North Carolina Division of Public Health Meaningful Use Registration of Intent User Guide
Version 2.0
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Prepared by the Carolina Center for Health Informatics in the Department of Emergency Medicine, University of North Carolina at Chapel Hill

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Introduction

This guide provides an overview of registering intent to participate in the North Carolina Division of Public Health Programs as part of the Meaningful Use incentive program.

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

There are two ways to register eligible professionals for the North Carolina Central Cancer Registry: through the Web interface and using the Bulk Upload process. The Bulk Upload process is for users who need to register 50 or more eligible professionals. The Web interface is covered in Section 1 of this user guide and the bulk upload option is covered in Section 2.

The NC DPH Registration of Intent Site has been tested using Internet Explorer 11.0+ and Mozilla Firefox 25.0+, and may not work properly with other browsers. JavaScript must also be enabled in your browser for the site to function properly.

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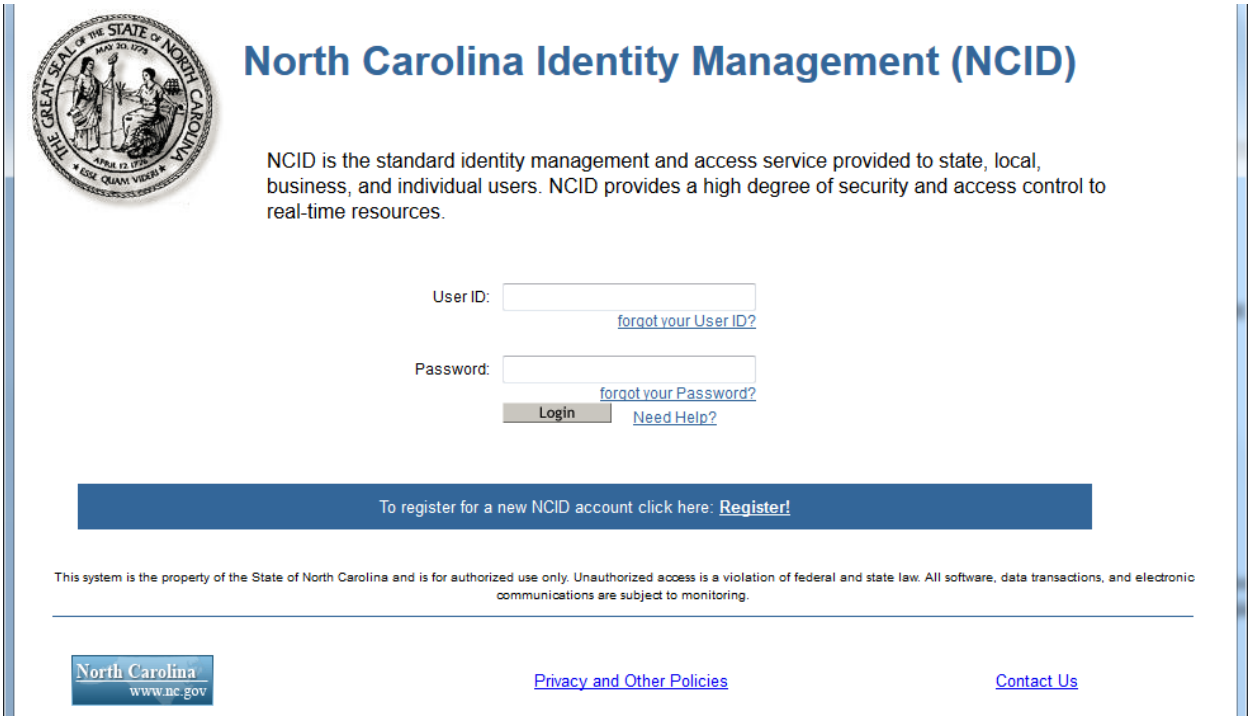
Login

To login, please 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. Please login with your NCID login and password. If you need help with your NCID user name and password or requesting an NCID account, please visit http://ncid.nc.gov.

Figure 1: NCID Login Page



The first time you login, you will be shown the first time login page. Users registering providers will select the first option "Register Eligible Providers."

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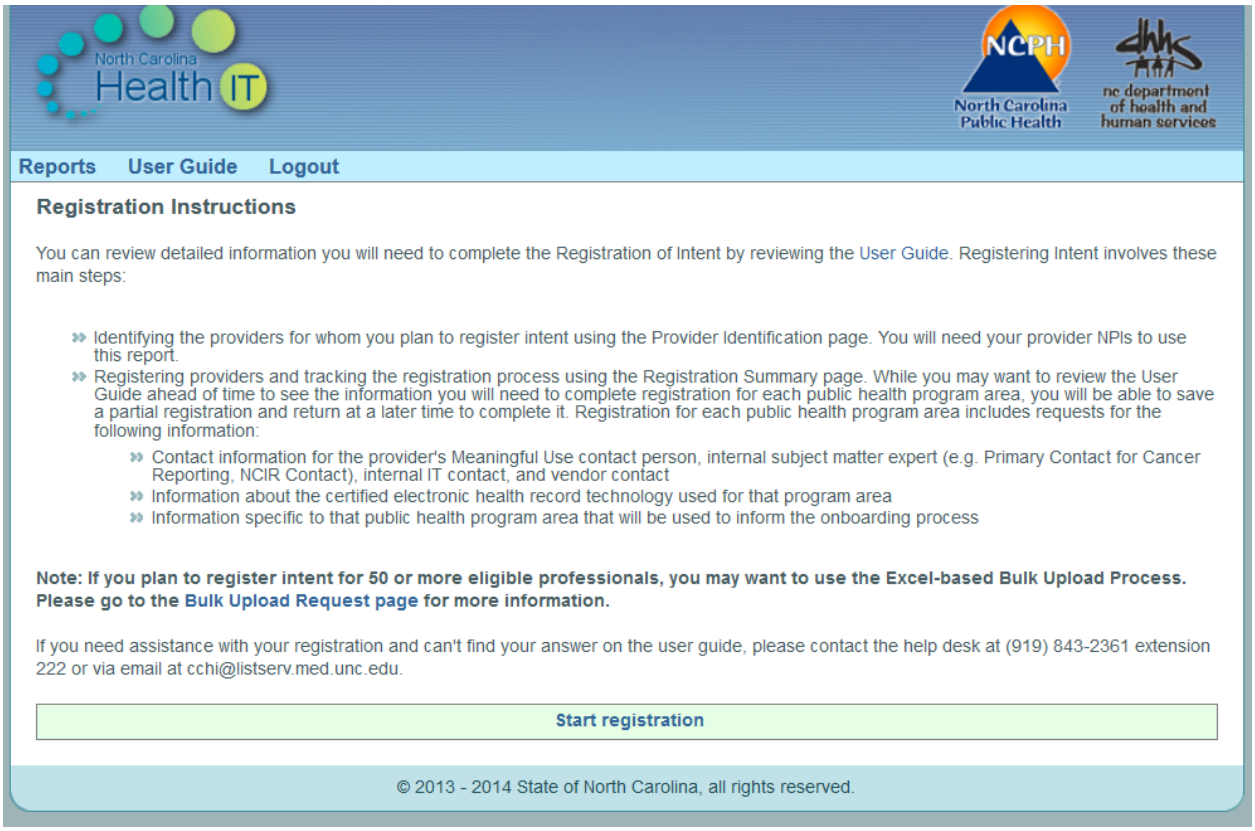
Figure 2: Selecting to Register Eligible Providers

After users select the option to Register Eligible Providers they will be provided with an overview of the registration process. The main steps to register intent are outlined below:

- 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 providers 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 Meaningful Use 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.
- Registrations that are submitted will receive a confirmation 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.

  There are also instructions for how to request Bulk Upload access to register 50 or more eligible professionals for the North Carolina Central Cancer Registry. Please go to the Bulk Upload section of this user guide for more information.

Figure 3: Registration Instructions



North Carolina Health IT

NCPH North Carolina Public Health

dhhs nc 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 providers 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 Meaningful Use contact person, internal subject matter expert (e.g. Primary Contact for Cancer Reporting, 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 professionals, 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 at (919) 843-2361 extension 222 or 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 providers for the North Carolina Central Cancer Registry
- Registering hospitals for Electronic Laboratory Reporting

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

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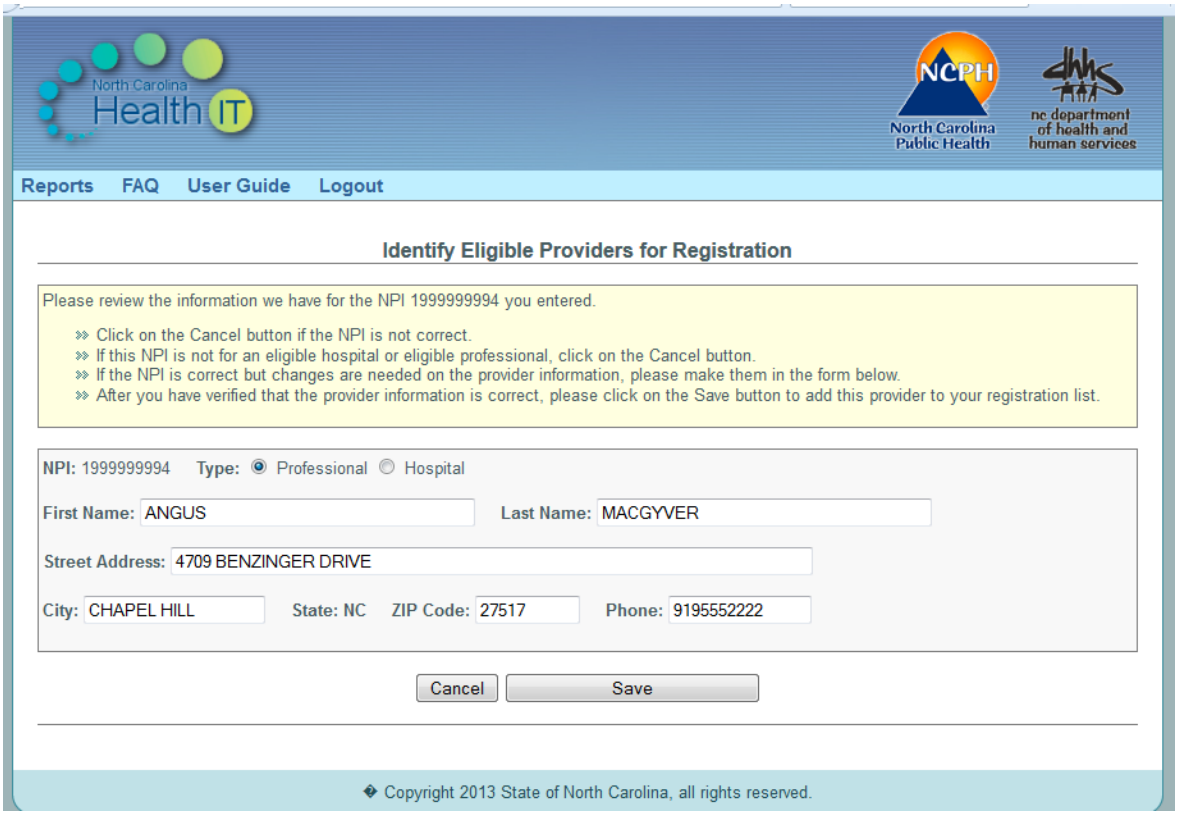
Provider Identification

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 an NPI for an eligible provider. The NPI is a 10-digit number.

Figure 4: Provider Identification Page

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 this provider identification form were downloaded from the CMS.gov website. Users can make any needed corrections to the provider's information in the form. Once the data are correct, users click on the save button to add this 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 5: Provider Data Shown in Form after entry of an NPI

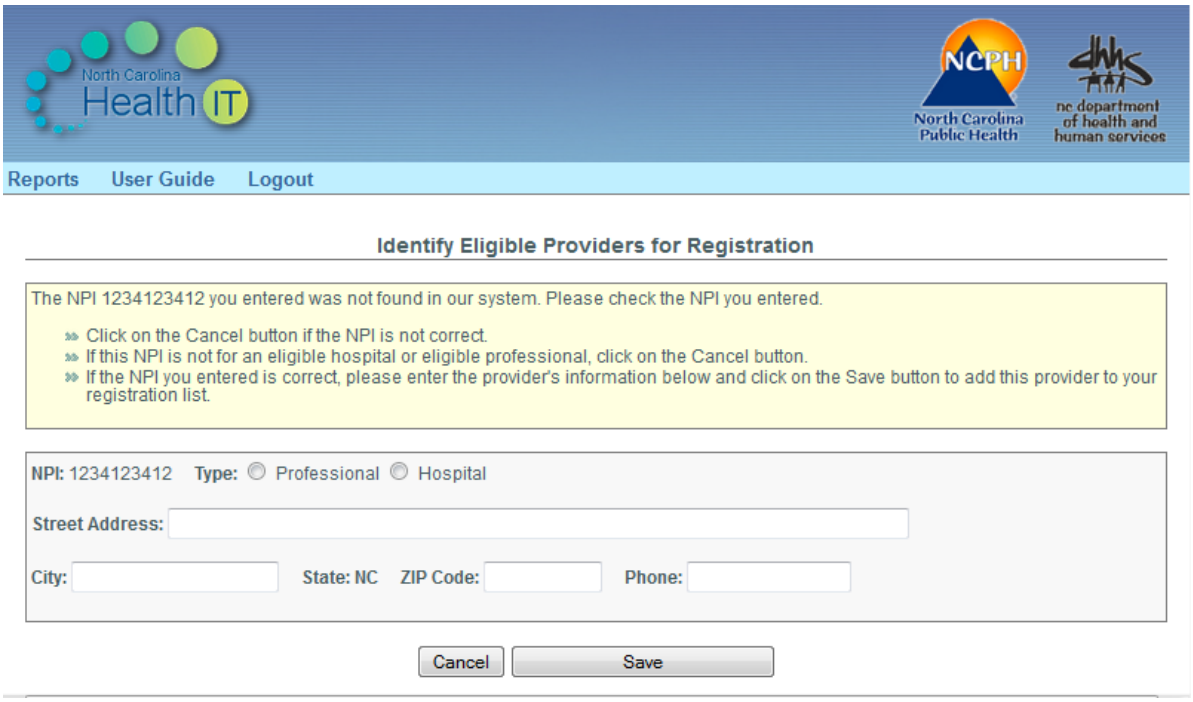


After a provider's information is saved, users will be shown a list of all providers that have been identified. If all providers have been identified, users can proceed to the Registration of Intent. If users need to identify additional providers, they can return to the Provider Identification / NPI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

Figure 6: Provider List with Three Providers Identified

If users enter an 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 provider will be added to the registration list.

Figure 7: Provider Identification Blank Form



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 can 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 Meaningful Use general information (Stage 1 and Stage 2 plans) and the Meaningful Use 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.

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Figure 8: Registration Summary Page

Registration Summary

If you don't see your affiliated provider below, please go to the provider identification page.

You can review the information you will need to complete your registration by reviewing the User Guide. You will be able to save a partially complete registration and return at a later time to complete it. Your registration will not be reviewed by the NC Division of Public Health until you provide all required information.

Eligible Hospitals:

Eligible Hospital	ELR	NCIR (Immunization)
[redacted]	Registration complete	Registration complete
HOSPITAL A	Registration complete	Registration complete
HOSPITAL B	Registration complete	Not yet registered
HOSPITAL C	Registration in progress	Not yet registered
[redacted]	Registration complete	Not yet registered

Eligible Professionals:

Eligible Professional	NCCCR (Cancer)	NCIR (Immunization)
MACGYVER, ANGUS	Registration complete	Registration in progress
SPRING, TUCKER	Registration complete	Not yet registered
WHITE, DD	Registration in progress	Not yet registered

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NCCCR Registration of Intent

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

- General Meaningful Use status information
- Contact information for the provider's Meaningful Use contact person, primary contact for cancer reporting, internal IT contact, and vendor contact
- Information about the certified electronic health record technology that will be used to report cancer cases
- Information specific to cancer reporting that will be used to inform the onboarding process

Detailed guidance on the questions asked in the NCCCR registration process is available in Table 1 below.

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

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Meaningful Use Information		
Please summarize the Stage 1 status, if applicable	This is not applicable to NCCCR so this question can be skipped	N/A
Stage 2 Reporting Period Begin & End Dates	The date this provider intends to start and end his/her initial Stage 2 reporting period. If the exact dates are not known, please provide the best estimate.	MM/DD/YYYY
Contact Information		
Meaningful Use Contact Person • First Name • Last Name • Position • Department • Organization • Phone • Email	Please provide the contact information for the primary Meaningful Use contact person for this provider.	Free text

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
Primary Contact for Cancer Reporting • First Name • Last Name • Position • Department • Organization • Phone • Email	Please provide the contact information for the person who oversees or will oversee cancer reporting for this provider. This person is typically the practice manager.	Free text
IT Contact • 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 your electronic health record before you call the help desk.	Free text
Vendor Contact • 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
Electronic Health Record Information		
Vendor	What is the name of your electronic health record vendor that you will use for cancer reporting?	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 EHR product you will use for cancer reporting?	Free text
Software Version	What is the software version for this EHR product?	Free text

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
Is your EHR capable of sending HL7 CDA R2?	HL7 CDA R2 is the prescribed format for electronic physician reporting for Meaningful Use Stage 2.	Yes, No, I don't know
Is your EHR vendor hosting the data server and planning to report on your behalf?	Where will the data be coming from? From the physician office or from the vendor's site?	Yes, No, I don't know
Cancer Reporting Transport Method: Directly to NCCCR or through the NC HIE?	What transport method will you be using to securely transport data to the registry?	Direct HIE
Does your facility have any plans to transition to a new electronic health record in the near future?	Are you planning on changing your EHR software in the future?	Yes, No
When do you plan to transition to this new electronic health record?	What is your estimated timeline for transitioning to this new EHR?	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 working.	Free text
Future Product Name	Name of the future product.	Free text
Future Software Version	Version of future software.	Free text
Transition Comments	Anything you want us to know about your EHR transition plans.	Free text
Cancer- and Organization-specific Questions		

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
Please select the specialty for this EP. If the specialty is not listed, please select other and then enter the specialty.	Please mention the specialty of the registering physician from the list given.	Hematology & Oncology Radiation Oncology Women's Health Urology Dermatology Surgical Center Endocrine Gastroenterology Head & Neck Internal Medicine Nephrology Other
Please enter the NPI of the organization / practice in which this EP practices (e.g. ABC Urology Associates, XYZ Oncology Group, etc.)	Please enter the NPI of the practice with which this provider is affiliated.	A valid NPI
Please enter the name of the organization / practice in which this EP practices (e.g. ABC Urology Associates, XYZ Oncology Group, etc.)	Name of the practice in which the registering provider practices.	Free text
How would you describe this organization / practice?	Type of the organization structure.	Solo medical oncology practice Medical oncology group or partnership Solo radiation oncology practice Radiation oncology group or partnership Multi-specialty group or partnership Freestanding Physician-owned center Hospital-based practice Other

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
What types of genomic testing are done at this organization / practice? Please check all that apply	Name of the Biomarker tests. Please choose all that apply that are shown in the list.	APC BCR-ABL BRCA1 BRCA2 CA125 ER HER2 KRAS KIT PR TP53(p53) RB1 My facility does not perform genomic testing
How many cancer cases does this organization / practice diagnose / treat on a yearly basis?	Volume of the reportable cancer cases per year.	0 1 to 25 26 to 50 51 to 100 More than 100
If this organization / practice is part of a health system, please enter the health system name. If not, please enter N/A:	i.e. ABC Healthcare System	Free text

When users click on the link to begin registering intent for NCCCR, 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.

