

VIRGINIA DEPARTMENT OF HEALTH

MEANINGFUL USE REGISTRATION SYSTEM

USER GUIDE AND CHECKLIST

Eligible Hospitals including Critical Access Hospitals

This document includes a user guide and checklist to assist eligible hospitals (EH), including critical access hospitals, in registering with the Virginia Department of Health (VDH) for Meaningful Use (MU) public health measures. **VDH strongly recommends reviewing the entire document prior to starting the registration process.**

The **user guide** includes step-by-step directions to navigate you through the process of creating a user account and registering EHs in the VDH Meaningful Use Registration System.

The **checklist** outlines information needed by EHs to complete a registration form successfully in the VDH Meaningful Use Registration System. The checklist is located on the last two pages of this document.

The MU public health measures available to EHs in Virginia are:

- Electronic Lab Reporting (ELR)
- Electronic Case Reporting (eCR)
- Immunization
- Syndromic Surveillance

You can find additional resources regarding the onboarding process, transport options, contact information and message specifications for each measure on the VDH MU Website: <http://www.vdh.virginia.gov/meaningful-use/>.

Please contact the VDH Meaningful Use Team (MeaningfulUse@vdh.virginia.gov) with questions or comments.



[Table of Contents](#)

User Enrollment and Login	3
Tool Bar.....	4
User Portal	4
Create a Registration	5
Hospital Information.....	6
Exclusion for Immunization Only	7
Electronic Lab Reporting (ELR) Measure.....	8
Immunization Measure	9
Syndromic Surveillance Measure	10
Electronic Case Reporting (eCR) Measure	11
Registration Review	12
Registration Confirmation	13
Review or Edit a Completed Registration	14
Finish an Incomplete Registration.....	16
Create a Registration for a New Attestation Year.....	17
Eligible Hospital Checklist.....	19

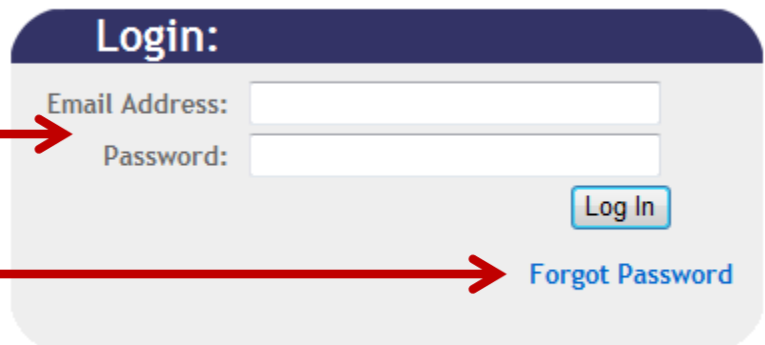
User Enrollment and Login

Helpful Information

Returning User? Enter the e-mail address and password for your user account to proceed into the MU Registration System.

Forgot Password? If you do not remember your user account password it can be reset after answering a security question.

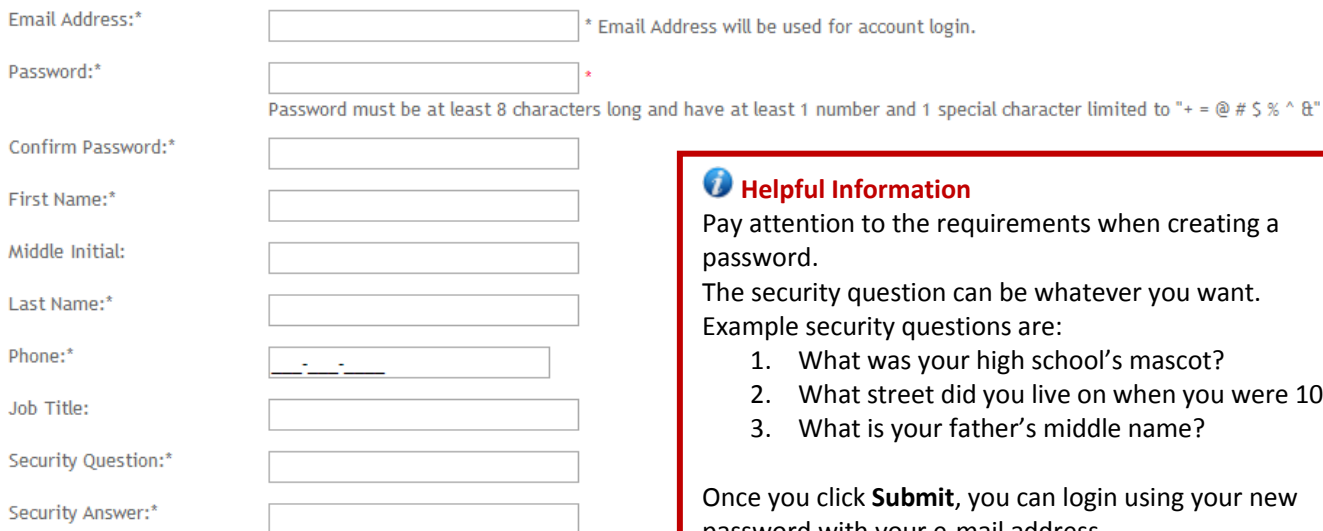
First Time Visiting the Website?
Click **Enroll Here** to create an account with the MU Registration System.



