Virginian 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/](http://www.vdh.virginia.gov/meaningful-use/).

Please contact the VDH Meaningful Use Team ([MeaningfulUse@vdh.virginia.gov](mailto: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.

User Enrollment

Email Address:*  
Password:*  
Confirm Password:*  
First Name:*  
Middle Initial:*  
Last Name:*  
Phone:*  
Job Title:*  
Security Question:*  
Security Answer:*  

* indicates a required field.

Login:
Email Address:  
Password:  
Log In
Forgot Password
New User? Enroll Here

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.
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.

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

**Helpful Information**
Click here to begin a new registration.

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**

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**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.

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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.

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**Helpful Information**

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

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**Helpful Information**

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

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**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.
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.

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.

Helpful Information
Registering Multispecialty Care?
Choose “Multispecialty” in the Practice Type field.
Measure Eligibility – Cancer Reporting, Immunization, Syndromic Surveillance

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.

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

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.

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.

Please select the City where the facility is physically located

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

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.

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

* indicates a required field.
Bulk Professional Upload

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

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

* Indicates a required field.

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.

**Helpful Information**

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

**Alternate Contact**

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).

**Helpful Information**

Electronic Health Record (EHR) Vendor is a required section. Please include the product and version if available.

* indicates a required field.
**Immunization Measure**

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### Primary Organization Contact (POC)

- **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.

<table>
<thead>
<tr>
<th>Contact Name*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Role*</td>
<td></td>
</tr>
<tr>
<td>Contact Email*</td>
<td></td>
</tr>
<tr>
<td>Contact Phone*</td>
<td></td>
</tr>
<tr>
<td>Contact Fax</td>
<td></td>
</tr>
</tbody>
</table>

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

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### Technical Contact

| Contact Name |  |
| Contact Role |  |
| Contact Email |  |
| Contact Phone |  |
| Contact Fax |  |

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### Alternate Contact

| Contact Name |  |
| Contact Role |  |
| Contact Email |  |
| Contact Phone |  |
| Contact Fax |  |

---

### Electronic Health Record (EHR) Vendor

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

| Vendor Name | Select From The List |
| If other |  |
| Product |  |
| Version |  |

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### Comments to VDH (optional)

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### Bidirectional Query/Response Capability

- **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 this 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.

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

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.
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.

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

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).

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.

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.

Helpful Information

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

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 toolbar at the top of the screen.

**Hospitals**

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Registration ID</th>
<th>Registration Date</th>
<th>ER Status</th>
<th>Syndromic Status</th>
<th>Immunization Status</th>
<th>NPI</th>
<th>Reporting Period Begin Date</th>
<th>Reporting Period End Date</th>
<th>MU Stage</th>
<th>Attestation Year</th>
<th>Incentive Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>1100113</td>
<td>8/1/2014 11:11:00 AM</td>
<td>Registered</td>
<td>Registered</td>
<td>Registered</td>
<td>1234567890</td>
<td>10/01/2014</td>
<td>09/30/2015</td>
<td>Stage 1</td>
<td>1</td>
<td>Medicare &amp; Medicaid</td>
</tr>
</tbody>
</table>

**Helpful Information**

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

**Practice (Professionals)**

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

**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.

Helpful Information

These fields are locked. Email MeaningfulUse@vdh.virginia.gov for assistance with editing these fields.
Finish an Incomplete Registration

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

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

**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.

**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.

* Indicates a required field.
# 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)**

<table>
<thead>
<tr>
<th>Practice Information</th>
<th>Completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Name*</td>
<td></td>
</tr>
<tr>
<td>Enter the full business name of the practice. Do not use any abbreviations.</td>
<td></td>
</tr>
<tr>
<td>Health Care System*</td>
<td></td>
</tr>
<tr>
<td>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”.</td>
<td></td>
</tr>
<tr>
<td>Group NPI</td>
<td></td>
</tr>
<tr>
<td>10-digit National Provider Identifier issued by Centers for Medicare and Medicaid Services (CMS).</td>
<td></td>
</tr>
<tr>
<td>Practice Type*</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>MU Stage*</td>
<td></td>
</tr>
<tr>
<td>Select the Stage of Meaningful Use for which the practice is attesting.</td>
<td></td>
</tr>
<tr>
<td>Attestation Year*</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Incentive Program*</td>
<td></td>
</tr>
<tr>
<td>Select the EHR Incentive Program for which the practice is attesting.</td>
<td></td>
</tr>
<tr>
<td>Reporting Period Begin Date*</td>
<td></td>
</tr>
<tr>
<td>Enter the first date of the reporting period. If a reporting period has not been established please estimate date.</td>
<td></td>
</tr>
<tr>
<td>Reporting Period End Date*</td>
<td></td>
</tr>
<tr>
<td>Enter the last date of the reporting period. If a reporting period has not been established please estimate date.</td>
<td></td>
</tr>
</tbody>
</table>

