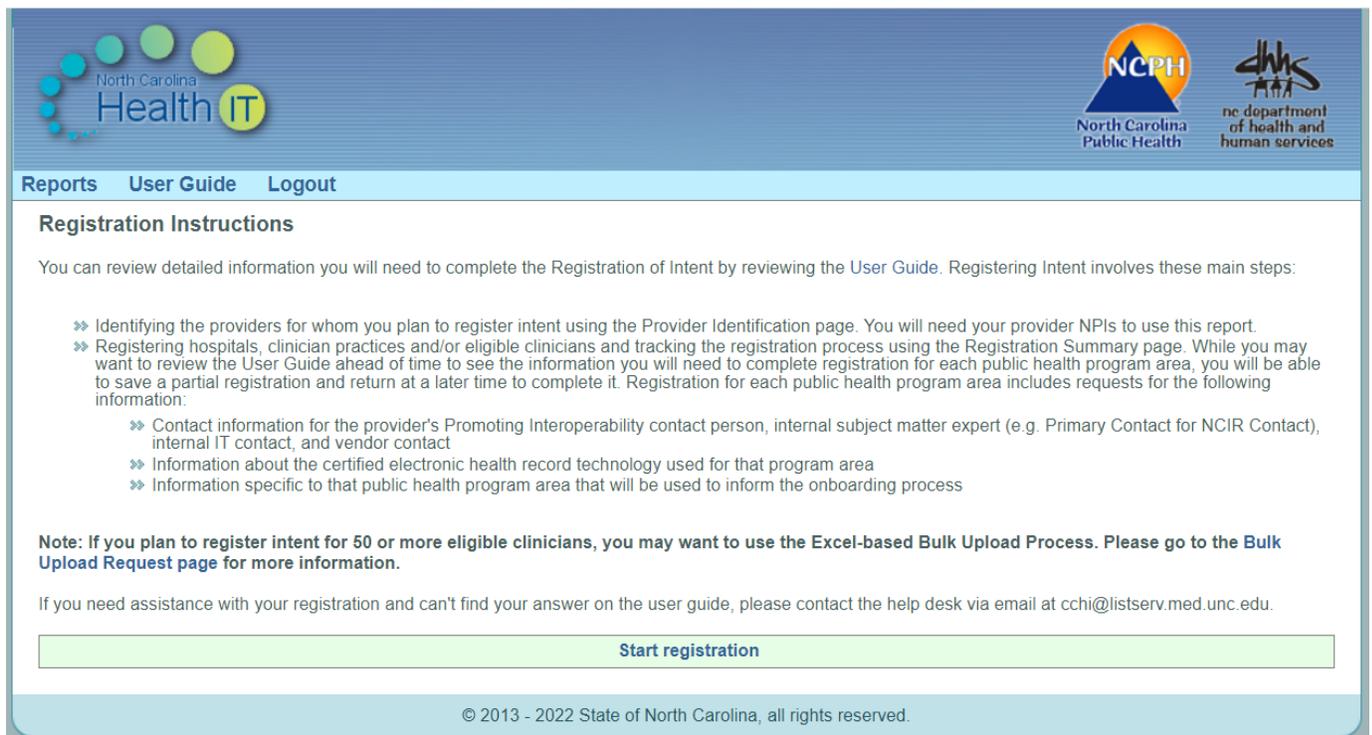
This section covers registration using the Bulk Upload option for the following situations:

- Registering 50 or more **eligible clinicians** for the North Carolina Immunization Registry

Registration Instructions

After users select the option to Register Providers, they will be provided with an overview of the registration process. The main steps to register intent using the Web application are outlined. There are also instructions for how to request the Bulk Upload access.

