



Meaningful Use  
Public Health Objective  
Registration Portal

User Guide

*September 2019*

## Table of Contents

Table of Contents .....	2
Introduction .....	3
Login Page .....	5
New Users .....	5
Existing Users .....	8
Password Reset .....	9
Home Page .....	12
Registration .....	12
New Registration.....	13
Existing Registration.....	15
Status Page.....	20
Contact Us.....	21
APPENDIX A: Registration Instructions .....	22
APPENDIX B: Frequently Asked Questions (FAQs).....	300

## Introduction

### The Maryland Department of Health (MDH) Meaningful Use (MU) Public Health (PH) Objective Registration Portal

To meet the Meaningful Use requirements for the Centers for Medicare and Medicaid Services (CMS) Electronic Health Records (EHR) Incentive Program, Eligible Professionals (EPs) and Eligible Hospitals (EHs) must complete a specified number of objectives and measures defined by the CMS. These measures include public health reporting, starting with registration, followed by testing and validation, and lastly, production.

### MDH Capability

The table below shows the Public Health measures that MDH accepts/supports (as of this revision):

*An eligible professional and hospital must follow the order described below and register for the first measure that is applicable to their scope of practice.*

Public Health Reporting Measures	Eligible Professionals	Eligible Hospitals
Immunization Registry Reporting*	Data accepted by MDH (since 6/14/2011)	Data accepted by MDH (since 6/14/2011)
Specialized Registry: Cancer Reporting	Data accepted by MDH (since 1/1/2014)	MDH is not accepting from EHs
Specialized Registry: PDMP Reporting	Data accepted by MDH	MDH is not accepting from EHs
Specialized Registry: Case Reporting	**MDH will be accepting Case Reporting data	MDH is not accepting from EHs
Syndromic Surveillance Reporting	***Data accepted by MDH from UCC EPs (since 6/5/2018)	Data accepted by MDH (since 6/14/2011)
Reportable Laboratory Results Reporting	N/A	Data accepted by MDH (since 6/14/2011)

*\*By 01/01/2018, the MDH IIS (ImmuNet) will conform to the [CDC HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.5 and Addendum](#), including supporting Query/Response, acknowledgement messaging, and the receipt of National Drug Codes (NDC) for newly-administered immunizations.*

*\*\*You may register for the Case Reporting measure if you report any of the following cases to MDH: infectious diseases, birth defects, injuries (intentional, unintentional, occupational), toxicities, poisonings, and lead.*

*\*\*\*MDH did not accept SS data from EPs (since 5/1/2013)*

For more information or updates, visit the MDH MU PH webpage at:

[https://mmcp.health.maryland.gov/ehr/Pages/PublicHealthReporting\\_Main.aspx](https://mmcp.health.maryland.gov/ehr/Pages/PublicHealthReporting_Main.aspx)

EHs and EPs must follow the listed order for the Public Health measures, and register for the first measure that is applicable to their scope of practice.

Registration is the first Active Engagement option/step towards the completion of each measure.

**Active Engagement Options:**

1. Registration
2. Testing and Validation
3. Production

## Login Page

### New Users

Follow the steps below to sign in to the registration portal:

1. Go to the registration portal login page (Figure 1) by typing in <https://phdataportal.health.maryland.gov/> in your browser.  
*Note: The portal works best with the Google Chrome browser.*

Figure 1: Login page

Welcome to the Public Health Reporting Portal. All first time users of this portal must create an account using the facility group NPI. If you do not have a group NPI, you may apply for one at [NPPES](#).

[A user guide](#) is available for your reference.

\*Group NPI


\*Password  [Forgot Password?](#)

. Indicates required field

-----

Access to this system is restricted to authorized users only and limited to approved business purposes. By using this system, you expressly consent to the monitoring of all activities. Any unauthorized access or use of this system is prohibited and could be subject to criminal and civil penalties. All transactional records, reports, emails, software, and other data generated or residing upon this system are the property of the State of Maryland.

If you have any questions please email [mdh.mu\\_ph@maryland.gov](mailto:mdh.mu_ph@maryland.gov)

  
Works best  
with Chrome

2. If this is the first time you are signing in to the portal, you will need to create an account (even if you have registered in the past). Select the “New User” button.  
This will take you to the next screen (Figure 2), where you will enter the details to sign in.

Figure 2: Create a Login page

Enter the below details to create a Login

\* Indicates required field

\*NPI

\*Email

\*Password

\*Confirm Password

Submit Cancel

3. Enter your organization's or practice's group NPI as your username.

*Note: The portal only accepts group NPIs. If you do not have a group NPI, you can obtain one at the NPPES site here: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>*

4. Enter an email address.

This email address should be where you can receive information regarding your registration, such as any MU documentation for attestation or audits. If you have submitted a registration in the past, you must use the email associated with that registration. If you do not remember the email that was used, please contact the Meaningful Use team at [mdh.mu\\_ph@maryland.gov](mailto:mdh.mu_ph@maryland.gov).

