

VIRGINIA DEPARTMENT OF HEALTH

MEANINGFUL USE REGISTRATION SYSTEM

USER GUIDE AND CHECKLIST

Eligible Professionals

This document includes a user guide and checklist to assist eligible professionals (EP) 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 EPs in the VDH MU Registration System. This guide includes special guidance about how to register EPs within a health care system using a single corporate or centralized user account; please review page 8 for instructions.

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

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

- Cancer Reporting
- 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.



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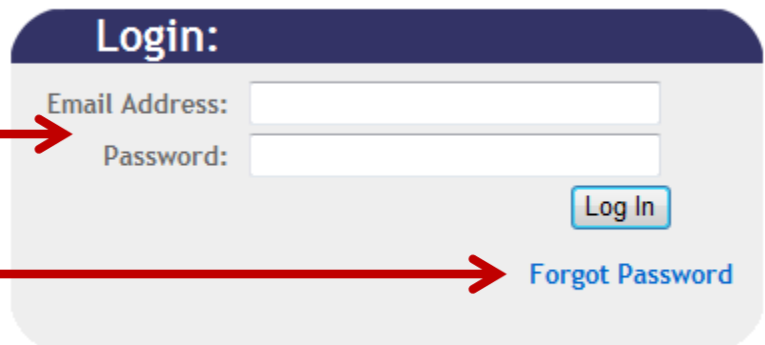
User Enrollment and Login

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.

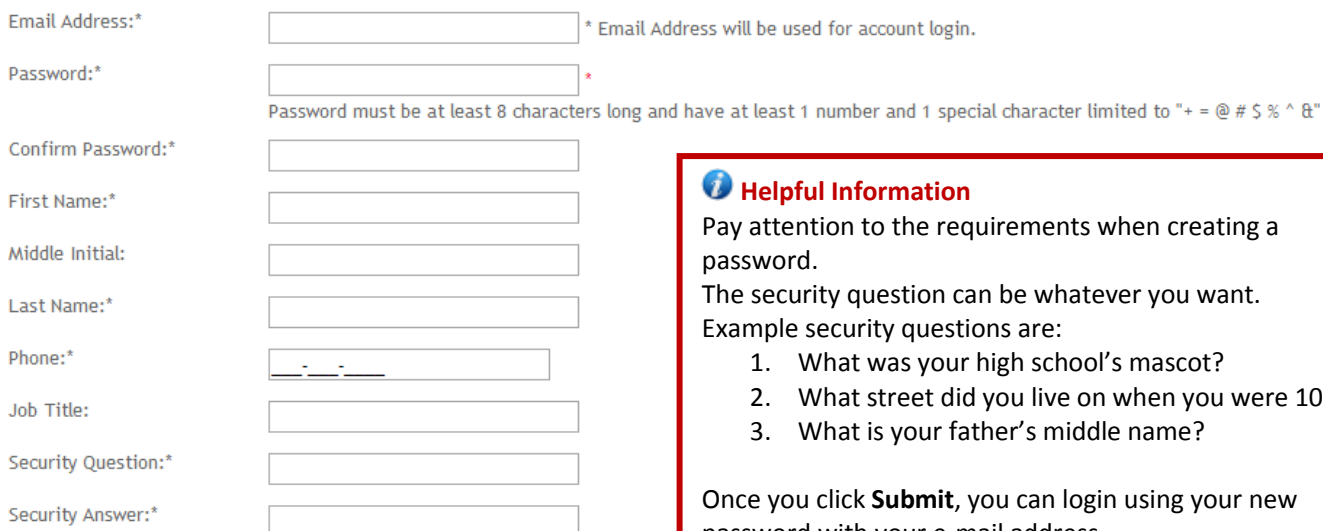
First Time Visiting the Website?
Click **Enroll Here** to create an account with the MU Registration System.



