Meaningful Use Registration for Public Health

User Guide for Eligible Professionals

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

<table>
<thead>
<tr>
<th>Term/Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>APM</td>
<td>Alternative Payment Model</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
</tr>
<tr>
<td>EH</td>
<td>Eligible Hospital</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>EP</td>
<td>Eligible Professional</td>
</tr>
<tr>
<td>HCS</td>
<td>Health Commerce System</td>
</tr>
<tr>
<td>MIPS</td>
<td>Merit-based Incentive Payment System</td>
</tr>
<tr>
<td>MURPH</td>
<td>Meaningful Use Registration for Public Health System</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>NPPES</td>
<td>National Plan and Provider Enumeration System</td>
</tr>
<tr>
<td>NYC DOHMH</td>
<td>New York City Department of Health and Mental Hygiene</td>
</tr>
<tr>
<td>NYSDOH</td>
<td>New York State Department of Health</td>
</tr>
<tr>
<td>QPP</td>
<td>Quality Payment Program</td>
</tr>
</tbody>
</table>
# Table of Contents

1. **INTRODUCTION AND BACKGROUND** ....................................................................................................................... 1  
2. **BEFORE YOU BEGIN** ............................................................................................................................................... 1  
3. **MURPH APPLICATION TIPS** ................................................................................................................................. 1  
4. **INFORMATION YOU WILL NEED** .......................................................................................................................... 2  
   - 4.1 General Registration Information .................................................................................................................. 2  
   - 4.2 Unique Eligible Professional Information ................................................................................................. 3  
5. **ACCESSING THE REGISTRATION APPLICATION** ............................................................................................... 3  
6. **NAVIGATION** .......................................................................................................................................................... 4  
7. **MURPH HOME** ....................................................................................................................................................... 5  
   - 7.1 Features ......................................................................................................................................................... 5  
   - 7.2 Registration Directions ............................................................................................................................. 5  
8. **ELIGIBLE PROFESSIONAL (EP) HOME** ............................................................................................................... 5  
   - 8.1 Features ......................................................................................................................................................... 5  
   - 8.2 Registration Directions .................................................................................................................................. 6  
9. **PRACTICE/ ORGANIZATION NAME & NPI** ............................................................................................................. 6  
   - 9.1 Features ......................................................................................................................................................... 6  
   - 9.2 Registration Directions .................................................................................................................................. 6  
10. **REGISTRATION CONTACT** .............................................................................................................................. 7  
    - 10.1 Features ...................................................................................................................................................... 7  
    - 10.2 Registration Directions .......................................................................................................................... 7  
11. **ALTERNATE CONTACT** ....................................................................................................................................... 8  
    - 11.1 Features ...................................................................................................................................................... 8  
    - 11.2 Registration Directions .................................................................................................................................. 8  
12. **LOCATIONS** ........................................................................................................................................................ 10  
    - 12.1 Features .................................................................................................................................................... 10  
    - 12.2 Registration Directions .................................................................................................................................. 10  
13. **ADD ELIGIBLE PROFESSIONAL(S)** .................................................................................................................... 13  
    - 13.1 Features .................................................................................................................................................... 13  
    - 13.2 Adding an Eligible Professional ............................................................................................................. 13  
14. **ELIGIBLE PROFESSIONAL DETAILS** ............................................................................................................... 14  
    - 14.1 Features .................................................................................................................................................... 14  
    - 14.2 Registration Directions .................................................................................................................................. 14  
15. **CONFIRMATION OF SUBMISSION** ...................................................................................................................... 17  
16. **EDIT & DELETE ELIGIBLE PROFESSIONAL** ....................................................................................................... 18  
    - 16.1 Features .................................................................................................................................................... 18  
    - 16.2 Edit Eligible Professional ....................................................................................................................... 18
16.3 Delete Eligible Professional .............................................................................................................. 19
  16.3.1 Delete Single Eligible Professional ........................................................................................... 19
  16.3.2 Delete All Eligible Professionals ............................................................................................. 19
17. EXISTING REGISTRATIONS .................................................................................................................. 20
  17.1 Features .......................................................................................................................................... 20
  17.2 Registration Directions .................................................................................................................... 21
18. BROWSER & SYSTEM REQUIREMENTS ............................................................................................ 22
19. ADDITIONAL QUESTIONS ..................................................................................................................... 23
Table of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accessing the Application</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>MURPH Home</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>EP Home</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Practice/Organization Name &amp; NPI</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>Registration Contact</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>Alternate Contact</td>
<td>9</td>
</tr>
<tr>
<td>7</td>
<td>Locations – Practice Jurisdiction</td>
<td>10</td>
</tr>
<tr>
<td>8</td>
<td>Locations – NPI and Name</td>
<td>11</td>
</tr>
<tr>
<td>9</td>
<td>Locations – Address</td>
<td>11</td>
</tr>
<tr>
<td>10</td>
<td>Locations – CIR Facility Code</td>
<td>11</td>
</tr>
<tr>
<td>11</td>
<td>Locations – Certified EHR Technology</td>
<td>12</td>
</tr>
<tr>
<td>12</td>
<td>Save Location</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Locations – Add Another Practice Location</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>EP List Unpopulated</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>EP Details – General Information</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>EP Details – Locations</td>
<td>15</td>
</tr>
<tr>
<td>17</td>
<td>EP Details – PH Reporting Measures</td>
<td>16</td>
</tr>
<tr>
<td>18</td>
<td>EP Details – Save EP</td>
<td>16</td>
</tr>
<tr>
<td>19</td>
<td>EP List</td>
<td>17</td>
</tr>
<tr>
<td>20</td>
<td>Submission Confirmation</td>
<td>18</td>
</tr>
<tr>
<td>21</td>
<td>Update EP</td>
<td>18</td>
</tr>
<tr>
<td>22</td>
<td>Discard Changes Confirmation</td>
<td>19</td>
</tr>
<tr>
<td>23</td>
<td>Delete EP Confirmation</td>
<td>19</td>
</tr>
<tr>
<td>24</td>
<td>Delete All EPs Confirmation</td>
<td>20</td>
</tr>
<tr>
<td>25</td>
<td>Practice Registrations – Actions</td>
<td>21</td>
</tr>
<tr>
<td>26</td>
<td>Actions - View</td>
<td>21</td>
</tr>
<tr>
<td>27</td>
<td>Actions - Edit</td>
<td>21</td>
</tr>
</tbody>
</table>
1. INTRODUCTION AND BACKGROUND

