

ISDH Meaningful Use Self Service Registry Guide

Online Portal

WWW.MeaningfulUse.isdh.in.gov is designed for use by parent level organization meaningful use coordinators to register their organization and all related facilities (each distinct physical location is a facility) that wish to attest for meaningful use.

The website is also designed to start attestation activities for stage 1 and 2 meaningful use, secure submission of test messages and NIST validation reports. Submitters will also be able to locally download stage 1 and 2 meaningful use letters once the respective stages' measures are met. Status indicators and next steps will provided in the attestation detail for each facility.

The website is not intended for use by third parties such and regional extension centers, Health Information Exchanges, EMR/HER vendors etc.

Registration Process

The screenshot shows the registration page for the ISDH Meaningful Use Self Service Registry. At the top left is the MU logo, which consists of the letters 'MU' in a blue serif font with two black circular arrows forming a circle around them. To the right of the logo is the text 'Indiana State Department of Health' and 'Meaningful Use' in a blue serif font. Below the logo is a 'Click Register' link. On the right side of the page, there is a registration form with a blue 'REGISTER' button with a play icon. A red arrow points to this button. Below the button are two input fields for 'Username:' and 'Password:'. Below these fields is a 'Login' button and a 'Forgot Password?' link. At the bottom of the page, there is a navigation bar with 'Home' and 'Contact Us' links. Below the navigation bar, there are two sections: 'Links to Indiana State Guidance For Public Health Objectives' and 'Quick Links'. The 'Links to Indiana State Guidance For Public Health Objectives' section includes links for 'Electronic Lab Reporting (ELR)', 'Syndromic Surveillance Reporting', 'Immunization Registry Reporting', and 'Cancer Registry Reporting'. The 'Quick Links' section includes links for 'NIST (National Institute of Standards and Technology) Testing Tools', 'PHIN Vocabulary Access and Distribution System', and 'PHIN Messaging Guides'.



REGISTER

Username:

Password:

Register Organization:

- (Each physical location is deemed a facility.)
- Your Organization is NOT a facility, but the parent company of the facility.

* Organization Name	<input type="text" value="Test Parent Organization"/>
* Primary Contact Title	<input type="text" value="MU Coordinator / IT Direct"/>
* Primary Contact First Name	<input type="text" value="Nick"/>
* Primary Contact Last Name	<input type="text" value="Wood"/>
* Primary Contact Email Address	<input type="text" value="nwood@isdh.in.gov"/>
* Password	<input type="password" value="....."/>
• Must be at least 8 characters	
• Must contain at least one one lower case letter,	
• one upper case letter, one digit and one special character.	
• Valid special characters are @\$%^&+=	
* Confirm Password	<input type="password" value="....."/>

[Back](#)

Fill out required fields and click Register



[Register](#)



REGISTER

Username:

Password:

[Forgot Password?](#)

[Home](#) [Contact Us](#)

Public Health Objective

Links to Indiana State Guidance

Registration request has been received. Please check your email and click activation link to begin.

Click Close and check for your activation email.

