

# West Virginia Meaningful Use Registration System Instructions

To register, go to:

<http://www.wvdhhr.org/bph/oeps/murs/login.cfm>

Click on “Need to register an account?”



## West Virginia DHHR / Bureau for Public Health Meaningful Use Registration System



Username

Password


[Need to register an account?](#)

[Forgot your password?](#)


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<http://www.wvdhhr.org/bph/oeps/murs/register.cfm>

Enter **e-mail** and your choice of **password**. A strong password has numbers, capital and lower-case letters, and is at least 8 characters long.



## West Virginia DHHR / Bureau for Public Health Meaningful Use Registration System



E-Mail Address

Repeat E-Mail Address

Password

Repeat Password

Login

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Your registration has been processed. Check the e-mail you used to register for your verification link.

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The system will generate a confirmation e-mail.

Go to your e-mail, click on the link.

Log in and click on "New Registration".

Revised on 2/24/2014



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<b>Target</b> <input type="text" value="Cancer"/>			<b>Registration Type</b> <input checked="" type="radio"/> Facility <input type="radio"/> Provider		
<b>Registrant Information</b>		<b>Primary Contact</b>		<b>Technical Contact</b>	
<b>Name</b> <input type="text"/>		<b>Primary Contact Name</b> <input type="text"/>		<b>Primary Technical Contact Name</b> <input type="text"/>	
<b>Address</b> <input type="text"/>		<b>Primary Contact Phone</b> <input type="text"/>		<b>Primary Technical Contact E-Mail</b> <input type="text"/>	
<b>City</b> <input type="text"/>		<b>Primary Contact Fax</b> <input type="text"/>		<b>Primary Technical Contact Phone</b> <input type="text"/>	
<b>County</b> <input type="text"/>		<b>Primary Contact E-Mail</b> <input type="text"/>			
<b>State</b> <input type="text" value="Alabama"/>					
<b>Zip Code</b> <input type="text"/>					

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In **Target**, choose “Immunization”, “Cancer”, “ELR”, or “Syndromic Surveillance”.

In **Registration Type**, choose Facility or Provider.

### REGISTRANT INFORMATION

In **Name**, enter the name of the facility (if you chose facility above) or provider. For example, “Charleston Pediatrics” or “Dr. Ramona Sparks”. This should not be the name of the person filling out the form.

**Address** is the street address.

**City** is City.

**County** is County.

**State** is West Virginia.

**Zip Code** is 5-digit zip.


### PRIMARY CONTACT

This is the name of the person to whom communications should be directed which may be the office manager, head nurse, or physician, etc.


Revised on 2/24/2014

## TECHNICAL CONTACT

In many instances, this will be the same as Primary Contact, if that person also is in charge of EHR. However, this may also be an IT Consultant, EHR sales or technical representative, or IT internal staff. This individual should have technical skills to configure the data transport route, transmit test files, etc.



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Meaningful Use Registration System



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Target  

Immunization

Registration Type  
☒ Facility  
☐ Provider

Registrant Information

Name

ProvderName

Address

85 Oakwood Rd.

City

Charleston

County

Kanawha

State

West Virginia

Zip Code

25314

Primary Contact

Primary Contact Name

Joe Provider

Primary Contact Phone

(304) 555-1212

Primary Contact Fax

Primary Contact E-Mail

christopherprecht@gmail.com

Technical Contact

Primary Technical Contact Name

C Precht

Primary Technical Contact E-Mail

christopherprecht@gmail.com

Primary Technical Contact Phone

304356-4057

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Click "Next Page".

Revised on 2/24/2014



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<b>Provider Type</b> <input type="text" value="Critical Access Hospital"/>	<b>Number of Facilities</b> <input type="text"/>	<b>EHR Vendor</b> <input type="text"/>
<b>National Provider Identifier</b> <input type="text"/>	<b>Meaningful Use Stage You're Attesting For</b> <input type="text" value="Stage 1"/>	<b>EHR Product &amp; Version</b> <input type="text"/>
<b>Facility/Site ID</b> <input type="text"/>	<b>Meaningful Use Reporting Period</b> <input type="text"/>	<b>ONC Certified EHR Number</b> <input type="text"/>
<b>HIE Affiliation (West Virginia Health Information Network)</b> <input type="text"/>	<b>Incentive Program Enrolled</b> <input type="text" value="Both"/>	<b>HL7 Version Number</b> <input type="text"/>
		<input type="checkbox"/> Current Data Use Agreement/Trading Partner Agreement?
		<b>Current Submission Method</b> <input type="text" value="Hand Key"/>

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**Provider Type:** In the drop-down box, choose Eligible Professional, Eligible Hospital, or Critical Access Hospital.

