



**Department
of Health**

**Meaningful Use Registration for
Public Health (MURPH) System**

Meaningful Use Registration for Public Health

User Guide for Eligible Hospitals

Version 3.1, January 2017

If you have questions about the registration process, contact the Meaningful Use Public Health Objective Support Team at MUPublicHealthHELP@health.ny.gov or 1-877-646-5410 Option 3.

Glossary of Terms and Acronyms

Term/Acronym	Description
CMS	Centers for Medicare and Medicaid Services
EH	Eligible Hospital
EHR	Electronic Health Record
EP	Eligible Professional
HCS	Health Commerce System
MURPH	Meaningful Use Registration for Public Health System
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NYC DOHMH	New York City Department of Health and Mental Hygiene
NYSDOH	New York State Department of Health

Table of Contents

1. INTRODUCTION AND BACKGROUND	1
2. BEFORE YOU BEGIN	1
3. INFORMATION YOU NEED	1
3.1 General Registration Information	1
3.2 Hospital Information	2
4. ACCESSING THE REGISTRATION APPLICATION	2
5. NAVIGATION	3
6. MURPH HOME	4
6.1 Features	4
6.2 Registration Directions	4
7. ELIGIBLE HOSPITAL HOME	4
7.1 Features	4
7.2 Registration Directions	4
8. GENERAL INFORMATION	5
8.1 Features	5
8.2 Registration Directions	5
9. REGISTRATION CONTACT	6
9.1 Features	6
9.2 Registration Directions	6
10. ALTERNATE CONTACT	7
10.1 Features	7
10.2 Registration Directions	7
11. HOSPITAL MEANINGFUL USE	9
11.1 Features	9
11.2 Registration Directions	9
12. CONFIRMATION OF SUBMISSION	11
13. EXISTING REGISTRATIONS	11
13.1 Features	11
13.2 Registration Directions	12
14. BROWSER & SYSTEM REQUIREMENTS	13
15. ADDITIONAL QUESTIONS	14

Table of Figures

Figure 1. Accessing the Application.....	3
Figure 2. MURPH Home.....	4
Figure 3. Start New Registration.....	5
Figure 4. General Information – Hospital Information.....	5
Figure 5. General Information – Hospital Jurisdiction.....	6
Figure 6. Registration Contact.....	7
Figure 7. Alternate Contact.....	8
Figure 8. Hospital MU – EHR Incentive Program.....	9
Figure 9. Hospital MU – Reporting Measures.....	10
Figure 10. Hospital MU – Navigation Options.....	11
Figure 11. Hospital MU – Submission Confirmation.....	11
Figure 12. All Hospital Registrations – Actions.....	12
Figure 13. Hospital View Navigation.....	12
Figure 14. Existing Registrations.....	13

1. INTRODUCTION AND BACKGROUND

The purpose of the Meaningful Use Registration for Public Health System is to allow Eligible Hospitals (EHs) and Eligible Professionals (EPs) to declare their intent to submit data to the New York State Department of Health (NYSDOH) and the New York City Department of Health and Mental Hygiene (NYC DOHMH) in support of the Meaningful Use Public Health Reporting Objective.

Eligible Providers intending to meet any of the Public Health Reporting Measures must register using this application. Registration must be completed before or within 60 days of the start of the Eligible Provider's EHR Reporting Period.

Detailed information about each of the Meaningful Use Public Health Objectives is available at the [Meaningful Use Public Health Reporting Website](#).

2. BEFORE YOU BEGIN

In order to use the application, you will need a Health Commerce System (HCS) account. If you do not have an account, apply by following the directions located in the [Paperless HCS User Account](#).

If you need assistance with an existing account, please contact the Commerce Accounts Management Unit (CAMU) Help Desk at 1-866-529-1890 or hinhpn@health.state.ny.us.

