

Site Enrollment

CIIS Resource Center User Guidance

The CIIS Resource Center is a self-service system that allows you to do a number of tasks once enrollment is complete, including:

- Enroll your organization for participation in CIIS.
- Submit new user account requests.
- Access training information and resources.
- Provides access to electronic data exchange guidelines and CIIS messaging specifications.
- Test Health Level 7 (HL7) messages generated from your EHR against CIIS specifications for formatting accuracy (HL7 validation).
- Receive assistance with Stage 1 Meaningful Use attestation for the immunization registry reporting objective.
- Register your intent for Stage 2 Meaningful Use.
- Submit online support tickets to the CIIS Help Desk for assistance.

This guide describes how to enroll an individual site location in the CIIS Resource Center.

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Getting Started

This section describes all steps involved with setting up an account in the CIIS Resource Center.

1. Click Register on the CIIS Resource Center Home Page (<https://www.ciisresources.com/>).

2. Under Step 1: select the radio button for the entity type (i.e., Provider facility, Hospital, Local Health Department, or Pharmacy) that best represents your site. Click Continue.

Note: There is separate enrollment guidance for health systems (groups – i.e., Exempla, Denver Health), Electronic Health Record (EHR) Vendors, Health Information Exchange (HIE), and Integrate Data Network Services (IDNS) organizations.



3. Under *Step 2: Clinic Information*, complete all fields. Click *Continue*.

Note: All Fields with an * notation are required fields.

Step 2: Clinic Information

Clinic Name*		Doing Business As (Alternate Clinic Name)	
<input type="text" value="Test Clinic Site"/>		<input type="text"/>	
Is this Clinic part of a larger Medical/Physician Group or Hospital Network?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Please provide the name of the Group or Hospital Network		<input type="text"/>	
Address 1*		Address 2	
<input type="text" value="123 Test Blvd."/>		<input type="text"/>	
City*	State*	Zip Code*	County*
<input type="text" value="Test City"/>	<input type="text" value="CO"/>	<input type="text" value="80108"/>	<input type="text" value="DOUGLAS"/>
Phone Number*		Fax*	Clinic Email Address
<input type="text" value="123"/>	<input type="text" value="456"/>	<input type="text" value="7899"/>	<input type="text" value="x"/>
		<input type="text" value="456"/>	<input type="text" value="789"/>
		<input type="text" value="1321"/>	<input type="text" value="14og6u+e5k6uu7tih4s0@sharkl"/>
*Is this Clinic enrolled in the Vaccine for Childrens (VFC) Program?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>			

4. Under *Step 3: Provide CIIS Administrator Information* complete the following steps:

- a. Click Review CIIS Administrator’s Responsibility. Review the responsibilities of a CIIS Clinic Administrator. Click Close.
- b. Complete all fields to add contact information for the CIIS Site Administrator.
Note: All Fields with an * notation are required fields.
- c. Create a password for accessing the CIIS Resource Center (follow the criteria listed).
- d. Select a secret question and input an answer, which is used if you forget your password in the future.
- e. Click Save & Continue.



Step 3: Provide CIIS Administrator Information

[Click to Review CIIS Administrator's Responsibility](#)

First Name*	MI	Last Name*
<input type="text" value="Test"/>	<input type="text"/>	<input type="text" value="Name"/>
Phone	Email Address*	
<input type="text" value="123"/> <input type="text" value="456"/> <input type="text" value="7899"/> x <input type="text"/>	<input type="text" value="14og5u+e5k6uu7tih4s0@sharklasers.com"/>	
Employee Type		
<input type="text" value="Clinic Manager"/>		
Please create a password to access this site in the future. Your password MUST be 8 characters in length, include at least 1 letter, 1 number and 1 special character (for example #5%!@&).		
Password*	<input type="password" value="....."/>	Confirm Password* <input type="password" value="....."/>
Secret Question*	<input type="text" value="What was the color of your first car?"/>	Secret Answer* <input type="text" value="Blue"/>
<input type="button" value="Back"/> <input type="button" value="Save & Continue"/> <input type="button" value="Cancel"/>		

- Under Step 4: Clinic Immunization Profile, select the type of site you are registering and the types of vaccinations given at the site. Click Save & Continue.

Note: If your site does not administer vaccinations select Clinic does not give immunizations.

Step 4: Clinic Immunization Profile

Please select the type of clinic you are registering.

Please select the type of Vaccines that are given at the clinic.

Child
 Adolescent
 Adult
 Travel
 Clinic does not give immunizations



6. Under Step 5: CIIS Manner of Usage, select how your clinic intends to—report data to CIIS. If you select:
- Direct Data Entry** - your site plans to manually enter immunization data directly into the CIIS web application, then click Save & Continue and you will be navigated to the Login Confirmation Page.
 - Electronic Data Exchange (HL7)** - your site plans to electronically report data to CIIS through an interface from an EHR.
 - Select if your site plans to electronically report data to CIIS, through an interface, from an EHR.
 - Complete all fields under the Clinic Technical Contact, Data Validation Contact, and Electronic Health Record Information sections (entering contact information for each of these helps us during the interface process).
- Note: All Fields with an * notation are required fields.**
- Select if your clinic is affiliated with or planning to work with a Health Information Exchange (HIE).
 - Click Save & Continue.
 - Proceed to CMS EHR Incentive Program: Meaningful Use in Step 7.

Step 5: CIIS Manner of Usage

How does your Clinic intend to use the Colorado Immunization Information System?

Direct Data Entry - Manually enter data into CIIS web application

Electronic Data Exchange (HL7) - Electronically report data to the CIIS through an interface from EHR.

Clinic Technical Contact

As part of creating an interface with CIIS, you will need to identify someone as the IT/Technical contact that will work with the CIIS Program to establish the interface.