A mockup of a login form with a dark blue header containing the word "Login:". Below the header are two input fields: "Email Address:" and "Password:". To the right of the "Password:" field is a blue button labeled "Log In". Below the "Log In" button is a blue link labeled "Forgot Password".

New User? [Enroll Here](#)

USER ENROLLMENT



A form for user enrollment with 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

**Virginia Department of Health - Meaningful Use Registration System**

VDH MU Website | **User Portal** | Help

erin@test2.com | [Change Password](#) | [Logout](#)

User Portal


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

**Virginia Department of Health - Meaningful Use Registration System**

VDH MU Website | **User Portal** | Help


erin@test2.com | [Change Password](#) | [Logout](#)

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 2	1	Medicare & Medicaid
Hospital	1200144	8/4/2014 4:00:25 PM	Registered	Registered	Registered	1234567890	10/01/2014	12/31/2014	Stage 1	2	Medicare & Medicaid
Hospital 2			Not Selected	Incomplete	Not Selected	1234567890	10/01/2014	09/30/2015	Stage 2	1	Medicare & Medicaid

Practice (Professionals)

Organization Name	Registration ID	Registration Date	Cancer Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Practice	1100136	8/1/2014 11:34:01 AM	Registered	Registered	Registered	0123456789	10/01/2014	09/30/2015	Stage 1	1	Medicare

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.

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 Practice (Professional) Registration**" to register an eligible professional or multiple eligible professionals under the same practice.

Definitions of Health Care Entities

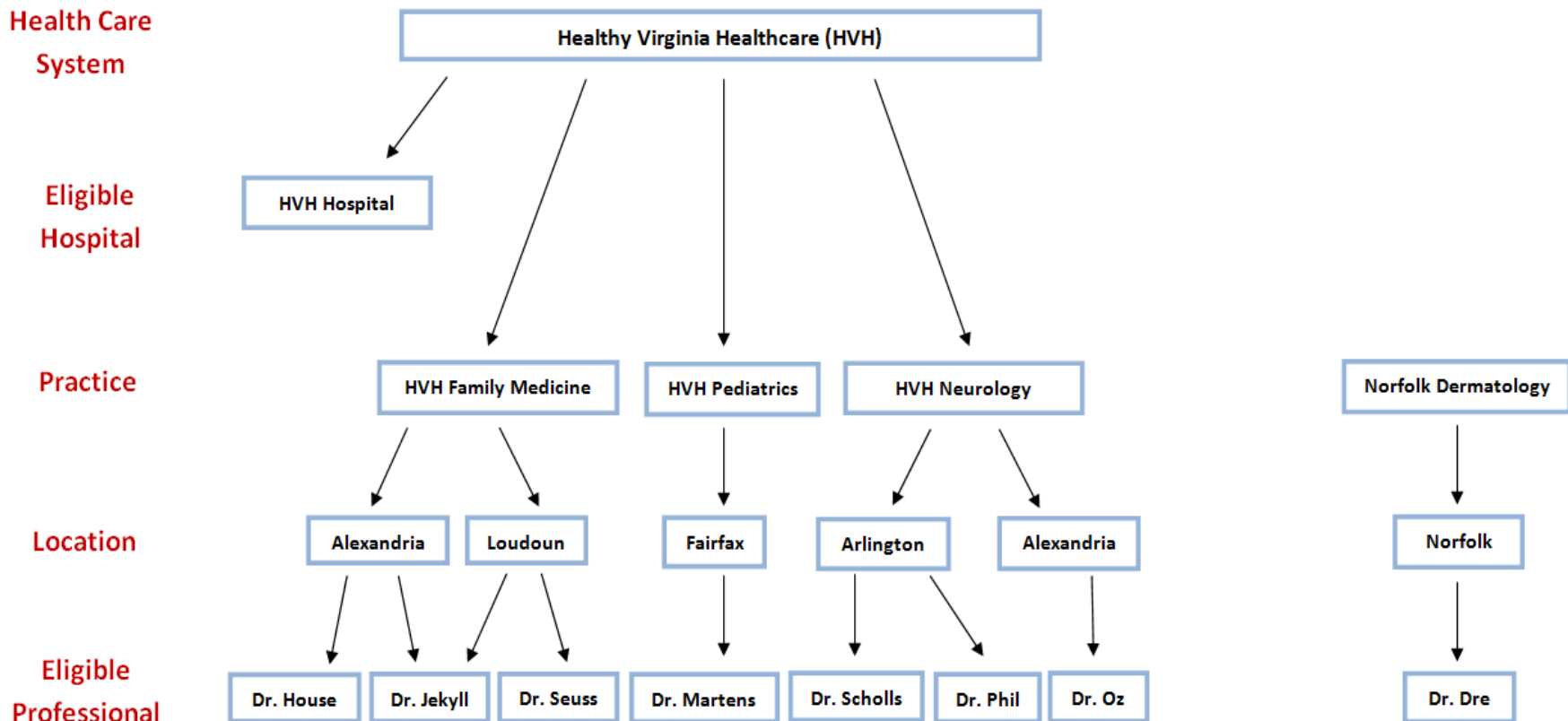
For registration purposes, VDH defines health care entities as the following. Please note an Eligible Professional does not have to be affiliated with a health care system to register with VDH for Meaningful Use.