5. Create a password and confirm it.

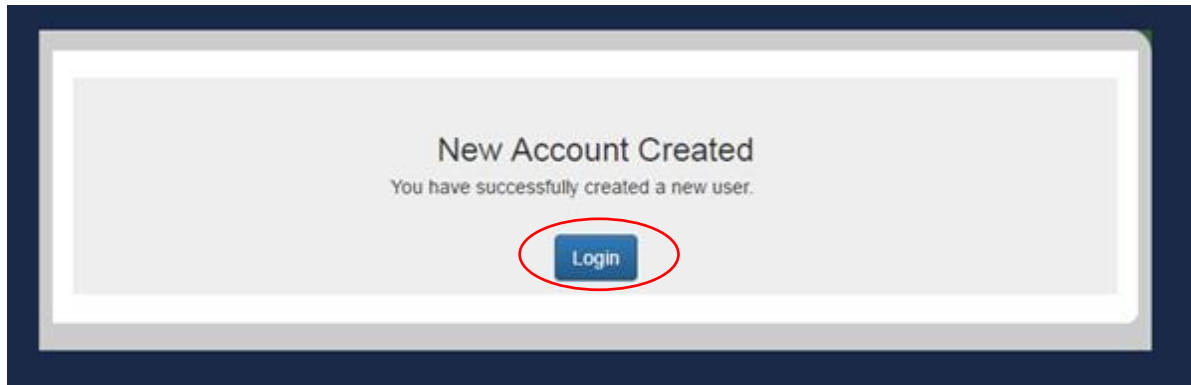
The password you select must meet the following criteria:

- At least one uppercase letter
- At least one lowercase letter
- At least one special character (#,?,!,@,\$,%,^,&,\*,-)
- At least one digit
- Minimum 8 characters

6. Be sure to Submit your information.

Once your account has been successfully created, you will be directed to the page shown in Figure 3.

**Figure 3: New Account Created page**



Select the Login button to sign in. You will be directed back to the original login page (Figure 1). Enter your group NPI and password to Login.

## Existing Users

### Login

To sign in to the registration portal, enter your group NPI and password. Select the “Login” button.

Figure 1: Login page

### Login - Active Engagement / Promoting Interoperability

Welcome to the Public Health Reporting Portal. All first time users of this portal must create an account using the facility group NPI. If you do not have a group NPI, you may apply for one at NPPES.

[A user guide](#) is available for your reference.

\*Group NPI


\*Password  [Forgot Password?](#)

\* Indicates required field

---

Access to this system is restricted to authorized users only and limited to approved business purposes. By using this system, you expressly consent to the monitoring of all activities. Any unauthorized access or use of this system is prohibited and could be subject to criminal and civil penalties. All transactional records, reports, emails, software, and other data generated or residing upon this system are the property of the State of Maryland.

If you have any questions please email [mdh.mu\\_ph@maryland.gov](mailto:mdh.mu_ph@maryland.gov)

  
**Works best  
with Chrome**

### Unsuccessful Login

If you enter an incorrect group NPI or password, you will see the message shown in Figure 4. This means you are locked out of your account for 10 minutes before you can attempt to sign in again.

Figure 4: Account Locked page

## Account Locked

Your Account has been locked as a result of 3 unsuccessful attempt to login. The account will stay locked for next 10 minutes. You may try to login again after 10 minutes.



## Password Reset

If you do not remember your password, follow these steps to reset it.

1. Select the **'Forgot Password?'** link on the Login Page (Figure 1).

Figure 1: Login page

### Login - Active Engagement / Promoting Interoperability

Welcome to the Public Health Reporting Portal. All first time users of this portal must create an account using the facility group NPI. If you do not have a group NPI, you may apply for one at [NPPES](#).

[A user guide](#) is available for your reference.

\*Group NPI

\*Password


[Forgot Password?](#)

\* Indicates required field

---

Access to this system is restricted to authorized users only and limited to approved business purposes. By using this system, you expressly consent to the monitoring of all activities. Any unauthorized access or use of this system is prohibited and could be subject to criminal and civil penalties. All transactional records, reports, emails, software, and other data generated or residing upon this system are the property of the State of Maryland.

If you have any questions please email [mdh.mu\\_ph@maryland.gov](mailto:mdh.mu_ph@maryland.gov)



2. This will direct you to the "Forgot Password" page (Figure 5).

Figure 5: Forgot Password page

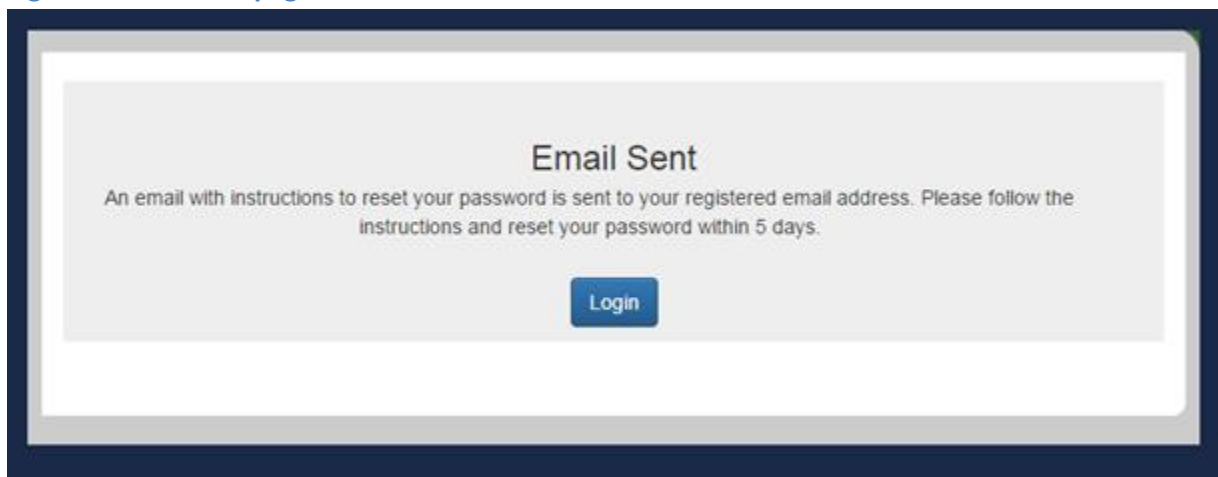
## Forgot Password

\*Enter NPI used for registration:

\*Enter email ID used for registration:

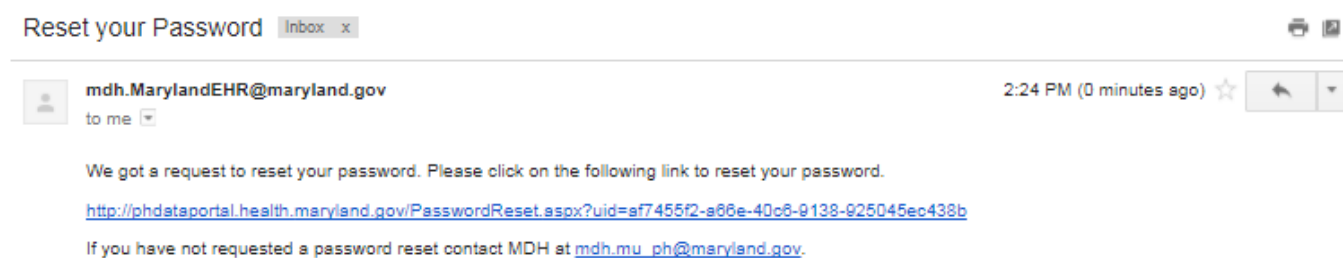
3. Enter your group NPI and email address that you used in your registration.
4. Select the “Send Email” button.
5. The NPI and email address combination will be checked against the registration database. If they exist in the database, you will be directed to the next page to let you know that an email has been sent (Figure 6).

Figure 6: Email Sent page



6. Check your email from [mdh.marylandehr@maryland.gov](mailto:mdh.marylandehr@maryland.gov) (Figure 7).

Figure 7: Reset your Password email



*Note that the link in this email will expire after 5 days.*

7. The link in the email will take you to the Password Reset page (Figure 8).

Figure 8: Password Reset

## Password Reset

\*New Password :

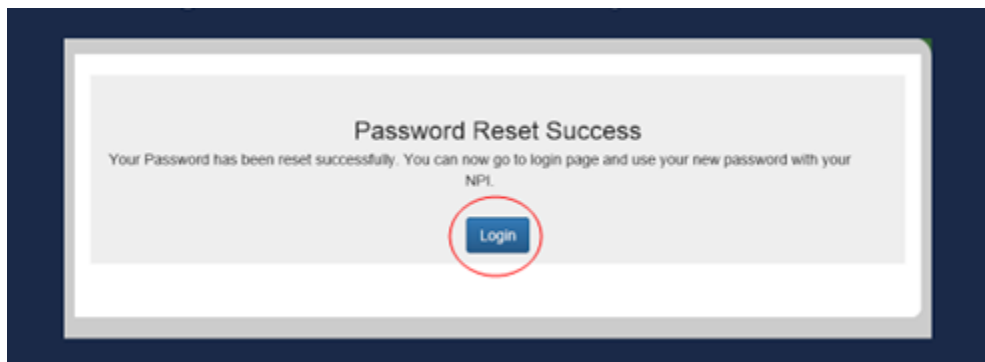
\*Confirm New Password :

8. Enter a new password and confirm it.

9. Remember to Submit your information.

You should see a Password Reset Success page (Figure 9).

Figure 9: Password Reset Success



You may now proceed to the login screen (Figure 1) to sign in.

## Home Page

### Registration

This page allows you to view your registration(s). Select a facility to view the registration(s) for that facility.

If you do not see the Select Facility drop-down box (shown in Figure 10), it means you do not have any existing registrations and will need to register.

Figure 10: Registration - Select Facility page

[Home](#) [F.A.Q](#)

---

## Registration

Logged in as: 1609228774

Select a facility registration to view or update your information. You can only update the most recent registration for each measure

### Select Facility

Select A Facility ▼

Proceed to the next section of this User Guide to see the instructions to register.

Once you submit a registration for a public health measure, you have completed the Active Engagement - Registration option for that measure.

## New Registration

The registration has three main sections: EH/EP Information, EHR Incentive Program Information, and Public Health Objective Information (Figure 11).

For detailed instructions on each registration question, see [APPENDIX A: Registration Instructions](#)

Figure 11: New Registration page

**EH / EP Information**

If you decide to add more NPIs, please enter valid Provider and NPI Information. In order to save any changes made to the NPI roster or registration, please click on the Update button at the bottom of this registration form.

If you have more than 25 NPIs to enter, you may use this [template](#) to upload your Providers and NPIs. Once you have completed the template, please click Upload to update.

Choose File: No file chosen

Upload

**1. Provider Type**

\*Select your provider type:

- Eligible Hospital
- Eligible Provider
- Non-MU/MIPS Provider

**2. Facility or Practice Name**

\* Please list the name of the hospital or practice.

For CMS, multiple EPs that use the same EHR technology and share a network for which their organization either has operational control of or license to use can conduct one test that covers all providers in the organization.

**3. Contact information**

\* List your Facility or Practice main contact information. This is the contact who registered with CMS and will be the contact for MDH to send formal letters of confirmation to.