Are you the Technical Contact for this Clinic? Yes No

Please provide Technical Contact information below: [Click to add another Technical Contact](#)

First Name*	Last Name*	Phone Number*	Email Address*
Mickey	Mouse	468 456 9874 x	mickey@mouse.com

Data Validation Contact

As part of creating an interface with CIIS, you will need to identify someone who can pull 30 patient records so that we can perform a data validation check. This is generally someone within the clinic. Please identify this person below:

Are you the Data Validation Contact for the Clinic? Yes No

Please provide Data Validation Contact information below: [Click to add another Data Validation Contact](#)

First Name*	Last Name*	Phone Number*	Email Address*
Daffy	Duck	123 156 4698 x	daffy@duck.com

Electronic Health Record Information

Does the Provider Site currently record immunizations in an Electronic Health Record (EHR)? Yes No

Please provide your EHR information:

Please select your Electronic Health Record.* Greenway Medical Technologies Inc

Please select the product provided by the selected EHR.* PrimeSuite - 2011

Please select your Electronic Health Record Contact [Add New \[-\]](#)

EHR Contact Name (Not in the list above)	Phone Number*	Email Address*
Pluto Dog	654 651 3284 x	pluto@dog.com

While entering other contact name for EHR, please enter atleast phone number or email address.

*Is this clinic affiliated with or planning to work with a Health Information Exchange? Yes No

If yes, please SELECT your preferred HIE CORHIO - Colorado Regional Health Information Organization

Select how your site plans to enter immunizations into CIIS

You only see contact if Electronic Data Exchange is selected



7. Under *Step 6: CMS EHR Incentive Program: Meaningful Use*, select whether your site will be participating in the Meaningful Use Incentive Program.
 - a. If your site is not registering for Meaningful Use select *No*. Click *Save & Continue*.
 - b. If your site is registering for Meaningful Use select *Yes*. Answer the remaining questions. Click *Save & Continue*.

Step 6: CMS EHR Incentive Program: Meaningful Use

Are there Eligible Providers in this Physician Office that will be registering for Meaningful Use? Yes No

Enter the total number of Eligible Professionals (EPs) Providing Care Services in this location.

Select Meaningful Use EHR Incentive Program the EPs are enrolled in. Medicaid Medicare Both

What stage of Meaningful Use are you currently working towards.

Select your Meaningful Use Reporting Period.

8. Under *Step 7: Login Confirmation Page*, click *Print* if you want this information for your records. If not, then click *Continue*.

Step 7: Login Confirmation Page

Your information was saved successfully.

Your Information

Name	Test Name
Username	Test.Name7
Password	*****
Email	14og5u+e5k6uu7tih4s0@sharklasers.com

Provider Site Information

Provider Site Name	Test Clinic Site
Address	123 Test Blvd. Test City CO 80108
Phone	(123) 456 7899
Fax	(456) 789 1321
Email	14og5u+e5k6uu7tih4s0@sharklasers.com
Contact Name	Test Name

Note the Username that will be used to logon to the system.

Note: The Username you will use during the logon process is listed on this page.



9. You will be directed to the Main Screen. Review the **Next Steps section** of this document to learn more about other features within the CIIS Resource Center.

The screenshot shows the CIIS Main Screen with the following elements:

- Navigation Tabs:** Main, Manage Users, Training Resources, Data Exchange, Meaningful Use, CIIS Help Desk.
- User Profile:** Test.Name7, Edit Main Profile, View Messages.
- Test Clinic Site:** 123 Test Blvd., Test City, CO 80108, Phone: (123) 456 7899, Fax: (456) 789 1321.
- Test Name:** Phone: (123) 456 7899, Email: 14og5u+e5k6uu7tih4s0@sharklasers.com, Username: Test.Name7.
- Get Started . . .** (Click below to complete tasks to finish setting up your clinic's account.)
- Usage Agreements:** Complete & Submit required forms. Submit New Clinic (LOA). CIIS Administrator Form (Not Completed).
- Help Desk:** Submit a Support Ticket, View Ticket Status.
- Training Resources:** View Training Calendar.
- Users & Contacts:** Add contacts and users that will need to have access to this site and the IIS. Primary Immunization Contact (Completed), Technical Contact for Data Exchange (Completed), 3 - Users Added (Completed).
- Data Exchange:** Create the Data Exchange Profile for this clinic and begin HL7 Message Validation. Profile is not Complete (Not Completed), Pre-Testing (HL7 MSG Validation) (Not Completed), Pre-Production Testing (Not Completed), View Interface Project (In Progress), Ongoing Submissions (Not Completed).
- Meaningful Use Immunization Reporting:** Submit HL7 Message to prove submission capability. OR Register your Intent to submit ongoing submissions for Stage 2. Download MU Report Card (Not Completed).

Note: Each section on the Main Screen will be called a widget in the remainder of this guidance document. The chart below describes what the icons stand for.

	Step Completed and approved (if applicable)
	Step Not Completed
	Step In Process – May Need Approval



Next Steps

This section describes how to complete your site’s Usage Agreements, setup Users, begin testing HL7 test messages, and Register your Intent for Meaningful Use Stage 2.

Note: All clinics should complete the information within the Usage Agreement widget and setup users under the Users & Contacts widget. Those that are interested in developing an immunization interface should begin testing or have their EHR vendor begin using the HL7 testing tool under the Data Exchange Widget. Those sites that are participating in the Meaningful Use incentive program can register their intent to submit ongoing submissions for Stage 2 under the Meaningful Use Immunization Reporting widget.

Usage Agreements Widget

This section describes how to submit a site Letter of Agreement (LOA) and sign the CIIS Administrator Form.