3. INFORMATION YOU NEED

You will need the following information on-hand to complete your registration:

3.1 General Registration Information

The following general registration information will be required during the registration process:

- Registration Contact¹ - see [Section 9](#) for additional information about each data element.
 - HCS User ID
 - First and Last Name
 - Job Title (optional)
 - Telephone Number
 - Phone Extension (optional)
 - Email Address

¹ The Registration Contact will be able to complete, view, and modify registrations.

- Alternate Registration Contact² - see [Section 10](#) for additional information about each data element.
 - HCS User ID
 - First and Last Name
 - Job Title (optional)
 - Telephone Number
 - Phone Extension (optional)
 - Email Address

3.2 Hospital Information

The following Information is required to be entered for the Eligible Hospital you are registering. See [Section 8](#) and [Section 11](#) for additional information.

- Hospital NPI
- Hospital Name
- Hospital Address
- CMS Registration ID (optional)
- The EHR Incentive Program(s) in which the Eligible Hospital is participating
- Public Health Reporting Measures for which the Eligible Hospital is registering. Available measures include:
 - Immunization Registry Reporting
 - Syndromic Surveillance Reporting
 - Electronic Case Reporting (NYC Only)
 - Electronic Laboratory Reporting
- Name of EHR Vendor and Product, and Version
- CMS EHR Certification ID (optional)

4. ACCESSING THE REGISTRATION APPLICATION

1. Navigate to the [Health Commerce System Homepage](#).
2. Enter your User ID and Password for the HCS website.
3. Click on the “My Content” tab in the top right navigation bar.

² The Alternate Registration Contact will be able to complete, view, and modify registrations in absence of the primary registration contact. You are required to add at least one alternate contact but may add as many as three.

4. Click on “All Applications” and then the letter “M”.
5. Click on “Meaningful Use Registration for Public Health”.

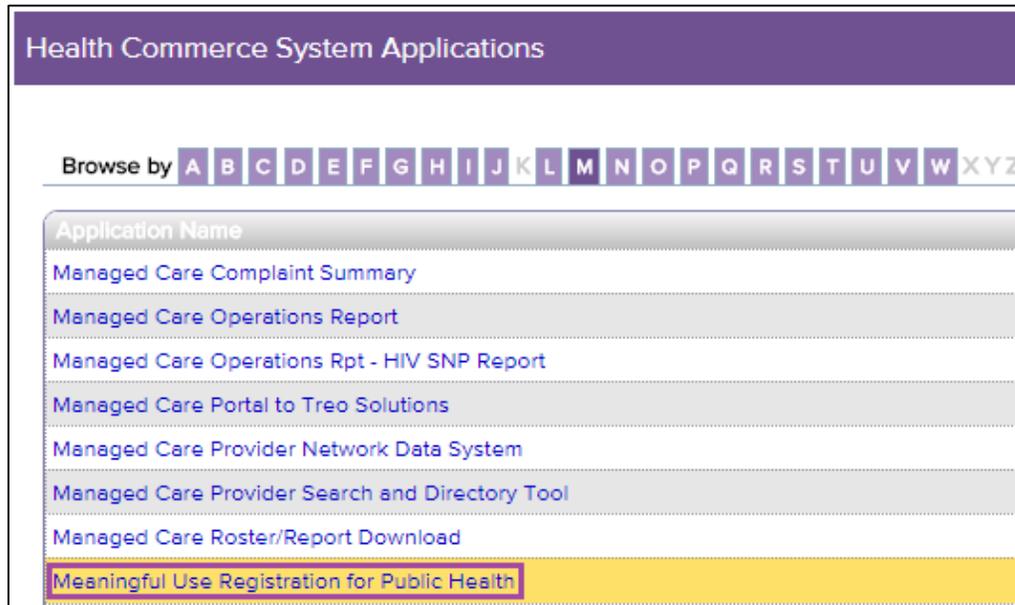


Figure 1. Accessing the Application

5. NAVIGATION

Navigation throughout the MURPH System is completed with the following buttons, which are located at the bottom of each page.