- **Health care system** – A health care system is the larger corporate or centralized organization. Health care systems can include multiple eligible hospitals and/or practices.
- **Eligible Hospital** – The physical facility providing acute care services and attesting for Meaningful Use. This includes Critical Access Hospitals.
- **Practice** – A practice is the legal entity where an Eligible Professional provides care. A practice can include one or multiple locations.
- **Location** – A location is the physical address where an Eligible Professional provides care. A practice can include multiple locations and a location can include multiple Eligible Professionals. Some Eligible Professionals may practice at multiple locations of the same practice.
- **Eligible Professional (EP)** –The individual providing outpatient care services and attesting for Meaningful Use. Hospital-based EPs are not eligible for Meaningful Use incentive payments if 90% of their services are performed in a hospital inpatient or emergency room setting.

A diagram example of health care entities is located on the following page.

Diagram of Health Care Entities

The diagram below provides examples of how health care entities may be structured. The example on the left displays practices and Eligible Professionals operating within a health care system. The example on the right displays an independent practice and Eligible Professional not operating within a health care system.



Instructions for Practices within Health Care Systems

Individual registrations are not needed for each practice and its associated EPs if the practice is part of a health care system and is being registered under a corporate or centralized user account. All EPs in practices of the same type (primary care, specialty care, or multispecialty) may be grouped together in one comprehensive registration if they have the following in common:

- Electronic Health Record (EHR) Vendor
- MU Stage
- Attestation Year
- Reporting Period
- Public Health Measures
- Incentive Program

Primary Care includes pediatrics, family medicine, internal medicine, community health, and urgent care practices.

Specialty Care includes practices that provide specialized medical services outside of general primary care.

Multispecialty Care includes practices that provide both primary care and specialty care services.

For example, Healthy Virginia Healthcare has 200 EPs working across 40 practices. All 200 EPs are registering for the same Reporting Period, MU Stage, Attestation Year, Public Health Measures, and Incentive Program and are using the same EHR Vendor. Twenty of these practices are primary care practices, 14 are specialty care practices, and 6 are multispecialty practices. Healthy Virginia Healthcare could create three registrations as such:


- **Healthy Virginia Healthcare – Primary Care**
 - Registration will include 20 practice locations and 90 EPs
- **Healthy Virginia Healthcare – Specialty Care**
 - Registration will include 14 practice locations and 80 EPs
- **Healthy Virginia Healthcare – Multispecialty**
 - Registration will include 6 practice locations and 30 EPs

Registering EPs in this format will reduce the number of registrations completed and managed by health care systems. Please contact the VDH MU Team with questions at meaningfuluse@vdh.virginia.gov.