Signing the Site LOA

1. Click on the *Submit New Clinic (LOA)* link under the Usage Agreements Widget.

The screenshot shows a user profile for 'Test.Name7' with options to 'Edit Main Profile' and 'View Messages'. The profile details include 'Test Clinic Site' (123 Test Blvd., Test City, CO 80108, Phone: (123) 456 7899, Fax: (456) 789 1321) and 'Test Name' (Phone: (123) 456 7899, Email: 14og5u+e5k6uu7tih4s0@sharklasers.com, Username: Test.Name7). Below the profile is a 'Get Started...' section with the instruction: 'Click below to complete tasks to finish setting up your clinic's account.' This section contains three widgets: 'Usage Agreements' (with sub-items 'Complete & Submit required forms.', 'Submit New Clinic (LOA)', and 'CIIS Administrator Form'), 'Help Desk' (with sub-items 'Submit a Support Ticket' and 'View Ticket Status'), and 'Training Resources' (with sub-item 'View Training Calendar'). The 'Submit New Clinic (LOA)' link is highlighted with a red box.



2. Review the Colorado Immunization Information System Participating Clinic Letter of Agreement. Check the box next to : *I agree to the above terms and conditions as set forth by the Public Health Agency.* Click Submit.



COLORADO
Department of Public
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

Colorado Immunization Information System
Participating Clinic Letter of Agreement

Date: 04/17/2015
Clinic Name: Test Clinic Site
Address: 123 Test Blvd.
City: Test City State: CO Zip Code: 80108

Pursuant to C.R.S. §25-4-2401 et seq., the Colorado Department of Public Health and Environment (CDPHE) operates a web-based state immunization registry, the Colorado Immunization Information System (CIIS). The CIIS mission is to establish and maintain a population-based, confidential, fully functional, and sustainable immunization information system that facilitates the timely and complete immunization for all Coloradans to prevent disease and reduce health care costs to individuals and the State.

The term "Participating Clinic" refers to the entity identified at the top of this Letter of Agreement (LOA). By returning a signed copy of this LOA you acknowledge and confirm that: 1) you are authorized to sign this LOA on behalf of the Participating Clinic, 2) the Participating Clinic is an entity authorized to disclose information to and receive information from CIIS under the Immunization Registry Act, 3) the Participating Clinic will only permit access to the disclosed information for clinical, quality improvement and school entry law purposes, 4) if entering data manually into the CIIS web application, the Participating Clinic must enter their clients' non-historical immunization services into CIIS within 30 days of the respective vaccine administration dates, or if submitting data electronically to CIIS, the Participating Clinic must send their clients' non-historical immunization services to CIIS within 7 days of the respective vaccine administration dates, 5) the Participating Clinic will treat all information in CIIS as confidential, 6) if the Participating Clinic discloses information to CIIS, it has provided notice to individuals, parents or guardians as required by C.R.S. § 25-4-2403(7) stating that the individual, parent or guardian can choose to have their (or their child's) immunization information excluded from CIIS, 7) the Participating Clinic is responsible for the provision and maintenance of any necessary computer hardware, network connections, telecommunication lines, internet access and data uploads/downloads from existing electronic health record systems which may be necessary for the clinic's participation in CIIS, and 8) the Participating Clinic is responsible for ensuring that all persons or entities (including providers, staff, contractors and agents) who access information through CIIS are authorized to receive access to such information and will comply with all applicable laws, regulations and CIIS policies, including the CIIS Confidentiality Policy and the CIIS Security Policy. The CIIS Confidentiality Policy and CIIS Security Policy are reviewed and potentially revised at least annually. You may obtain a copy of current policies at www.ColoradoCIIS.com.

CIIS agrees to: 1) provide and maintain a secure and functional immunization registry, 2) provide ongoing technical assistance and support to facilitate access to and use of the system, and 3) notify the Participating Clinic of any potentially incorrect information in CIIS attributable to one of its patients so that it may promptly correct the information, if necessary. We also ask that the Participating Clinic perform regular quality assurance audits of information concerning its patients to ensure the continued integrity of the system.

To terminate your access to and participation in the CIIS program, please email us at CDPHE.CIIS@state.co.us at least 30 days prior to your planned termination date. Please note that CDPHE will not delete any data sent to CIIS by any Participating Clinic prior to a clinic's termination of participation.

By: Participating Clinic Representative Printed Name Test Name	Date: 04/17/2015
By: Participating Clinic Representative <input checked="" type="checkbox"/> I agree to the above terms and conditions as set forth by the Public Health Agency.	
By: Heather Shull, MA Colorado Immunization Information System Program Manager	Date

August 2014

SUBMIT
PRINT
CLOSE

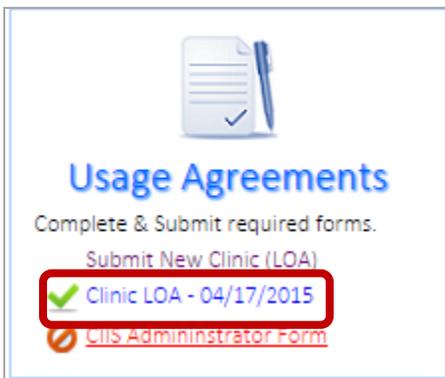
3. A box confirming that your LOA was submitted successfully will be displayed. Click *Close*.



4. Under Usage Agreements it will display that your site's LOA is in process. Once the LOA has been approved by the CIIS Program Manager the icon will change; displaying that it has been approved.



5. To view or print your approved CIIS Letter of Agreement click on the blue link.





Completing the CIIS Administrator Form

1. Click on the *CIIS Administrator Form* link under the Usage Agreements Widget.

Test.Name7 Edit Main Profile View Messages

Test Clinic Site
123 Test Blvd.
Test City, CO 80108
Phone: (123) 456 7899
Fax: (456) 789 1321

Test Name
Phone: (123) 456 7899
Email: 14og5u+e5k6uu7tih4s0@sharklasers.com
Username: Test.Name7

Get Started . . . Click below to complete tasks to finish setting up your clinic's account.