- **Save and Continue >>** Save information and continue with the registration
- **Save and Close** Save information and close the registration
- **Discard Changes** Discard changes made since the last save and close the registration
- **<< Back** Return to the prior page and do NOT save information on the current page

NOTE: Please make sure to save information on the current page before navigating to a prior page.

- **?** The question mark icon appears next to several fields throughout the registration process. Selecting the icon will open an information box with clarification for that particular field.

6. MURPH HOME

6.1 Features

- Important Notices: Includes important registration information, links to user guides, and FAQs
- Key Dates: Provides important dates to indicate when the registration period opens and closes for the payment year
- Announcements: Provides recent announcements, updates, and new information
- Additional Support: Provides contact information for one-on-one guidance, links to user guides, and links to program information

6.2 Registration Directions

To begin a new registration, select “Eligible Hospitals” under “Register”

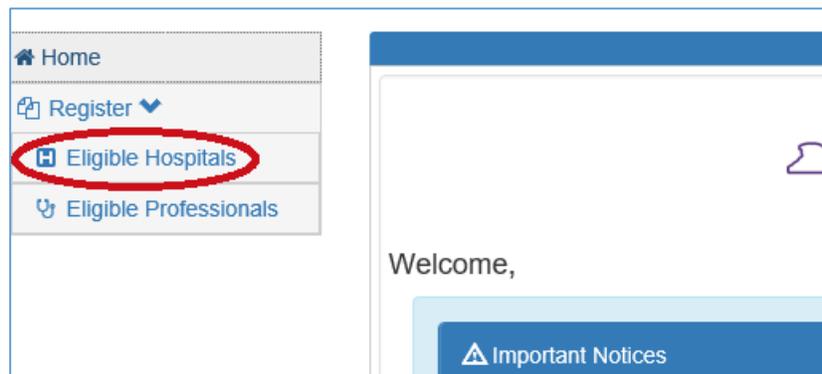


Figure 2. MURPH Home

7. ELIGIBLE HOSPITAL HOME

7.1 Features

- Important Eligible Hospital Registration Information
- Start a New Eligible Hospital Registration
- View Existing Registrations
- Update Existing Registrations
- Download Registration Confirmations

7.2 Registration Directions

To begin a new registration, select the “Start New Registration” button at the bottom of the page. For instructions on working with an existing registration, see [Section 13](#).



Figure 3. Start New Registration

8. GENERAL INFORMATION

8.1 Features

- The General Information page is where you indicate the Hospital you are registering.

8.2 Registration Directions

1. Hospital NPI: Enter your ten-digit Hospital NPI.
 - If you are unsure of your Hospital NPI, you can use the [National Plan & Provider Enumeration System \(NPPES\) NPI Registry](#).

NOTE: If you cannot locate your Hospital’s NPI, please contact the Meaningful Use Public Health Objective Support Team at 1-877-646-5410 Option 3 for further guidance.

2. Hospital Name: Will auto-populate once you click off the Hospital NPI text box, based on the NPI. If it does not, please ensure the correct NPI was entered. If the correct NPI was entered and the name is incorrect, please contact the Meaningful Use Public Health Objective Support Team at 1-877-646-5410 Option 3.
3. Complete the Street Address, City, and Zip fields. The State field is pre-populated with NY.

A screenshot of a web form titled 'New Hospital Registration'. The form has four tabs: 'General Information' (selected), 'Registration Contact', 'Alt. Contact', and 'Hospital MU'. Below the tabs, there is a instruction: 'Please complete all of the required fields below. Fields marked with a red asterisk (*) are required.' The form contains the following fields:

- Hospital NPI***: Text input field containing '1234567890'.
- Hospital Name***: Text input field containing 'MU Public Health Support Hospital'.
- Hospital Address***: Text input field containing '123 Broadway Blvd'.
- Hospital City***: Text input field containing 'New York'.
- Hospital State**: Text input field containing 'NY'.
- Hospital Zip***: Text input field containing '12345'.