The mockup shows a 'Login:' header. Below it are two input fields: 'Email Address:' and 'Password:'. To the right of the 'Password:' field is a 'Log In' button. Below the 'Log In' button is a link that says 'Forgot Password'.

New User? [Enroll Here](#)

USER ENROLLMENT



The form contains the following fields and labels:

- Email Address:* * Email Address will be used for account login.
- Password:* * Password must be at least 8 characters long and have at least 1 number and 1 special character limited to "+ = @ # \$ % ^ &"
- Confirm Password:*
- First Name:*
- Middle Initial:
- Last Name:*
- Phone:*
- Job Title:
- Security Question:*
- Security Answer:*

Helpful Information

Pay attention to the requirements when creating a password.

The security question can be whatever you want.

Example security questions are:

1. What was your high school's mascot?
2. What street did you live on when you were 10?
3. What is your father's middle name?

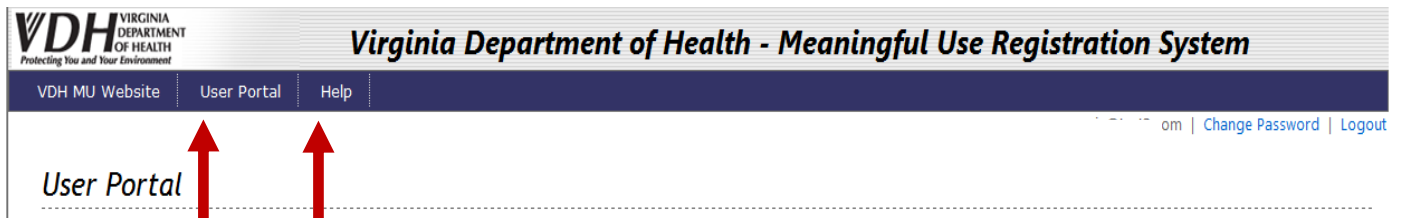
Once you click **Submit**, you can login using your new password with your e-mail address.

Submit

Cancel

* indicates a required field.

Tool Bar



Helpful Information

After logging into your MU Registration System account you will see a tool bar at the top of the screen with navigation buttons.

User Portal – where you can complete, edit and review registrations.

Help – where you can find additional resources to assist with the registration process.

User Portal

Helpful Information


The **User Portal** displays all the registrations under your user account and allows you to complete actions through the navigation panel on the left.

User Portal

WHAT WOULD YOU LIKE TO DO ?

- Create a registration for hospital or professional (s) not yet registered
- Create a registration for a different attestation year
- Review or edit a registration
- Finish an incomplete registration

REGISTRATIONS IN YOUR ACCOUNT

 Please use navigation panel on the left side of your User Portal page to complete an action. You can return to your User Portal at any time by clicking the button in the tool bar at the top of the screen.

Hospitals

Organization Name	Registration ID	Registration Date	ELR Status	Syndromic Status	Immunization Status	eCR Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Incentive Program
Healthcare Hospital	3300216	12/6/2016 3:32:51 PM	In Production	Not Selected	Not Selected	Not Selected	1231645645	04/01/2017	06/30/2017	Stage 3	Medicare & Medicaid
Test 0516	2200194	12/28/2016 3:08:35 PM	Registered	Not Selected	Not Selected	In Production	1111111111	04/01/2017	06/30/2017	Stage 2	Medicare & Medicaid
Hospital A	3100254	12/22/2016 3:01:28 PM	Registered	Not Selected	Not Selected	Registered	1111111111	01/01/2017	12/31/2017	Stage 3	Medicare & Medicaid
Hospital B	2200218	12/6/2016 3:41:28 PM	Registered	Not Selected	Not Selected	Registered	1111111111	01/01/2017	12/31/2017	Stage 2	Medicare & Medicaid
Test 0616			Not Selected	Not Selected	Not Selected	Incomplete	7777777777	01/01/2017	03/31/2017	Stage 2	Medicare & Medicaid

Create a Registration

User Portal

WHAT WOULD YOU LIKE TO DO ?