<p></p> <p>Usage Agreements</p> <p>Complete & Submit required forms. Submit New Clinic (LOA) ✓ Clinic LOA - 04/17/2015 CIIS Administrator Form</p>	<p></p> <p>Help Desk</p> <p>Submit a Support Ticket View Ticket Status</p>	<p></p> <p>Training Resources</p> <p>View Training Calendar</p>
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2. Review and complete the Colorado Immunization Information System (CIIS) Clinic Administrator Form.
 - a. Required question: The best way to contact you. Select phone or email.
 - b. Required question: Are you replacing the previous CIIS Administrator? Select yes or no.
 - c. Click on the box next to: *I agree to the above terms and conditions as set forth by the Public Health Agency.* Click Submit.



COLORADO IMMUNIZATION INFORMATION SYSTEM (CIIS) CLINIC ADMINISTRATOR FORM

Instructions: Please review and complete the information in the form below. Agree to the responsibilities and then click submit. Upon submission, your CIIS profile will be updated. If you have any questions, please contact the CIIS Helpdesk at (303)-692-2437 or by email at cdphe.ciis@state.co.us.

Date: 05/08/2015

CLINIC INFORMATION

*Clinic Name	Test Clinic Site
*Clinic Street Address (include Suite #)	123 Test Blvd.
*City, State and Zip Code	Test City CO 80108
*Clinic Phone Number	(123) 456 7899
*Clinic Fax Number	(456) 789 1321
*Clinic County	DOUGLAS
Website Address (if applicable)	

CIIS CLINIC ADMINISTRATOR INFORMATION

*CIIS Clinic Administrator Name	Test Name
*Employee Type	Clinic Manager
*Clinic Admin Direct Phone Number	123 456 7899 x
Clinic Admin Direct Fax Number	456 789 1321
*Clinic Admin Email Address	14ag5u+e5k6uu7tth4z0@sharklazers.com
Hours Available	8am-4pm

*What is the best way to contact you? Phone Email

Are you replacing the previous CIIS Clinic Administrator for your office? Yes No

***CIIS Clinic Administrator Responsibilities Agreement**

I understand that by accepting the role of CIIS Clinic Administrator, I am:

- Required to approve the creation, deletion or inactivation of any user accounts for my clinic
- The sole authority for account approval – no account creation will occur without my approval and signature
- The point of contact for account verifications, system alerts and policy changes
- Responsible for ensuring that my staff:
 - Comply with all applicable laws, regulations and CIIS policies
 - Access immunization information only to provide care to a patient or to perform quality assurance
 - Treat all information in CIIS as confidential
 - Not release or re-disclose any information in CIIS to any unauthorized person
 - Not allow another person to use their account information to access CIIS
 - Receive training on the appropriate use of CIIS
- Responsible for notifying CIIS when staff members no longer work at the clinic and require account inactivation within one week of staff members leaving the clinic.
- Responsible for notifying CIIS at least one week in advance that I am no longer able to perform these tasks to allow for the transition to a new CIIS Clinic Administrator.

*** CIIS Clinic Administrator Signature**

I agree to the above terms and conditions as set forth by the Public Health Agency.



6. A box confirming that your CIIS Administrator Form was submitted successfully will be displayed. Click *Close*.

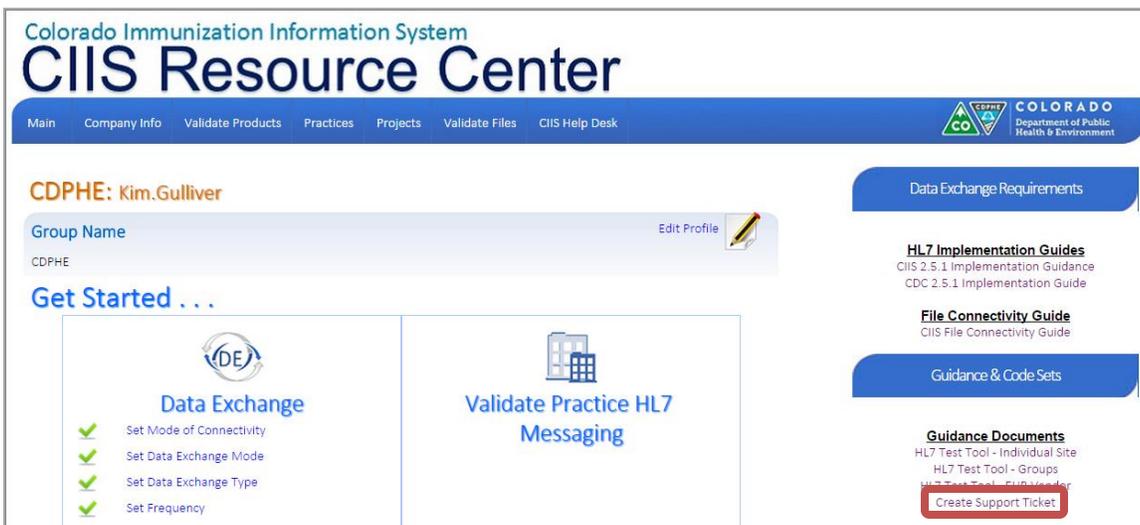


7. Under Usage Agreements it will display that your CIIS Administrator Form has been completed.



Help Desk Widget

Instructions for using the *Help Desk* Widget are in a separate document that can be accessed by clicking on the Create Support Ticket link, under Guidance Documents, on the right.



Training Resources Widget

This section describes how to access training resources and upcoming events on our Training Calendar.