Figure 4. General Information – Hospital Information

4. Hospital Jurisdiction: Indicate whether the hospital is located “Inside the five boroughs of NYC” or “Outside the five boroughs of NYC”.

5. You may choose to fill in the CMS Registration ID, if this information is available. The CMS Registration ID is a unique ten-digit identifier assigned to an EH upon registration with CMS for the EHR Incentive Programs. If the EH's CMS Registration ID is not known, contact the CMS Help Desk at 1-888-734-6433.
6. Previous Registration: Select "Yes" or "No" in the drop-down field to indicate whether a registration of intent was submitted on behalf of the Eligible Hospital in a previous year. If unsure, select "No".

The screenshot shows a registration form with the following fields and controls:

- Hospital Jurisdiction***: A dropdown menu with the selected value "Inside the 5 boroughs of NYC" and a help icon.
- CMS Registration ID**: A text input field containing "1000123456" and a help icon.
- Was a registration of intent submitted on behalf of this Hospital in a previous year?***: A dropdown menu with the selected value "No".
- A blue message: "Your registration is not submitted until you click 'Submit'."
- Three buttons: "Save and Continue >>" (blue), "Save and Close" (blue), and "Discard Changes" (blue).

Figure 5. General Information – Hospital Jurisdiction

7. To continue with the registration, select the "Save and Continue" button.

9. REGISTRATION CONTACT

9.1 Features

- Enter Registration Contact information. The Registration Contact is the person completing the registration.
- This contact information will be used for future communications regarding Meaningful Use Public Health Reporting.

9.2 Registration Directions

1. The HCS ID, First Name, Last Name, Telephone Number, and Email Address fields will be auto-populated with information associated with your HCS Account.
 - If these fields do not auto-populate, contact the Meaningful Use Public Health Objective Support Team at 1-877-646-5410 Option 3 for additional guidance.
 - If the First or Last Name auto-populated should be changed, please contact the Commerce Accounts Management Unit (CAMU) Help Desk at 866-529-1890.
 - If the Telephone Number or Email Address auto-populated is incorrect, please correct the contact information on the screen.
2. Optionally, complete the Job Title and Telephone Extension fields.

New Hospital Registration

General Information | **Registration Contact** | Alt. Contact | Hospital MU

- The required fields below have been populated for the person logged into HCS who is completing this registration.
- This person will be able to edit this registration and will receive communications about this registration.

HCS ID* abc123

First Name* Alice

Last Name* Crawford

Title MU Public Health Objective Support Team

Phone* 877-646-5410

Ext. 3

Email* MUPublicHealthHELP@health.ny.gov

Your registration is not submitted until you click "Submit".

<< Back | Save and Continue >>

Save and Close | Discard Changes

Figure 6. Registration Contact

3. To continue with the registration, select the “Save and Continue” button.

10. ALTERNATE CONTACT

10.1 Features

- Enter Alternate Contact(s)

NOTE: The MURPH System requires that you add at least one Alternate Contact so that if the Registration Contact is unavailable, the Alternate Contact can view and edit the registration.

- The Alternate Contact will be able to view and modify registration information and will receive a Registration Confirmation.
- You may add up to three Alternate Contacts.
- If you do not have an Alternate Contact, please contact the MU Public Health Objective Support Team at 1-877-646-5410 Option 3.

10.2 Registration Directions

1. HCS ID: enter the Alternate Contact’s HCS User ID.
2. First Name, Last Name, Telephone Number, and Email Address will auto-populate with the information associated with the HCS Account once you have clicked off the HCS ID text field.

- If these fields do not auto-populate, contact the Meaningful Use Public Health Objective Support Team at 1-877-646-5410 Option 3 for additional guidance.
- If the First or Last Name auto-populated should be changed, the alternate contact should call the Commerce Accounts Management Unit (CAMU) Help Desk at 866-529-1890.
- If the Telephone Number or Email Address auto-populated is incorrect, please correct the contact information on the screen.