Create a registration for hospital or professional(s) not yet registered

REGISTRATIONS IN YOUR ACCOUNT

Please use navigation panel on the left side of your User Portal page to complete an action. You can return to your User Portal at any time by clicking the button in the tool bar at the top of the screen

Hospitals

No Records Found

Practice (Professionals)

No Records Found



Helpful Information
Click here to begin a new registration.

User Portal

WHAT WOULD YOU LIKE TO DO ?

Create a registration for hospital or professional(s) not yet registered


CREATE A REGISTRATION FOR HOSPITAL OR PROFESSIONAL(S) NOT YET REGISTERED

 [Create Hospital Registration](#) |  [Create Practice \(Professional\) Registration](#)

Helpful Information
Select "Create Hospital Registration" to register an eligible hospital.

Hospital Information

Helpful Information

Holding your mouse cursor over the question mark icon  will provide additional help information on each field. You can also refer to the checklist at the end of this document for additional, field-specific definitions.

Hospital Information

Health Care System:*

Select From The List

Critical Access:*

☐ Yes
 ☒ No

Hospital Name:*

Street:*

Zip Code:*

City:*

County/Independent City:*

State:*

Health District

If Other Health Care System:

NPI Number:*

MU Stage:*

Select From The List

Attestation Year:*

Select From The List


Incentive Program:*

Select From The List

Reporting Period Begin Date:*

Reporting Period End Date:*

Health Region

 **Helpful Information**
Clicking the calendar icon will allow you to select a date.

Select Measure(s) *


☐ Electronic Lab Reporting (ELR)

☐ Syndromic Surveillance

☐ Immunization

☐ Electronic Case Reporting (eCR)

* indicates a required field.

 **Helpful Information**
Check each box for the measure(s) you intend to submit public health data to VDH.

Next

Exclusion for Immunization Only

The screenshot shows a 'Select Objectives' interface with three options: 'Electronic Laboratory Reporting', 'Syndromic Surveillance', and 'Immunization'. The 'Immunization' option is selected with a checkmark. A red arrow points from this option to a separate box titled 'Vaccinations'. Inside this box, the question 'Do you administer vaccinations?' is displayed, followed by 'Yes' and 'No' buttons.

Helpful Information

If **Immunization** measure is selected on the Hospital Information screen, you will be prompted with a question about whether you administer vaccinations.

Yes will keep the measure selected and allow you to complete the registration process.

No will unselect the measure for you and you will not need to register for this measure. Contact MeaningfulUse@vdh.virginia.gov for official correspondence from VDH on your possibility to apply for an exclusion with the Centers for Medicare and Medicaid Services or the Virginia Department of Medical Assistance Services for that measure.

Electronic Lab Reporting (ELR) Measure

Helpful Information

Primary Organization Contact (POC) is a required section. The POC will receive all official communication from VDH. Consider entering a **Technical Contact** for the person responsible for setting up electronic data exchange with public health.

Primary Organization Contact

Contact Name:*
Contact Role:*
Contact Email:*
Contact Phone:*
Contact Fax:

* Primary Organization Contact will be the individual who receives all official communication from VDH.


Technical Contact

Contact Name:
Contact Role:
Contact Email:
Contact Phone:
Contact Fax:

Alternate Contact

Contact Name:
Contact Role:
Contact Email:
Contact Phone:
Contact Fax:

Laboratory Information System (LIS) Vendor

Vendor Name:* Select From The List
If other:
Product:
Version: 

Helpful Information

The **Laboratory Information System (LIS) Vendor** is a required section. Please include the product and version if available.

Comments to VDH (optional)

Helpful Information

Information provided on this screen should reflect contact and vendor information only for the **ELR** measure (though it may be the same as the other measures).

* indicates a required field.

Update

Cancel

Immunization Measure

Helpful Information

Primary Organization Contact (POC) is a required section. The POC will receive all official communication from VDH. Consider entering a **Technical Contact** for the person responsible for setting up electronic data exchange with public health.