See the green  Helpful Information boxes on page 10 for step by step instructions.

Practice Registration

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.

This form can be used to register multiple eligible professionals (EP) under the same practice. Each EP listed must be attesting during the same reporting period and selecting the same public health objective(s). If not, a separate registration must be completed.

Practice Information

Health Care System:*	<input type="text" value="Select From The List"/>	Group NPI Number:	<input type="text"/>
If Other Health Care System:	<input type="text"/>	Incentive Program:*	<input type="text" value="Select From The List"/>
Practice Name:*	<input type="text"/>	MU Stage:*	<input type="text" value="Select From The List"/>
Practice Type:*	<input type="text" value="Select From The List"/>	Attestation Year:*	<input type="text" value="Select From The List"/>
If Other Practice Type:	<input type="text"/>	Reporting Period Begin Date:*	<input type="text" value="__/__/__"/>
		Reporting Period End Date:*	<input type="text" value="__/__/__"/>

Helpful Information

Check each box for the measure you intend to submit public health data to VDH.

Helpful Information

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

Select Objectives

☐ Cancer Reporting ☐ Syndromic Surveillance ☐ Immunization

* indicates a required field.

Helpful Information

Multiple Professionals for the same practice can be included in one registration if the following are the same:

MU Stage, **Attestation Year,**
Reporting Period, **Incentive Program,**
Measure(s)

If any of these are different, a separate registration is needed.

Next

Practice Registration within Health Care Systems

Helpful Information

Are you registering EPs on behalf of a health care system using a corporate or centralized user account?

If **yes**, you can create grouped registrations of EPs by practice type (primary care, specialty care, and multispecialty care). Follow the steps outlined below.

If **no**, go directly to page 11.

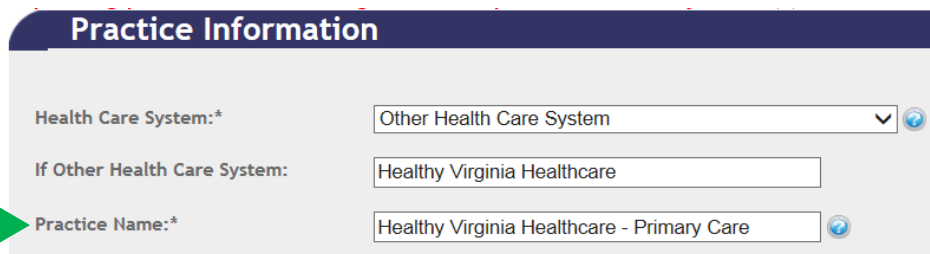
Primary Care: Includes pediatrics, family medicine, internal medicine, community health, and urgent care practices.

Specialty Care: Includes practices that provide specialized medical services outside of general primary care.

Multispecialty Care: Includes practices that provide both primary care and specialty care services.

Helpful Information

Enter the name of the health care system in **Practice Name** field followed by the practice type category: Primary Care, Specialty Care, or Multispecialty Care