3. Optionally, enter the Job Title and Telephone Extension.

New Hospital Registration

General Information Registration Contact **Alt. Contact** Hospital MU

- Alternate contacts will be able to edit this registration and will receive communications about this registration.
- You must enter at least one alternate contact and may enter up to three.
- Please enter the HCS ID of the alternate contact and the remaining required fields will populate.

Alternate Contact 1

HCS ID* mad987
HCS ID lookup was successful. Please verify the information below before proceeding.

First Name* Madison

Last Name* Deen

Title MU Public Health Support Team

Phone* 877-646-5410

Ext. 3

Email* MuPublicHealthHELP@health.ny.gov

Add Alternate Contact

Your registration is not submitted until you click "Submit".

<< Back Save and Continue >>

Save and Close Discard Changes

Figure 7. Alternate Contact

4. To add an additional Alternate Contact, select the “Add Alternate Contact” button and repeat steps 1-3, above.

- If you start adding an alternate contact, but would like to stop or remove one, then click the red X in the top right corner of the alternate contact box to delete that entire contact.

NOTE: You cannot delete “Alternate Contact 1”

5. To continue with the registration, select the “Save and Continue” button.

11. HOSPITAL MEANINGFUL USE

11.1 Features

- The Hospital Meaningful Use page is where you register the Hospital’s intent to submit data for the Meaningful Use Public Health Reporting Measures.

11.2 Registration Directions

1. Program Participation: Select “Medicaid EHR Incentive Program”, “Medicare EHR Incentive Program”, or “Both” if the EH is participating in both programs.
2. If the EH is located within the NYC Jurisdiction, you may provide the CIR Facility Code.

The screenshot shows a web form titled "New Hospital Registration" with tabs for "General Information", "Registration Contact", "Alt. Contact", and "Hospital MU". The "Hospital MU" tab is active. Below the tabs, there is a message: "Please complete all of the required fields below." The "Hospital Meaningful Use Information" section contains two main fields: "Program Participation*" with a dropdown menu showing "Medicaid EHR Incentive" selected, and "CIR Facility Code" with a text input field containing "1234x56" and a question mark icon. A tooltip is displayed over the question mark icon, stating: "The CIR Facility Code is a unique code issued by the NYC Department of Health and Mental Hygiene. If you have any questions regarding the CIR Facility Code, please e-mail MUTracking@health.nyc.gov." Below this section, there is a heading for "Meaningful Use Public Health Reporting Measures".

Figure 8. Hospital MU – EHR Incentive Program

3. For each Public Health Reporting Measure displayed, use the drop-down list to indicate whether the EH intends to meet the measure (“Yes”), does not intend to meet the measure (“No”), or will claim an exclusion for the measure (“Exclusion”). If Yes, follow steps 6-9, below.

NOTE: To determine if the EH should be reporting data to a registry or is eligible for an exclusion please see the [MU Public Health Reporting Website](#).

4. Select the Name of your Certified EHR Technology Vendor from the drop-down list.
 - If your vendor is not included in the drop-down list, select “Other” and enter the name of your Certified EHR Technology Vendor in the field that appears.

5. Name of Certified EHR Product: Enter your EHR Product Name.
 - If you do not know the name of your Certified EHR Product, check the [Certified Health IT Products List](#).
6. Enter your Certified EHR Technology Product Version (Example: Version 1.2 or 1.2).
7. You may choose to fill in the CMS EHR Certification ID, which can be retrieved from your EHR Vendor.

The screenshot shows a web form titled "Meaningful Use Public Health Reporting Measures". It is organized into four distinct sections, each with a blue header bar:

- Electronic Case Reporting:** Contains a dropdown menu for "Hospital Intends to Meet Measure*" with the value "No" selected.
- Electronic Laboratory Reporting:** Contains a dropdown for "Hospital Intends to Meet Measure*" (value "Yes"), a dropdown for "Name of Certified EHR Technology Vendor*" (value "SunQuest"), a dropdown for "Name of Certified Technology Product (example: Allscripts Enterprise EHR)*" (value "SunQuest Laboratory"), a text input for "Certified EHR Technology Product Version (example: 1.2)*" (value "2.7"), and a text input for "CMS EHR Certification ID".
- Immunization Registry Reporting:** Contains a dropdown for "Hospital Intends to Meet Measure*" (value "Yes"), a dropdown for "Name of Certified EHR Technology Vendor*" (value "Allscripts"), a dropdown for "Name of Certified Technology Product (example: Allscripts Enterprise EHR)*" (value "Allscripts Enterprise EHR"), a text input for "Certified EHR Technology Product Version (example: 1.2)*" (value "10.3"), and a text input for "CMS EHR Certification ID".
- Syndromic Surveillance Reporting:** Contains a dropdown menu for "Hospital Intends to Meet Measure*" with the value "Exclusion" selected.

Figure 9. Hospital MU – Reporting Measures

8. Repeat steps 5-9, above, for each of the Public Health Reporting Measures.
9. Select one of the following buttons:
 - Back: Return to prior page and do NOT save information on current page
 - Save and Close: Save information and close the registration
 - Discard Changes: Discard changes made since the last save and close the registration
 - Submit: Save and submit all information entered
12. To finalize and submit the registration, select the “Submit” button.

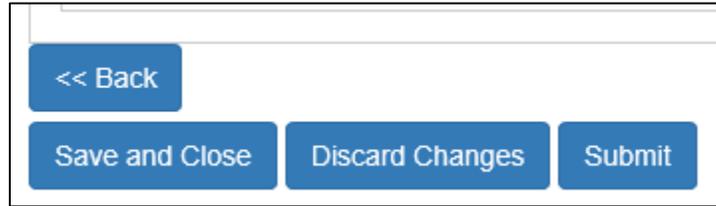


Figure 10. Hospital MU – Navigation Options

NOTE: Before submitting, please make sure all of the information entered is accurate.

12. CONFIRMATION OF SUBMISSION

Once you have submitted the registration you will receive a confirmation pop-up and an email will be sent to the Registration Contact and Alternate Contact(s) with the Registration Confirmation.

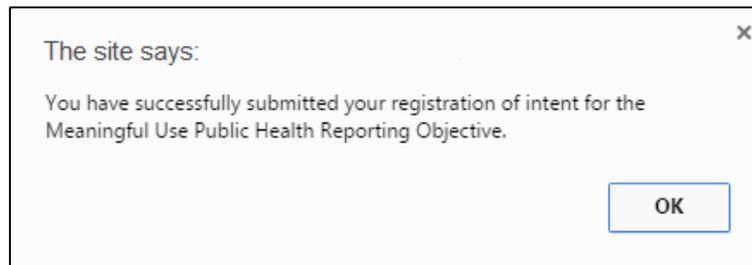


Figure 11. Hospital MU – Submission Confirmation

13. EXISTING REGISTRATIONS

13.1 FEATURES

- The All Hospital Registrations page displays existing registrations associated with your HCS account. In the Actions column, some or all of the following icons will be available:

-  Edit: Opens the registration for updates to be made
-  View: Opens the registration to review entered information

NOTE: When viewing a registration, you will need to click along the Tabs at the top to navigate. Please reference Figure 13 on the next page.

-  Original Registration Confirmation: Will open a new window or tab with a PDF of the Registration Confirmation that was generated the first time the registration was submitted.

NOTE: If you have not submitted the registration and it is still In-Progress, then this icon will not be available.

-  Latest Registration Update Confirmation: Will open a new window or tab with a PDF of the Registration Update Confirmation for the most recent update that has been submitted.

NOTE: If you have not submitted an update, then this icon will not be available.