Primary Organization Contact

Contact Name:*
Contact Role:*
Contact Email:*
Contact Phone:* () - -
Contact Fax: () - -

* Primary Organization Contact will be the individual who receives all official communication from VDH.

Technical Contact

Contact Name:
Contact Role:
Contact Email:
Contact Phone: () - -
Contact Fax: () - -

Alternate Contact

Contact Name:
Contact Role:
Contact Email:
Contact Phone: () - -
Contact Fax: () - -

Laboratory Information System (LIS) Vendor

Vendor Name:*
If other:
Product:
Version:

Helpful Information

The **Electronic Health Record Vendor** is a required section. Please include the product and version if available.

Comments to VDH (optional)

Bidirectional Query/Response Capability

Is your EHR capable of submitting immunization data and receiving immunization forecasts and histories from the VDH immunization registry (VIIS)?:*

☐ Yes ☐ No

Helpful Information

The **Bidirectional Query/Response Capability** is a required question. Please indicate if your EHR system can request vaccine information from the immunization registry and consume and display it within the EHR system.

Helpful Information

Information provided on the Immunization screen should reflect contact and vendor information only for the **Immunization** measure (though it may be the same as the other measures).

Syndromic Surveillance Measure



Helpful Information

Primary Organization Contact (POC) is a required section. The POC will receive all official communication from VDH. Consider entering a **Technical Contact** for the person responsible for setting up electronic data exchange with public health.



Primary Organization Contact

Contact Name:*
Contact Role:*
Contact Email:*
Contact Phone:*
Contact Fax:

* Primary Organization Contact will be the individual who receives all official communication from VDH.

Technical Contact

Contact Name:
Contact Role:
Contact Email:
Contact Phone:
Contact Fax:

Alternate Contact

Contact Name:
Contact Role:
Contact Email:
Contact Phone:
Contact Fax:

Electronic Health Record (EHR) Vendor

Vendor Name:*
If other:
Product:
Version:



Helpful Information

The **Electronic Health Record Vendor** is a required section. Please include the product and version if available.



Comments to VDH (optional)



Helpful Information

Information provided on this screen should reflect contact and vendor information only for the **Syndromic Surveillance** measure (though it may be the same as the other measures).

* indicates a required field.

Update

Cancel

Electronic Case Reporting (eCR) Measure

Helpful Information

Primary Organization Contact (POC) is a required section. The POC will receive all official communication from VDH. Consider entering a **Technical Contact** for the person responsible for setting up electronic data exchange with public health.

Primary Organization Contact

Contact Name:*
Contact Role:*
Contact Email:*
Contact Phone:*
Contact Fax:

* Primary Organization Contact will be the individual who receives all official communication from VDH.

Technical Contact

Contact Name:
Contact Role:
Contact Email:
Contact Phone:
Contact Fax:

Alternate Contact

Contact Name:
Contact Role:
Contact Email:
Contact Phone:
Contact Fax:

Electronic Health Record (EHR) Vendor

Vendor Name:*
If other:
Product:
Version:
ONC Certified Number:

Helpful Information

The **Electronic Health Record Vendor** is a required section. Please include the product and version if available.

Comments to VDH (optional)

* indicates a required field.

Case Report Volume

Estimate the number of case reports that your organization submitted to the health department during the most recent calendar year:*

Helpful Information

The **Case Report Volume** is a required section. Please include an estimate of the number of case reports that your organization submitted during the most recent calendar year.

Registration Review

Helpful Information

Once **Contact** and **Vendor** information is supplied for all selected public health measures, the Registration Review page is the last step before submitting the registration.

Hospital Information

Health Care System:	None	Critical Access:	No
Hospital Name:	Example Hospital	NPI Number:	1111111111
Street:	123 Main Street	MU Stage:	Stage 2
Zip Code:	23219	Attestation Year:	1
City:	RICHMOND	Incentive Program:	Medicare & Medicaid
County:	CITY OF RICHMOND	Reporting Begin Date:	10/01/2013
State:	VA	Reporting End Date:	12/31/2013

[Edit](#)

Helpful Information

Review each section for accuracy and completion. If anything needs to be modified or added, click **Edit** for the corresponding section to make changes.