The purpose of the Meaningful Use Registration for Public Health (MURPH) 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 system. Registration must be completed before or within 60 days of the start of an Eligible Provider’s EHR reporting period.

Detailed information about each of the Meaningful Use Public Health Reporting Measures is available on the Meaningful Use Public Health Reporting Website.

NOTE: Multiple locations can be added to one registration. However, if a practice has locations both inside and outside the five boroughs of NYC, then separate registrations must be submitted. See Section 12 or call our Meaningful Use Public Health Objective Support Team at 1-877-646-5410 Option 3 for additional guidance.

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. MURPH APPLICATION TIPS

For the best results using the Meaningful Use Registration for Public Health (MURPH) System, please be sure to follow these tips:

- If your organization needs to register intent for 250 or more EPs, please call the Meaningful Use Public Health Objective Support Team at 1-877-646-5410 Option 3 prior to submitting a registration.

- Complete a single registration for your organization and add all locations and EPs registering intent to submit data.

- Only add locations to the Locations page where at least one EP practices. Including a location without associating an EP to that location will prevent the registration from being submitted.
• Only add EPs who intend to submit data to at least one New York State Department of Health or New York City Department of Health and Mental Hygiene registry.

• Click “Save and Continue”, “Save and Close”, or “Submit” prior to exiting the MURPH System to prevent the loss of data.

• If you are unable to advance, move between pages, or submit your registration, ensure all the required fields have been completed. If you are still unable to continue, please contact the Meaningful Use Public Health Objective Support Team at 1-877-646-5410 Option 3.

4. INFORMATION YOU WILL NEED

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

4.1 General Registration Information

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

• Registration Contact¹ - 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

• Alternate Registration Contact² - see Section 11 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.
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.
General Practice Information - see Section 9 and Section 12 for additional information about each data element.

- Practice/Organization NPI
- Practice/Organization Name
- Location NPI (optional)
- Location Name (optional)
- Location Address
- Name of EHR Vendor and Product, and Version
- CMS EHR Certification ID (optional)

### 4.2 Unique Eligible Professional Information

You must provide the following information for each Eligible Professional you are registering. See Section 14 for additional information.