Hot Topics

Links

NIST (National Institute of Standards and Technology) Testing Tools

<http://healthcare.nist.gov/NIST-TOOLS/HL7%20v2/index.html>

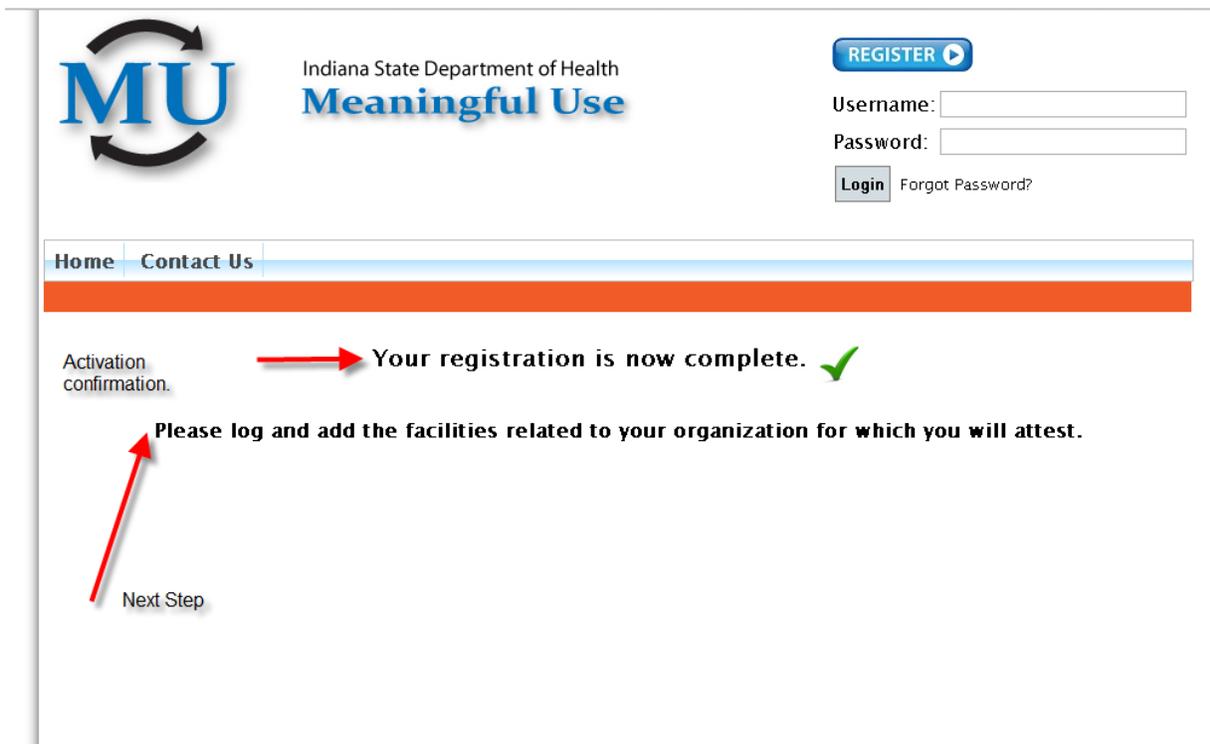
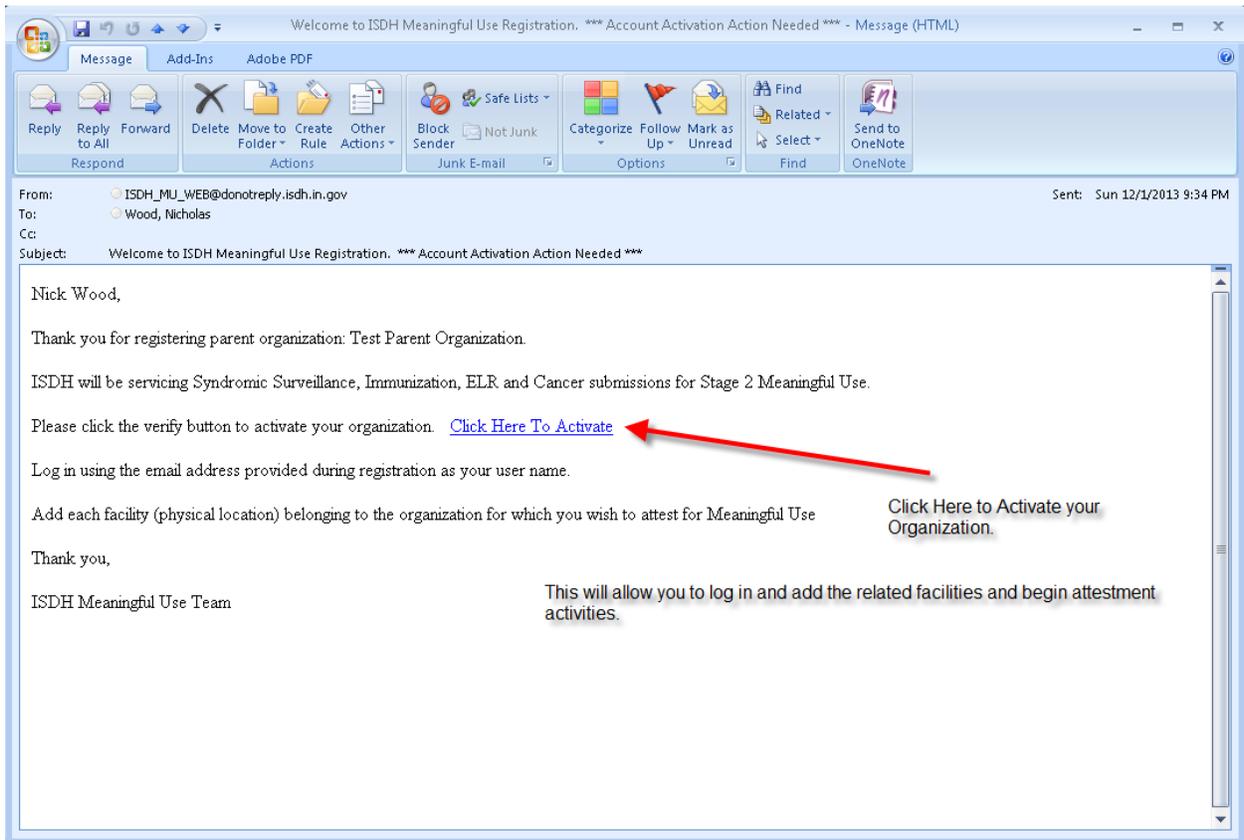
PHIN Vocabulary Access and Distribution System