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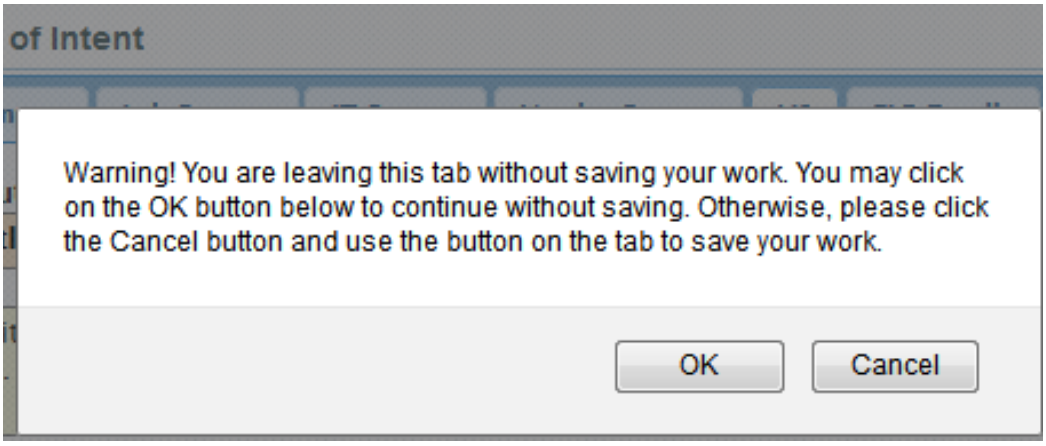
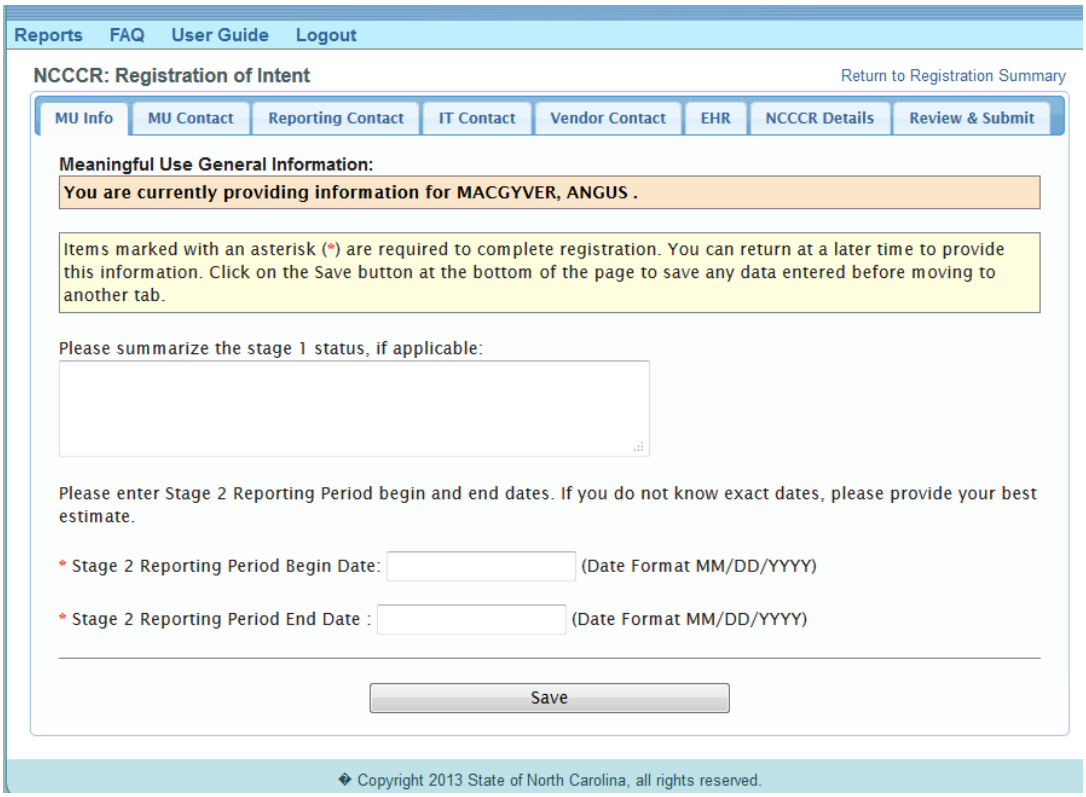
Figure 9: Leaving Tab without Saving Warning Message



Meaningful Use General Information

On the Meaningful Use General Information tab, the Stage 1 information question is optional and the Stage 2 begin- and end-dates are required.

Figure 10: Meaningful Use General Information



Adding Contacts

Users must enter information for four contacts: Meaningful Use, Subject Matter Expert (Primary Contact for Cancer 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 11: Typing an Existing Contact Name into the Search Box

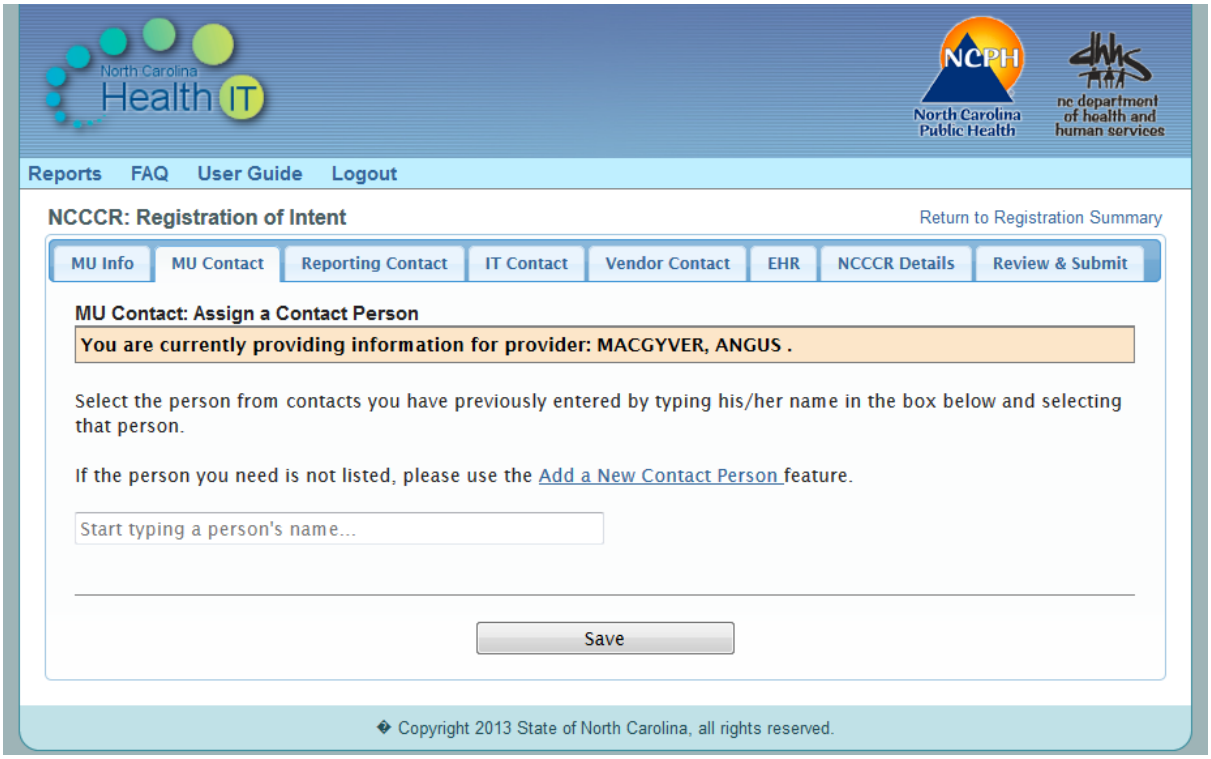
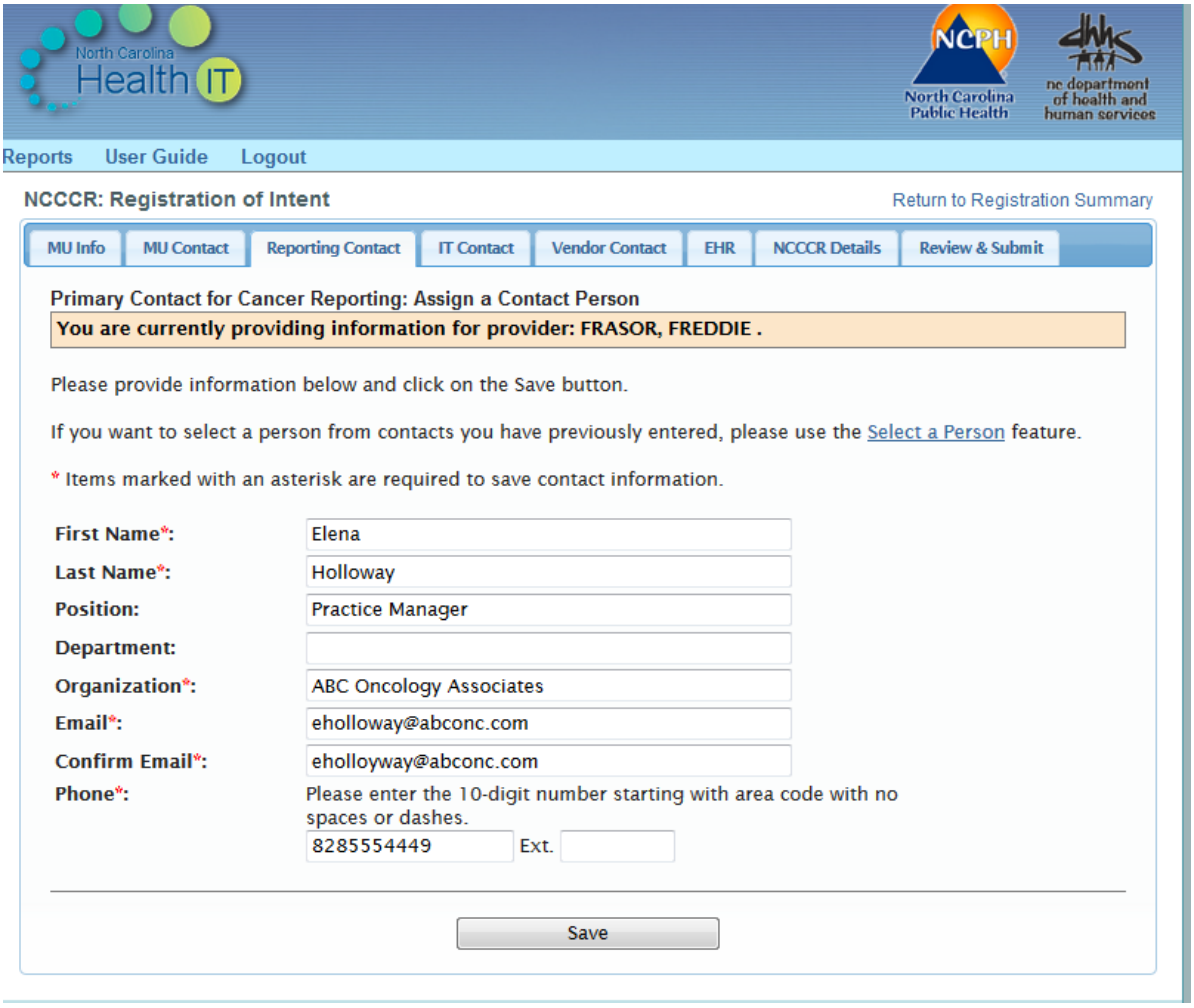
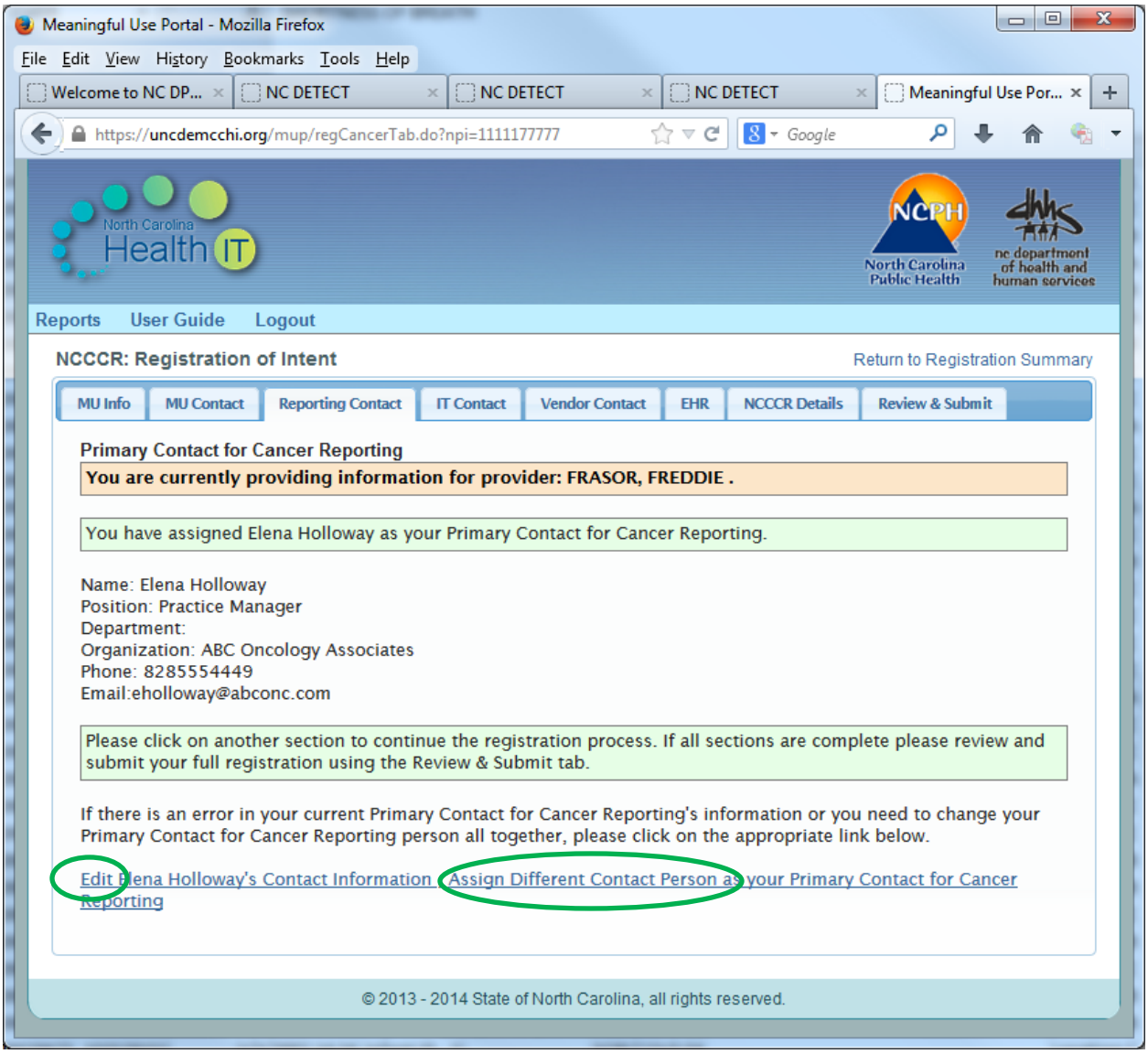


Figure 12: Adding a New Contact



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 13: Adding a Contact: Saved & Complete with Options to Edit Existing Contact or Change to a New 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.