\*Name:

\*Street:

\*City:

\*Zip:

\*Phone Number:

\*State: MD

\*Email:

**4. List your Facility or Practice IT contact information.**

This should be the person who can help you with your EHR or to send data from it.

Name:

Phone Number:

Email:

**5. EPs: List the National Provider Identifier (NPI) for your practice and all attesting EPs in your practice. Update existing EPs in the table below (click to Edit), or add new EPs (click to Add More).**

non-MU providers do not need to complete this question .

\* This information should match the CMS registration and is required for CMS auditing. non-MU providers do not need to complete the question .

Group NPI:

To update existing EPs in the table below, click "Edit."  
To add new EPs, click "Add More."

Export to Excel

Add More

**EHR Incentive Program Information**

\* 7. For which EHR Incentive Program have you applied or do you plan to apply?

- Medicare
- Medicaid
- Both Medicare and Medicaid
- Non-participant interested in data exchange only

8. Fill out the following information about the EHR system from which you will be sending public health data:

Certified EHR Name:

Certified EHR Version Number:

**Public Health Objective Information**

9. Select the Public Health measures you need to complete or claim exclusion for. Please [click here](#) to confirm that the measures you select are applicable to you as an Eligible Provider (EP) or Eligible Hospital (EH).

- Immunization Registry Reporting
- Specialized Registry - Cancer Reporting
- Specialized Registry - PDMP Reporting
- Specialized Registry - Case Reporting
- Specialized Registry - Exclusion
- Syndromic Surveillance Reporting
- Electronic Reportable Laboratory Results

Submit Cancel

Remember to “Submit” your registration or you will lose all the information you entered!

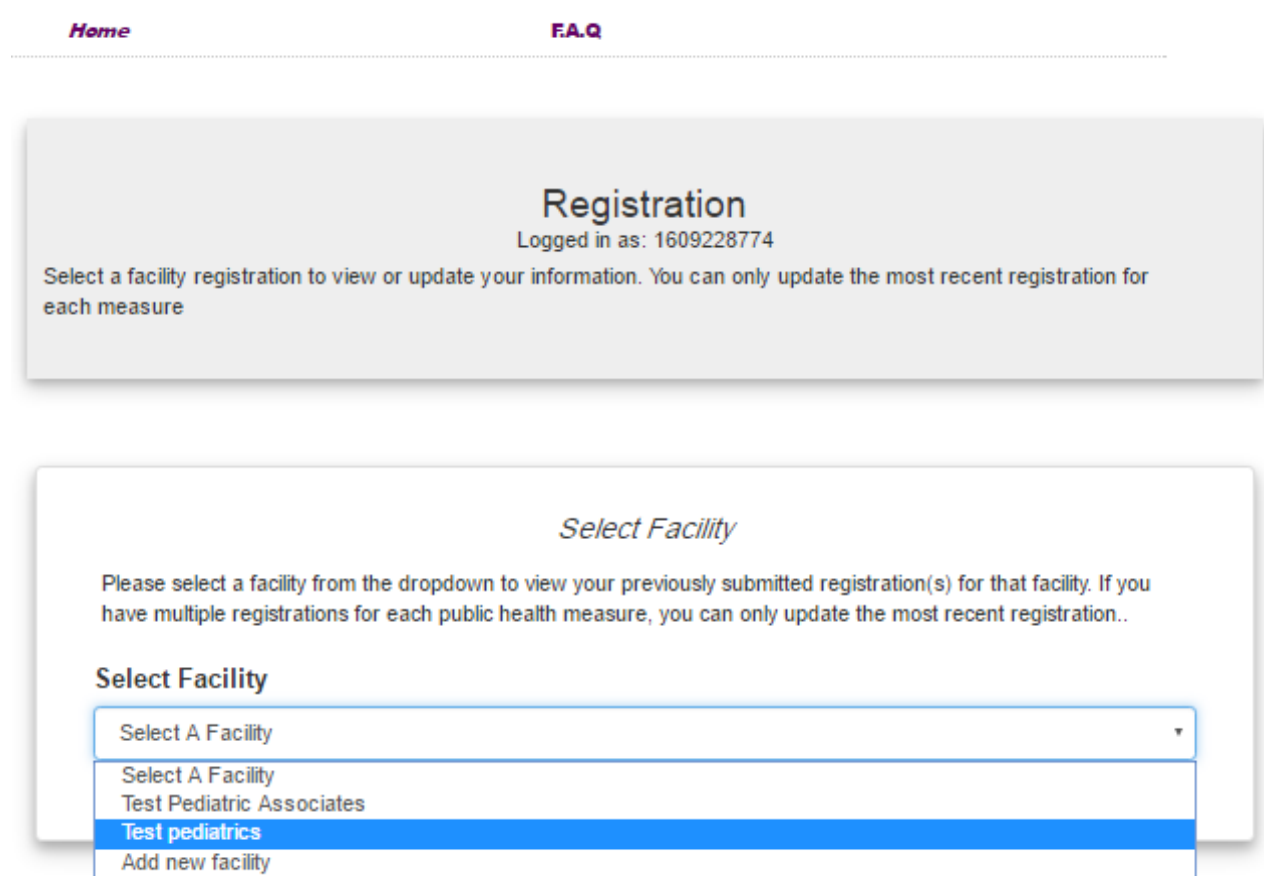
You should receive an automated email from [mdh.mu\\_ph@maryland.gov](mailto:mdh.mu_ph@maryland.gov) with a letter attached. The letter will indicate the Active Engagement option you completed. In this case, the date you completed the Registration will be populated for the measure(s) you registered for. An automated exclusion date will also be included if you selected an exclusion measure, e.g. Specialized Registry-Exclusion, or Syndromic Surveillance for EPs.