- Eligible Professional NPI
- Eligible Professional First and Last Name
- Eligible Professional’s Email Address
- Eligible Professional’s HCS User ID (optional)
- CMS Registration ID (optional)
- The program in which the EP is participating
- Type of Eligible Professional and Primary Field of Medicine
- Physician License Number (optional)
- Public Health Reporting Measures for which the EP is registering. Available measures include:
  - Immunization Registry Reporting
  - Syndromic Surveillance Reporting
  - Cancer Case Reporting
  - Electronic Case Reporting (NYC-based EPs Only)
  - Population Health Reporting (NYC-based EPs Only)

### 5. ACCESSING THE REGISTRATION APPLICATION

1. Navigate to the Health Commerce System Homepage
2. Enter your User ID and Password for the Health Commerce System
3. Click on the “My Content” tab in the top right navigation bar
4. Click on “All Applications” and then the letter “M”
5. Click on “Meaningful Use Registration for Public Health”

![Health Commerce System Applications](image)

**Figure 1. Accessing the Application**

### 6. 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 save all information on the current page before navigating to a prior page.

- **Continue >>** Continue from the Locations page to the EP List page
- **Close** Close the registration from the Locations or EP List page

**NOTE:** The information is saved when “Save Location” or “Save EP” buttons are clicked.
Delete the entire practice registration from the MURPH System

**NOTE:** The “Delete Registration” button will remove all information for the practice registration. Information cannot be retrieved in this case. In order to delete a practice registration, all EPs must first be deleted from the registration. See Section 16.3 for assistance with deleting an EP.

- The question mark icon appears in different fields throughout the registration process. Selecting the icon will open an information box with clarification for that particular field.

## 7. MURPH HOME

### 7.1 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

### 7.2 Registration Directions

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

![Figure 2. MURPH Home](image)

## 8. ELIGIBLE PROFESSIONAL (EP) HOME

### 8.1 Features
- **Important EP Registration Information**
8.2 Registration Directions

To begin a new registration, select “Start New Registration”. For instructions on working with an existing registration, see Section 17.

9. PRACTICE/ORGANIZATION NAME & NPI

9.1 Features

- The Practice Name & NPI page is where you indicate the practice or organization that you are registering.

**NOTE:** The Practice/Organization NPI and Name entered on this page should represent the overall practice/organization. If this practice/organization has multiple locations, those unique locations will be entered later in the registration process with the option to assign a different NPI and/or name to each location.

9.2 Registration Directions

1. Practice/Organization NPI: Enter your ten-digit Practice/Organization NPI.
   - If you are unsure of your Practice/Organization NPI, you can use the National Plan & Provider Enumeration System (NPPES) NPI Registry.

**NOTE:** If your Practice/Organization does not have an NPI, then please enter an individual EP NPI and update the Practice/Organization Name to be the name of the practice/organization.

2. Practice/Organization Name: Will auto-populate, based on the entered NPI, once you click off the Practice/Organization NPI text field. If it does not, enter your Practice/Organization Name.
3. Previous Registration: Select “Yes” or “No” from the drop-down list to indicate whether a registration of intent was submitted on behalf of the practice in a previous year. If unsure, select “No”.

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

10. REGISTRATION CONTACT

10.1 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.

10.2 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.
To continue with the registration, select the “Save and Continue” button.

11. ALTERNATE CONTACT

11.1 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 update the registration.

- The Alternate Contact will be able to view and modify registration information and will receive a Confirmation of Registration.
- 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.

11.2 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 click 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.

4. To add an additional Alternate Contact, select “Add Alternate Contact” 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.

### 12. LOCATIONS

#### 12.1 Features

- The Locations page allows you to enter all locations associated with your organization where at least one EP is registering intent for a Meaningful Use Public Health Reporting Measure.

#### 12.2 Registration Directions

1. Practice Jurisdiction: Indicate whether the practice is “Inside the 5 boroughs of NYC” or “Outside the 5 boroughs of NYC”.

   - This field selection determines the Meaningful Use Public Health Reporting Measures for which Eligible Professionals may register their intent.

**NOTE:** If you have locations inside and outside the five boroughs of NYC, then you will need to complete two separate registrations - one registration for the location(s) in the five boroughs of NYC and a second registration for the location(s) outside the five boroughs of NYC.

![Figure 7. Locations – Practice Jurisdiction](image)

2. Once you select the Practice Jurisdiction, the New Location box will appear. Complete the required fields for the location you are adding.
3. Location NPI will auto-populate with the Practice/Organization NPI entered on the Practice Name & NPI page. If there is a unique NPI for the location, then uncheck the box and enter the Location NPI in the field.