Figure 14: EHR tab with drop down for vendor

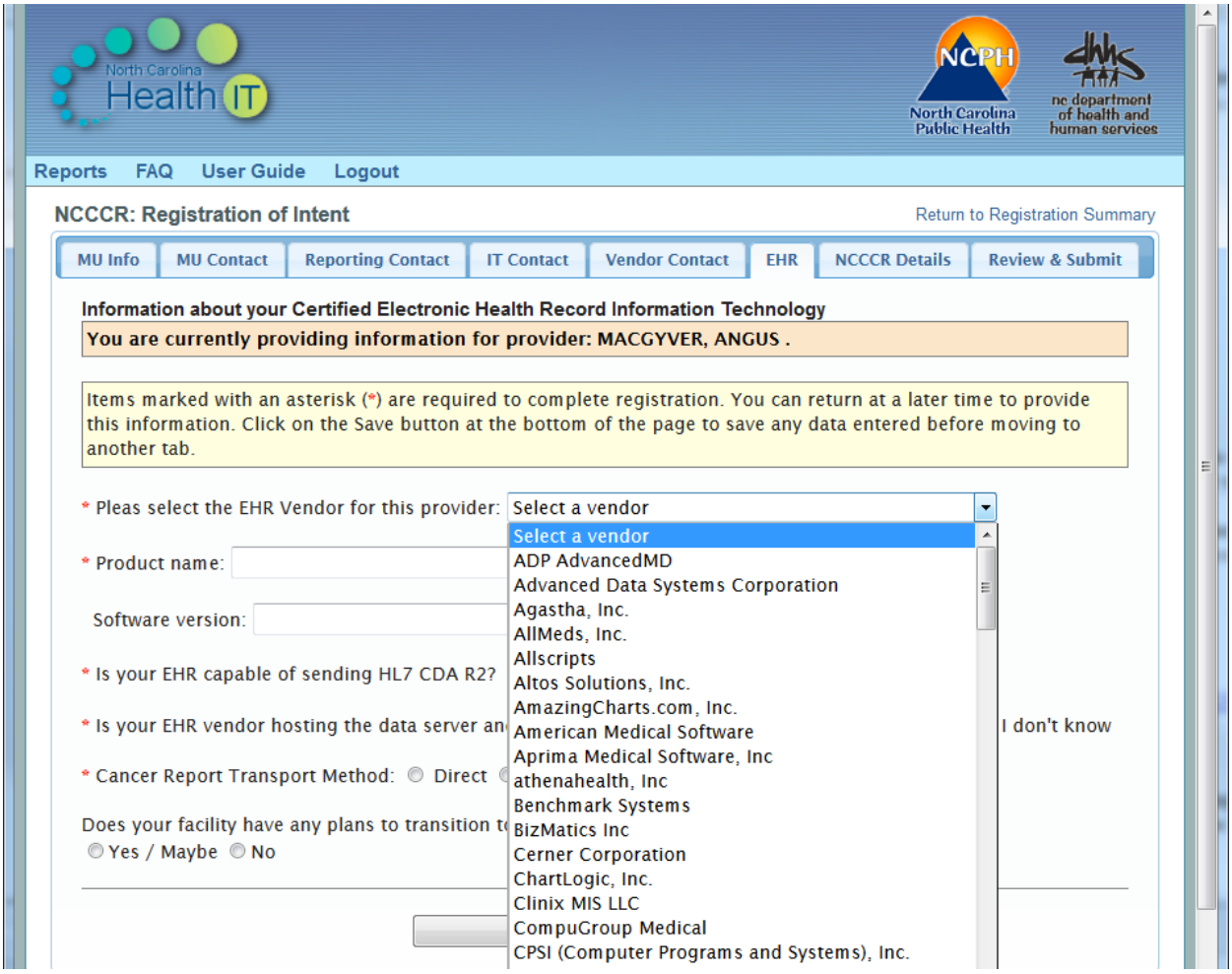


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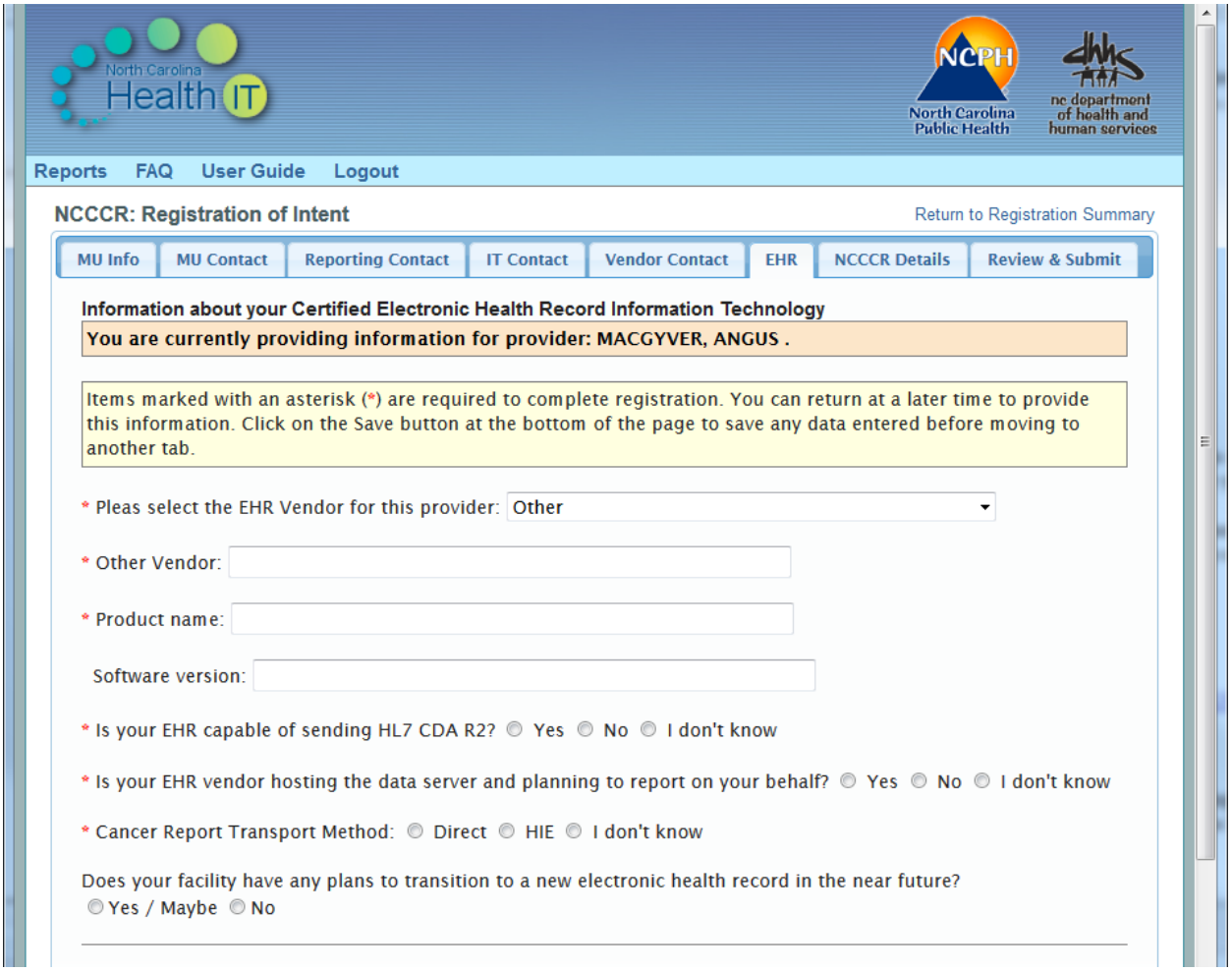
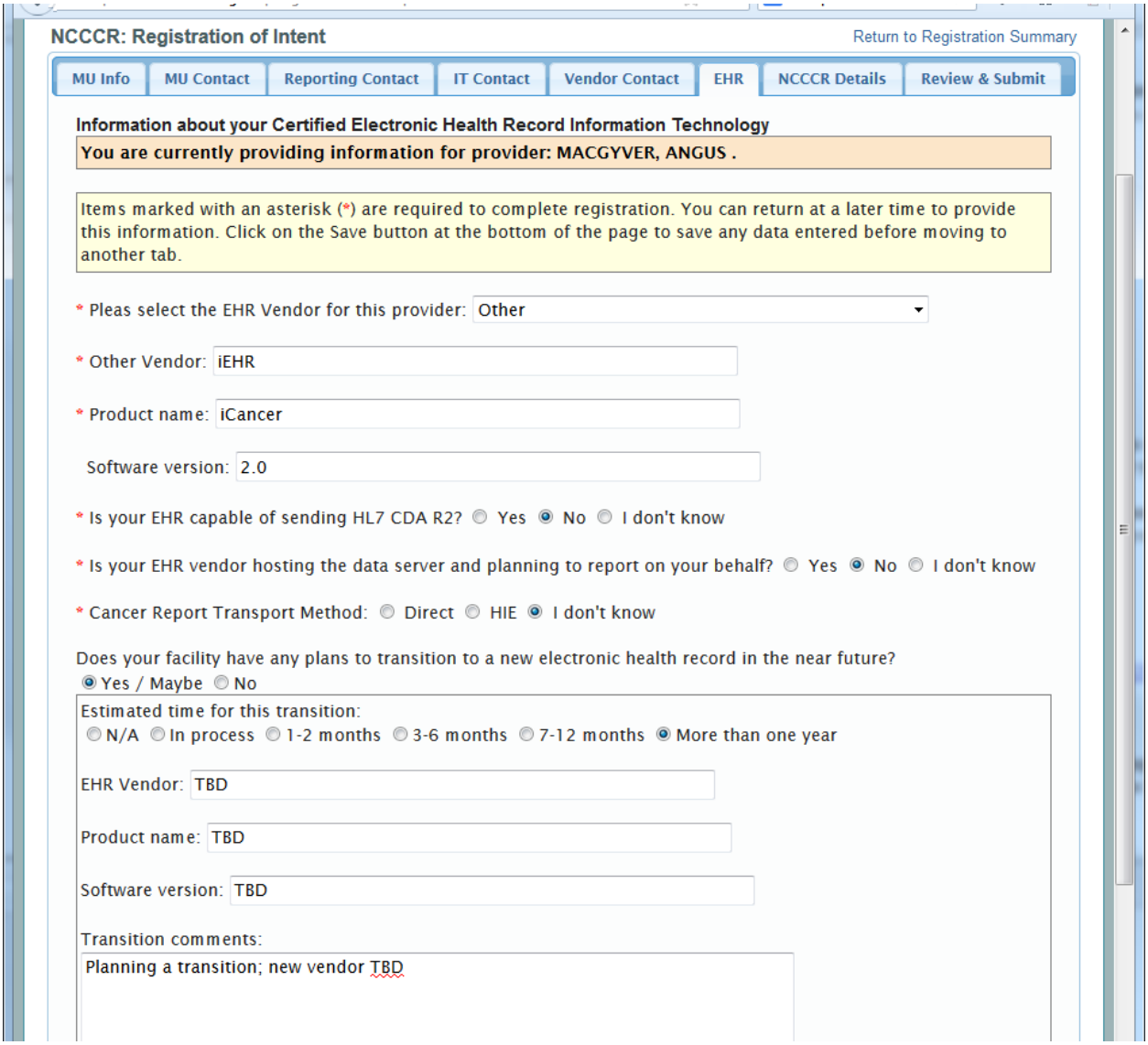
Figure 15: EHR Info, Selecting "Other" in the Vendor Drop Down



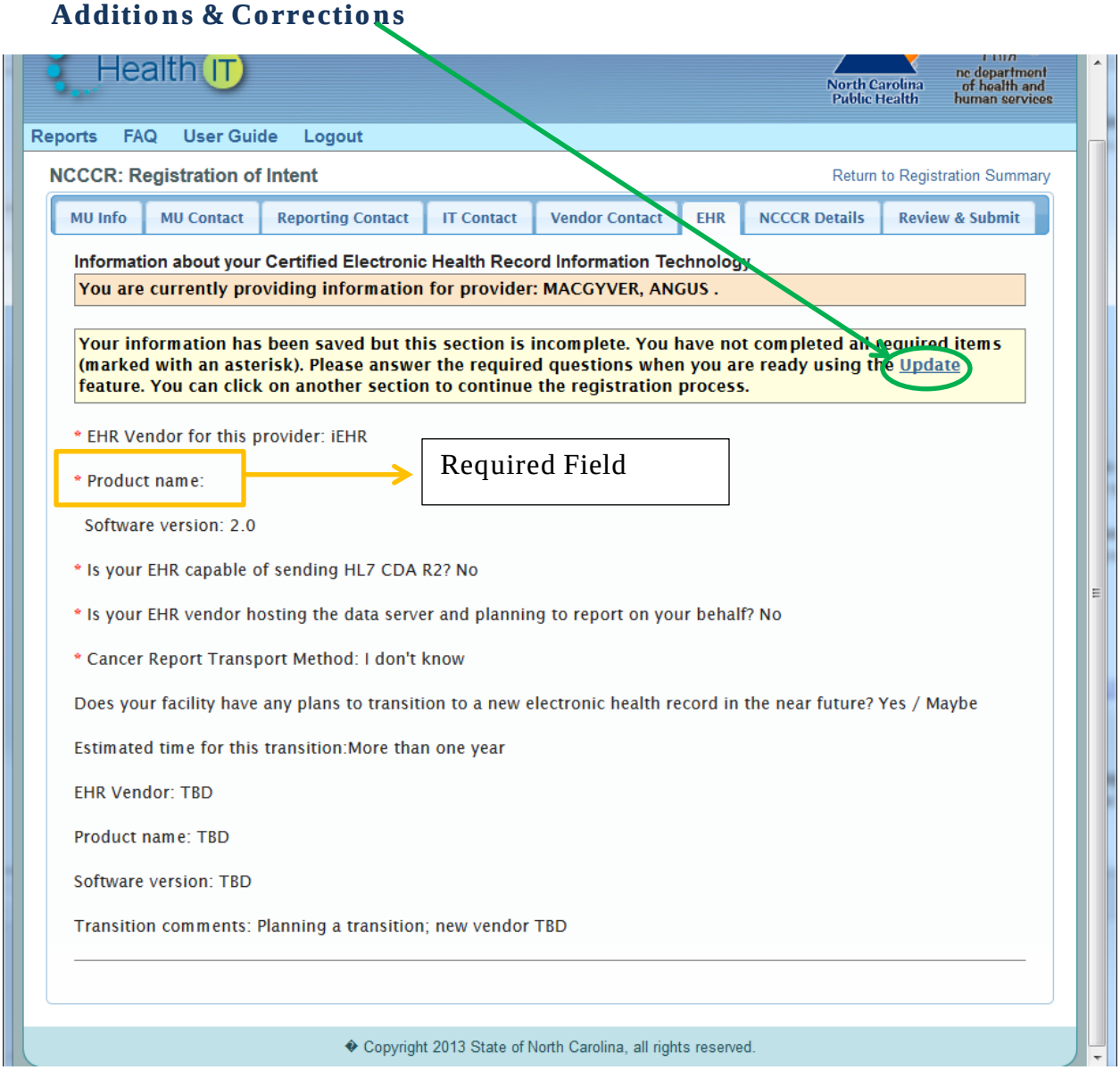
If a user answers "Yes" to the question: "Does your facility have any plans to transition to a new electronic health record in the near future," an additional set of optional questions will appear where the user can enter the new vendor-specific information, if available.

Figure 16: EHR Info with Conditional Questions for Planned EHR Transition



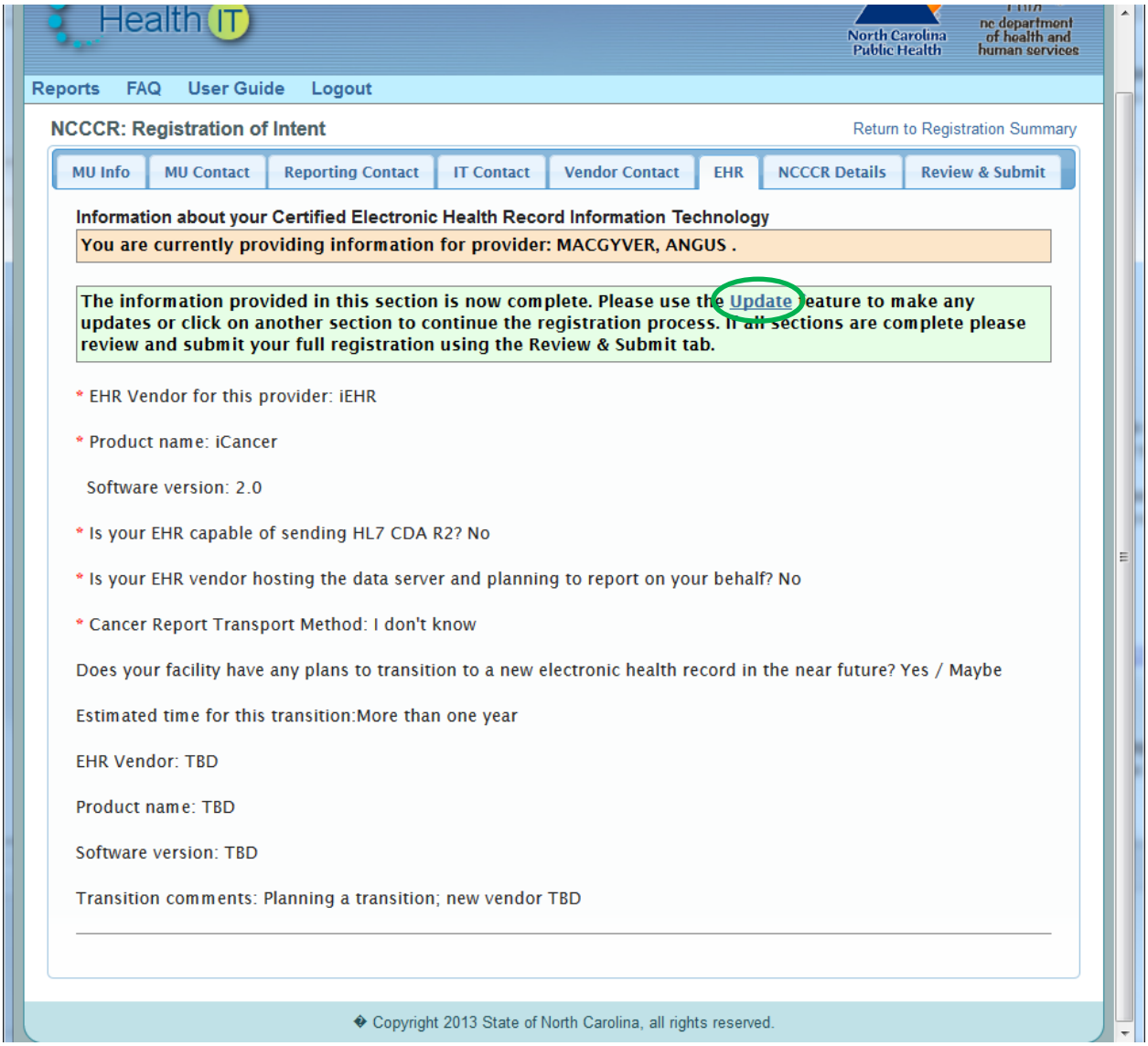
If a user does not enter all required information but clicks on the Save button, the partial information will be saved in the system. The user will be notified with instructions in a yellow-shaded box that his/her information has been saved but that the information is incomplete. In the example screenshot that follows, the required EHR product name is blank.

Figure 17: EHR Information Saved but Incomplete. Use Update link for Additions & Corrections



When users enter information for all required fields and click on the save button, they will be notified in a green-shaded button that they have completed that section. If users notice an error on a tab that is complete, they can click on the Update link to update that information at any time before the registration is submitted on the Review & Submit page.

Figure 18: EHR Information Saved & Complete



NCCCR Details

On the NCCCR details tab, the user answers questions about their organization and cancer testing. As on the EHR tab, users can save partial information and return later to complete it. If the user saves an incomplete NCCCR details tab he/she will be notified with instructions in a yellow-shaded box. If the information is complete, the user will be so notified in a green-shaded box.