Accessing CIIS Training Resources

1. Click on the Training Resources link on the blue bar or on the icon in the Training Resources Widget.

The screenshot shows the CIIS user interface. At the top is a blue navigation bar with links: Main, Manage Users, Training Resources (highlighted with a red box), Data Exchange, Meaningful Use, and CIIS Help Desk. Below the navigation bar is a user profile for Kim.Test4 with an 'Edit Main profile' link and a 'View Messages' icon. The profile is divided into two sections: 'Kim's Test Pediatric Clinic' (with address, phone, and fax) and 'Kim Test' (with phone, email, and username). A red callout box with the text 'Click either to access Training Resources' has arrows pointing to the 'Training Resources' link in the navigation bar and the 'Training Resources' widget below. Below the profile is a 'Get Started...' section with the instruction 'Click below to complete tasks to finish setting up your clinic's account.' This section contains three widgets: 'Usage Agreements' (with a checklist icon and links for 'Submit New Clinic (LOA)' and 'CIIS Administrator Form'), 'Help Desk' (with a person at a laptop icon and links for 'Submit a Support Ticket' and 'View Ticket Status'), and 'Training Resources' (with a person at a whiteboard icon and a link for 'View Training Calendar'). The 'Training Resources' widget is also highlighted with a red box.

2. The Training Resources screen will provide links to CIIS Training Webinars, CIIS Job Aids and Quick Guides, CIIS Video Library, and CIIS Online Training Courses. In addition, this screen provides detailed descriptions on CIIS REQUIRED trainings and how to register for an online course.



Viewing the CIIS Training Calendar

1. Click on View Training Calendar under the Training Resources Widget.

Get Started . . . Click below to complete tasks to finish setting up your clinic's account.

 Usage Agreements Complete & Submit required forms. Submit New Clinic (LOA)  Clinic LOA - 05/05/2015  CIIS Administrator Form	 Help Desk Submit a Support Ticket View Ticket Status	 Training Resources View Training Calendar
--	--	--

2. Scheduled upcoming trainings will be displayed on the Training Resources screen.

Kim's Test Pediatric Clinic Edit Main Profile 

 **Training Resources** 

Training Calendar

Coming soon...

Training Date	Training Start Time	Training
No Records Found.		

Users & Contacts Widget

This section describes how to setup staff who need user accounts within the CIIS Resource Center. In addition, users will have access to requesting a logon account for CIIS.

Note: Some users may already be listed if you entered contacts (Technical, Data Validation, and EHR Contacts) during the enrollment process.

1. Click on the Manage Users link on the blue bar or on the icon in the Users & Contacts Widget.

The screenshot displays the CIIS Resource Center dashboard. At the top, a blue navigation bar contains links for Main, Manage Users, Training Resources, Data Exchange, Meaningful Use, and CIIS Help Desk. The 'Manage Users' link is highlighted with a red box. Below the navigation bar, the user profile for 'Test.Name7' is shown, including an 'Edit Main Profile' link and a 'View Messages' icon. The main content area is divided into two columns. The left column contains a 'Test Clinic Site' card with contact information and a 'Get Started ...' section with three widgets: 'Usage Agreements', 'Help Desk', and 'Training Resources'. The right column contains a 'Test Name' card with contact information and three widgets: 'Users & Contacts', 'Data Exchange', and 'Meaningful Use Immunization Reporting'. A red callout box with the text 'Click either to begin setting up users' points to the 'Manage Users' link in the navigation bar and the 'Users & Contacts' widget icon in the 'Get Started' section.

Manage Users

Test.Name7
Edit Main Profile

Test Clinic Site
123 Test Blvd.
Test City, CO 80108
Phone: (123) 456 7899
Fax: (456) 789 1321

Test Name
Phone: (123) 456 7899
Email: 14og5u+e5k6uu7tih4s0@sharklasers.com
Username: Test.Name7

Get Started ... Click below to complete tasks to finish setting up your clinic's account.

Usage Agreements
Complete & Submit required forms
Submit New Clinic (LOA)
✓ Clinic LOA - 04/17/2015
✓ CIIS Administrator Form

Help Desk
Submit a Support Ticket
View Ticket Status

Training Resources
View Training Calendar

Users & Contacts
Add contacts and users that will need to have access to this site and the IIS.
✓ Primary Immunization Contact
✓ Technical Contact for Data Exchange
✓ 3 - Users Added

Data Exchange
Create the Data Exchange Profile for this clinic and begin HL7 Message Validation.
○ Profile is not Complete.
○ Pre-Testing (HL7 MSG Validation)
○ Pre-Production Testing
View Interface Project
○ Ongoing Submissions

Meaningful Use Immunization Reporting
Submit HL7 Message to prove submission capability.
OR
Register your Intent to submit ongoing submissions for Stage 2.
Download MU Report Card



2. Each sub tab lists different user types for account setup. Click on the appropriate sub tab based on the type of user for whom you want to establish an account:
 - a. Primary Contact – Individuals that CIIS staff would contact for any issues concerning your site (i.e., CIIS implementation paperwork, CIIS record reconciliation, etc.).
Note: Primary Contacts can add or edit users at any time.
 - b. IIS Users – Individuals that will access CIIS and be general CIIS users.
 - c. Technical Contacts – Individuals that will be responsible for data exchange and data validation at your clinic.
 - d. Other Contacts – Individuals that do not fall into the category of Primary Contacts, IIS Contacts, or Technical Contacts.

Kim's Test Pediatric Clinic Edit Main Profile

39049830 1st Ave Primary Contact: Kim Test
(984) 498 7946
Test City, CO 80108 16n2lc+cxry8bak8osnca@sharklasers.com

Users & Contacts

Manage Primary Contacts
Manage IIS Users
Manage Technical Contacts
Manage Other Contacts

3. Click the Add New User at the bottom of the screen.

Primary Contacts

#	Name	CIIS UserID	Email Address	Phone	User PIN	Edit
1	Kim Test		16n2lc+cxry8bak8osnca@sharklasers.com	(984) 498 7946	439AA	Edit

Add New User



4. On the Add New CIIS User screen complete all fields, including selecting what type of user they will be (i.e., Main Contact/Site Admin, Technical Contact, or General User). Click *Save*.

Note: All Fields with an * notation are required fields.