Figure 56: Registration Instructions



Bulk Upload Request Page

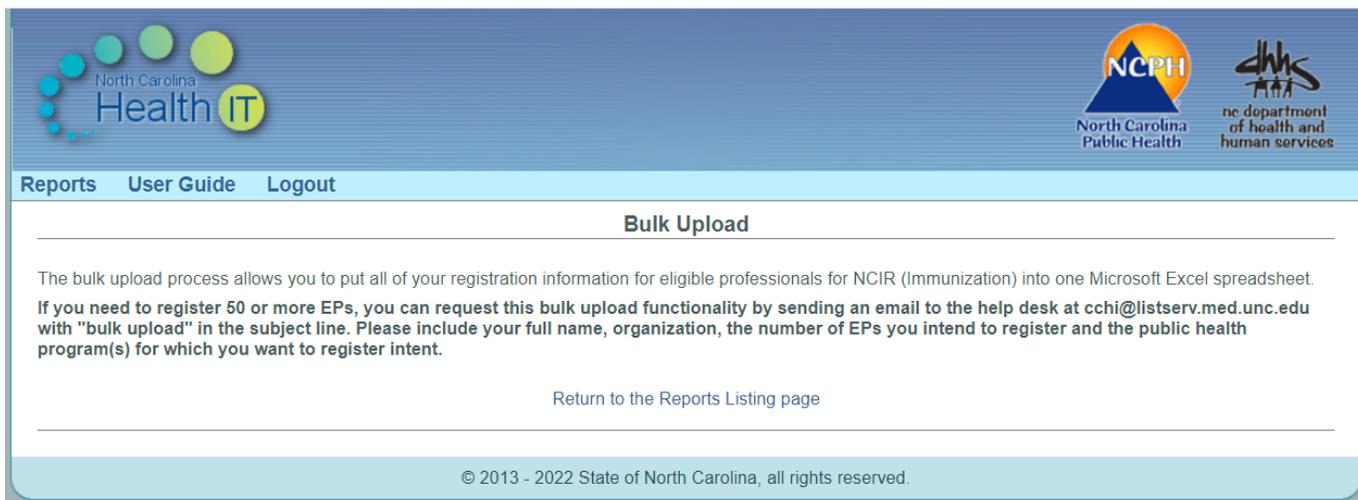
The bulk upload process allows users to put all their registration information for eligible clinicians into one Microsoft Excel spreadsheet. There are spreadsheets available for NCIR.

Users upload their completed spreadsheets using the Bulk Upload report. Spreadsheets are processed nightly. Users will receive ONE email confirmation that lists all the eligible clinicians who have completed registration for that program area.

To request bulk upload functionality, send an email to the help desk at cchi@listserv.med.unc.edu with "bulk upload" in the subject line. Please include your full name, organization, the number of ECs you intend to register, and the spreadsheets you need (NCIR).

Section 2: Registration of Intent Using the Bulk Upload Option

Figure 57: Bulk Upload Request Page



If your request for bulk upload access is approved, the next time you login to the registration site you will be able to access the Bulk Upload report from the Reports listing page. When your request is approved, you will also receive the Microsoft Excel spreadsheet that you will use to provide your registration data.

NCIR Registration of Intent Using the Bulk Upload Option

The Registration of Intent process for the North Carolina Immunization Registry asks for the following information:

- General Promoting Interoperability status information
- Contact information for the provider's Promoting Interoperability contact person, primary contact for immunization registry reporting, internal IT contact, and EHR vendor contact
- Information about the EHR that will be used to exchange health information with NCIR
- Information specific to NCIR that will be used to inform the onboarding process

Detailed guidance on the questions asked in the NCIR registration process is available in Table 6 below. When completing the spreadsheet, users should verify all required data elements are complete. Most cells are required; those that are optional are designated in the table. Records that do not have information for required questions will be rejected and that provider will not be registered successfully.