Figure 19: NCCCR-specific Information

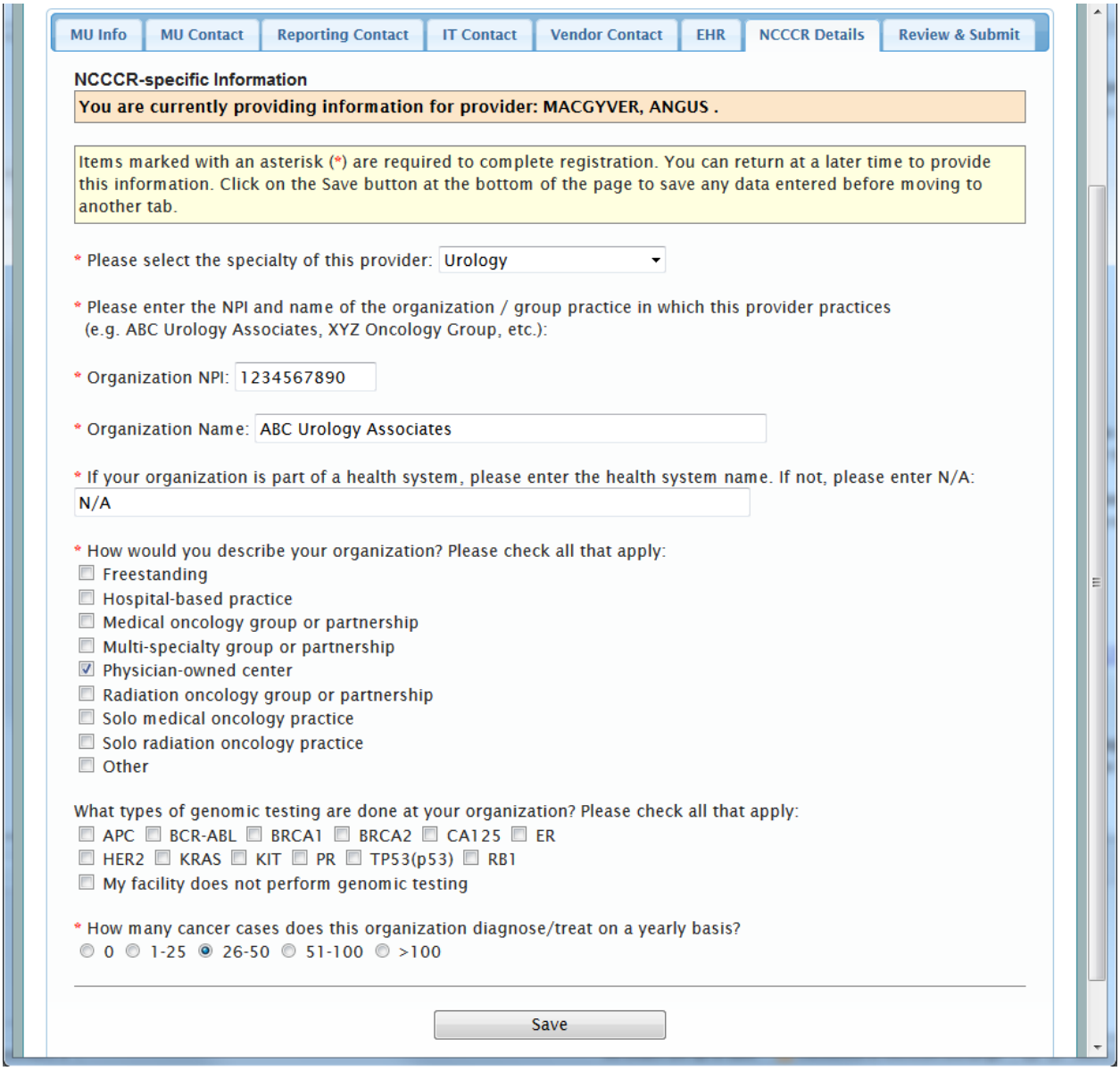


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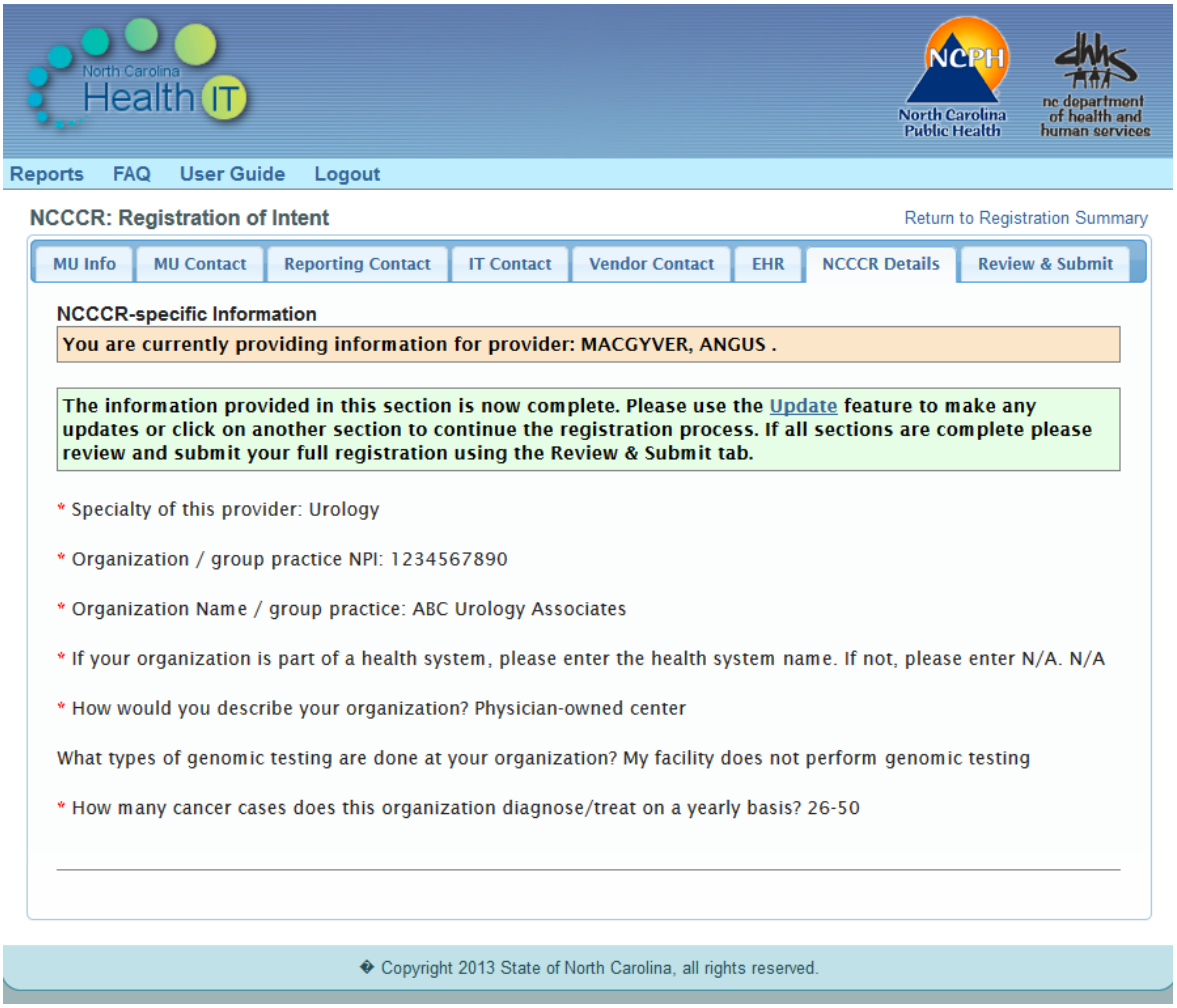
Figure 20: NCCCR-specific Information Saved & Complete



Review & Submit

After users have answered all required questions on each tab/section, they can review all of their information on the Review & Submit tab. If updates are needed they can return to the appropriate section to make corrections, save those corrections and then return to the Review & Submit tab to complete the submission process.

Users who click on the Review & Submit tab before all required questions have been answered will be given instructions in a yellow-shaded box. The sections/tabs with incomplete information will be listed below the yellow-shaded box.

Figure 21: Review & Submit Tab with Incomplete Information

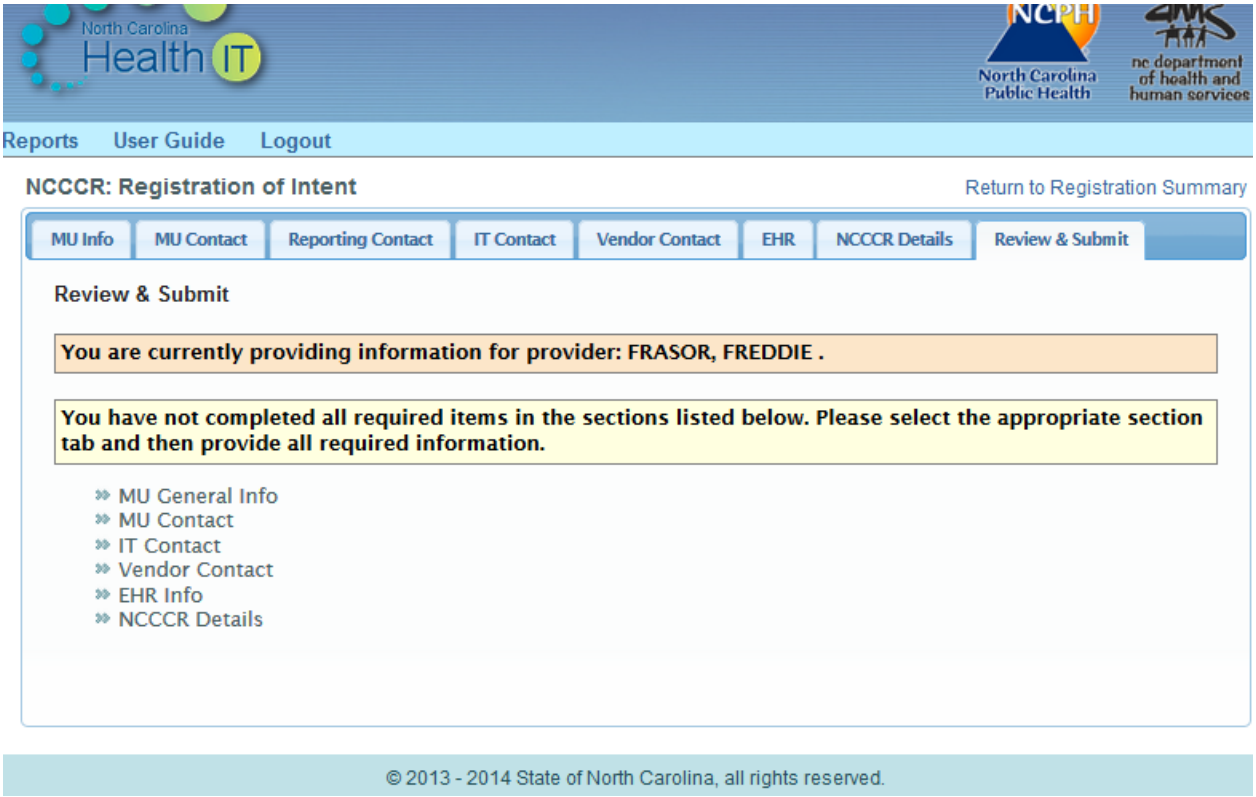
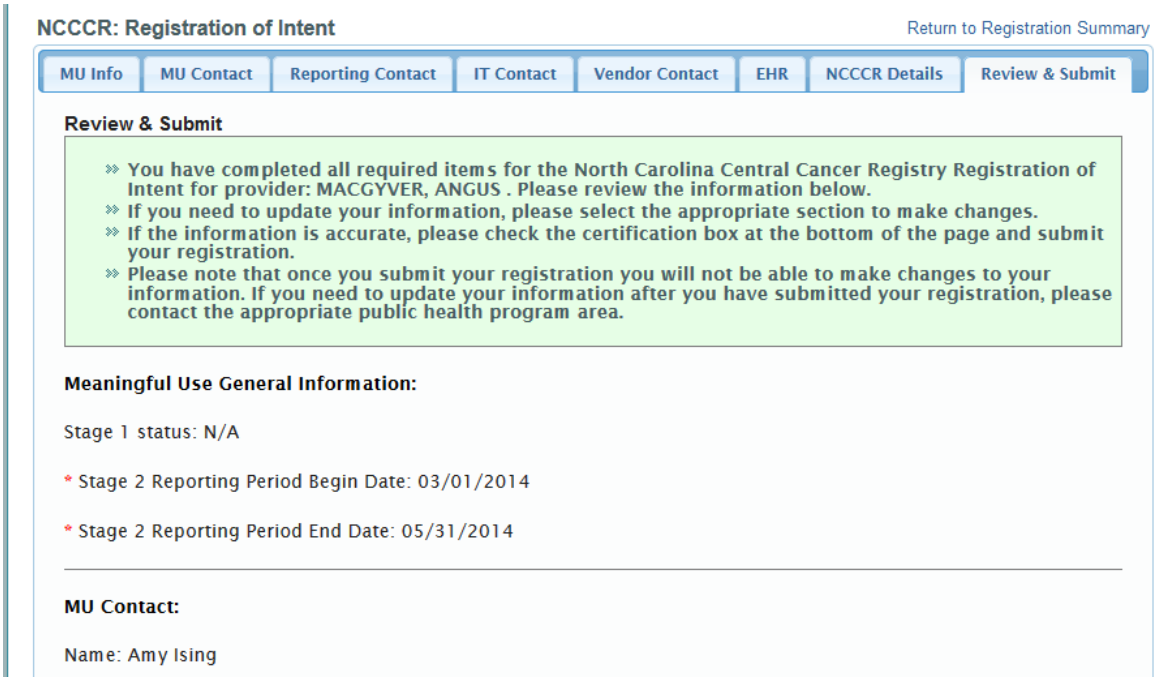


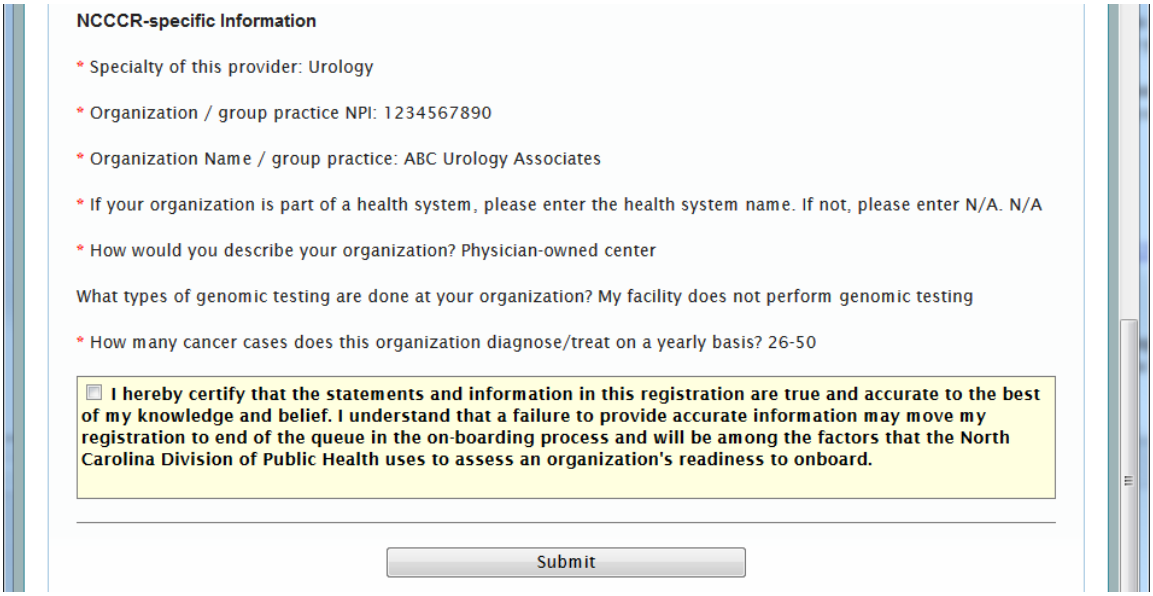
Figure 22: Review & Submit Tab with All Required Questions Complete (Top Only Shown)



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 23: Review & Submit Tab with Certification Statement (bottom)



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 Meaningful Use Contact person. The MU 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.

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Figure 24: NCCCR Registration Confirmation Page (Top Only Shown)