**National Provider Identifier:** Meaningful Use attestation is tracked by the National Provider Identifier (NPI). The NPI number is used to link attestation information with the public health testing information for auditing purposes. If you are enrolling as an individual provider, please provide your National Provider Identifier number. If you are enrolling as a Group Practice and have a Group National Provider Identifier Number, provide that number.

**Facility/Site ID:** If you are registering for Immunization, this ID is provided by the WV Immunization Registry (WVSIIS). If you do not currently report immunizations, one will not have been assigned yet, and you may leave this field blank. If you are registering for Cancer, ELR, or Syndromic Surveillance, you may also leave this field blank.

**HIE Affiliation:** It is helpful to know if the provider belongs to a Health Information Network (HIE) in the event that the HIE is serving as the transport mechanism. The public health program can work directly with the HIE on transport issues.

**Number of Facilities:** Example: 1, 2, etc.

**Meaningful Use Stage:** Stage 1 or Stage 2

**Meaningful Use Reporting Period:** If you are enrolling for Stage 1, your reporting period will be the entire calendar year. If you are enrolling for Stage 2, you should enter the 90-day reporting period that you have chosen for 2014. The date format is mm/dd/yyyy format.

**Incentive Program Enrolled:** Medicare, Medicaid, or Both.

**EHR Vendor:** Provide your current EHR vendor name (example: Allscripts).

**EHR Product & Version:** (Example: Allscripts Enterprise EHR version 11.4.1)

**ONC Certified EEHR Number:** (example: 11212013-1892-1)

Check here: <http://oncchpl.force.com/ehrcert?q=chpl>

**HL7 Version Number:** For Immunization, ELR and syndromic surveillance reporting, this should be HL7 version 2.5.1. For Cancer, you may leave this field blank.

**Checkbox: Current Data Use Agreement/Trading Partner.** Record whether or not you have a Data Use Agreement or Trading Partner Agreement currently in place for the activity you have selected. For example, if you currently report data to the West Virginia Cancer Registry and have a specific Data Use Agreement in place, check this box. Otherwise, leave it blank.

**Current Submission Method:** In the drop-down box, choose hand key, not submitting, or upload flat file. This is helpful to determine if the provider needs to complete any user/data use agreements and provides the current status of the provider's reporting. If you currently do not report under the activity for which you are registering, or you are not sure, select "Not Submitting."

**IMPORTANT:** After completing all information, click the "Submit" button!





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<b>Provider Type</b> <input type="text" value="Eligible Professional"/>	<b>Number of Facilities</b> <input type="text" value="1"/>	<b>EHR Vendor</b> <input type="text" value="PracticeFusion"/>
<b>National Provider Identifier</b> <input type="text" value="someNum"/>	<b>Meaningful Use Stage You're Attesting For</b> <input type="text" value="Stage 2"/>	<b>EHR Product &amp; Version</b> <input type="text" value="Not Sure"/>
<b>Facility/Site ID</b> <input type="text" value="SIISCLIENTFAUX"/>	<b>Meaningful Use Reporting Period</b> <input type="text" value=""/> <input type="text" value=""/>	<b>ONC Certified EHR Number</b> <input type="text" value="Not Sure"/>
<b>HIE Affiliation (West Virginia Health Information Network)</b> <input type="text" value="Not sure"/>	<b>Incentive Program Enrolled</b> <input type="text" value="Medicare"/>	<b>HL7 Version Number</b> <input type="text" value="2.5.1"/>
		<input type="checkbox"/> Current Data Use Agreement/Trading Partner Agreement?
		<b>Current Submission Method</b> <input type="text" value="Not Submitting"/>
<input type="button" value="Previous Page"/>		<input type="button" value="Submit"/>

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## West Virginia DHHR / Bureau for Public Health Meaningful Use Registration System



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Registrant Name	Target	Date Submitted	Status
<a href="#">ProviderName</a>	Immunization	1/22/2014	In Review - 01/22/2014

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As shown above, you should see a screen with the name of the facility/provider listed and the target you selected (“Immunization”, “Cancer”, “ELR”, or “Syndromic Surveillance”), the date submitted, and a status of “In Review”. The Primary Contact will receive an e-mail confirmation that the registration was saved.

You will eventually be contacted by an employee from the program you selected for further instructions.

If you will be reporting under multiple programs (example, Immunization and Cancer), you will need to repeat this process and select the second program.

If you have additional questions, please call the following for assistance:

Immunization / ELR / Syndromic Surveillance - (877) 408-8930  
Cancer - (304) 356-4953