Add New CIIS User

First Name*	Last Name*	MI
<input type="text" value="Test"/>	<input type="text" value="Name"/>	<input type="text"/>
Work Email	Work Phone*	CIIS UserID
<input type="text" value="test@test1.com"/>	<input type="text" value="123 456 7894"/> Extn. <input type="text"/>	<input type="text"/>
Is Main Contact/Site Admin	Is Technical Contact	Is General User
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. A *New User has been Successfully Added* message is displayed to verify that the user has been setup correctly. The User will receive an email with information on completing their User Enrollment and the Primary Contact will receive a copy of the same message. Click *Close*.

 **New User has been Successfully Added** ✕

User Test Name has been successfully added.

A notification along with instructions on how to register with the CIIS Resource Center has been sent to Test Name. You have been copied on the notification.

If you have any questions, please contact the...

CIIS Help Desk
Phone: 303-692-2437 (option 2)
Toll Free: 1-888-611-9918 (option 1)
Fax: 303-758-3640
Email: cdphe.ciis@state.co.us



- You will be directed back to the Users & Contacts screen and the new user will be listed under the user section at the bottom.

#	Name	CIIS UserID	Email Address	Phone	User PIN	Edit
1	Kim Test		16n2lc+cxry8bak8osnca@sharklasers.com	(984) 498 7946	439AA	Edit
2	Test Name		test@test1.com	(123) 456 7894	12E0E	Edit

- Repeat these steps to add additional users to the CIIS Resource Center.

Data Exchange Widget

Instructions for using the Data Exchange widget can be found in a separate document by clicking on the appropriate HL7 Test Tool link under Guidance Documents on the right tab.

Colorado Immunization Information System
CIIS Resource Center

Main Company Info Validate Products Practices Projects Validate Files CIIS Help Desk

CORHIO: Test .HIE Edit Profile

Group Name
CORHIO

Get Started . . .

Data Exchange

- Set Mode of Connectivity
- Set Data Exchange Mode
- Set Data Exchange Type
- Set Frequency

Validate Practice HL7 Messaging

Guidance Documents

- HL7 Test Tool - Individual Site
- HL7 Test Tool - Groups
- HL7 Test Tool - EHR Vendor
- Create Support Ticket

The HL7 test tool guidance document describes how provider staff or an EHR vendor can validate HL7 messages for a practice. This tool provides instantaneous, detailed error reporting information that is necessary to correct formatting/content issues without delay.

Meaningful Use Immunization Reporting Widget

This section describes how to submit a HL7 message to prove submission capability (for Stage 1), register your intent to submit ongoing submissions (for Stage 2), and how to download a Meaningful Use Report Card.

Submitting an HL7 Message to Prove Submission Capability (Stage 1)

1. Click on the *Submit HL7 Message to prove submission capability* link under the Meaningful Use Immunization Reporting widget.

 <h3>Users & Contacts</h3> <p>Add contacts and users that will need to have access to this site and the IIS.</p> <ul style="list-style-type: none"> ✓ Primary Immunization Contact ✓ Technical Contact for Data Exchange ✓ 6 - Users Added 	 <h3>Data Exchange</h3> <p>Create the Data Exchange Profile for this clinic and begin HL7 Message Validation.</p> <ul style="list-style-type: none"> ○ Profile is not Complete. ○ Pre-Testing (HL7 MSG Validation) ○ Pre-Production Testing View Interface Project ○ Ongoing Submissions 	 <h3>Meaningful Use Immunization Reporting</h3> <div style="border: 2px solid red; padding: 5px; display: inline-block;"> <p>Submit HL7 Message to prove submission capability.</p> </div> <p>OR</p> <p>Register your Intent to submit ongoing submissions for Stage 2.</p> <p>Download MU Report Card</p>
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2. Please refer to the appropriate HL7 Test Tool guidance document for instructions on submitting HL7 test messages. The guidance documents are located under Guidance Documents on the right tab.

Registering your intent to submit ongoing submission (Stage 2)

1. Click on the Register your intent to submit ongoing submissions for Stage 2 link under the Meaningful Use Immunization Reporting Widget.

 <h3>Users & Contacts</h3> <p>Add contacts and users that will need to have access to this site and the IIS.</p> <ul style="list-style-type: none"> ✓ Primary Immunization Contact ✓ Technical Contact for Data Exchange ✓ 6 - Users Added 	 <h3>Data Exchange</h3> <p>Create the Data Exchange Profile for this clinic and begin HL7 Message Validation.</p> <ul style="list-style-type: none"> ○ Profile is not Complete. ○ Pre-Testing (HL7 MSG Validation) ○ Pre-Production Testing View Interface Project ○ Ongoing Submissions 	 <h3>Meaningful Use Immunization Reporting</h3> <p>Submit HL7 Message to prove submission capability.</p> <p>OR</p> <div style="border: 2px solid red; padding: 5px; display: inline-block;"> <p>Register your Intent to submit ongoing submissions for Stage 2.</p> </div> <p>Download MU Report Card</p>
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2. Complete all fields, on the Intent Registration screen, under the Please Provide the following information section.
 - a. National Provider Identification (NPI) – enter your NPI number. If unknown, click the link to search for the appropriate NPI number.
 - b. Meaningful Use Designation – select whether your site is an Eligible Provider (EP), Eligible Hospital (EH), or Critical Access Hospital (CAH).
 - c. CMS Attestation Program – select the appropriate CMS program (Medicaid, Medicare, or both).
 - d. Attesting CMS Program Identifiers – enter the programs IDs for the CMS programs identified.
 - e. Select your Meaningful Use Reporting Period – from the drop down select your reporting period for Stage 2.