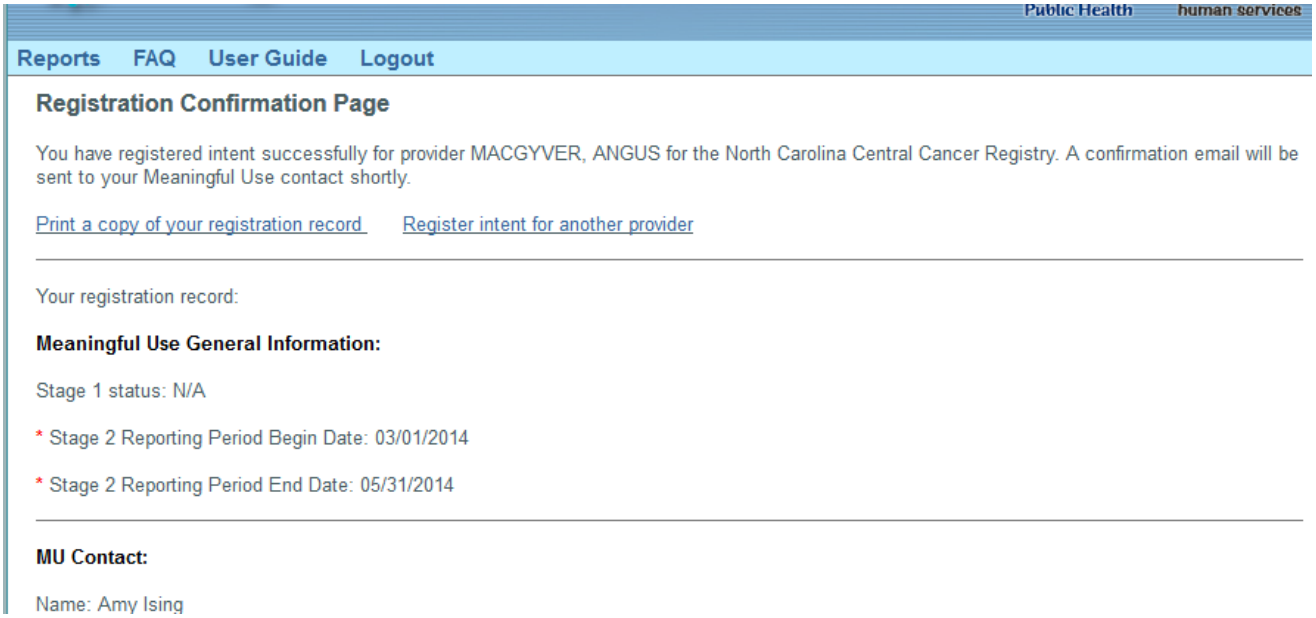
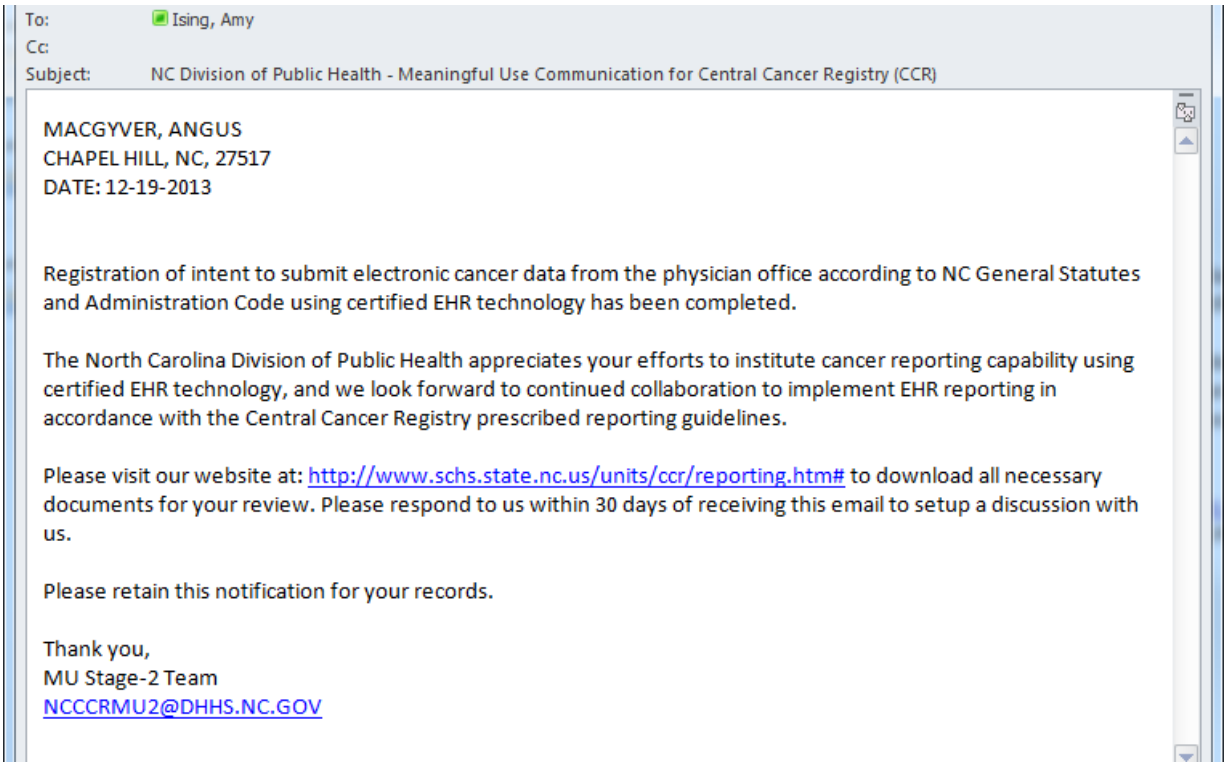


Figure 25: Sample Confirmation Email



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

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ELR Registration of Intent

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

- General Meaningful Use status information
- Contact information for the provider's Meaningful Use 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 2: Guidance for Provider Users for Registration of Intent – ELR

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Meaningful Use Information		
Please summarize the Stage 1 status, if applicable	Please provide a brief description of this provider's current progress/ plans for attesting to Stage 1 of Meaningful Use.	Free text
Stage 2 Reporting Period Begin & End Dates	The date this provider intends to start and end his/her initial Stage 2 reporting period. If the exact dates are not known, please provide the best estimate.	MM/DD/YYYY
Contact Information		

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
Meaningful Use Contact Person • First Name • Last Name • Position • Department • Organization • Phone • Email	Please provide the contact information for the primary Meaningful Use contact person for this provider.	Free text
Lab Contact • First Name • Last Name • Position • Department • Organization • Phone • Email	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.	Free text
IT Contact • 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 your lab information system before you call the help desk.	Free text

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
Vendor Contact • 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
Laboratory Information System (LIS)		
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

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
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
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

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
Transition Comments	Please provide any additional information about your plan for transitioning to the future LIS.	Free text
Top of Form 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.)	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.	<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?	Please provide an estimate of the number of different tests your laboratory offers to its customers.	<100; 100 – 250; 250 – 500; 500 - 1,500; >1,500

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
What results are most frequently reported to Public Health by your facility? (i.e., Identification of *Neisseria gonorrhea*, Identification of *Chlamydia trachomatis*, Positive for Hepatitis B Core Antigen, etc.)	Which reports does your facility most frequently report to either the state or local health departments?	Free text
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 provider for whom they are currently registering intent in a

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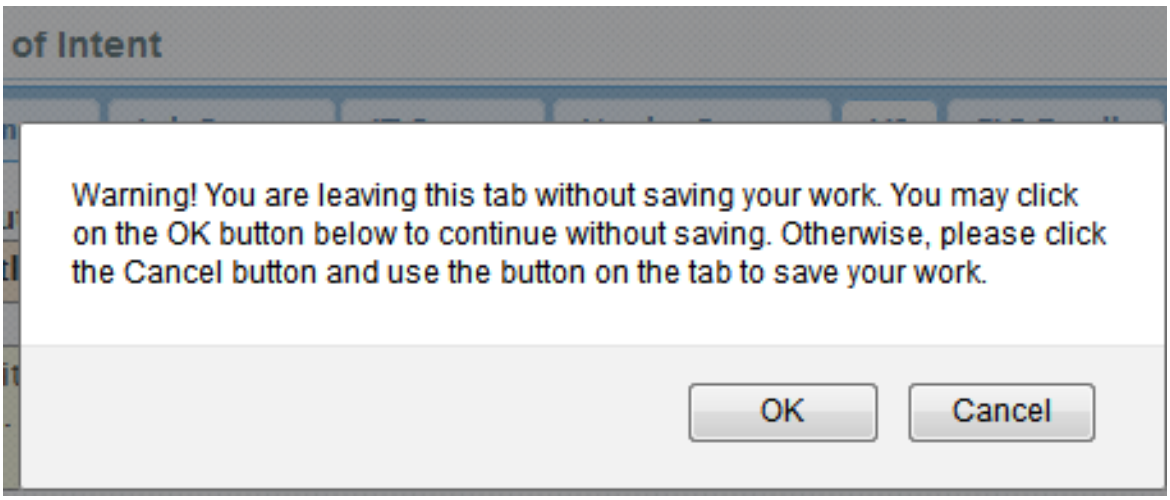
pink-shaded box.

- 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 users click on another tab without saving information on their current tab, they will be shown a warning message.

Figure 26: Clicking on a New Tab without Saving Warning Message



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Meaningful Use General Information

On the Meaningful Use General Information tab, the Stage 1 information question is optional and the Stage 2 begin- and end-dates are required.

Figure 27: ELR Meaningful Use General Information Blank Form

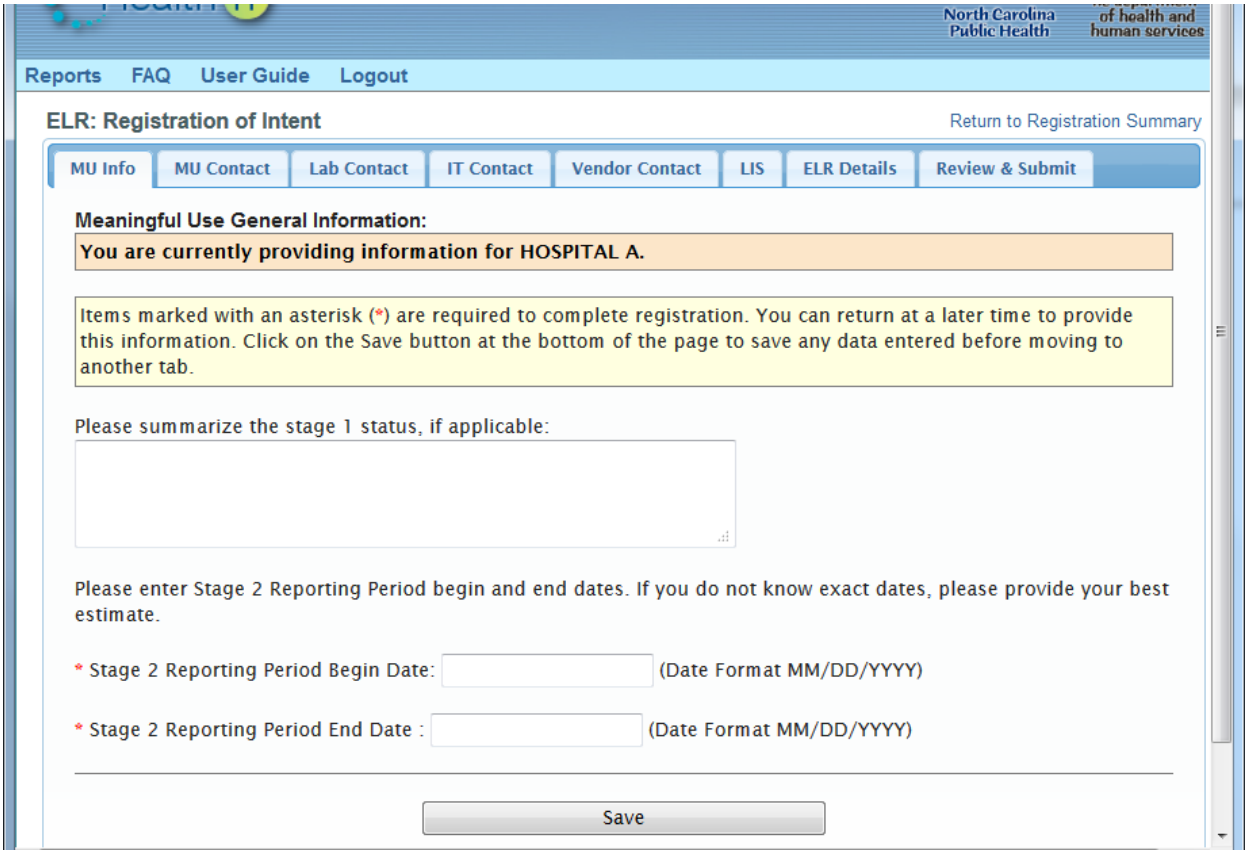
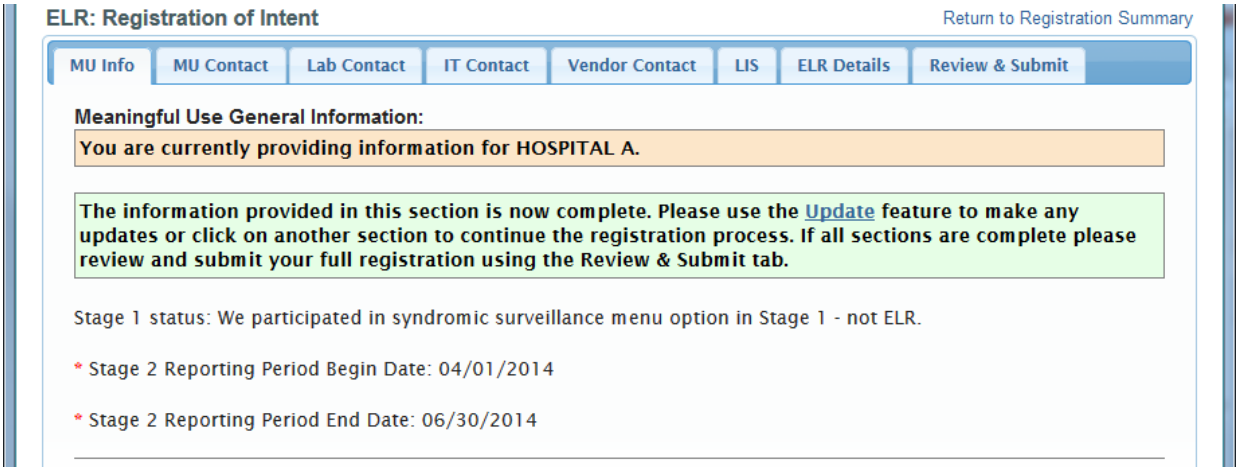


Figure 28: ELR Meaningful Use General Information Completed & Saved Form



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Adding Contacts

Users must enter information for four contacts: Meaningful Use, 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 29: Adding a New Contact

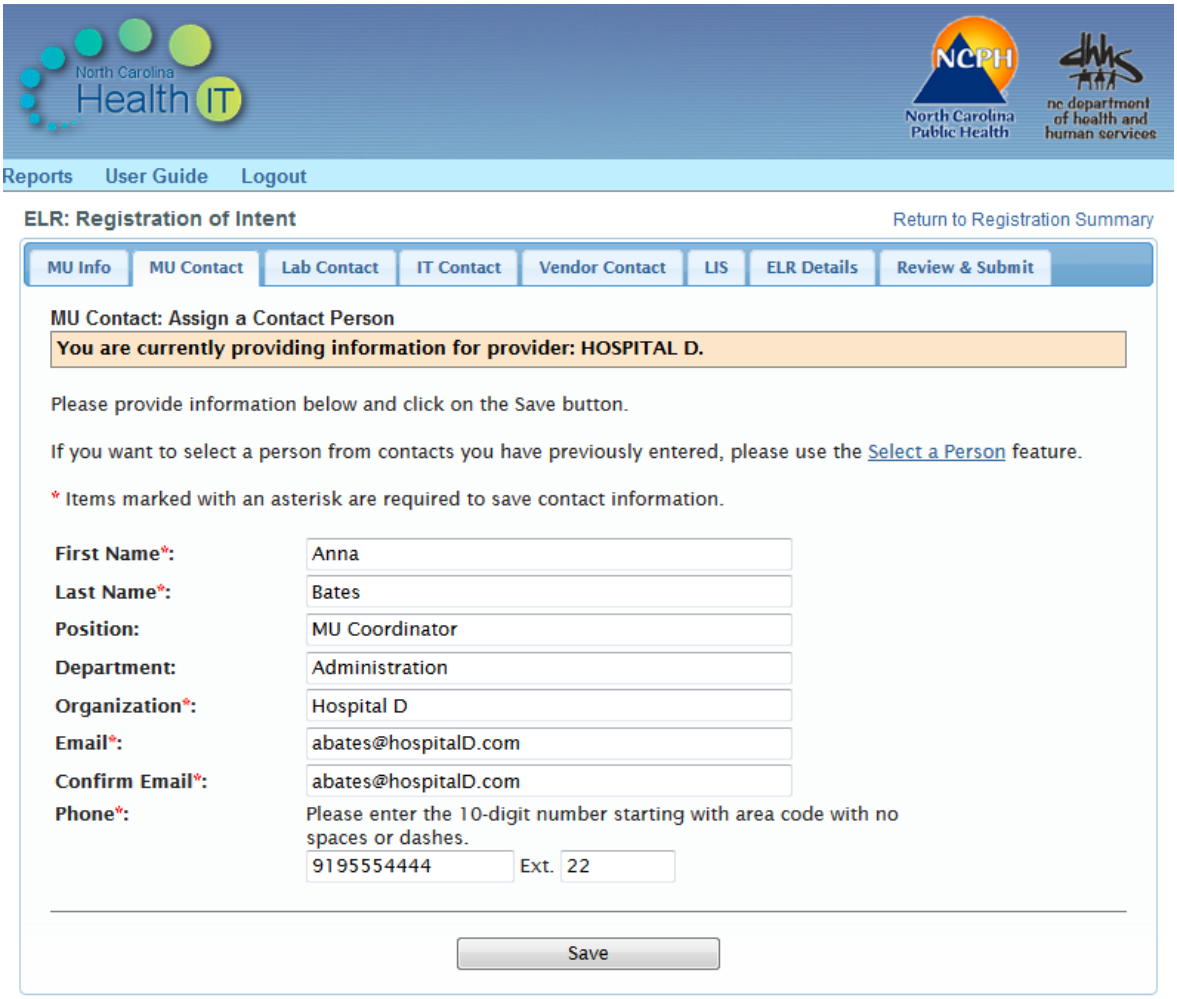
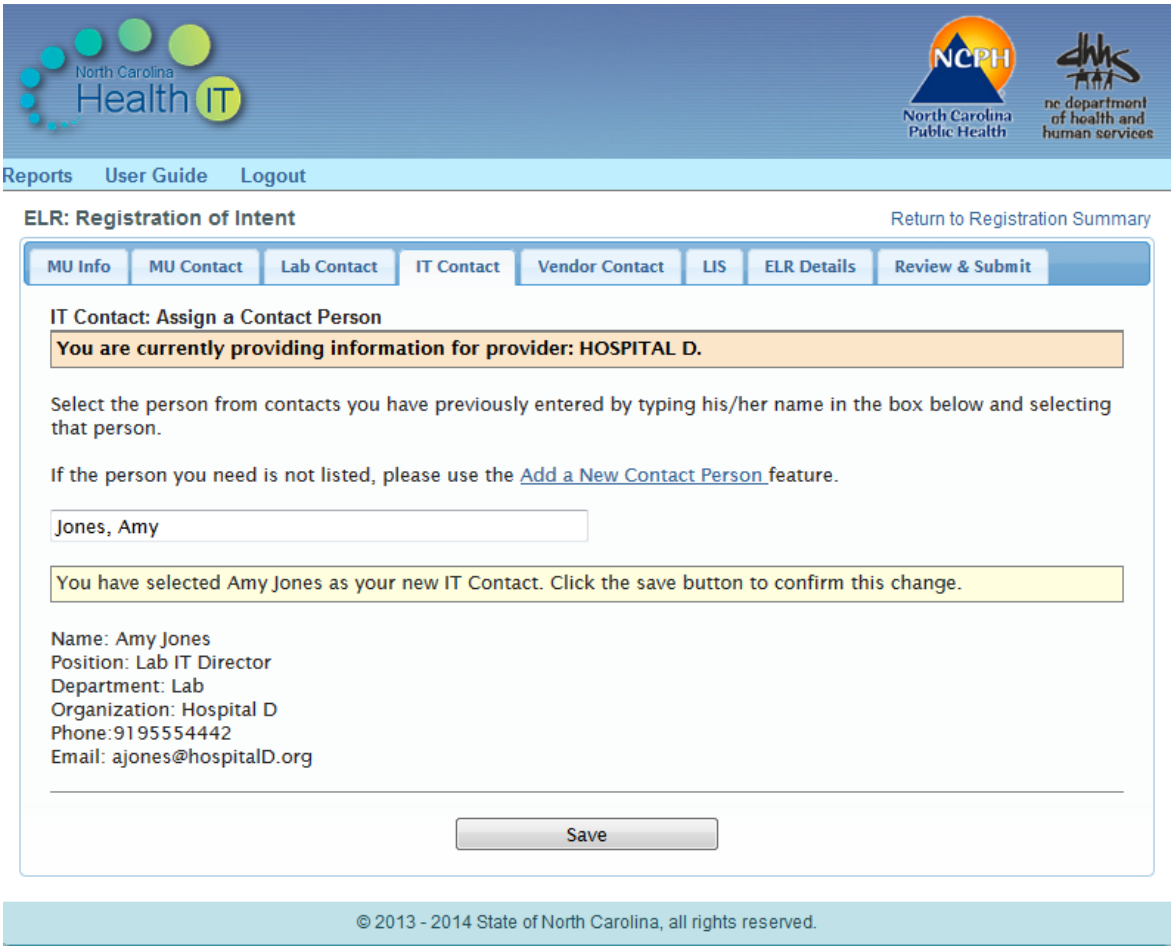
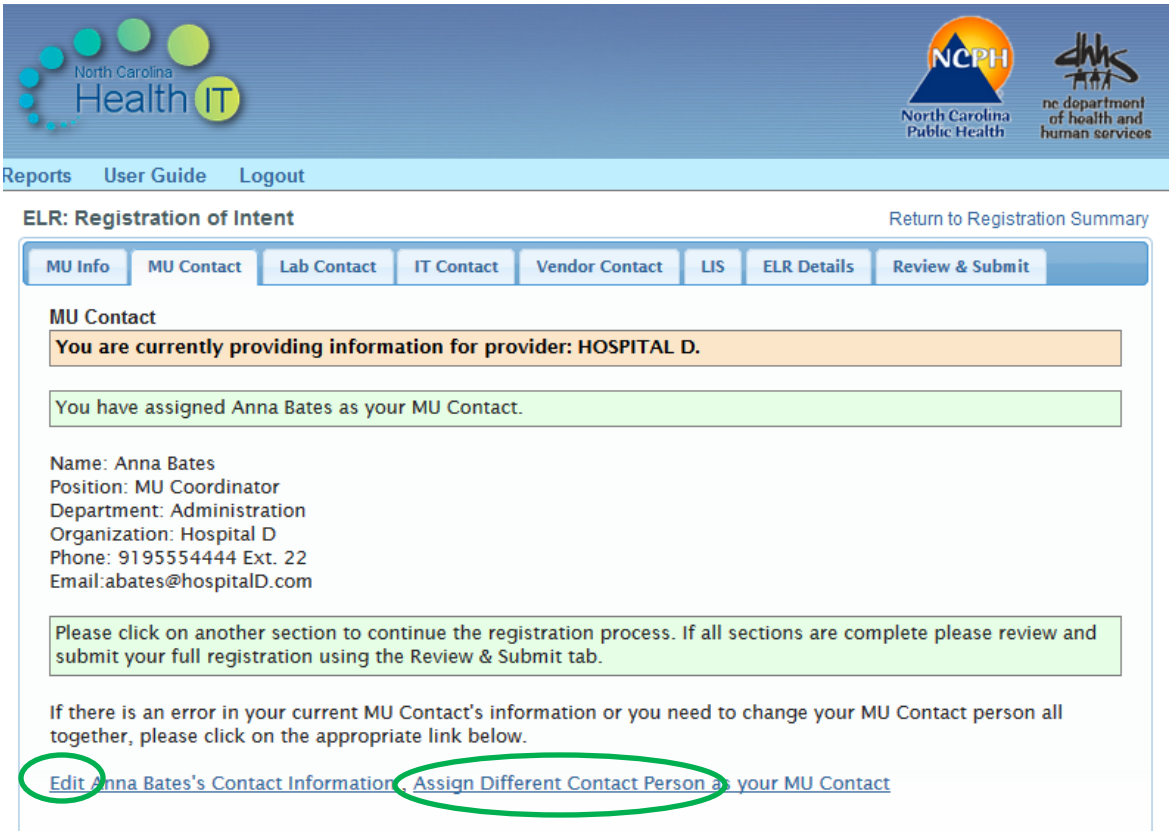