When you return to the Registration page in the future, these fields should already be populated when you select to view or update a registration.

## Existing Registration

If you registered in the past, sign in to the portal and select a facility from the Home page (Figure 12).

Figure 12: Select Facility



Once you select a facility, you will see a table listing all the measures registered for that facility (Figure 13).

Figure 13: Survey Table

*Select Facility*

Please select a facility from the dropdown to view your previously submitted registration(s) for that facility. If you have multiple registrations for each public health measure, you can only update the most recent registration..

**Select Facility**

Test pediatrics ▼

	Survey_ID	Public_Health_Measure	Registration_Date	Facility_Name
Select	4861	Immunization Registry Reporting	8/8/2016 12:00:00 AM	Test pediatrics
Select	4861	Syndromic Surveillance Reporting	8/8/2016 12:00:00 AM	Test pediatrics
Select	4861	Specialized Registry - Cancer Reporting	8/8/2016 12:00:00 AM	Test pediatrics

Add new Measure

The table contains the following columns:

“Survey\_ID”, “Public\_Health\_Measure”, “Registration\_Date”, and “Facility\_Name”

To view or update your registration(s) for a specific measure, click **“Select”** for the row with that measure. This will bring up the populated registration and you can update any relevant information, including the providers in your practice.

If you have multiple registrations for the same measure (e.g. you registered in different years), the only registration you will be able to update will be the most recent registration for that measure.

You can indicate a provider’s status under Question 5. For example, if a provider is no longer employed at your practice, you can uncheck the Currently Employed box next to the provider’s name (but retain the provider in the list for audit). You can also indicate providers who will be excluding from the measure under the Exclusion column (Figures 14-16)



Figure 14: EP roster

5. EPs: List the National Provider Identifier (NPI) for your practice and all attesting EPs in your practice. Update existing EPs in the table below (click to Edit), or add new EPs (click to Add More).

non-MU providers do not need to complete this question .

\* This information should match the CMS registration and is required for CMS auditing. non-MU providers do not need to complete the question .

Group NPI:

To update existing EPs in the table below, click "Edit."  
To add new EPs, click "Add More."

	ID	Name	Number	CurrentlyEmployed	Excluded	UpdatedDate
Edit	45235	Test pediatrics	1609228774	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/27/2016 9:53:00 AM
Edit	45263	Julie Doe	0987654321	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/27/2016 9:53:00 AM
Edit	45264	John Doe	1234567890	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/27/2016 9:53:00 AM
Edit	45265	Susan Doe	1231231234	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/27/2016 9:53:00 AM
Edit	45276	Sam Doe	1212121212	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/15/2016 2:11:00 PM

[Export to Excel](#)

[Add More](#)

If you decide to add more NPIs, please enter valid Provider and NPI information. In order to save any changes made to the NPI roster or registration, please click on the Update button at the bottom of this registration form.

If you have more than 25 NPIs to enter, you may use this [template](#) to upload your Providers and NPIs. Once you have completed the template, please click Upload to update.

No file chosen

[Upload](#)

To add new providers to the measure, select the “Add More” button. Figure 15 shows the extra boxes to enter new providers.

**Note:**

If you have more than 25 NPIs to enter, you may update the roster through a batch upload.

For a batch upload, you must follow the excel document format as in the example below.

	A	B
1	<b>Provider Name</b>	<b>Individual NPI</b>
2	Provider One	1111111111
3	Provider Two	2222222222
4	Provider Three	3333333333

Once you have selected the file, click on the "Upload" button to update the NPI roster.

Figure 15: Add Eligible Providers

5. EPs: List the National Provider Identifier (NPI) for your practice and all attesting EPs in your practice. Update existing EPs in the table below (click to Edit), or add new EPs (click to Add More).

non-MU providers do not need to complete this question .

\* This information should match the CMS registration and is required for CMS auditing. non-MU providers do not need to complete the question .

Group NPI:

To update existing EPs in the table below, click "Edit."

To add new EPs, click "Add More."

	ID	Name	Number	CurrentlyEmployed	Excluded	UpdatedDate
<a href="#">Edit</a>	45235	Test pediatrics	1609228774	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/27/2016 9:53:00 AM
<a href="#">Edit</a>	45263	Julle Doe	0987654321	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/27/2016 9:53:00 AM
<a href="#">Edit</a>	45264	John Doe	1234567890	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/27/2016 9:53:00 AM
<a href="#">Edit</a>	45265	Susan Doe	1231231234	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/27/2016 9:53:00 AM
<a href="#">Edit</a>	45276	Sam Doe	1212121212	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/15/2016 2:11:00 PM

[Export to Excel](#)

[Add More](#)

If you decide to add more NPIs, please enter valid Provider and NPI information. In order to save any changes made to the NPI roster or registration, please click on the Update button at the bottom of this registration form.

Provider Name	Individual NPI

If you have more than 25 NPIs to enter, you may use this [template](#) to upload your Providers and NPIs. Once you have completed the template, please click Upload to update.

No file chosen

[Upload](#)

To edit an existing provider's status, select **"Edit"** in the left column next to the provider's name (Figure 16).

**Figure 16: Edit Eligible Providers**

To update existing EPs in the table below, click "Edit."

To add new EPs, click "Add More."