**Measure Selection (Must select at least one measure)**

- Cancer Reporting
- Syndromic Surveillance
- Immunization
- Electronic Case Reporting (eCR)

**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.
- Street
  - Street address where the practice is physically located.
- Zip Code
  - Zip code in which the practice physically located.
- City
  - City in which the practice is physically located. Field will be populated based on Zip Code entered.
- County/Independent City
  - County or independent city in which the practice is physically located. Field will be populated based on Zip Code entered.
- State
  - State in which the practice is physically located. Field will be populated based on Zip Code entered.
## Eligible Professionals *(Must enter at least one professional)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Initial</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>NPI Number</td>
<td>10-digit National Provider Identifier issued by Centers for Medicare and Medicaid Services (CMS).</td>
</tr>
</tbody>
</table>

## Electronic Health Record (EHR) Vendor

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHR Vendor Name*</td>
<td>Select the EHR vendor used to meet Meaningful Use. If vendor is not listed select “Other EHR Not Listed” and enter name of vendor.</td>
</tr>
<tr>
<td>EHR Vendor Product</td>
<td>Enter the EHR vendor product used to meet Meaningful Use.</td>
</tr>
<tr>
<td>EHR Product Version</td>
<td>Enter the version of the EHR product.</td>
</tr>
<tr>
<td>ONC EHR Certified Number</td>
<td>Found here: <a href="http://onchpl.force.com/ehrcert?q=chpl">http://onchpl.force.com/ehrcert?q=chpl</a></td>
</tr>
<tr>
<td>HL7 Version</td>
<td>Select version of HL7 that will be sent to public health. <em>(Immunization Only)</em></td>
</tr>
</tbody>
</table>

## Primary Organization Contact

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td>Primary organization contact (POC) is required. The POC may be someone other than the person submitting the registration.</td>
</tr>
<tr>
<td>Contact Role</td>
<td></td>
</tr>
<tr>
<td>Contact Email</td>
<td></td>
</tr>
<tr>
<td>Contact Phone</td>
<td></td>
</tr>
<tr>
<td>Contact Fax</td>
<td></td>
</tr>
</tbody>
</table>

## Technical Contact *(Optional – if entered, * denotes required information)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td>Individual responsible for setting up electronic data exchange (e.g. integration analyst, EHR vendor)</td>
</tr>
<tr>
<td>Contact Role</td>
<td></td>
</tr>
<tr>
<td>Contact Email</td>
<td></td>
</tr>
<tr>
<td>Contact Phone</td>
<td></td>
</tr>
<tr>
<td>Contact Fax</td>
<td></td>
</tr>
</tbody>
</table>

## Alternate Contact *(Optional – if entered, * denotes required information)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td></td>
</tr>
<tr>
<td>Contact Role</td>
<td></td>
</tr>
<tr>
<td>Contact Email</td>
<td></td>
</tr>
<tr>
<td>Contact Phone</td>
<td></td>
</tr>
<tr>
<td>Contact Fax</td>
<td></td>
</tr>
</tbody>
</table>

## Measure Specific Questions *(Immunization and Electronic Case Reporting only)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bidirectional Query/Response Capability*</td>
<td>Indicate if your EHR is capable of submitting immunization data and receiving immunization forecasts and histories from the VDH immunization registry (VIIS). <em>(Immunization only)</em></td>
</tr>
<tr>
<td>Case Report Volume*</td>
<td>Estimate the number of case reporting that your organization submitted to the health department during the most recent calendar year. <em>(Electronic Case Reporting only)</em></td>
</tr>
</tbody>
</table>