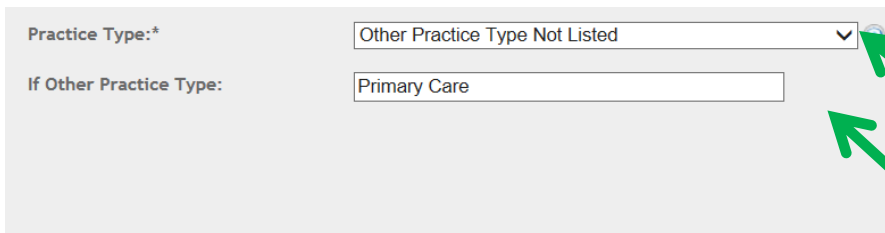


Practice Information

Health Care System:* Other Health Care System

If Other Health Care System: Healthy Virginia Healthcare

Practice Name:* Healthy Virginia Healthcare - Primary Care



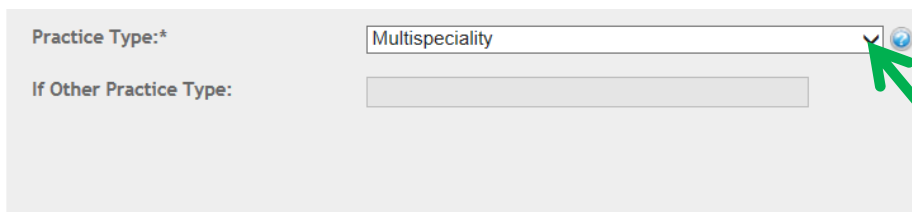
Practice Type:* Other Practice Type Not Listed

If Other Practice Type: Primary Care

Helpful Information

Registering Primary Care or Specialty Care?

Choose “Other Practice Type Not Listed” in the **Practice Type** field, then type “Primary Care” or “Specialty Care” into the **If Other Practice Type** field below.



Practice Type:* Multispecialty

If Other Practice Type:

Helpful Information

Registering Multispecialty Care?

Choose “Multispecialty” in the **Practice Type** field.

Measure Eligibility – Cancer Reporting, Immunization, Syndromic Surveillance

Select Measure(s) *

☒ Cancer Reporting ☐ Syndromic Surveillance ☒ Immunization ☐ Electronic Case Reporting (eCR)

* indicates a required field.

Cancer

Do you diagnose or treat cancer?

Yes No

Vaccinations

Do you administer vaccinations?

Yes No

Next

Helpful Information

If either **Cancer Reporting** or **Immunization** measure is selected on the Practice Information screen, you will be prompted with a follow up question.

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.

Select Measure(s) *

☐ Cancer Reporting ☒ Syndromic Surveillance ☐ Immunization ☐ Electronic Case Reporting (eCR)

Syndromic

In Stage 3, only urgent care providers are eligible to participate in the syndromic surveillance measure.

OK

Helpful Information

In Stage 3, only Urgent Care providers are eligible to participate in the **Syndromic Surveillance** measure. If you select Stage 3 as the MU Stage and **Syndromic Surveillance** as a measure on the Practice Information screen you will be presented a pop-up box alerting you of such. Selecting 'OK' button will close the pop-up window. However, the check box will remain selected unless you choose to manually uncheck it. If the check box remains selected you will be registered for the **Syndromic Surveillance** measure.

Please 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 this measure.

Practice Location Information

Location Information

Location Name:*

City:*

Street:*

County/Independent City:*

Zip Code:*

State:*

Save



Helpful Information

Entering a Zip Code will populate the City, County/Independent City and State for you. If more than one city is associated with a Zip Code, a pop up box will appear for you to select in which city the practice is physically located.



Helpful Information

Enter each physical location of the practice or practice group.

Enter the location name and address in the top "Location Information" box then click **Save**.

A new row will appear in the bottom "Practice Locations" box.

Please select the City where the facility is physically located

Zip Code	City	County	State
22025	DUMFRIES	PRINCE WILLIAM COUNTY	VA
22025	MONTCLAIR	PRINCE WILLIAM COUNTY	VA

Practice Locations

Edit	Delete	Name	Street	Zip Code	City	County/Independent City	State	District	Region
/	✗	Healthy Virginia Healthcare Pediatrics - Richmond	123 Main St	23223	RICHMOND	RICHMOND	VA	Richmond City	Central
/	✗	Healthy Virginia Healthcare Pediatrics - Charlottesville	234 Main St	22901	CHARLOTTESVILLE	ALBEMARLE COUNTY	VA	Thomas Jefferson	Northwest
/	✗	Health Virginia Healthcare Family Medicine - Williamsburg	345 Main St	23185	WILLIAMSBURG	JAMES CITY COUNTY	VA	Peninsula	Eastern
/	✗	Healthy Virginia Healthcare Family Medicine - Richmond	125 Main St	23223	RICHMOND	RICHMOND	VA	Richmond City	Central
/	✗	Healthy Virginia Healthcare OB/GYN - Williamsburg	347 Main St	23185	WILLIAMSBURG	JAMES CITY COUNTY	VA	Peninsula	Eastern



Helpful Information

Enter each physical location of the practice or practice group until all locations are listed in the "Practice Locations" box. Once completed, click **Next**.