	ID	Name	Number	CurrentlyEmployed	Excluded	UpdatedDate	Type
Edit	45235	Test pediatrics	1609228774	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/27/2016 9:53:00 AM	2
Edit	45263	Julie Doe	0987654321	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/27/2016 9:53:00 AM	3
Update Cancel	45264	<input type="text" value="John Doe"/>	<input type="text" value="1234567890"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/27/2016 9:53:00 AM	3
Edit	45265	Susan Doe	1231231234	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/27/2016 9:53:00 AM	3
Edit	45276	Sam Doe	1212121212	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/15/2016 2:11:00 PM	3

Please click **"Update"**, in the right-hand column, when you have completed the edit.

Select **"Cancel"** to remove an edit done in error.

## Status Page

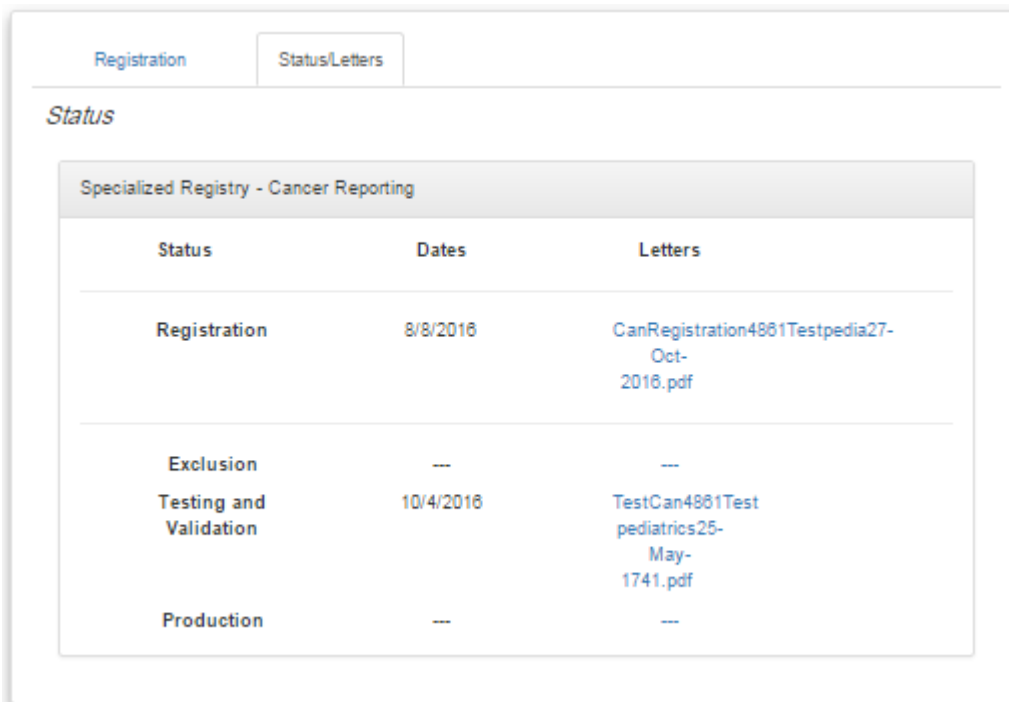
The Status page shows the facility's Active Engagement status for the selected measure (which was selected under the Registration page).

Figure 17 provides an example for the Status page information.

- 'Test pediatrics' completed Registration for the Cancer Reporting measure on 8/8/2016. A letter of confirmation was sent.
- The practice started Testing/Validation on 10/4/2016 and a corresponding letter was sent.
- Once the practice moved to Production, a final letter will be sent with the Production date.

You can also download and print the letters by selecting the letter link for the specific Active Engagement option.

Figure 17: Status Screen



The screenshot shows a web interface with two tabs: 'Registration' and 'Status/Letters'. The 'Status/Letters' tab is active. Below the tabs, the word 'Status' is displayed. A table titled 'Specialized Registry - Cancer Reporting' contains the following data:

Status	Dates	Letters
Registration	8/8/2016	<a href="#">CanRegistration4881Testpedia27-Oct-2016.pdf</a>
Exclusion	---	---
Testing and Validation	10/4/2016	<a href="#">TestCan4881Testpediatrics25-May-1741.pdf</a>
Production	---	---

## **Contact Us**

If there are any issues or questions about the Registration portal (or about the Public Health Objective), please contact the Public Health team at [mdh.mu\\_ph@maryland.gov](mailto:mdh.mu_ph@maryland.gov).

For more information about the Public Health Objective, see the MDH MU-PH webpage at: [https://mmcp.health.maryland.gov/ehr/Pages/PublicHealthReporting\\_Main.aspx](https://mmcp.health.maryland.gov/ehr/Pages/PublicHealthReporting_Main.aspx).

Questions about attestation, approval or payments should be directed to the MDH EHR team at [mdh.marylandehr@maryland.gov](mailto:mdh.marylandehr@maryland.gov).

## APPENDIX A: Registration Instructions

The following pages of this User Guide contain instructions for each registration question.

### **Question 1: Provider Type**

Indicate whether you are registering as an Eligible Hospital (EH), Eligible Provider (EP) or if you are not participating in the MU/MIPS program (registering for data exchange only).

### **Question 2: Facility or Practice Name**

List the name of the organization (hospital or practice).

Per CMS, multiple EPs who use the same EHR technology and share a network for which their organization either has operational control of or license to use can conduct one test that covers all providers in the organization.

### **Question 3: Primary Contact Information**

List the name and address of your facility or practice's main contact.