Intent Registration

Please Provide the following information

<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> National Provider Identification (NPI) <small>Please provide the NPI for the organization NOT the provider:</small> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> Meaningful Use Designation <small>Please select the designation of your organization:</small> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> CMS Attestation Program <small>Please Select CMS Program:</small> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> Attesting CMS Program Identifiers <small>Please Enter Program IDs for Programs selected above.</small> </div> <div style="border: 1px solid #ccc; padding: 5px;"> Select your Meaningful Use Reporting Period * <small>For Stage 2:</small> </div>	<div style="margin-bottom: 10px;"> <input type="text" value="1264896"/> Click to search for NPI </div> <div style="margin-bottom: 10px;"> <input checked="" type="radio"/> Eligible Provider (EP) <input type="radio"/> Eligible Hospital (EH) <input type="radio"/> Critical Access Hospital (CAH) </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Medicare </div> <div style="margin-bottom: 10px;"> Medicaid: <input type="text" value="12654"/> Medicare: <input type="text"/> </div> <div> <input type="text" value="Oct-01-2014 to Dec-31-2014"/> ▼ </div>
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3. Complete all fields under the Point of Contact (POC) for Meaningful Use Communications section.
 - a. If there are multiple POCs for your organization, click *Add Additional POC* to enter another POC.

Point of Contact (POC) for Meaningful Use Communications

In the fields below, provide name and contact information for the person responsible for handling and facilitating communications with the Public Health Agency. If there are multiple POCs for your organization, click "Add Additional POC" to add additional POCs. All fields are REQUIRED. Click the Self check box, if you are the designated POC.

Point of Contact	<input checked="" type="checkbox"/> Self
First Name*:	<input type="text" value="Kim"/>
Last Name*:	<input type="text" value="Test"/>
Phone Number*:	<input type="text" value="984"/> <input type="text" value="498"/> <input type="text" value="7946"/> x <input type="text"/>
Email Address*:	<input type="text" value="16n2lc+cxry8bak8osnca@sharklasers.com"/>

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/>
Email Address:	<input type="text"/>

Click Add
Additional POC to
add additional
POCs



4. Review the MU Registration Agreement and click the box next to *I agree to the terms and conditions as set forth by the Public Health Agency for Meaningful Use Immunization Reporting Objective*. Click *Submit*.

Please read the following and then check I agree to the terms and conditions as set forth by the Public Health Agency for Meaningful Use Immunization Reporting Objective. Upon submission of your registration a confirmation along with instructions for the next steps will be emailed to the address(es) provided for the designated POC(s) as provided above. The confirmation and all other messages sent to the POC will also be accessible for download under the Messaging and Acknowledgments section located at the right of this page.

MU Registration Agreement

I acknowledge that the Colorado Department of Public Health and Environment (CDPHE) is the Public Health Agency (PHA) for the state of Colorado. The PHA is not responsible for interpreting the rules set forth by the Centers for Medicare & Medicaid Services (CMS).

By agreeing to the terms and conditions set forth by the PHA for the Meaningful Use (MU) Immunization Reporting Objective you agree to respond to an invitation to onboard and actively

I agree to the terms and conditions as set forth by the Public Health Agency for Meaningful Use Immunization Reporting Objective.

5. A confirmation message is displayed and the POC will be sent an email. Click *Continue*.

Immunization: Successful Meaningful Use Registration!

Meaningful Use Registration Complete

Your Meaningful Use for Immunization Reporting has been successfully submitted. A confirmation email has been sent to your email account. Your confirmation can also be downloaded at any time from from this site under Messages and Acknowledgements.

Click continue to return to the On-boarding page and progress to the next step in the process.

6. You are directed to the Data Exchange screen which allows you to begin uploading HL7 test messages into the HL7 testing tool. For more information on how to upload a HL7 test message, please review the HL7 Test Tool – Individual Site guidance document. It is located under Guidance Documents on the right tab.



Downloading a Meaningful Use Report Card

1. Click on the *Download MU Report Card* link under the Meaningful Use Immunization Reporting widget.

 <h3>Users & Contacts</h3> <p>Add contacts and users that will need to have access to this site and the IIS.</p> <ul style="list-style-type: none"> ✓ Primary Immunization Contact ✓ Technical Contact for Data Exchange ✓ 6 - Users Added 	 <h3>Data Exchange</h3> <p>Create the Data Exchange Profile for this clinic and begin HL7 Message Validation.</p> <ul style="list-style-type: none"> ⊘ Profile is not Complete. ⊘ Pre-Testing (HL7 MSG Validation) ⊘ Pre-Production Testing View Interface Project ⊘ Ongoing Submissions 	 <h3>Meaningful Use Immunization Reporting</h3> <p>Submit HL7 Message to prove submission capability.</p> <p>OR</p> <p>Register your Intent to submit ongoing submissions for Stage 2</p> <p>Download MU Report Card</p>
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2. The MU Report Card will be displayed and includes the relevant dates and a current Stage 2 status. This form can be printed by selecting *Print Web Form* or *Print PDF*. This can be submitted during your attestation.

Immunization Registry Data Submission

Objective
Capability to submit electronic data to immunization registries or immunization information management systems except where prohibited, and in accordance with applicable law and practice.

Measure
Successful ongoing submissions of electronic immunization data to from CEHRT to an immunization registry or immunization information management system for the entire EHR reporting period.

Stage 2 Meaningful Use Report

Colorado Immunization Information System Report Date: 05/05/2015

Health Care Provider: Kim's Test Pediatric Clinic

Location:	39049830 1st Ave, Test City CO 80108	
Entity Type:	EP	
Reporting Period:	Q4 - 2014	
Registered Intent Date:	05/05/2015	✓
Invitation from PHA Date:	Not Invited	⊘
Invitation Response Date:	No Response	⊘
Initial Production Submission:	Not Submitting	⊘

MU2 Current Status: Q

Provider registered their intent to initiate ongoing submission and is awaiting an invitation from the PHA to begin testing and validation.



Modifying My Profile

This section describes how to edit your contact information (Phone #, Secret Question/Answer, Email, and Employee Type) and change your password.

Editing Your Information

1. Click on My Profile in the upper right corner of the screen.



2. The Edit Your Information sub-tab is automatically selected. Change any of the editable fields that need updating. Click Save.