Electronic Laboratory Reporting

Contact And Vendor Information:

Contact Name	Role	Email	Phone	Fax
Joe Smith	Hospital Administrator	test@gmail.com	(804) 555-5555	(804) 555-7777
Josephine Whiz	Tech Contact	test@gmail.com	(804) 555-5556	() - -

[Edit](#)

Vendor Name	If Other	Product	Version
Other LIMS Vendor Not Listed	ABC LIMS system	Product Name	2.3

Syndromic Surveillance

Contact And Vendor Information:

Contact Name	Role	Email	Phone	Fax
Joe Smith	Administrator	test@gmail.com	(804) 555-5555	() - -

[Edit](#)

Vendor Name	If Other	Product	Version	ONC Certified Number
Epic Systems Corporation				

Immunization

Contact And Vendor Information:

Contact Name	Role	Email	Phone	Fax
Joe Smith	Administrator	test@gmail.com	(804) 555-5555	() - -

[Edit](#)

Vendor Name	If Other	Product	Version	ONC Certified Number	HL7 Version
Epic Systems Corporation					

Helpful Information

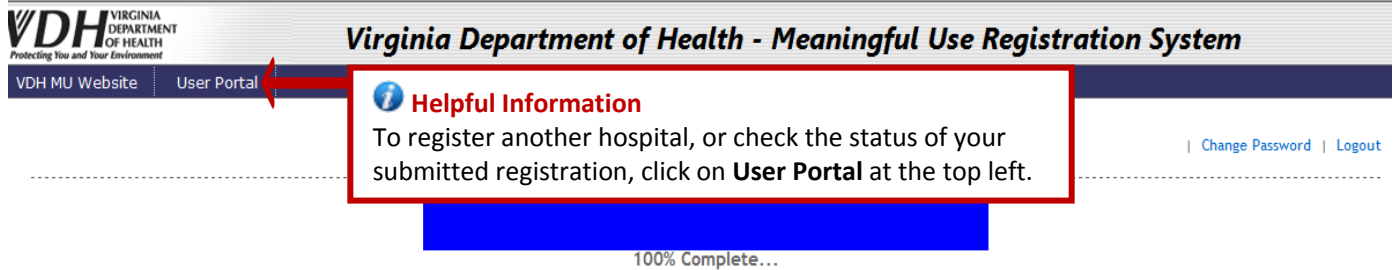
Once all information is correct and complete, click **Submit** at the bottom of the page to submit the registration to VDH.

[Submit](#)

Registration Confirmation

Helpful Information

Once you hit **Submit**, the MU Registration System will indicate your successful registration and a confirmation email for each registered measure will be sent to the relevant Primary Organization Contact and any other contacts provided in the registration form. The confirmation email will contain a unique **Registration ID** so you can track the status of your submitted registration.



Registration has been successfully submitted to the Virginia Department of Health. A confirmation email for each registered objective will be sent to the email address listed under the Primary Organization Contact on the registration form.

To register another Eligible Hospital or Eligible Professional, please navigate to the User Portal using the link at the top left.

Once a registration has been successfully submitted to VDH, its status will be “Registered”.

The VDH Meaningful Use statuses in order are:

- Registered
- Invited to Onboard
- Testing and Validation
- In Production

NOTE: All eligible hospitals including CAHs intending to submit data or are actively submitting data to VDH for any public health measure must register with VDH each attestation year in order to receive acknowledgments for Meaningful Use.

Review or Edit a Completed Registration

User Portal

WHAT WOULD YOU LIKE TO DO ?

Create a registration for hospital or professional(s) not yet registered

Create a registration for a different attestation year

Review or edit a registration

Finish an incomplete registration

REGISTRATIONS IN YOUR ACCOUNT

Please use navigation panel on the left side of your User Portal page to complete an action. You can return to your User Portal at any time by clicking the button in the tool bar at the top of the screen

Hospitals

Organization Name	Registration ID	Registration Date	ELR Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Hospital	1100113	8/1/2014 11:11:08 AM	Registered	Registered	Registered	1234567890	10/01/2014	09/30/2015	Stage 1	1	Medicare & Medicaid

Practice (Professionals)

Organization Name	Registration ID	Registration Date	ELR Status	Cancer Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Professional	1100113	8/1/2014 11:11:08 AM	Incomplete	Incomplete	Incomplete	Incomplete	0123456789	10/01/2014	09/30/2015	Stage 1	1	Medicare

Helpful Information

Click here to review or edit a registration you have completed and submitted to VDH.

User Portal

WHAT WOULD YOU LIKE TO DO ?

Create a registration for hospital or professional(s) not yet registered

Create a registration for a different attestation year

Review or edit a registration

REVIEW OR EDIT AN EXISTING REGISTRATION

Click on the organization name below for the registration you wish to review or edit.