Figure 30: Selecting an Existing Contact



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) by using the links at the bottom of the screen. If everything is correct, the user can proceed to another tab.

Figure 31: ELR Meaningful Use Contact Completed & Saved with Options to Edit Existing Contact or Change to a New 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 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 32: LIS Tab with Conditional Questions Hidden

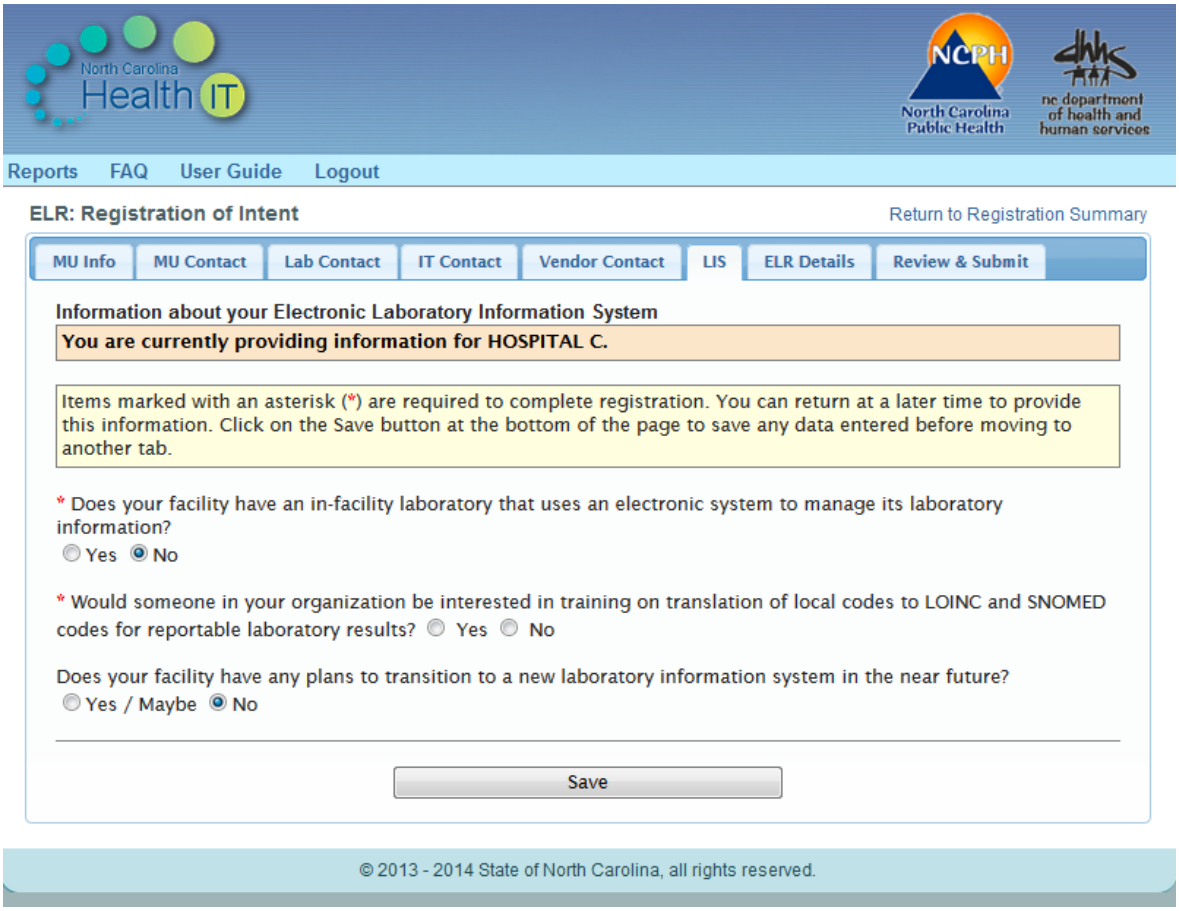


Figure 33: LIS Information with Conditional Questions Shown

ELR: Registration of Intent

Return to Registration Summary

MU Info | MU 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 HOSPITAL C.

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

* What version(s) of HL7 messages can your LIS send? ( ) 2.3.1 ( ) 2.5.1 ( ) Other

* Does your LIS store coded values for individual tests? (i.e. LOINC codes or local codes)

( ) 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 Product Name is blank. Once the user enters the product name information and saves that section, the section will be marked as complete.

Figure 34: LIS Information, Saved but Incomplete. Use Update link for Additions & Corrections

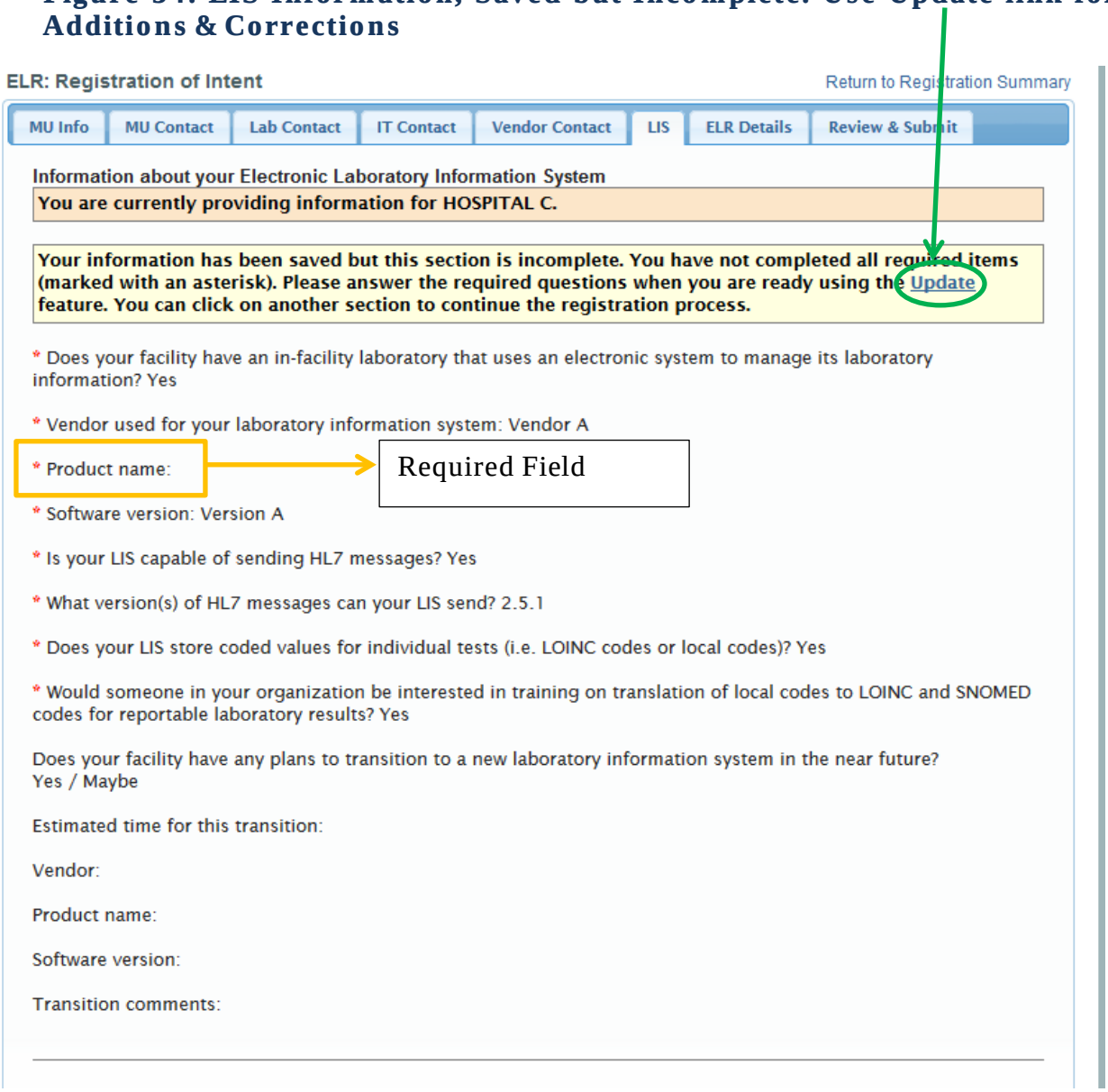
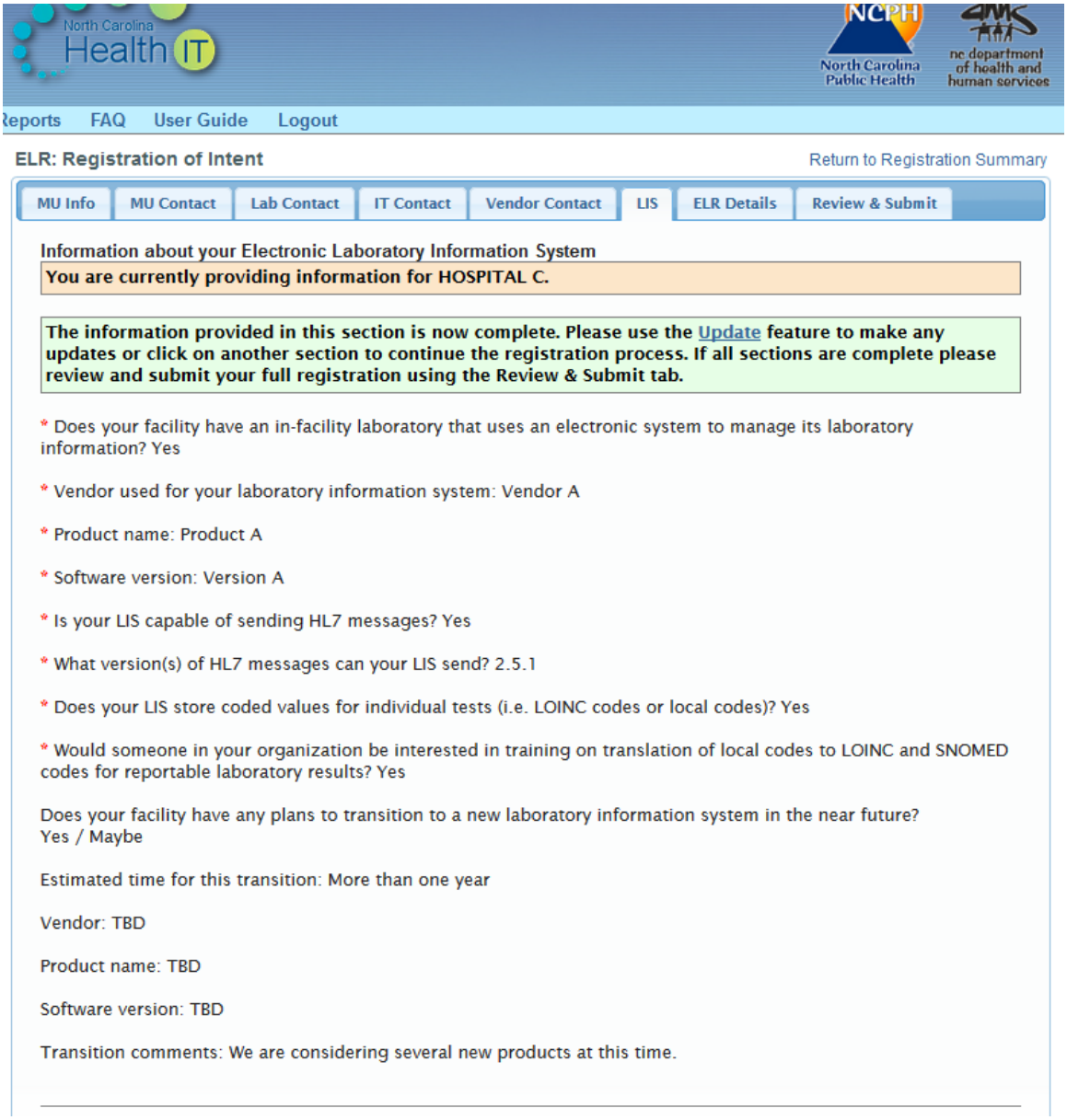


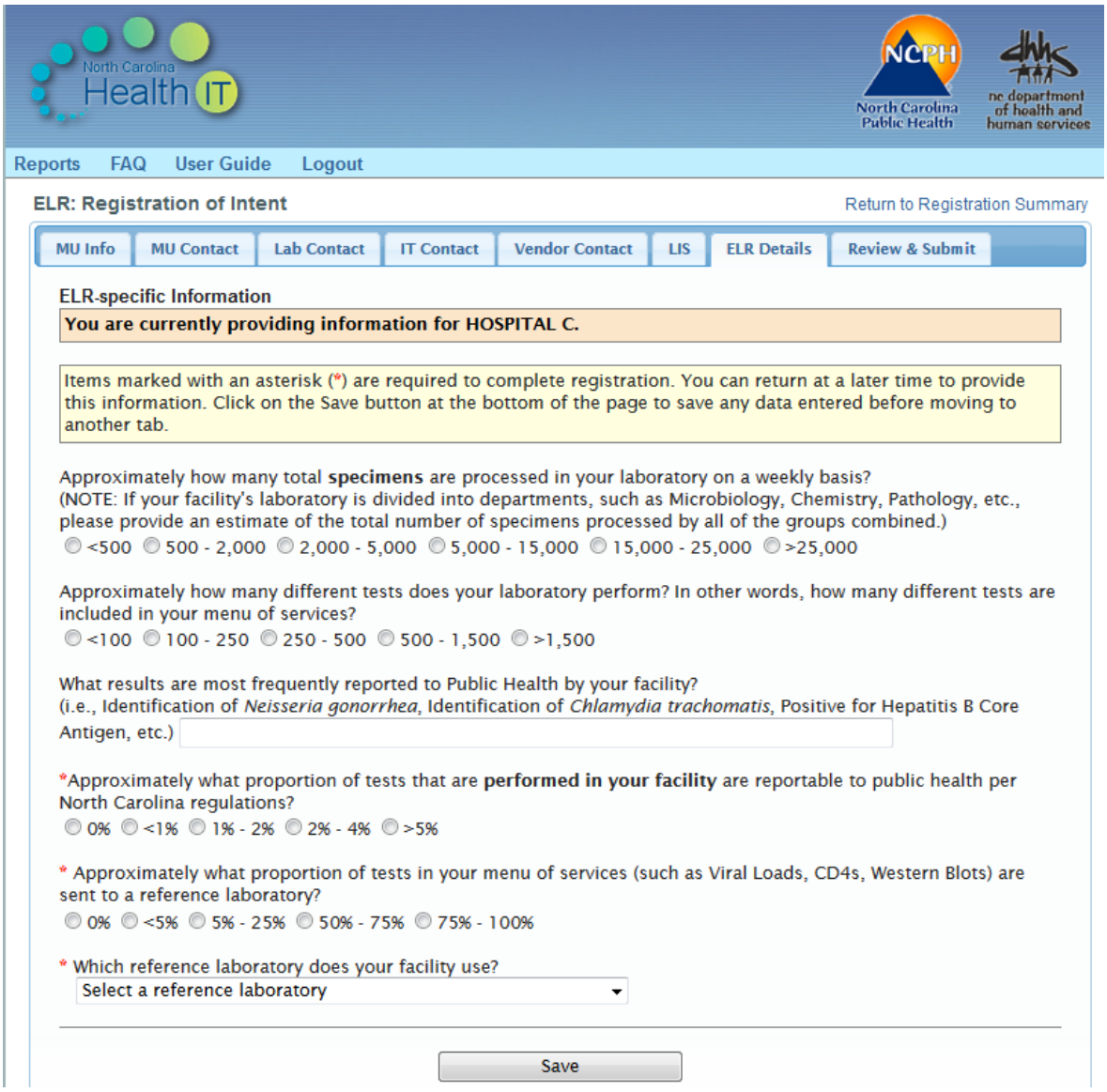
Figure 35: LIS Section, Saved and Complete



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 36: ELR Details Tab



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.