4. Location Name will auto-populate with the Practice/Organization Name entered on the Practice Name & NPI page. If there is a unique name for the location, then uncheck the box and enter the Location Name in the field.

5. Location Address: Enter the Street Address, City, and Zip Code. The State is pre-populated with NY.

6. If the practice is located inside the five boroughs of NYC, you have the option to enter the CIR Facility Code.
   - The CIR Facility Code is a unique code issued by the NYC DOHMH. If you have any questions regarding your CIR Facility Code, please email MUTracking@health.nyc.gov.
   - For additional information on the CIR Facility Code field, select the question mark icon.
7. Certified EHR Technology Vendor: 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.

8. Certified EHR Technology 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.

9. Certified EHR Technology Version: Enter your Certified EHR Technology Product Version
   - Example: 1.2 or Version 1.2

10. CMS EHR Certification ID (Optional): You may choose to fill in the CMS EHR Certification ID, which can be retrieved from your EHR Vendor.
    - Select the question mark icon to view additional information on the CMS EHR Certification ID field.

11. After entering all of the location information, select the “Save Location” button.

    ![Figure 11. Locations – Certified EHR Technology]

    ![Figure 12. Save Location]

    **NOTE:** The saved location will be displayed in the table at the bottom of the page.
12. If there are multiple locations within your organization where at least one EP is registering intent for a Meaningful Use Public Health Reporting Measure, select “Add Another Practice Location” and then repeat steps 3-11, above.
   - If you start adding another practice location, but would like to stop, then click the white “X” in the top right corner of the new location box.

13. Once all locations have been saved and are displayed in the table, select Continue >> to continue with the registration.

   **NOTE:** Review the table at the bottom of the page to ensure all of the locations you intend to include in the registration are displayed. If a location is not displayed, then you will need to select “Add Another Practice Location”, enter all required information, and select “Save Location”.

### 13. ADD ELIGIBLE PROFESSIONAL(S)

#### 13.1 Features

- Add Eligible Professionals (EPs) associated with your practice/organization.

   **NOTE:** The EP List will remain unpopulated until you add at least one EP who is associated with your practice/organization.

#### 13.2 Adding an Eligible Professional

Once you are prepared to add an EP to your registration and have collected all the information listed in Section 4.2 of this guide, select “Add EP”.

---

**Figure 13. Locations – Add Another Practice Location**

![Image of Practice Location Registration Interface](image-url)
14. ELIGIBLE PROFESSIONAL DETAILS

14.1 Features

- Add each EP and register their intent to submit data for the Meaningful Use Public Health Reporting Measures.

NOTE: If you do not add any EPs, the registration of intent is not considered complete.

14.2 Registration Directions

1. Eligible Professional NPI: Enter the EP’s ten-digit NPI.
   - If an invalid NPI is entered, you will receive a notification advising the NPI is not in the NPPES database and a link to the website to search for the correct NPI. For any questions or concerns, please contact our Meaningful Use Public Health Objective Support Team at 1-877-646-5410 Option 3.

2. Eligible Professional First and Last Name will auto-populate once you click off the Eligible Professional NPI text field.

NOTE: If the name is incorrect, please verify the Eligible Professional NPI was entered correctly. If you still need help, please contact our Meaningful Use Public Health Objective Support Team at 1-877-646-5410 Option 3.

3. Complete the Eligible Professional Email Address field.

4. Complete the Eligible Professional HCS ID field. (Optional)

5. Complete the Eligible Professional CMS Registration ID. (Optional)
The CMS Registration ID is a unique ten-digit identifier assigned to an EP upon registration with CMS for the EHR Incentive Programs.

If the EP’s CMS Registration ID is not known, contact the CMS Help Desk at 1-888-734-6433.

6. Program Participation: Select from the following options
   - Medicare EHR Incentive Program
   - Medicaid EHR Incentive Program
   - Quality Payment Program (MIPS/APMs)
   - Medicaid EHR Incentive Program and Quality Payment Program (MIPS/APMs)

7. Type of Eligible Professional: Make the appropriate selection from the drop-down list.

8. Primary Field of Medicine: Make the appropriate selection from the drop-down list.

9. Physician License Number: Enter the Physician License Number, if applicable.

NOTE: The system will only accept the last 6 digits of the Physician License Number. To look up a Physician License Number please go to: [http://www.op.nysed.gov/opsearches.htm](http://www.op.nysed.gov/opsearches.htm).