Hospitals

Organization Name	Registration ID	Registration Date	ELR Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Hospital	1100113	8/1/2014 11:11:08 AM	Registered	Registered	Registered	1234567890	10/01/2014	09/30/2015	Stage 1	1	Medicare & Medicaid

Helpful Information

All completed registrations will appear with the hospital name as a hyperlink. Click on the name of the hospital you would like to review or edit.

Practice (Professionals)

Organization Name	Registration ID	Registration Date	ELR Status	Cancer Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Professional	1100113	8/1/2014 11:11:08 AM	Registered	Registered	Registered	Registered	0123456789	10/01/2014	09/30/2015	Stage 1	1	Medicare

Helpful Information

Once a registration is submitted to VDH you can add another public health measure, modify Meaningful Use incentive program, update contact information, or update Electronic Health Record/Laboratory Information System information **at any time**.

However, if you wish to modify the following information you will need to contact MeaningfulUse@vdh.virginia.gov for assistance as these fields are **locked**.

- **MU Stage**
- **Attestation Year**
- **Reporting Period Begin Date**
- **Reporting Period End Date**


Registration Form

Hospital Information

Health Care System:*	<input type="text" value="Carilion Clinic"/>	If Other Health Care System:	<input type="text"/>
Critical Access:*	<input type="radio"/> Yes <input checked="" type="radio"/> No	NPI Number:*	<input type="text" value="1231645645"/>
Hospital Name:*	<input type="text" value="Healthcare Hospital"/>	MU Stage:*	<input type="text" value="Stage 3"/>
Street:*	<input type="text" value="12345 Hospital Street"/>	Attestation Year:*	<input type="text" value="3 (Third Year)"/>
Zip Code:*	<input type="text" value="23219"/>	Incentive Program:*	<input type="text" value="Medicare & Medicaid"/>
City:*	<input type="text" value="RICHMOND"/>	Reporting Period Begin Date:*	<input type="text" value="04/01/2017"/>
County/Independent City:*	<input type="text" value="RICHMOND"/>	Reporting Period End Date:*	<input type="text" value="06/30/2017"/>
State:*	<input type="text" value="VA"/>	Health District	<input type="text" value="Richmond City"/>
Health District	<input type="text" value="Richmond City"/>	Health Region	<input type="text" value="Central"/>

Select Measure(s) *

☒ Electronic Lab Reporting (ELR) ☐ Syndromic Surveillance ☐ Immunization ☐ Electronic Case Reporting (eCR)

 **Helpful Information**
These fields are locked. Email **MeaningfulUse@vdh.virginia.gov** for assistance with editing these fields.

* indicates a required field.

 indicates a locked field, contact MeaningfulUse@vdh.virginia.gov for assistance.

Update **Cancel**

Finish an Incomplete Registration

User Portal

WHAT WOULD YOU LIKE TO DO ?

Create a registration for hospital or professional(s) not yet registered

Create a registration for a different attestation year

Review or edit a registration

Finish an incomplete registration

REGISTRATIONS IN YOUR ACCOUNT

Please use navigation panel on the left side of your User Portal page to complete an action. You can return to your User Portal at any time by clicking the button in the tool bar at the top of the screen

Hospitals

Organization Name	Registration ID	Registration Date	ELR Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Hospital	1100113	8/1/2014 11:11:08 AM	Registered	Registered	Registered	1234567890	10/01/2014	09/30/2015	Stage 1	1	Medicare & Medicaid

Practice (Professionals)

Cancer Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Incomplete	Incomplete	Incomplete	0123456789	10/01/2014	09/30/2015	Stage 1	1	Medicare



Helpful Information

Click here to finish a registration that has been started but not yet submitted to VDH.

User Portal

WHAT WOULD YOU LIKE TO DO ?

Create a registration for hospital or professional(s) not yet registered

Create a registration for a different attestation year

Review or edit a registration

Finish an incomplete registration

FINISH AN INCOMPLETE REGISTRATION

Click on the organization name below for the registration you wish to complete.

Hospitals

Organization Name	Registration ID	Registration Date	ELR Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Hospital 2			Not Selected	Incomplete	Not Selected	1234567890	10/01/2014	09/30/2015	Stage 2	1	Medicare & Medicaid



Helpful Information

All incomplete registrations will appear with the hospital name as a hyperlink. Click on the name of the hospital you would like to complete.

Create a Registration for a New Attestation Year

User Portal

WHAT WOULD YOU LIKE TO DO ?