<http://phinvads.cdc.gov/vads/SearchVocab.action>

PHIN Messaging Guides

<http://www.cdc.gov/phin/resources/PHINguides.html>







Indiana State Department of Health
Meaningful Use

Enter Email
Enter Password
Click Login

REGISTER

Username:

Password:

Login [Forgot Password?](#)

[Home](#) [Contact Us](#)

Your registration is now complete.

Please log and add the facilities related to your organization for which you will attest.



Indiana State Department of Health
Meaningful Use

REGISTER

Username:

Password:

Login [Forgot Password?](#)

[Home](#) [Contact Us](#)

Your registration is now complete.

If you can not remember your password, click the Forgot password link to have your password emailed to you.

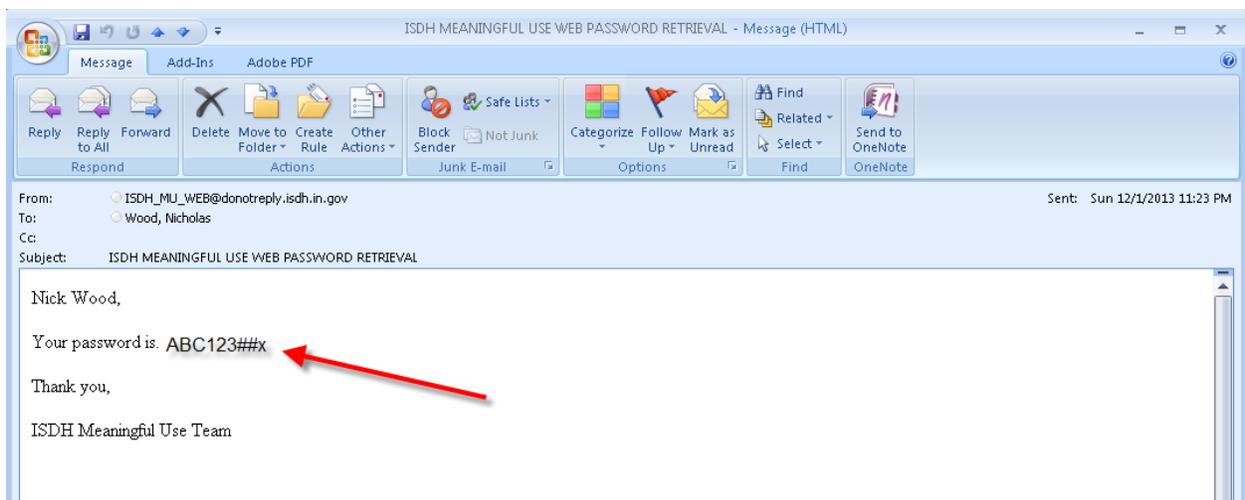
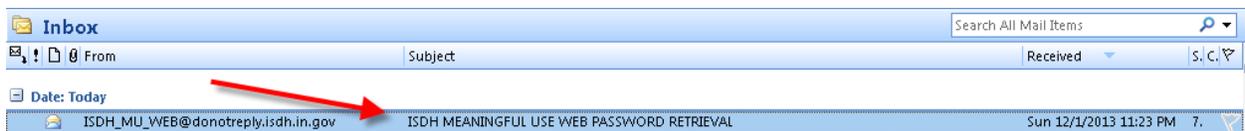
Authentication Failed.