Your Profile

Change Your Password | **Edit Your Information**

Edit answers that need updating and then click Save.

Username* Test .HIE	Password* *****	Phone # 789 456 1266 Extn. <input type="text"/>
Secret Question* What was the color of your first car? ▼	Answer* Blue	Email 14ba0w+cvkv60u6xgv7l
Employee Type General Office ▼	Hours Available <input type="text"/>	

Save | Cancel

3. Click the Cancel button to return to the Main screen.

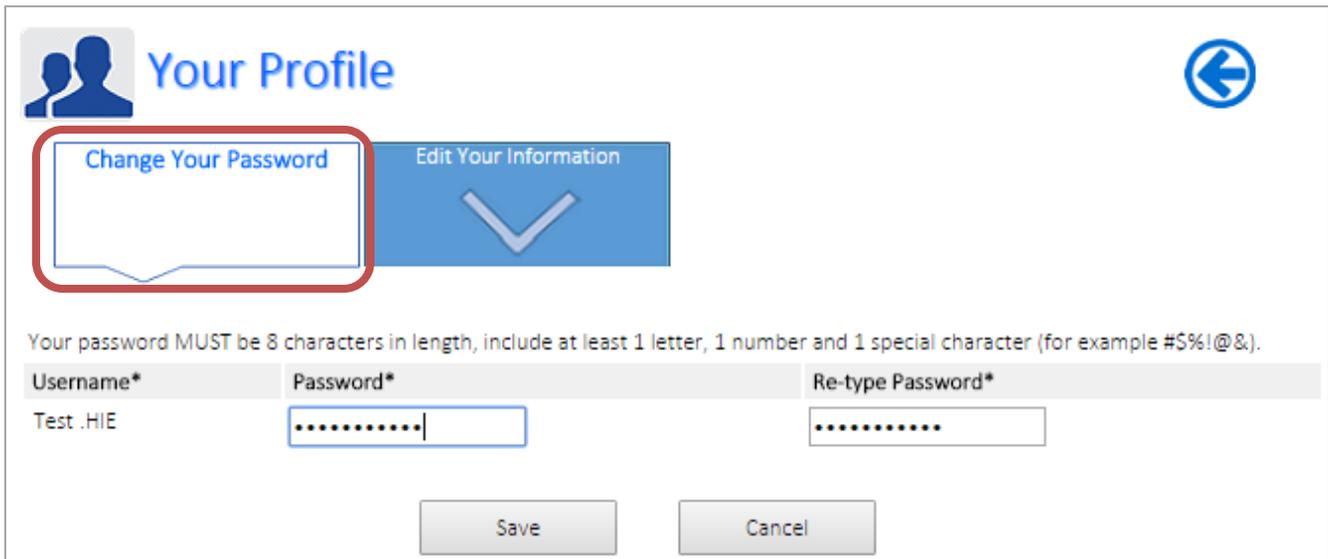


Changing Your Password

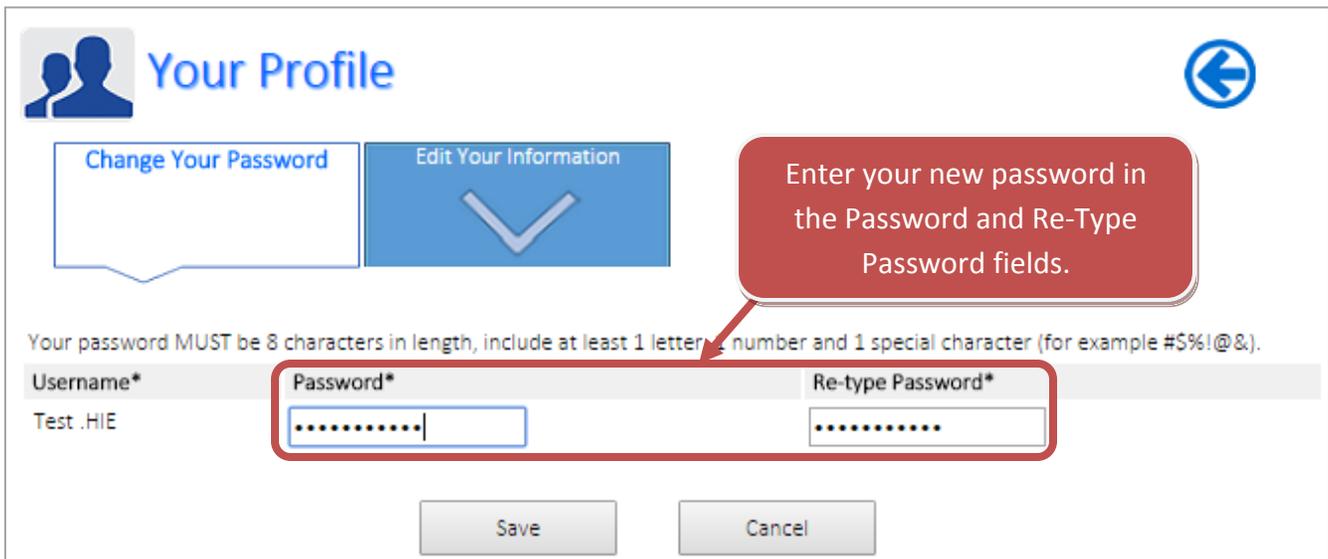
1. Click on My Profile in the upper right corner of the screen.



2. Select the Change Your Password sub-tab.



3. Enter a new password in the Password and Re-type Password fields. **Note: These two values must match.**





4. Click Save.
5. Click the Cancel button to return to the Main page screen.

For enrollment questions, contact the CIIS Help Desk at:

Phone: 303-692-2437 option 2

Toll Free: 1-888-611-9918 option 1

Fax: 303-758-3640

Send us an email:

Cdphe.ciis@state.co.us