Create a registration for hospital or professional(s) not yet registered

Create a registration for a different attestation year

Review or edit a registration

Finish an incomplete registration

REGISTRATIONS IN YOUR ACCOUNT

Please use navigation panel on the left side of your User Portal page to complete an action. You can return to your User Portal at any time by clicking the button in the tool bar at the top of the screen

Hospitals

Organization Name	Registration ID	Registration Date	ELR Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Hospital	1100113	8/1/2014 11:11:08 AM	Registered	Registered	Registered	1234567890	10/01/2014	09/30/2015	Stage 1	1	Medicare & Medicaid

Practice (Professionals)

Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Incomplete	Incomplete	0123456789	10/01/2014	09/30/2015	Stage 1	1	Medicare

Helpful Information

You will be required to submit a new registration to VDH for each attestation year under Meaningful Use. Click here to create a registration for a hospital's subsequent attestation year.

User Portal

WHAT WOULD YOU LIKE TO DO ?

Create a registration for hospital or professional(s) not yet registered

Create a registration for a different attestation year

Review or edit a registration

Finish an incomplete registration

CREATE A REGISTRATION FOR A DIFFERENT ATTESTATION YEAR

Click on the organization name below you wish to register for a different attestation year. A new registration will be created and pre-populated using information from the existing registration for you to review. Please correct any information that is no longer accurate for the new attestation year.

Hospitals

Organization Name	Registration ID	Registration Date	ELR Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Hospital	1100113	8/1/2014 11:11:08 AM	Registered	Registered	Registered	1234567890	10/01/2014	09/30/2015	Stage 1	1	Medicare & Medicaid

Helpful Information

All complete registrations will appear with the hospital name as a hyperlink. Click on the name of the hospital you would like to create a registration for a subsequent attestation year.

Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Registered	Registered	0123456789	10/01/2014	09/30/2015	Stage 1	1	Medicare

Helpful Information

The new registration will be automatically pre-populated with most information from the hospital's previously submitted registration. Review the information in the new registration to ensure it is correct, if needed, update any inaccurate information.

Information not pre-populated into the new registration includes:

- **MU Stage**
- **Attestation Year**
- **Reporting Period Begin Date**
- **Reporting Period End Date**

These fields must be completed before submitting the registration to VDH.

Hospital Information

Health Care System:*	<input type="text" value="None"/>	If Other Health Care System:	<input type="text"/>
Critical Access:*	<input type="radio"/> Yes <input checked="" type="radio"/> No	NPI Number:*	<input type="text" value="1111111111"/>
Hospital Name:*	<input type="text" value="Hospital A"/>	MU Stage:*	<input type="text" value="Select From The List"/>
Street:*	<input type="text" value="12345 Main Street"/>	Attestation Year:*	<input type="text" value="Select From The List"/>
Zip Code:*	<input type="text" value="23228"/>	Incentive Program:*	<input type="text" value="Medicare & Medicaid"/>
City:*	<input type="text" value="HENRICO"/>	Reporting Period Begin Date:*	<input type="text"/>
County/Independent City:*	<input type="text" value="HENRICO COUNTY"/>	Reporting Period End Date:*	<input type="text"/>
State:*	<input type="text" value="VA"/>	Health District	<input type="text" value="Henrico"/>
Health District	<input type="text" value="Henrico"/>	Health Region	<input type="text" value="Central"/>

Select Measure(s) *

☒ Electronic Lab Reporting (ELR) ☐ Syndromic Surveillance ☐ Immunization ☐ Electronic Case Reporting (eCR)

Helpful Information

You must complete these fields:

- MU Stage
- Attestation Year
- Reporting Period Begin Date
- Reporting Period End Date

* indicates a required field.

Next

Eligible Hospital Checklist

The check list below outlines the information needed by Eligible Hospitals including critical access hospitals to complete a registration form through the Virginia Department of Health Meaningful Use Registration System.