Section 2: Registration of Intent Using the Bulk Upload Option

Table 4: Bulk Upload Spreadsheet Questions for NCIR

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Eligible Professional / Eligible Clinician (EP) NPI	National Provider Identifier	10-digit number, starting with a 1 or a 2
EP First Name		
EP Last Name		
EP Street Address		
EP City		
EP State		
EP ZIP		
EP Phone		Format: XXXXXXXXXXXX Ext. 12345 (no dashes or parentheses)"
<i>Promoting Interoperability Information</i>		
Reporting Period Begin & End Dates	The date this provider intends to start and end the reporting period. If the exact dates are not known, please provide the best estimate.	MM/DD/YYYY
<i>Contact Information</i>		

Section 2: Registration of Intent Using the Bulk Upload Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
<p>Promoting Interoperability Contact Person</p> <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	<p>Please provide the contact information for the primary Promoting Interoperability contact person for this provider.</p>	<p>Free text; position and department are optional</p>
<p>NCIR Contact</p> <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	<p>Please provide the contact information for the primary NCIR contact for this provider. This person should have a general knowledge of immunizations and immunization workflows utilized by this provider.</p>	<p>Free text; position and department are optional</p>
<p>IT Contact</p> <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	<p>Please provide the contact information for the primary internal IT contact for this provider. If there is not a full time IT person in the office, please provide the information for the person who typically troubleshoots EHR related issues before you contact the help desk.</p>	<p>Free text; position and department are optional</p>

Section 2: Registration of Intent Using the Bulk Upload Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Vendor Contact <ul style="list-style-type: none"> • First Name • Last Name • Position • Department • Organization • Phone • Email 	Please provide your primary vendor contact information. If you typically just call the help desk, please put the vendor name and helpdesk in the first and last name fields.	Free text; position and department are optional
<i>EHR</i>		
Vendor	What is the name of the EHR vendor for this provider?	See drop-down list; If your vendor is not listed, please leave that cell blank and then enter your vendor in the next cell
Product Name	What is the product name?	Free text
Software Version	What is the software version?	Free text (optional)
Is your EHR capable of sending HL7 2.5.1 transactions?		Yes, No
Is your EHR capable of creating VXU 2.5.1 messages?	This question appears at the end of the spreadsheet	Yes, No, I don't know
Is your EHR capable of accepting and processing ACK HL7 2.5.1 messages?	This question appears at the end of the spreadsheet	Yes, No, I don't know
Is your EHR capable of creating 2.5.1 QBP messages and accept resulting RSP messages?	This question appears at the end of the spreadsheet	Yes, No, I don't know

Section 2: Registration of Intent Using the Bulk Upload Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Which of the following interfaces are you planning to implement?		Update transaction (HL7 2.5 VXU/ACK), Query/Response (HL7 2.5 QBP/RSP), Both
If implementing Query/Response, do you plan to use NCIR series and/or recommendation information to display in your EHR? [NCIR can turn these features on as needed.]		Yes, No, I don't know; (optional)
Does your EHR support real-time messaging using web services?		Yes, No
Do you have a hub through which all your organizations will send data, so that a single connection can be made to the NCIR?		Yes, No, I don't know
Do you have a test environment? (NCIR will perform Onboarding in the Test environment and on successful completion initiate data reception in production.)		Yes, No
Please provide the name of the person who will be the primary contact for addressing errors / rejects in HL7 messages:		Free text (optional)

Section 2: Registration of Intent Using the Bulk Upload Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
How does your application handle reporting errors/warnings (ACKs returned in response to VXU)?		Free text (optional)
Are you planning to connect directly with the NCIR or go through the NC HIE?		Direct, HIE, I don't know (optional)
How adaptable is the software being used? Are you able to change aspects of the software (and/or HL7 messages) to meet the NCIR requirements, if needed?		Yes, No, I don't know; (optional)
Does your facility have any plans to transition to a new electronic health record in the near future?		Yes, No (optional)
When do you plan to transition to this new electronic health record?	If the answer is yes to above question, when?	N/A; In process; 1-2 months; 3-6 months; 7-12 months; More than one year; answer only if you do plan to transition to a new EHR
Future Vendor	Name of the future vendor you will be using.	Free text; answer only if you do plan to transition to a new EHR