Figure 37: Review & Submit Tab with Incomplete Information

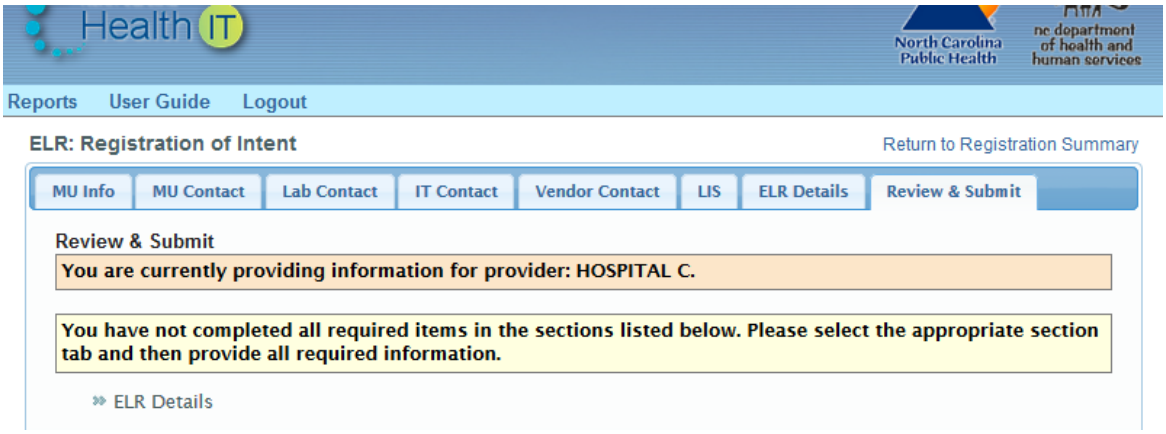
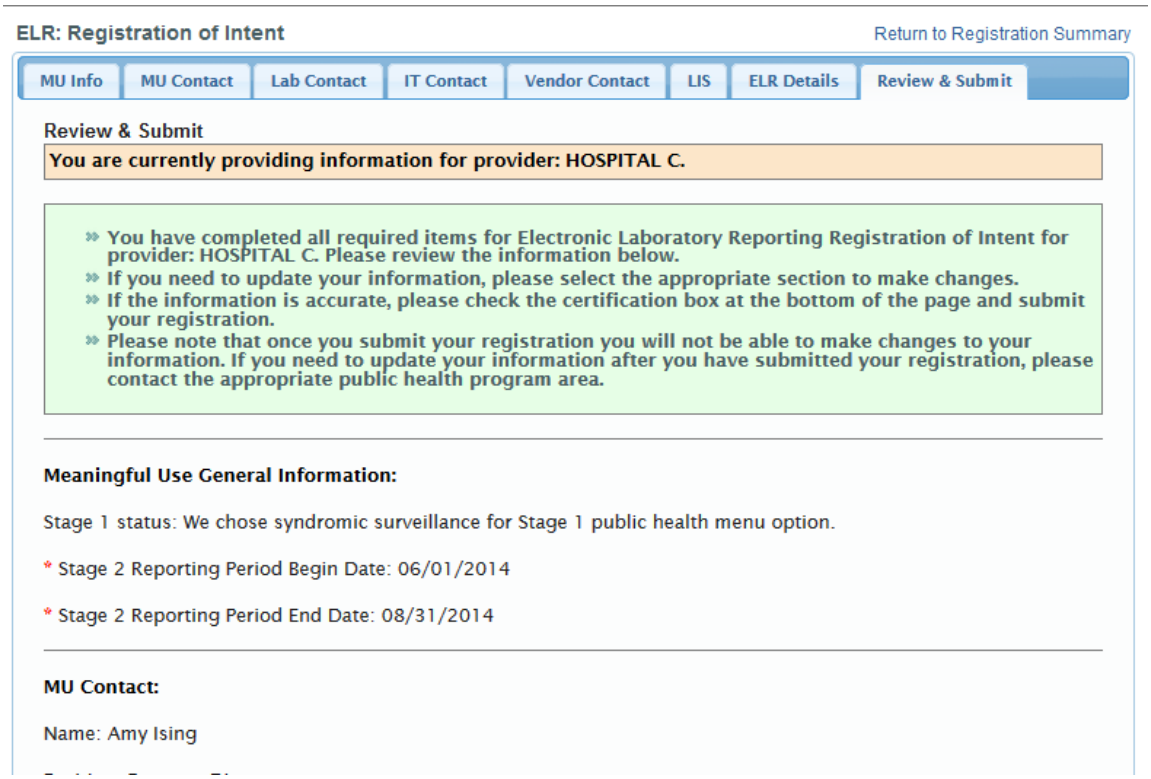


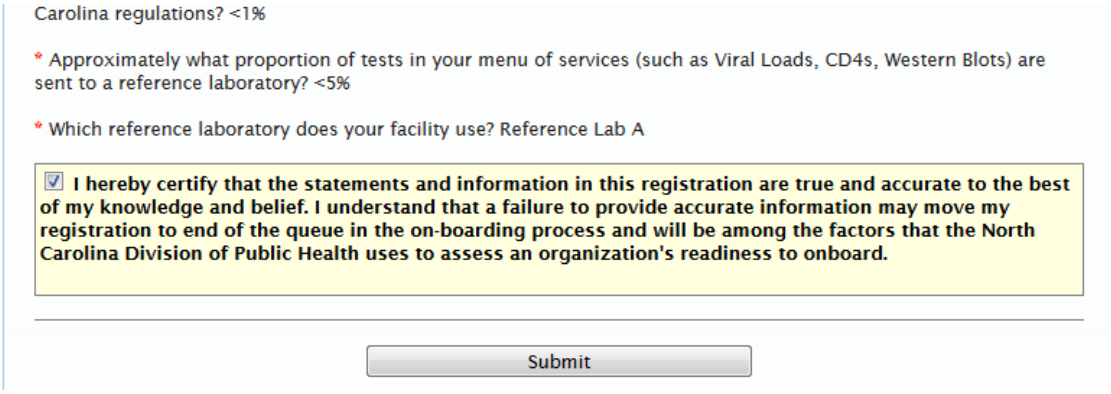
Figure 38: Review & Submit Tab with All Required Information Completed (Top Only Shown)



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 39: 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 Meaningful Use Contact person. The MU 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.

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Figure 40: Registration Confirmation Page (Top Only Shown)

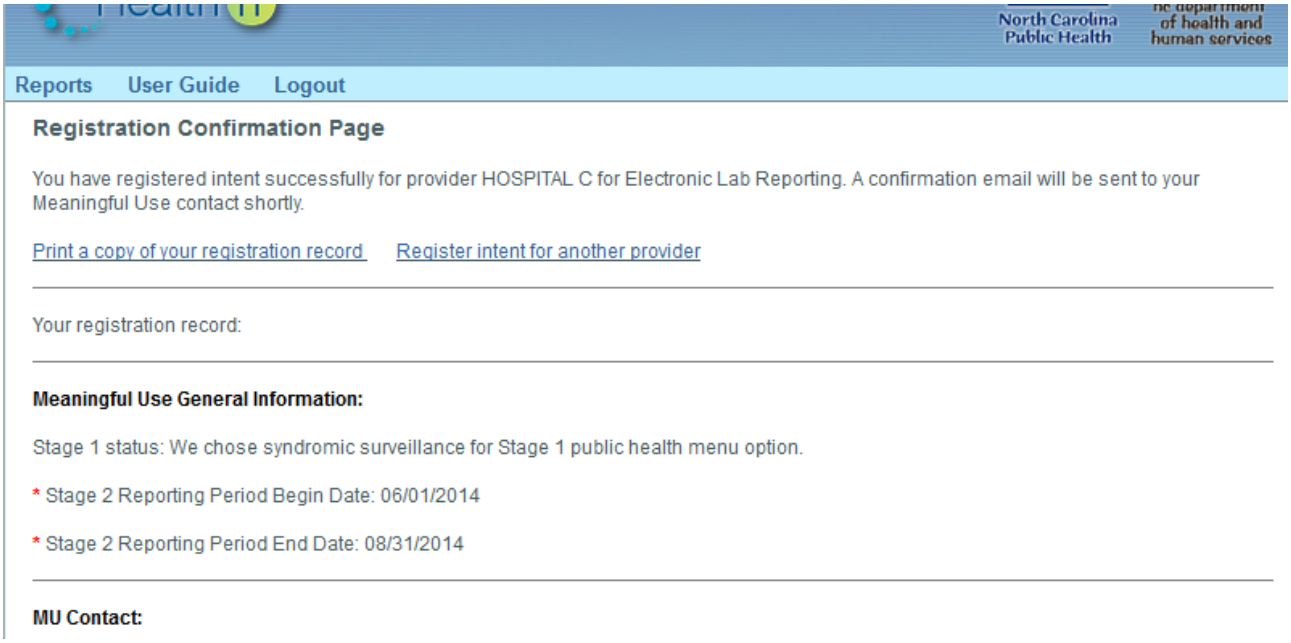

Figure 41: ELR Sample Confirmation Email

From: Test MU Portal <test-muportal@unc.edu> Sent: Mon 1/6/2014 2:16 PM
To: Ising, Amy
Cc:
Subject: Electronic Laboratory Reporting to the North Carolina Division of Public Health

HOSPITAL C
CHAPEL HILL, NC, 27516
DATE: 01-06-2014

Registration of intent to submit laboratory reporting data according to NC General Statues and Administrative Code via an electronic interface has been completed. Your facility has now been entered into the ELR Implementation Queue.

When the North Carolina Division of Public Health is ready to being the on-boarding process for developing an ELR interface to your facility, you will receive an invitation from the North Carolina Division of Public Health to initiate the process.

The North Carolina Division of Public Health appreciates your effort to institute electronic lab reporting capability and we look forward to continued collaboration to implement electronic laboratory reporting in accordance with the communicable disease reporting guidelines of North Carolina. Please retain this notification for your records.

Next Steps:

Please review the N.C. Division of Public Health Electronic Laboratory Reporting (ELR) checklist, which can be found here: http://epi.ncpublichealth.info/cd/meaningful_use/checklist.html.

Thanks,

ELR Implementation Team
N.C. Division of Public Health
NCDPHMU@dhhs.nc.gov
(919) 733-3030
http://epi.publichealth.nc.gov/cd/meaningful_use/

The ELR 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 professionals for the North Carolina Central Cancer Registry

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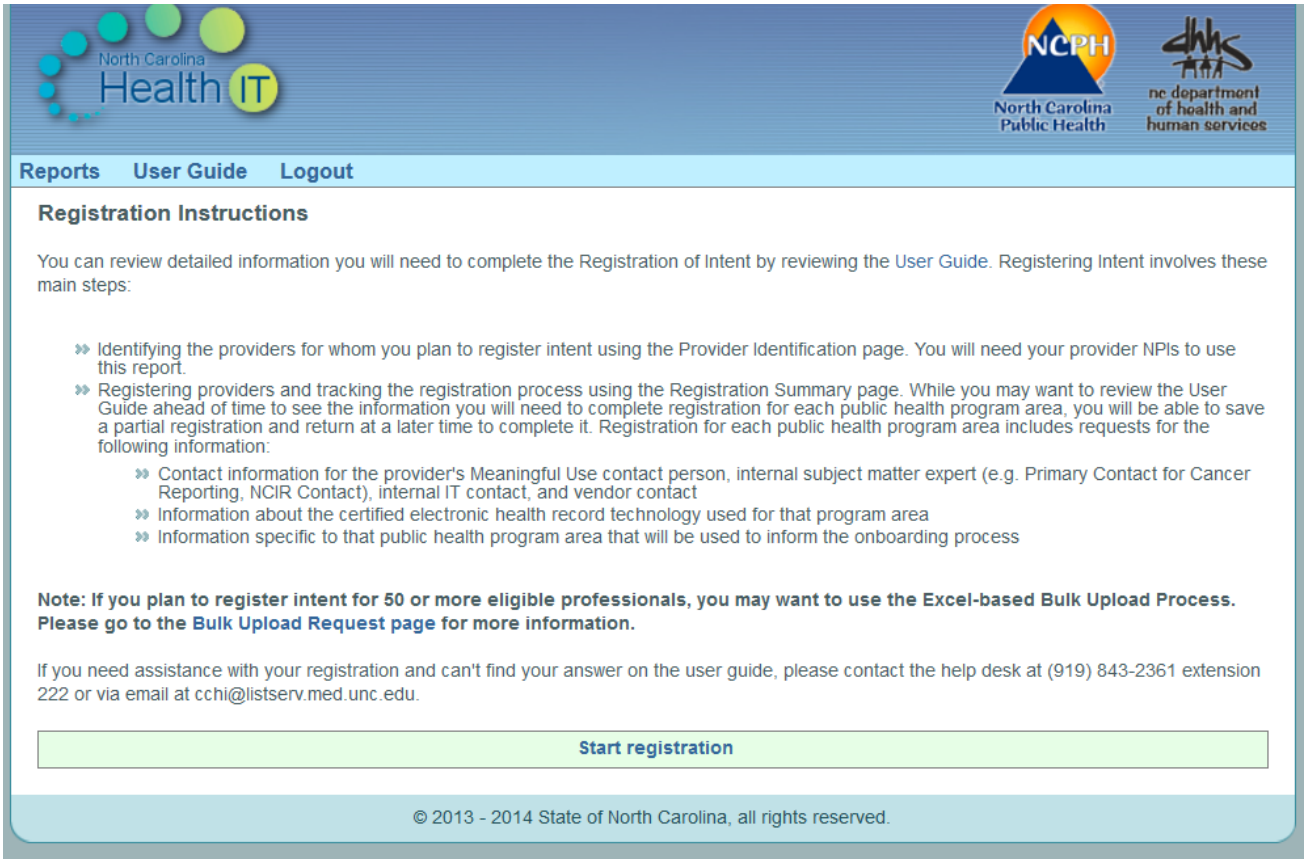
Registration Instructions

After users select the option to Register Eligible 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 42: Registration Instructions

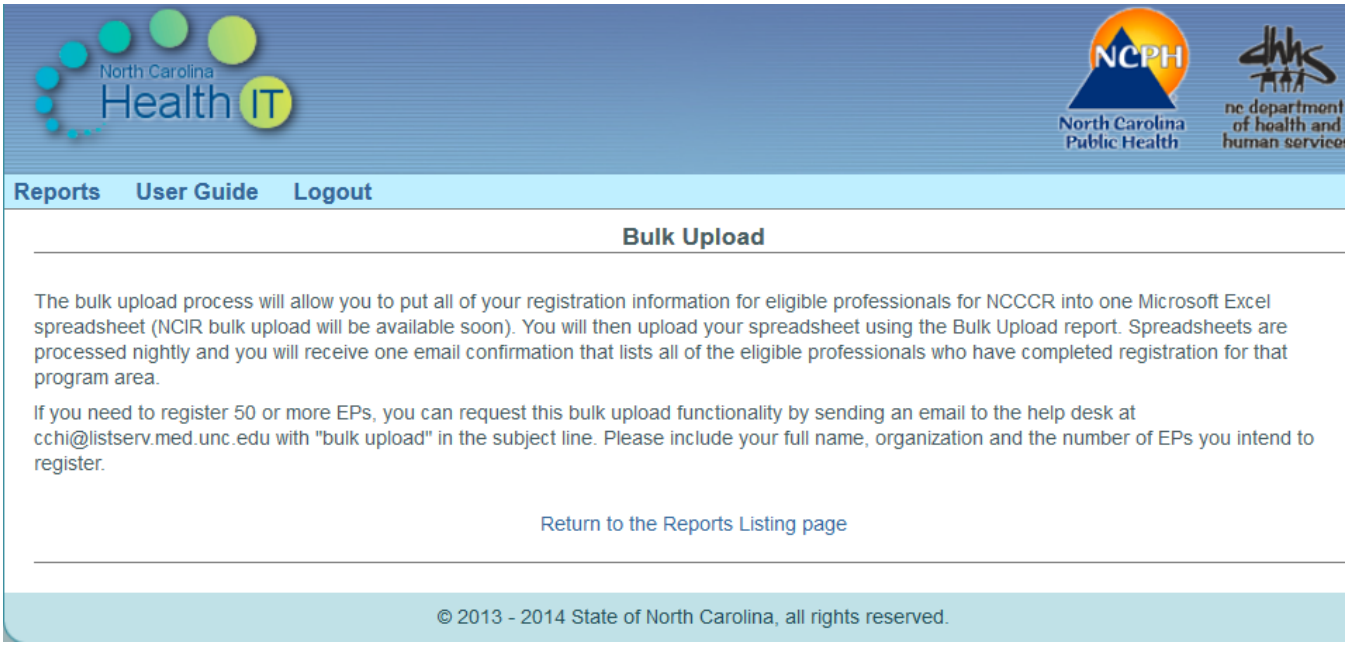


Bulk Upload Request Page

The bulk upload process will allow users to put all of their registration information for eligible professionals for NCCCR into one Microsoft Excel spreadsheet (NCIR bulk upload will be available soon). Users can then upload their spreadsheet using the Bulk Upload report. Spreadsheets are processed nightly and users will receive ONE email confirmation that lists all of the eligible professionals 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 and the number of EPs you intend to register.

Figure 43: 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.

NCCCR Registration of Intent Using the Bulk Upload Option

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

- Information about the Provider: NPI, Name, Address, Phone
- General Meaningful Use status information
- Contact information for the provider's Meaningful Use contact person, primary contact for cancer reporting, internal IT contact, and vendor contact
- Information about the certified electronic health record technology that will be used to report cancer cases
- Information specific to cancer reporting that will be used to inform the onboarding process

Detailed guidance on the questions asked in the NCCCR registration Excel spreadsheet is available in Table 1 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 Table 1. Records that do not have information for required questions will be rejected and that provider will not be registered successfully.