Eligible Hospital (* denotes required information)		
Hospital Information		Complete? <input checked="" type="checkbox"/>
Hospital Name*	Enter the full business name of the hospital. Do not use any abbreviations.	<input type="checkbox"/>
Street*	Street address where the hospital is physically located.	<input type="checkbox"/>
Zip Code*	Zip code in which the hospital is physically located.	<input type="checkbox"/>
City*	City in which the hospital is physically located. This field will be populated based on Zip Code entered.	<input type="checkbox"/>
County/Independent City*	County or independent city in which the hospital is physically located. This field will be populated based on Zip Code entered.	<input type="checkbox"/>
State*	State in which the hospital is physically located. This field will be populated based on Zip Code entered.	<input type="checkbox"/>
Health Care System*	Select the organization to which the hospital belongs (i.e., is owned by or managed). If organization is not listed select "Other Organization Not Listed" and enter name of organization.	<input type="checkbox"/>
Critical Access*	Select "Yes" if hospital is designated as a Critical Access Hospital (CAH) by Centers for Medicare and Medicaid Services (CMS).	<input type="checkbox"/>
Hospital NPI*	10-digit National Provider Identifier issued by Centers for Medicare and Medicaid Services (CMS).	<input type="checkbox"/>
MU Stage*	Select the stage of Meaningful Use for which the hospital is attesting.	<input type="checkbox"/>
Attestation Year*	Select the year of Meaningful Use for which the hospital is attesting.	<input type="checkbox"/>
Incentive Program*	Select the EHR Incentive Program for which the hospital is attesting.	<input type="checkbox"/>
Reporting Period Begin Date*	Enter the first date of the reporting period. If a reporting period has not been established please estimate date.	<input type="checkbox"/>
Reporting Period End Date*	Enter the last date of the reporting period. If a reporting period has not been established please estimate date.	<input type="checkbox"/>
Measure Selection (Must select at least one measure)		
Electronic Lab Reporting (ELR)		<input type="checkbox"/>
Syndromic Surveillance		<input type="checkbox"/>
Immunization		<input type="checkbox"/>
Electronic Case Reporting (eCR)		<input type="checkbox"/>

Electronic Health Record (EHR) Vendor (<i>Immunization, Syndromic Surveillance, Electronic Case Reporting only</i>)		
EHR Vendor Name*	Select the EHR vendor used to meet Meaningful Use. If vendor is not listed, select "Other EHR Not Listed" and enter name of vendor.	<input type="checkbox"/>
EHR Vendor Product	Enter the EHR vendor product used to meet Meaningful Use.	<input type="checkbox"/>
EHR Product Version	Enter the version of the EHR product.	<input type="checkbox"/>
ONC EHR Certified Number	Found here: http://oncchpl.force.com/ehrcert?q=chpl	<input type="checkbox"/>
HL7 Version	Select version of HL7 that will be sent to public health. (<i>Immunization only</i>)	<input type="checkbox"/>
Laboratory Information System (LIS) Vendor (<i>Electronic Lab Reporting only</i>)		
LIS Vendor Name	Select the LIS vendor used to meet Meaningful Use. If vendor is not listed, select "Other LIS Not Listed" and enter name of vendor.	<input type="checkbox"/>
LIS Vendor Product	Enter the LIS vendor product used to meet Meaningful Use.	<input type="checkbox"/>
LIS Product Version	Enter the version of the LIS product.	<input type="checkbox"/>
Primary Organization Contact		
Contact Name*	Primary organization contact (POC) is required. The POC may be someone other than the person submitting the registration.	<input type="checkbox"/>
Contact Role*		<input type="checkbox"/>
Contact Email*		<input type="checkbox"/>
Contact Phone*		<input type="checkbox"/>
Contact Fax		<input type="checkbox"/>
Technical Contact (<i>Optional – if entered, * denotes required information</i>)		
Contact Name*	Individual responsible for setting up electronic data exchange (e.g. integration analyst, EHR vendor)	<input type="checkbox"/>
Contact Role*		<input type="checkbox"/>
Contact Email*		<input type="checkbox"/>
Contact Phone*		<input type="checkbox"/>
Contact Fax		<input type="checkbox"/>
Alternate Contact (<i>Optional – if entered, * denotes required information</i>)		
Contact Name*		<input type="checkbox"/>
Contact Role*		<input type="checkbox"/>
Contact Email*		<input type="checkbox"/>
Contact Phone*		<input type="checkbox"/>
Contact Fax		<input type="checkbox"/>
Measure Specific Questions (<i>Immunization and Electronic Case Reporting only</i>)		
Bidirectional Query/Response Capability*	Indicate if your EHR is capable of submitting immunization data and receiving immunization forecasts and histories	<input type="checkbox"/>

	from the VDH immunization registry (VIIS). (<i>Immunization only</i>)	
Case Report Volume*	Estimate the number of case reporting that your organization submitted to the health department during the most recent calendar year. (<i>Electronic Case Reporting only</i>)	<input type="checkbox"/>