Section 2: Registration of Intent Using the Bulk Upload Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Future Product Name	Name of the future product.	Free text; answer only if you do plan to transition to a new EHR
Future Software Version	Version of future software.	Free text; answer only if you do plan to transition to a new EHR
Transition Comments	Please provide any additional information about your plan for transitioning to the future LIS.	Free text; answer only if you do plan to transition to a new EHR
<i>NCIR Details</i>		
Please select a specialty for this provider.		Use the drop-down list to select the specialty; if the provider's specialty is not shown, please type the specialty in the next cell
Organization NPI	Please enter the NPI of the organization in which this provider practices (e.g. ABC pediatric associates):	NPI
Organization Name	Please enter the name of the organization in which this provider practices (e.g. ABC pediatric associates):	Free text

Section 2: Registration of Intent Using the Bulk Upload Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Does your organization participate in the Vaccine for Children (VFC) Program? (In other words, does your organization order and receive state supplied vaccines?)		Yes, No
If VFC provider, does your EHR have the ability to capture eligibility codes for VFC doses?		Yes, No (optional)
Do you plan to setup privately purchased vaccine in NCIR?		Yes, No
Does your EHR have the ability to capture dose-level inventory information like Lot Number, dose size, expiration date, manufacturer and VIS date?		Yes, No
What type of patients do you administer vaccines to?	Select all that apply: pediatric, adolescent, adult	Pediatric, Adolescent, Adult
Does your EHR collect historical immunizations?		Yes, No
What is your total patient population at your organization's level, approximately?		1-500; 501-1000; 1001-5000; 5001-10,000; over 10,000 (optional)

Section 2: Registration of Intent Using the Bulk Upload Option

Registration Questions	Description	Allowable Answers & Formats (where applicable)
How many immunizations does your organization administer per month on an average?		0; 1-20; 21-100; 101-500; 501-2000; over 2,000

To upload the completed Excel spreadsheet, select the Bulk Upload report from the reports listing page.

Figure 58: Reports Listing Page Showing Bulk Upload Report Option



Section 2: Registration of Intent Using the Bulk Upload Option

Uploading the Completed NCIR Bulk Upload Spreadsheet

Select North Carolina Immunization Registry as the public health program area for which you are registering and use the browse button to select your completed Excel file.

Confirm that your email is correct as this is the email that will be used to send the registration complete notifications. Incorrect emails must be corrected with NCID.

Figure 59: Bulk Upload Report file upload for NCIR

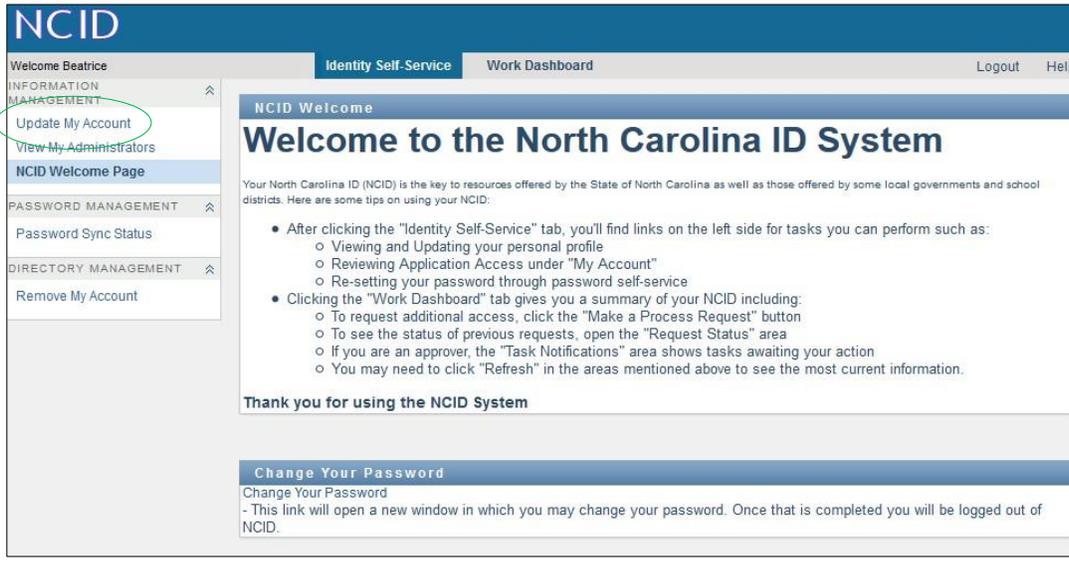
The screenshot shows a web interface for uploading a bulk spreadsheet. At the top left is the 'North Carolina Health IT' logo. At the top right are the 'NCPH North Carolina Public Health' and 'dhhs nc department of health and human services' logos. Below the logos is a navigation bar with 'Reports', 'User Guide', and 'Logout'. The main heading is 'Bulk Upload'. The form contains the following elements:

- A radio button for 'North Carolina Immunization Registry' with an asterisked instruction: '* Please select the Public Health Program Measure for which you are uploading your registration data:'.
- A file selection area with a 'Browse...' button and the text 'No file selected.' with an asterisked instruction: '* Select your completed spreadsheet based on the provided template. If you need the template, please send an email to the help desk at cchi@listserv.med.unc.edu with "bulk upload" in the subject line.'
- An email address field containing 'ising@ad.unc.edu' with an asterisked instruction: '* Email communications for your bulk upload will be sent to the email address in our system:'.
- A checkbox for 'This email address is correct.' with a red warning: 'If this email address is not correct please update your NCID profile with the correct email.'
- A yellow-bordered box containing a certification statement: 'I hereby certify that the statements and information in this registration (spreadsheet) are true and accurate to the best of my knowledge and belief. I understand that a failure to provide accurate information may move my registration to end of the queue in the on-boarding process and will be among the factors that the North Carolina Division of Public Health uses to assess an organization's readiness to onboard.'
- A green-bordered box containing a disclaimer: 'Please note that once you submit your registration you will not be able to make changes to your information. If you need to update your information after you have submitted your registration, please contact the appropriate public health program area.'
- An 'Upload' button at the bottom.

To correct an email with NCID, login to NCID at ncid.nc.gov and select "Update My Account" at the top left of the page

Section 2: Registration of Intent Using the Bulk Upload Option

Figure 60: NCID Update My Account

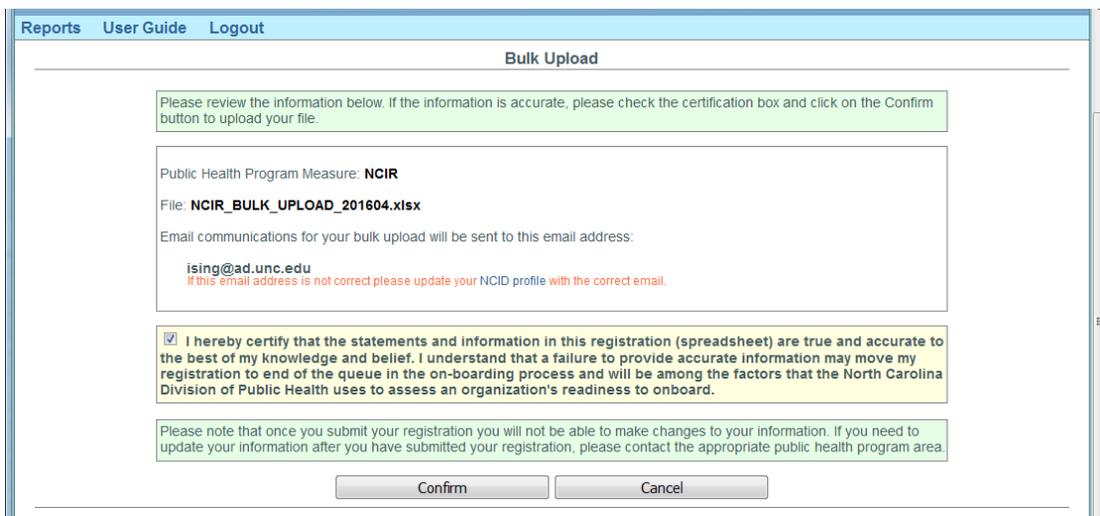


Bulk Upload Confirmation Page for NCIR

After you have uploaded your file, you will have one final opportunity to verify that you have uploaded the correct file, that the file is complete and accurate, and that the email that will receive bulk upload notifications is correct.