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

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Meaningful Use Information		
Eligible Professional (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: XXXXXXXXXX Ext. 12345 (no dashes or parentheses)"

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
Stage 2 Reporting Period Begin & End Dates	The date this provider intends to start and end his/her initial Stage 2 reporting period. If the exact dates are not known, please provide the best estimate.	MM/DD/YYYY
Contact Information		
Meaningful Use Contact Person • First Name • Last Name • Position • Department • Organization • Phone • Email	Please provide the contact information for the primary Meaningful Use contact person for this provider.	Free text; position and department are optional
Primary Contact for Cancer Reporting • First Name • Last Name • Position • Department • Organization • Phone • Email	Please provide the contact information for the person who oversees or will oversee cancer reporting for this provider. This person is typically the practice manager.	Free text; position and department are optional
IT Contact • 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 your electronic health record before you call the help desk.	Free text; position and department are optional

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
Vendor Contact • 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
Electronic Health Record Information		
Vendor	What is the name of your electronic health record vendor that you will use for cancer reporting?	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 of the EHR product you will use for cancer reporting?	Free text
Software Version	What is the software version for this EHR product?	Free text; not required
Is your EHR capable of sending HL7 CDA R2?	HL7 CDA R2 is the prescribed format for electronic physician reporting for Meaningful Use Stage 2.	Yes, No, I don't know
Is your EHR vendor hosting the data server and planning to report on your behalf?	Where will the data be coming from? From the physician office or from the vendor's site?	Yes, No, I don't know
Cancer Reporting Transport Method: Directly to NCCCR or through the NC HIE?	What transport method will you be using to securely transport data to the registry?	Direct HIE
Does your facility have any plans to transition to a new electronic health record in the near future?	Are you planning on changing your EHR software in the future?	Yes, No

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
When do you plan to transition to this new electronic health record?	What is your estimated timeline for transitioning to this new EHR?	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 working with.	Free text; answer only if you do plan to transition to a new EHR
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	Anything you want us to know about your EHR transition plans.	Free text; answer only if you do plan to transition to a new EHR
Cancer- and Organization-specific Questions		
Please select the specialty for this EP.	Please mention the specialty of the registering physician from the list given.	Hematology & Oncology Radiation Oncology Women's Health Urology Dermatology Surgical Center Endocrine Gastroenterology Head & Neck Internal Medicine Nephrology If the specialty is not listed, please leave this cell blank and type your specialty into the next cell
Please enter the NPI of the organization / practice in which this EP practices (e.g. ABC Urology Associates, XYZ Oncology Group, etc.)	Please enter the NPI of the practice with which this provider is affiliated.	A valid NPI (10-digit number starting with a 1 or 2)

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
Please enter the name of the organization / practice in which this EP practices (e.g. ABC Urology Associates, XYZ Oncology Group, etc.)	Name of the practice in which the registering provider practices.	Free text
How would you describe this organization / practice?	Type of the organization structure.	Select one or more of the following options: Solo medical oncology practice Medical oncology group or partnership Solo radiation oncology practice Radiation oncology group or partnership Multi-specialty group or partnership Freestanding Physician-owned center Hospital-based practice Other
What types of genomic testing are done at this organization / practice?	Name of the Biomarker tests. Please choose all that apply that are shown in the list.	Select one or more of the following options: APC BCR-ABL BRCA1 BRCA2 CA125 ER HER2 KRAS KIT PR TP53(p53) RB1 My facility does not perform genomic testing This field is not required

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Registration Questions	Description	Allowable Answers & Formats (where applicable)
How many cancer cases does this organization / practice diagnose / treat on a yearly basis?	Volume of the reportable cancer cases per year.	0 1 to 25 26 to 50 51 to 100 More than 100
If this organization / practice is part of a health system, please enter the health system name. If not, please enter N/A:	i.e. ABC Healthcare System	Free text

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

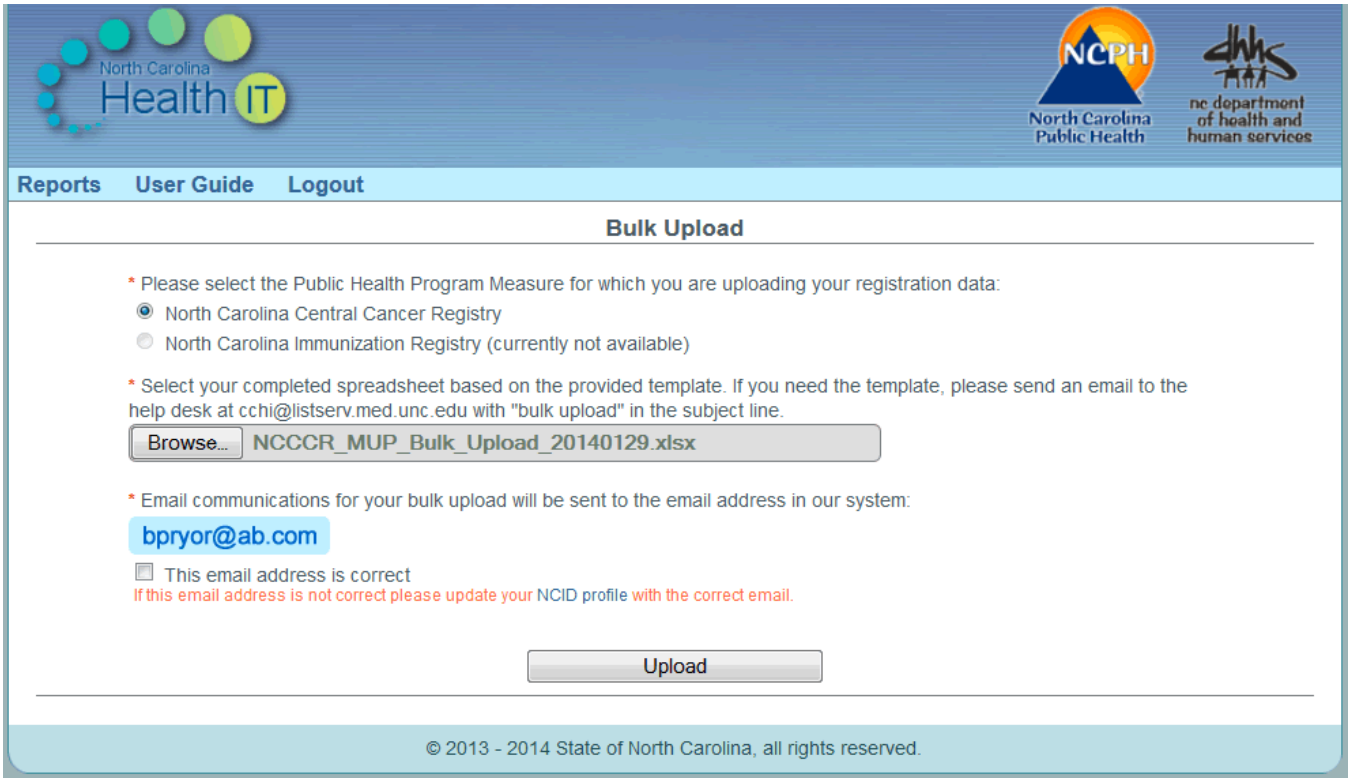
Figure 44: Reports Listing Page Showing Bulk Upload Report Option

Uploading the Completed File

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

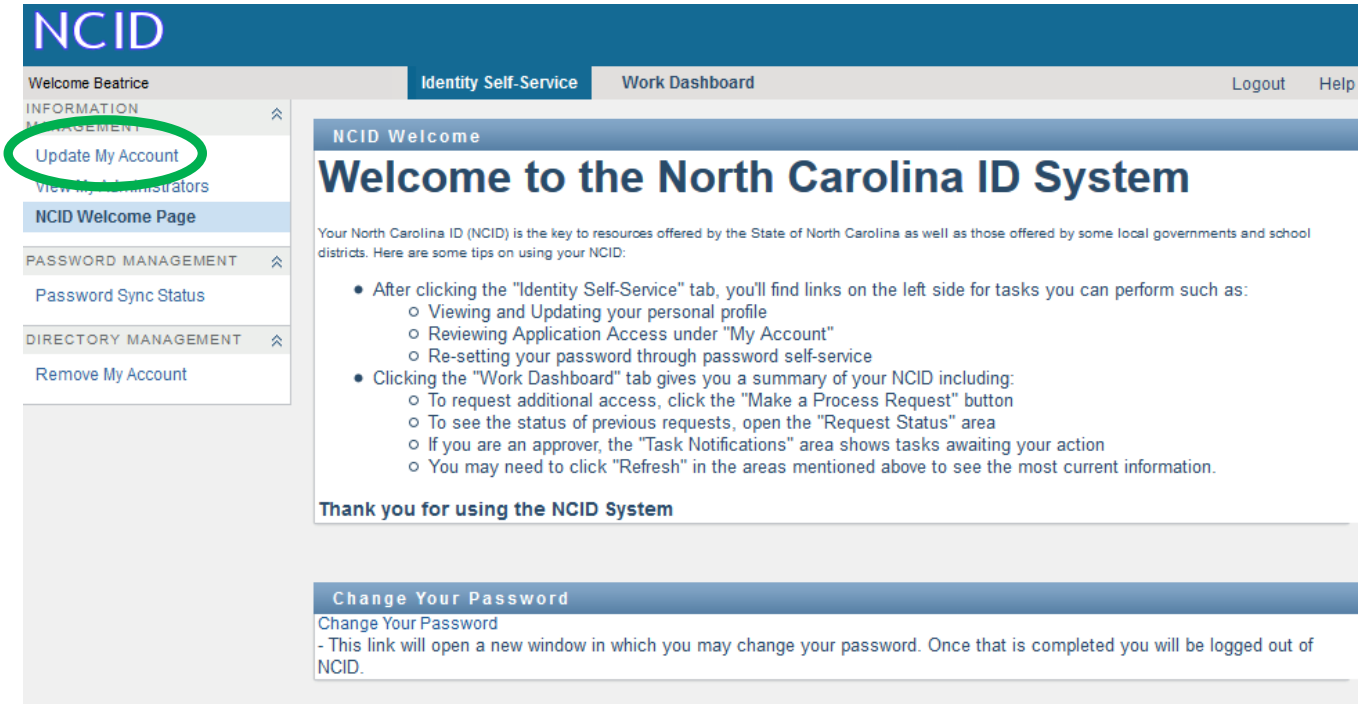
Confirm that your email is correct as this is the email that will be used to send the registration complete notifications. Incorrect emails must be corrected with NCID.

Figure 45: Bulk Upload Report



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

Figure 46: NCID Update My Account



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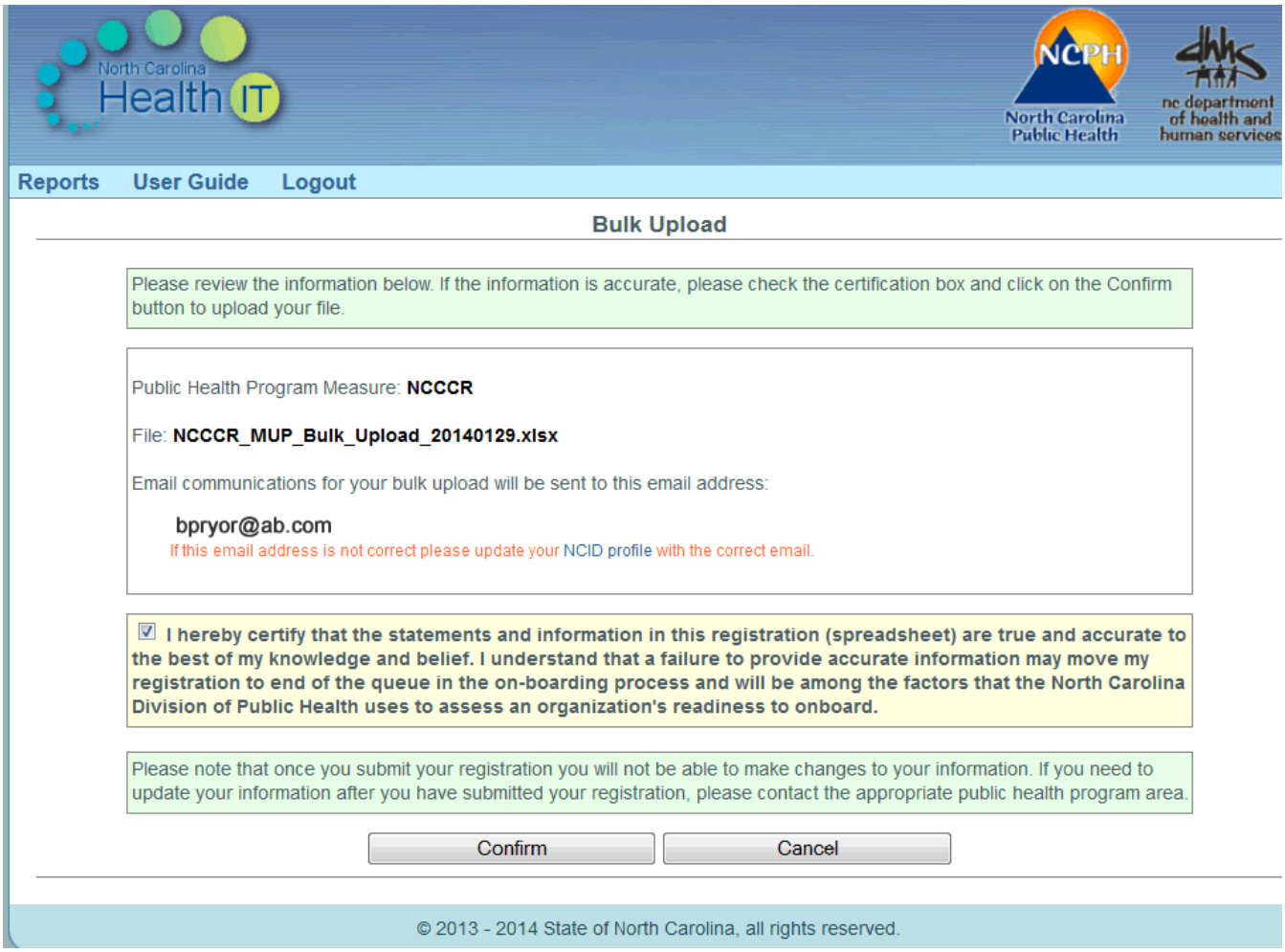
Bulk Upload Confirmation Page

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.

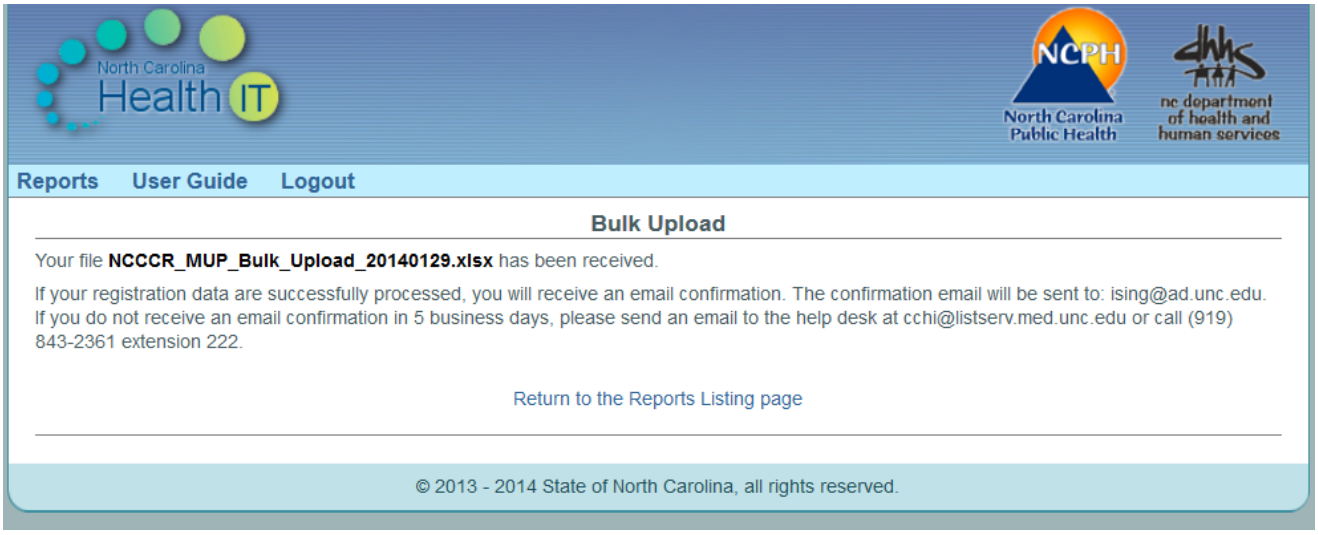
If the file and email are correct, you can click on the confirm button AFTER you have acknowledged the certification statement.

Figure 47: Bulk Upload Confirmation Page



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 48: File Received Page



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

Any questions about providers not registered correctly can be sent to the help desk at (919) 843-2361 extension 222 or via email to cchi@listserv.med.unc.edu.

Figure 49: Sample Registration Complete Email

-----Original Message-----
From: NCCCRMU2@DHHS.NC.GOV [mailto:NCCCRMU2@DHHS.NC.GOV]
Sent: Tuesday, January 14, 2014 2:42 PM
To: Pryor, Beatrice
Subject: NC Division of Public Health - Meaningful Use Communication for North Carolina Central Cancer Registry (NCCCR)

DATA UPLOAD DATE: 20140114

Registration of intent to submit electronic cancer data according to NC General Statutes and Administration Code using certified EHR technology 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 by you on the date shown above. If you have any questions about the bulk upload process, please contact the helpdesk at (919) 843-2361 ext. 222 or by email at cchi@listserv.med.unc.edu.

The North Carolina Division of Public Health appreciates your efforts to institute cancer reporting capability using certified EHR technology, and we look forward to continued collaboration to implement EHR reporting in accordance with the Central Cancer Registry prescribed reporting guidelines.

Please visit our website at: http://www.schs.state.nc.us/units/ccr/reporting.htm# to download all necessary documents for your review. Please respond to us within 30 days of receiving this email to setup a discussion with us.

Please retain this notification for your records.

Thank you,
MU Stage-2 Team
NCCCRMU2@DHHS.NC.GOV

Thank you for using the

NC Division of Public Health Meaningful Use Registration of Intent Site.

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