This should be the contact person who registered with the CMS EHR Incentive Program (on behalf of the organization) and who will need to receive any MU documentation for attestation or audit.

*Note that the email address must be the same as the one used to create the portal login account.*

### **Question 4: IT Contact Information**

List the name, phone number and email address of the IT contact at organization. This should be the person who can help you with the technical aspects of sending data from your EHR. It can be your EHR vendor if they agree to receiving emails regarding your registration or MU documentation.

Figure 18: EH/EP Information (Questions 1-4)

The screenshot shows a web form titled "EH / EP information". It contains four numbered sections:

- 1. Provider Type**: A radio button selection for "Select your provider type:" with options: "Eligible Hospital", "Eligible Provider", and "Non-MU/MIPS Provider".
- 2. Facility or Practice Name**: A text input field with a note: "Please list the name of the hospital or practice." Below the field is a note: "For CMS, multiple EPs that use the same EHR technology and share a network for which their organization either has operational control of or licenses to use can conduct one test that covers all providers in the organization."
- 3. Contact information**: A note: "List your Facility or Practice main contact information. This is the contact who registered with CMS and will be the contact for MDH to send formal letters of confirmation to." Below are input fields for: "Name:", "Street:", "City:", "Zip:", "Phone Number:", "State:" (with a dropdown menu showing "MD"), and "Email:".
- 4. List your Facility or Practice IT contact information.**: A note: "This should be the person who can help you with your EHR or to send data from it." Below are input fields for: "Name:", "Phone Number:", and "Email:".

**Question 5: Providers and NPIs**

Enter the organization’s Group NPI if it is not already pre-populated from your login account. It must match the group NPI you used to sign in to the portal. For EPs, list all the names and NPIs of the providers participating in the EHR Incentive Program. If you wish to add more providers, select ‘Add More’ (Figure 19). For each provider, you can indicate if the provider is currently employed (you can uncheck at a future time if the provider leaves the practice but retain the information for audit), or if the provider intends to be excluded from the measure.

*Note: This information is required for CMS auditing and should match the CMS registration information.*

Figure 19: EH/EP Information - National Provider Identifier and Eligible Providers (Question 5)

5. EPs: List the National Provider Identifier (NPI) for your practice and all attesting EPs in your practice. Update existing EPs in the table below (click to Edit), or add new EPs (click to Add More).

non-MU providers do not need to complete this question .

\* This information should match the CMS registration and is required for CMS auditing. non-MU providers do not need to complete the question .

Group NPI:

To update existing EPs in the table below, click "Edit."  
To add new EPs, click "Add More."

[Export to Excel](#)

[Add More](#)

If you decide to add more NPIs, please enter valid Provider and NPI Information. In order to save any changes made to the NPI roster or registration, please click on the Update button at the bottom of this registration form.

If you have more than 25 NPIs to enter, you may use this [template](#) to upload your Providers and NPIs. Once you have completed the template, please click Upload to update.

No file chosen

[Upload](#)

## Question 6: Facility Type & Specialty

Figure 20: EH/EP Information – Facility Type & Specialty (Question 6a & b)

6. Facility Type and Specialty:

\* a. Please select your Facility Type:

- Emergency Care
- Medical Specialty
- Primary Care
- Urgent Care

Only when Eligible Provider or Non-MU/MIPS is selected.

b. What is your specialty?

List all specialties if more than one per group.



### Question 7: EHR Incentive Program

Select the EHR Incentive Program for which you have applied or intend to apply.

Figure 21: EHR Incentive Program (Question 7)

*\* 7. For which EHR Incentive Program have you applied or do you plan to apply?*

- Medicare
- Medicaid
- Both Medicare and Medicaid
- Non-participant interested in data exchange only

### Question 8: EHR System

Provide the name and version number of the Certified EHR system from which you will be sending public health data.

Figure 22: EH/EP Information - EHR System (Question 8)

*8. Fill out the following information about the EHR system from which you will be sending public health data:*

Certified EHR Name:

Certified EHR Version Number:

### Question 9: Public Health measures

Select the Public Health measures you need to complete or for which you intend to claim exclusion. You should select the measures for which are applicable to your scope of practice. For example, if you administer any kind of vaccines, you should register for the Immunization measure. For the Specialized Registry measures, if you dispense controlled substances, you can register for the PDMP measure. If you diagnose or treat Cancer, register for the Cancer measure. If you have or anticipate reporting any reportable conditions (based on Maryland state regulations), you can register for the Case Reporting measure. If none of the Specialized Registry measures apply to your scope of practice, you may select Specialized Registry-Exclusion to receive an automated exclusion letter. Please see the MDH-MU webpage for the updated list of measures that MDH accepts/supports.

Figure 23: EH/EP Information - Public Health Objective Information (Question 9)

*9. Select the Public Health measures you need to complete or claim exclusion for. Please [click here](#) to confirm that the measures you select are applicable to you as an Eligible Provider (EP) or Eligible Hospital (EH).*

- Immunization Registry Reporting
- Specialized Registry - Cancer Reporting
- Specialized Registry - PDMP Reporting
- Specialized Registry - Case Reporting
- Specialized Registry - Exclusion
- Syndromic Surveillance Reporting
- Electronic Reportable Laboratory Results

### Conditional questions for specific Public Health measures

If you select the Immunization, Cancer, Case Reporting, or PDMP Reporting measures, you will see additional questions at the bottom of the survey (Questions 10-12).