All Hospital Registrations									
Important Information									
<ul style="list-style-type: none"> • A single user with a valid HCS ID may complete registrations on behalf of all affiliated Eligible Hospitals. • A separate registration should be completed for each Eligible Hospital attesting to the Meaningful Use Public Health Reporting Objective. • If you are not sure how to register your Eligible Hospital, please contact the Meaningful Use Public Health Objective Support Team at 1-877-646-5410 Option 3 or MUPublicHealthHELP@health.ny.gov 									
<input type="text" value="Filter Results..."/>									
Actions	Reg ID	Name	NPI	Status	Submit Dt	Update Dt	Updated By	Reg Contact Last Name	Alt. Contact Last Name
   	5434	MU Public Health Support Hospital	1234567890	Submitted	07/22/2016	07/22/2016	abc123	Crawford	Deen

Figure 12. All Hospital Registrations – Actions

13.2 Registration Directions

For information on accessing the MURPH System and locating registrations associated with your HCS ID see [Accessing the Registration Application](#) and [MURPH Home](#).

- Each existing registration is assigned a status.
 - Submitted: The registration has been submitted.
 - In-Progress: The registration has been started, but is not yet submitted.
- To view your registration, select  “View” from the Actions column.

NOTE: When viewing a registration, you will need to click along the Tabs at the top to navigate.

Hospital Registration: 5434

General Information
Registration Contact
Alt. Contact
Hospital MU

Please complete any blank fields below. Fields marked with a red asterisk (*) are required.

Hospital NPI*

Hospital Name*

Hospital Address*

Hospital City*

Hospital State

Hospital Zip*

Hospital Jurisdiction*

CMS Registration ID

Was a registration submitted on behalf of this Hospital in 2014 or 2015?*


Use Tabs to Navigate

Figure 13. Hospital View Navigation

3. To update your registration, select  "Edit" from the Actions column.

Actions	Regl...	Name	NPI	Status	Submit...
	5434	MU Public Health Support Hospital	1234567890	In-Progress	

Figure 14. Existing Registrations

- a. Use the "Save and Continue" buttons to navigate to the section you would like to update.
- b. Make any changes necessary throughout the registration.
- c. Select either "Save and Close" to save but not submit the information, or navigate to the final page of the registration and select "Submit" to submit the updated registration.

NOTE: If you do not want to save the changes made, select the "Discard Changes" button and the registration will close and discard any information changed or added since the last save.

4. To view and/or print your Registration Confirmation, select  "Original Registration Confirmation" from the Actions column.
5. To view and/or print a Registration Update Confirmation, select  "Latest Registration Update Confirmation" from the Actions column.

NOTE: If pop-ups are blocked by your internet browser, you will need to accept the pop-up then re-select "Original Confirmation" or "Latest Confirmation" in order to access the Registration Confirmation or Registration Update Confirmation.

14. BROWSER & SYSTEM REQUIREMENTS

- Applications on the Health Commerce System (HCS) should be accessed using the newest browser version available and at least Internet Explorer version 10 or higher.
- Browsers must have TLS 1.1 encryption enabled. To ensure that TLS 1.1 is enabled in your browser, follow the instructions below. You may also point your browser to [Qualys SSL Labs](#) to test your browser's compatibility.

Internet Explorer

1. Open Internet Explorer
2. Press Alt T and select "Internet Options"
3. Select the "Advanced" tab
4. Scroll down to the "Security" section
5. Locate and check "Use TLS 1.0, TLS 1.1 and TLS 1.2"
6. Press the "OK" button

Google Chrome

1. Open Google Chrome
2. Press Alt F and select "Settings"
3. Scroll down and select "Show advanced settings..."
4. Scroll down to the Network section and click on "Change proxy settings..."
5. Select the "Advanced" tab
6. Scroll down to the "Security" section
7. Locate and check "Use TLS 1.0, TLS 1.1 and TLS 1.2"
8. Press the "OK" button

Safari

1. If you are using Safari version 7 or greater, TLS 1.0, 1.1, and 1.2 are automatically enabled. There are no options for enabling TLS under iOS.

15. ADDITIONAL QUESTIONS

If you have any questions about the registration process, contact the Meaningful Use Public Health Objective Support Team at MUPublicHealthHELP@health.ny.gov or 1-877-646-5410 Option 3.