If you mistype your credentials you will receive an authentication failed message. Please make sure you have activated your organization and enter the correct username (email address) and password.

Close

Password Recovery

The screenshot shows the Indiana State Department of Health Meaningful Use website. At the top left is the MU logo. To its right is the text "Indiana State Department of Health Meaningful Use". On the top right, there is a "REGISTER" button, a "Username:" field with "nwood" entered, a "Password:" field with masked characters, and "Login" and "Forgot Password?" buttons. Below this is a navigation bar with "Home" and "Contact Us" links. A red arrow points to the "Forgot Password?" link. Below the navigation bar is a section titled "Organizations:". A white box with a red border highlights the "Retrieve Password" form. The form contains the text "Retrieve Password (Your password will be sent to the email address associated with your account.)", an "Email Address" field with "nwood@isdh.in.gov" entered, and "Retrieve" and "Cancel" buttons. A red arrow points to the "Retrieve" button with the text "Click Retrieve". Below the form is the text "Enter your email address." and a red arrow points to the email address field. At the bottom of the page, there are links for "List this Facility's Attestments and Status", "Facility ABL", "46227", "Stage 1", and "Stage 2".



Adding Facilities



Indiana State Department of Health
Meaningful Use

REGISTER

Username:

Password:

Login [Forgot Password?](#)

[Home](#) [Contact Us](#)

Organizations:

Organization Name	Address 1	Address 2	Zip Code
Test Parent Organization			

No Facilities Found. Please click Add Facilities Button.

 **Add Facility**

Add your facilities



REGISTER

Username:

Password:

Facility: (each physical location is deemed a facility)

* Facility Name

* Facility Type

Registration of Intent for area(s) to Attest Immunization ELR Syndromic Cancer

* Address 1

Address 2

* Zip Code

* Phone

* Individual NPI

* Group NPI

* Data Use or Trade Agreement

* Specialty

* Medicare Certification #

Click Continue

Attestment Activities



REGISTER

Username:

Password:

[Forgot Password?](#)

[Home](#) [Contact Us](#)

Organizations:

Organization Name	Address 1	Address 2	Zip Code
Test Parent Organization			

	Facility	Zip Code	Start Attestment
List this facility's Attestments and Status	Facility ABC	46227	<input type="button" value="Stage 1"/> <input type="button" value="Stage 2"/>

Select Stage 1 or 2 Attestments

Stage 1

MU Indiana State Department of Health
Meaningful Use

REGISTER 

Username:

Stage 1 Public Health Submission:

Program Area	<input type="text" value="Syndromic Surveillance"/>
* HL7 Version	<input type="text" value="2.5.1"/>
* EHR Vendor/Product Version/ONC Certified EHR #	<input type="text" value="Cerner"/> <input type="text" value="v3.0"/> <input type="text" value="44525"/>
* Do you have a connection to Chirp Registry	<input type="text" value="No"/>
* HIE Affiliation	<input type="text" value="None"/>
* Extension Center	<input type="text" value="None"/>

Click Continue 



REGISTER

Username:

Password:

Login [Forgot Password?](#)

Home | **Contact Us**

Organizations:

Organization Name	Address 1	Address 2	Zip Code
Test Parent Organization			

	Facility	Zip Code	Start Attestment
List this facility's Attestments and Status	Facility ABC	46227	Stage 1 Stage 2

Add Facility



Click here to see attestation detail for this facility.



REGISTER ▶

Username:

Password:

Login [Forgot Password?](#)

[Home](#) [Contact Us](#)

Organizations:

Organization Name	Address 1	Address 2	Zip Code
Test Parent Organization			

	Facility	Zip Code	Start Attestment
List this facility's Attestments and Status	Facility ABC	46227	Stage 1 Stage 2

Add Facility

Stage	Program Area	Start Date	End Date	Status	Next Step
1	Syndromic Surveillance			Registered	Add Test Message

Click Add Test Message





Add Test Message

*
Copy and paste your [HL7](#) Test message here. |

Cut and paste your test message here.