#### Immunization Measure

##### Question 10: Vaccines

This question determines if you administer only flu vaccine, all types of vaccines including flu, or do not administer any vaccines (in which case, an automatic exclusion letter will be sent). The differentiation between flu only and all vaccines will ensure MDH that your reporting has not dropped off during the off-season, but that you have no flu data to report.

Figure 24: Public Health Objective - Immunization conditional question (Question 10)

*\* 10. Do you administer vaccines?*

- Administer only flu vaccines
- Administer flu and other types of vaccines
- Do not administer any vaccines
- Unknown

##### Question 11: Vaccines for Children (VFC)

Providers who participate in the VFC program should enter their VFC PIN number and the associated location for that VFC PIN. If there are any changes to your VFC information after submitting the registration, you may update the information at a later time.

Figure 25: Public Health Objective - Immunization conditional question (Question 11)

*11. Please list your Vaccines for Children(VFC) number, if applicable.*

VFC:  Facility Name:  Address:

Add More

### Question 12: Bidirectional Capability

This platform allows providers to exchange immunization data directly between their own EHR system and ImmuNet via CRISP.

#### Figure 26: Public Health Objective - Immunization conditional question (Question 12)

*12. Does your EHR have bidirectional capability?*

- No EHR
- Yes
- No

*Note: If you are not participating in the MU/MIPS Program, do not have an EHR or are interested in data exchanges only then:*

If you do not have an EHR, you may report to ImmuNet using another method (file upload or manual data entry). Please see more information [HERE](#) and complete the ImmuNet Provider Enrollment form [HERE](#)

### Cancer Reporting Measure

#### Question 10 and 11: Cancer

Providers who do not diagnose or treat Cancer will automatically receive an exclusion letter.

#### Figure 27: Public Health Objective - Cancer conditional question (Question 10)

*\* 10. Do you diagnose or treat Cancer cases?*

- Yes
- No

If you select 'Yes', question 11 will appear asking about the certified Cancer module.

#### Figure 28: Public Health Objective - Cancer conditional question (Question 11)

*\* 11. Do you have or plan to get the certified Cancer module in your EHR?*

- Yes- you will be placed in queue for onboarding
- No - please select another measure

### **Case Reporting Measure**

#### **Question 10: Cases**

Providers that check 'Not Applicable' to indicate that they do not report any of the following cases will automatically receive an exclusion letter.

**Figure 29: Public Health Objective – Case Reporting conditional question (Question 10)**

*\* 10. Do you report any of the following cases to MDH?*

- Birth Defects
- Infectious Diseases
- Injuries
- Lead
- Toxicities & poisoning
- Not Applicable

### **PDMP Reporting Measure**

#### **Question 10: Controlled Substances**

Providers that do not dispense controlled substances will automatically receive an exclusion letter.

**Figure 30: Public Health Objective – PDMP Reporting conditional question (Question 10)**

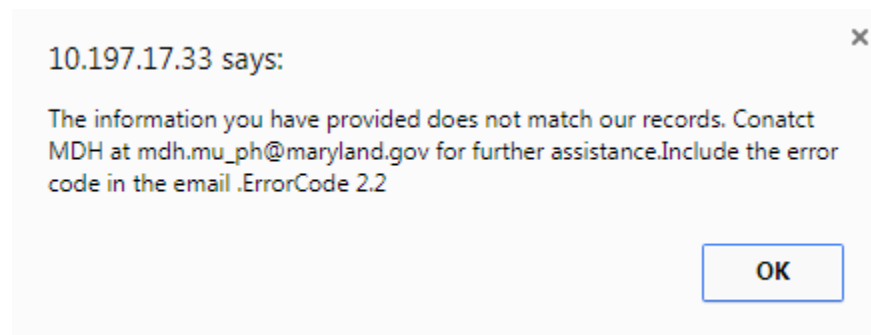
*\* 10. Do you dispense controlled substances?*

- Yes
- No

## APPENDIX B: Frequently Asked Questions (FAQs)

Below are some FAQs about the registration portal. See the Contact Us page on where to direct other questions.

### 1. I entered my NPI and email but received the following error message: ErrorCode2.1-2.3



*This means that the NPI and email combination you entered do not match. If you completed a registration in the past, you must use the same email to sign in. If you do not know or remember which email was used in the previous registration, please ask the staff in your facility, or contact the Public Health team at [mdh.mu\\_ph@maryland.gov](mailto:mdh.mu_ph@maryland.gov).*

### 2. I entered my NPI and email but received the following error message; what does it mean?

Group NPI does not match NPPES registry lookup. Check your Group NPI and try again. If you do not have a group NPI, you can get one at the NPPES site . Contact MDH if you need further assistance - [mdh.mu\\_ph@maryland.gov](mailto:mdh.mu_ph@maryland.gov)

*The MU-PH registration portal will only accept group NPI. If your practice does not have a group NPI, you can obtain a group NPI from the NPPES site at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>*

**3. I am having trouble viewing or selecting a survey.**

*Please try a different browser or enable compatibility view. Follow these steps to enable compatibility view:*

*In the application, from Tools (the wheel in the upper right corner of your screen) -> click Tools (or Alt X) -> on the drop down menu, click Compatibility View settings -> in the pop box that appears, the application URL should be in the smaller box (add this website) on top, click "Add" next to it, the URL should now be in the bigger of the two boxes (websites you've added to Compatibility View -> click "Close". If you don't see Compatibility View in the Tools drop down, contact your IT person.*

If you are still having trouble, please contact the Public Health team at: [mdh.mu\\_ph@maryland.gov](mailto:mdh.mu_ph@maryland.gov).