Edit or **Delete** a row by selecting the corresponding icons on the left.

Eligible Professional Information

OPTIONS

Add or Edit a Professional

Bulk Professional Upload

Use the box below to individually add information for professionals. If you wish to upload information for multiple professionals simultaneously, please select "Bulk Professional Upload" in the navigation panel on the left.

Professional Information

First Name:*

Last Name:*

Middle Name:

NPI Number:*

Save

Helpful Information

Registering a large number of Eligible Professionals?

Select the **Bulk Professional Upload** feature to upload multiple Eligible Professionals at once.

Helpful Information

Enter the Name and NPI Number of the professional(s) associated with the practice location(s) previously provided in the top "Professional Information" box and click **Save**.

A new row will appear in the bottom "Eligible Professionals" box. Continue to enter each professional until all are listed. Once completed, click **Next**.

Eligible Professionals

Atleast one Eligible Professional is required for registration.

* indicates a required field.

BackNext

Eligible Professionals

Edit	Delete	First Name	Last Name	Middle Name	NPI Number
		Test	Professional		0101212121

* indicates a required field.

BackNext

Helpful Information

Edit or Delete a row by selecting the corresponding icons on the left.

Page 13, VDH MU Registration System Guide – Professionals (January 2017)

Bulk Professional Upload

Helpful Information

To upload multiple professionals at once, download the .csv spreadsheet template and save it to your computer.

OPTIONS

Add or Edit a Professional

Bulk Professional Upload

TO BULK UPLOAD PROFESSIONALS:

- Use the .csv template ([download template](#)) to enter information for each eligible professional into the corresponding spreadsheet columns. Accepted fields are First Name, Middle Name, Last Name, NPI. The file should be formatted as a table with the first row defining the column names.
Note First Name, Last Name, NPI are required.
- Save the file as .csv file on your computer.
- Browse to find and select the .csv file you saved.
- Click "Submit" to upload the .csv file containing the professionals information.
- If needed, correct or delete any professionals identified to contain errors.

Example:

	A	B	C	D
1	First Name	Middle Name	Last Name	NPI
2	Diana	L	Hamilton	1234567890
3	Robert	K	Matthews	6543671429






Upload a .csv file *

Browse...

Submit

Upload Stats -- Succeeded 3 Failed 0 Removed 0

Eligible Professionals

Edit	Delete	First Name	Last Name	Middle Name	NPI Number
		Sample	Professional	A	9876543210
		Test	Professional	B	8765432109
		Beta	Professional	C	7654321098

* indicates a required field.

Update

Cancel

Helpful Information

Edit or Delete a row by selecting the corresponding icons on the left.

Cancer Reporting 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 **Cancer Reporting** 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:

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)

* indicates a required field.

Helpful Information

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

Bidirectional Query/Response Capability

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

☐ 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.

Back

Next

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:* Select From The List
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.

Helpful Information

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

Back

Next

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.

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.

Practice Information

Health Care System:	None	MU Stage:	Stage 1	Edit
Practice Name:	Test Practice - Richmond	Attestation Year:	1	
Practice Type:	Family Medicine	Reporting Begin Date:	09/01/2013	
NPI Number:		Reporting End Date:	09/15/2013	
Incentive Program:	Medicare			

Practice Locations

Name	Street	Zip Code	City	County/Independent City	State	Edit
Test Location - Richmond	123 Main Street	23219	RICHMOND	CITY OF RICHMOND	VA	

Eligible Professionals

First Name	Last Name	Middle Name	NPI Number	Edit
Test	Professional		1212122121	

Cancer Reporting

Contact And Vendor Information:

Contact Name	Role	Email	Phone	Fax	Edit
Test Contact	Office Manager	test@test.com	(123) 131-3133	() - - - -	

Vendor Name	If Other	Product	Version
Other EHR Not Listed			

Syndromic Surveillance

Contact And Vendor Information:

Contact Name	Role	Email	Phone	Fax	Edit
Test Contact	Office Manager	test@test.com	(321) 313-1313	() - - - -	

Vendor Name	If Other	Product	Version	ONC Certified Number
Other EHR Not Listed				

Immunization

Contact And Vendor Information:

Contact Name	Role	Email	Phone	Fax	Edit
Test Contact	Office Manager	test@test.com	(132) 131-3131	() - - - -	

Vendor Name	If Other	Product	Version	ONC Certified Number	HL7 Version
Other EHR Not Listed					

Helpful Information

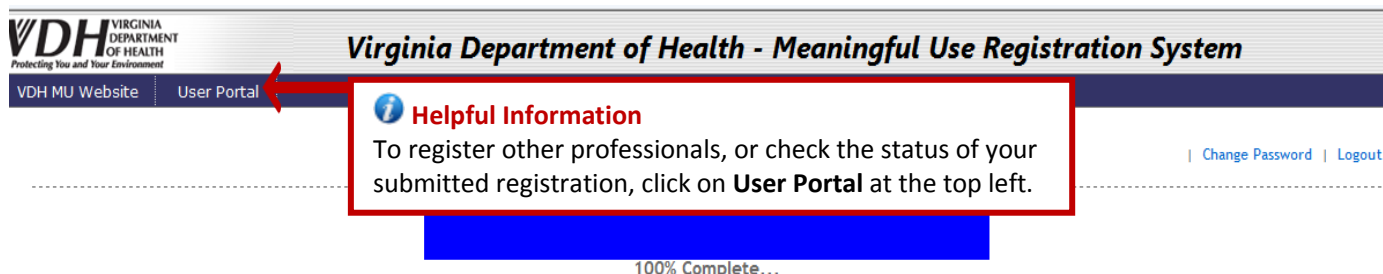
Once all information is correct and complete, click **Submit** at the bottom of the page to submit the registration to VDH.

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 professionals 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	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 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

Practice (Professionals)

Organization Name	Registration ID	Registration Date	Cancer Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Practice	1100136	8/1/2014 11:34:01 AM	Registered	Registered	Registered	0123456789	10/01/2014	09/30/2015	Stage 1	1	Medicare

Helpful Information

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

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 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

This form can be used to register multiple eligible professionals (EP) under the same practice. Each EP listed must be attesting during the same reporting period and selecting the same public health objective(s). If not, a separate registration must be completed.

Practice Information

Health Care System:*	<input type="text" value="None"/>	Group NPI Number:	<input type="text" value="1234567890"/>
If Other Health Care System:	<input type="text"/>	Incentive Program:*	<input type="text" value="Medicaid"/>
Practice Name:*	<input type="text" value="Practice"/>	MU Stage:*	<input type="text" value="Stage 1"/>
Practice Type:*	<input type="text" value="Pediatrics"/>	Attestation Year:*	<input type="text" value="1 (First Year)"/>
If Other Practice Type:	<input type="text"/>	Reporting Period Begin Date:*	<input type="text" value="07/01/2014"/>
		Reporting Period End Date:*	<input type="text" value="09/30/2014"/>

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

Select Objectives

☐ Cancer Reporting ☒ Syndromic Surveillance ☐ Immunization

* indicates a required field.