Back Click Continue Continue





REGISTER ▶

Username:

Password:

[Forgot Password?](#)

[Home](#) [Contact Us](#)

Organizations:

Organization Name	Address 1	Address 2	Zip Code
Test Parent Organization			

	Facility	Zip Code	Start Attestment
List this facility's Attestments and Status	Facility ABC	46227	<input type="button" value="Stage 1"/> <input type="button" value="Stage 2"/>

Stage	Program Area	Start Date	End Date	Status	Next Step
1	Syndromic Surveillance			Pending ISDH Review	

Notice the status has changed and the Next Step is empty. ISDH Staff will approve or deny your attestation activity. Once approved, a download letter will appear in the Next Step column. If denied, your status will be updated on the site with the reason denied and next steps.



REGISTER ▶

Username:

Password:

[Forgot Password?](#)

[Home](#) [Contact Us](#)

Organizations:

Organization Name	Address 1	Address 2	Zip Code
Test Parent Organization			

	Facility	Zip Code	Start Attestment
List this facility's Attestments and Status	Facility ABC	46227	<input type="button" value="Stage 1"/> <input type="button" value="Stage 2"/>

Stage	Program Area	Start Date	End Date	Status	Next Step
1	Syndromic Surveillance			Complete	<input type="button" value="Download Letter"/>

Status is now complete and you may click Download Letter to generate a PDF to save to your local desktop. The PDF will have a name descriptive of the facility name, area of attestment and date. You may come back at any time and reprint your letter.

Stage 2

 Indiana State Department of Health
Meaningful Use

REGISTER 

Username:

Stage 2 Public Health Submission:

Program Area	<input type="text" value="Immunization"/>
* HL7 Version	<input type="text" value="2.5.1"/>
* EHR Vendor/Product Version/ONC Certified EHR #	<input type="text" value="Allscripts"/> <input type="text" value="v1.0"/> <input type="text" value="5545"/>
* Do you have a connection to Chirp Registry	<input type="text" value="Yes"/>
* HIE Affiliation	<input type="text" value="None"/>
* Extension Center	<input type="text" value="None"/>
* MSH-4 (Org ID) / RXA-11.1 (Facility Code)	<input type="text" value="TSTORG1"/> <input type="text" value="TSTFAC1"/>
* Primary Technical Contact	<input type="text" value="Andrew Luck"/>
* Primary Technical Contact Email	<input type="text" value="aluck@aluck.com"/>
* Primary Technical Contact Phone	<input type="text" value="317 888 6632 x456"/>
* Currently Submitting	<input type="text" value="Yes"/>
* Request Direct Connection	<input type="text" value="No"/>
* Is Vendor working as HIE hub?	<input type="text" value="No"/>
* Attestment Period (By Quarter)	<input type="text" value="01/01/2013 - 03/31/2013"/>
* Incentive Program Enrolled	<input type="text" value="Medicaid and Medicare"/>



REGISTER

Username: rwood

* EHR Vendor/Product Version/ONC Certified EHR #	Allscripts	v1.0	5545
* Do you have a connection to Chirp Registry	Yes		
* HIE Affiliation	None		
* Extension Center	None		
* MSH-4 (Org ID) / RXA-11.1 (Facility Code)	TSTORG1	TSTFAC1	
* Primary Technical Contact	Andrew Luck		
* Primary Technical Contact Email	aluck@aluck.com		
* Primary Technical Contact Phone	317 888 6632 x456		
* Currently Submitting	Yes		
* Request Direct Connection	No		
* Is Vendor working as HIE hub?	No		
* Attestment Period (By Quarter)	01/01/2013 - 03/31/2013		
* Incentive Program Enrolled	Medicaid and Medicare		
* Submission Method	SFTP		
* Estimated Monthly Volume/Month	250		

Click Continue 



REGISTER

Username:

Password:

[Forgot Password?](#)

[Home](#) | [Contact Us](#)

Organizations:

Organization Name	Address 1	Address 2	Zip Code
Test Parent Organization			

	Facility	Zip Code	Start Attestment
List this facility's Attestments and Status	Facility ABC	46227	<input type="button" value="Stage 1"/> <input type="button" value="Stage 2"/>

Click here to refresh your attestment detail and show the last one added.

Stage	Program Area	Start Date	End Date	Status	Next Step
2	Immunization	01/01/2013	03/31/2013	Registered	<input type="button" value="Upload NIST Report"/>
1	Syndromic Surveillance			Complete	<input type="button" value="Download Letter"/>

Notice the stage 2 attestment for immunization that was added. The status shows registered. The next step is to visit the NIST validation website and submit a test message. Once validation is passed via the NIST tools, choose to save the test results in PDF format and Upload the validation report.