If the file and email are correct, click on the confirm button AFTER you have acknowledged the certification statement.

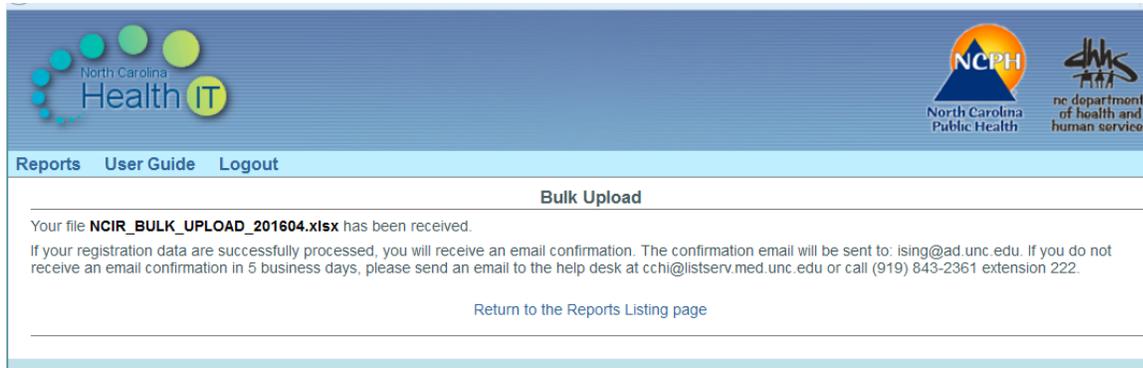
Figure 61: Bulk Upload Confirmation Page for NCIR



Section 2: Registration of Intent Using the Bulk Upload Option

Once users click on the confirm button, they will be shown a file received page. This is NOT a confirmation that providers have been registered.

Figure 62: File Received Page for NCIR Bulk Upload



Within 5 business days, users should receive a registration complete email. This email and the attached list of registered providers should be kept for auditing purposes.



It is up to the email recipient to compare the list of clinicians in the email attachment to the list of clinicians included in the uploaded Excel spreadsheet. If there are clinicians in the Excel spreadsheet that are NOT listed in the email attachment, those clinicians were not registered. The data for the unregistered clinicians may have been invalid or incomplete.

Any questions about clinicians not registered correctly can be sent to the help desk via email to cchi@listserv.med.unc.edu.

Section 2: Registration of Intent Using the Bulk Upload Option

Figure 63: Sample Registration Complete Email for NCIR Bulk Upload

DATA UPLOAD DATE: 20160425

Registration of intent to submit immunization data via electronic interface to the North Carolina Immunization Registry (NCIR) has been completed for the providers listed in the attached .csv file. Please check the attachment carefully. A provider may not have been registered if required questions were not answered and/or if invalid data were included on the spreadsheet uploaded on the date shown above. If you have any questions about the bulk upload process, please contact the portal helpdesk by email at cchi@listserv.med.unc.edu.

Registered EPs and EHs in active engagement will be placed in a 'waiting for invitation to onboard' status. While completing its pilot projects, NCIR is developing criteria that will enable the NCIR to efficiently and systematically onboard exchange partners. NCIR will ask that you do not directly contact DPH after registering intent, but wait until the invitation to onboard from NCIR. The North Carolina Division of Public Health appreciates your efforts to implement the electronic immunization data interface and we look forward to continued collaboration. Please retain this notification for your records.

Thank you!

NCIR Data exchange team,

E-mail: ncirdataexchange@dhhs.nc.gov

FAQ Website: <http://immunize.nc.gov/providers/ncirdataexchange.htm>

*Thank you for using the
NC Division of Public Health Promoting
Interoperability Registration of Intent Site.*