10. Check the box for each location within the organization where the EP practices.

[Figure 15. EP Details – General Information]

[Figure 16. EP Details – Locations]
11. For each Public Health Reporting Measure displayed, use the drop-down list to indicate whether the EP intends to meet the measure (“Yes”), does not intend to meet the measure (“No”), or will claim an exclusion for the measure (“Exclusion”).

   - The Public Health Reporting Measures available reflect whether your practice is located inside or outside the five boroughs of NYC.

   **NOTE:** If you see Public Health Reporting Measures that are not consistent with your location inside or outside of NYC (see Section 4.2), please verify that the correct value was selected for the “Practice Jurisdiction” field. If you need to return to the Locations page, use the “Back” button to navigate or see Edit Registration for additional assistance.

![Figure 17. EP Details – PH Reporting Measures](image)

12. Once all the required fields are completed, select “Save EP” to save the EP.

![Figure 18. EP Details – Save EP](image)

   **NOTE:** To discard the EP information, select the white “X” in the top right corner of the New Eligible Professional box.

13. Once an EP has been saved, their information will be displayed in the EP List.
For assistance with editing or deleting an EP, see Section 16.

14. To add another EP, select the “Add EP” button and repeat steps 1-15, above. Once all EPs have been saved and are displayed in the EP List, select one of the following buttons:

- Back: Return to prior page
- Close: Close the registration
- Discard Changes: Discard changes made since the last save and close the registration

NOTE: Before returning to a prior page, make sure to save any open EP by first selecting “Save EP”

- Submit: Save and submit all information entered

NOTE: For information on the Delete All EPs button, see Section 16.3. For information on the Delete Registration button, see Section 6.

15. To finalize and submit the registration, select the “Submit” button.

15. 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.
NOTE: Before submitting, please make sure all of the information entered is accurate.

### 16. EDIT & DELETE ELIGIBLE PROFESSIONAL

#### 16.1 Features
- On the EP List page, you can edit EPs, Delete EPs, and Delete All EPs

#### 16.2 Edit Eligible Professional

1. To Edit an EP select the "Edit" Icon in the Actions column on the EP List, next to the EP you want to edit.

3. Once all of the necessary changes have been made to the registration, select “Submit” to save and submit the updated registration.

**NOTE:** If you do not want to update that EP or save changes, then select the white “X” in the top right corner. The system will confirm that you want to discard your changes before closing the
EP's details. Select “OK” to discard changes or “Cancel” to keep the changes and return to the EP’s details.

16.3 Delete Eligible Professional

There are two ways to delete an EP: Delete individual EPs or delete all EPs at once.

16.3.1 Delete Single Eligible Professional

1. To delete a single EP, select the "Delete" icon in the Actions column on the EP List, next to the EP you want to delete.

2. The system will confirm that you want to delete the EP. Select “OK” to delete the EP or “Cancel” to not delete the EP and return to the EP List.

3. Once all of the deletions or changes have been made, select “Submit” to save and submit the updated registration.

NOTE: At least one EP must be saved in the EP List in order to submit the registration.

16.3.2 Delete All Eligible Professionals

1. To delete all EPs from a registration, select the button.

2. The system will confirm that you want to delete all of the EPs. Select “OK” to delete the EPs or “Cancel” to not delete the EPs and return to the EP List.
3. Once All EPs are Deleted the following options are available:
   - Close: Exit the registration
   - Delete Registration: Delete the entire registration from the MURPH System

**NOTE:** At least one EP must be saved in the EP List in order to submit the registration.

## 17. EXISTING REGISTRATIONS

### 17.1 Features

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

1. **Edit:** Opens the registration for updates to be made

2. **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 26. Actions - View.

3. **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.

4. **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.
17.2 Registration Directions

1. Practice Registration Status: 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.

2. 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.

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

   a. Use the “Save and Continue” and “Continue” buttons to navigate to the section you would like to update. For instructions on updating EPs, see Section 16.

   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 Registration Confirmation” or “Latest Registration Update Confirmation” in order to access the Registration Confirmation or Registration Update Confirmation.

### 18. 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.

### 19. ADDITIONAL QUESTIONS

If you have any questions please contact the Meaningful Use Public Health Objective Support Team at [MUPublicHealthHELP@health.ny.gov](mailto:MUPublicHealthHELP@health.ny.gov) or 1-877-646-5410 Option 3.