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

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

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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
complete	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

Practice (Professionals)

Organization Name	Registration ID	Registration Date	Cancer Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Practice 2			Not Selected	Incomplete	Incomplete	1234567890	09/01/2014	12/31/2014	Stage 2	1	Medicare & Medicaid



Helpful Information

All incomplete registrations will appear with the practice name as a hyperlink. Click on the name of the practice 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)

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
Practice	1100136	8/1/2014 11:34:01 AM	Registered	Registered	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 professional'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

Practice (Professionals)

Organization Name	Registration ID	Registration Date	Cancer Status	Syndromic Status	Immunization Status	NPI	Reporting Period Begin Date	Reporting Period End Date	MU Stage	Attestation Year	Incentive Program
Practice	1100136	8/1/2014 11:34:01 AM	Registered	Registered	Registered	0123456789	10/01/2014	09/30/2015	Stage 1	1	Medicare

Helpful Information

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

Helpful Information

The new registration will be automatically pre-populated with most information from the practice'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.

Practice Information

Health Care System:*	<input type="text" value="None"/>	Group NPI Number:	<input type="text"/>
If Other Health Care System:	<input type="text"/>	Incentive Program:*	<input type="text" value="Medicare"/>
Practice Name:*	<input type="text" value="Practice"/>	MU Stage:*	<input type="text" value="Select From The List"/>
Practice Type:*	<input type="text" value="Urgent Care"/>	Attestation Year:*	<input type="text" value="Select From The List"/>
If Other Practice Type:	<input type="text"/>	Reporting Period Begin Date:*	<input type="text"/>
		Reporting Period End Date:*	<input type="text"/>

Select Measure(s) *

☐ Cancer Reporting

☐ 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 Professional Checklist

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

Eligible Professional (* denotes required information)		
Practice Information		Completed?
Practice Name*	Enter the full business name of the practice. Do not use any abbreviations.	<input type="checkbox"/>
Health Care System*	Select the corporate or centralized organization to which the practice belongs. If organization is not listed, select "Other Organization Not Listed". If practice is not part of a health care system, select "None".	<input type="checkbox"/>
Group NPI	10-digit National Provider Identifier issued by Centers for Medicare and Medicaid Services (CMS).	<input type="checkbox"/>
Practice Type*	Select the category type of the practice or practice group. If the type is not listed select "Other Practice Type Not Listed" then enter type of practice in "If Other Practice Type" field.	<input type="checkbox"/>
MU Stage*	Select the Stage of Meaningful Use for which the practice is attesting.	<input type="checkbox"/>
Attestation Year*	Select the year within the current Stage of Meaningful Use for which the practice is attesting, not the number of years participating in the Meaningful Use program overall.	<input type="checkbox"/>
Incentive Program*	Select the EHR Incentive Program for which the practice 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)		
Cancer Reporting		<input type="checkbox"/>
Syndromic Surveillance		<input type="checkbox"/>
Immunization		<input type="checkbox"/>
Electronic Case Reporting (eCR)		<input type="checkbox"/>
Practice Location (Must enter at least one location)		
Location Name	Please provide at least one location. The location name can be the same as the practice name. If there are multiple locations for this practice or practice group please list each location.	<input type="checkbox"/>
Street	Street address where the practice is physically located.	<input type="checkbox"/>
Zip Code	Zip code in which the practice physically located.	<input type="checkbox"/>
City	City in which the practice is physically located. Field will be populated based on Zip Code entered.	<input type="checkbox"/>
County/Independent City	County or independent city in which the practice is physically located. Field will be populated based on Zip Code entered.	<input type="checkbox"/>
State	State in which the practice is physically located. Field will be populated based on Zip Code entered.	<input type="checkbox"/>

Eligible Professionals (<i>Must enter at least one professional</i>)		
First Name		<input type="checkbox"/>
Middle Initial		<input type="checkbox"/>
Last Name		<input type="checkbox"/>
NPI Number	10-digit National Provider Identifier issued by Centers for Medicare and Medicaid Services (CMS).	<input type="checkbox"/>
Electronic Health Record (EHR) Vendor		
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"/>
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 from the VDH immunization registry (VIIS). (<i>Immunization only</i>)	<input type="checkbox"/>
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"/>