

MURCS MANUAL

Functionality of the Meaningful Use Registration
and Communication System at the
Arkansas Department of Health



USERS EDITION

2013

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REGISTERING A NEW USER

1. Go to Meaningful Use homepage.

<https://adhmurcs.arkansas.gov/MeaningfulUse/RegistrationContent/ShowRegistrationContentHome.aspx>

2. Click the “Click Here to Register” button.

Those interested in pursuing the Public Health Meaningful Use objectives can proceed to the [Meaningful Use Registration and Communications System \(MURCS\)](#).

[Click Here to Register](#)

The Privacy Rule permits [covered entities](#) to disclose PHI, without authorization, to public health authorities or other entities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability.

3. To register as a **new** user, choose on the “Sign Up” button.

To register with the Arkansas Department of Health, please click on the appropriate link above – **Eligible Professionals or Eligible Hospitals**.

Once you click on “Save” on the enrollment form, you will be directed back to the update page in the registration system. You will receive a confirmation email with instructions on how to proceed to the next step of the on-boarding process.

Not
Registered?

[Sign Up](#)

Already
Registered?

[Sign In](#)



4. Fill in the “Register as a New User” fields with your appropriate information.

The screenshot shows a registration form titled "Register as a New User". It contains the following fields and values:

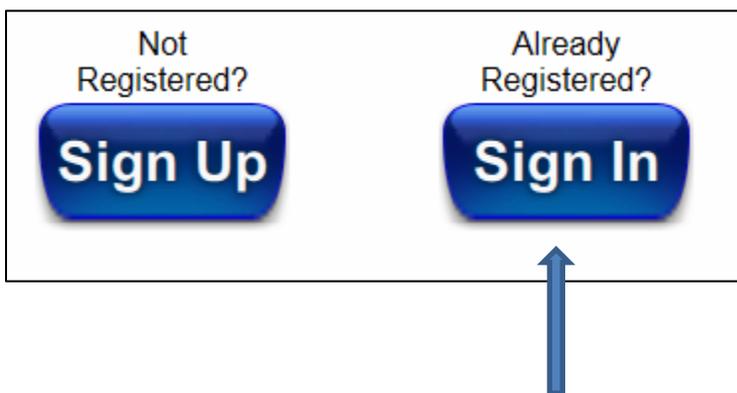
- What is Your Name?: John Doe
- What is the Name of Your Organization?: ABC Facility
- What is Your E-Mail Address?: ABC@gmail.com
- Verify Your E-Mail Address: ABC@gmail.com
- Select a Username: ABCingyou
- Select a Password: [masked with dots]
- Verify Password: [masked with dots]

At the bottom of the form are two buttons: "SAVE" and "CANCEL". Blue arrows point to each of the seven input fields and both buttons.

*Click on “SAVE” button to register and proceed to the **Sign In** screen or “CANCEL.” button to return to the previous screen.*

SIGNING INTO MURCS

1. At the MU homepage, click on the “Sign In” button



2. At the **Sign In** screen, enter your “**User Name**” and “**Password**”.

Sign In

Enter your user name and password.

User Name
ABCingyou

Password
••••••

Remember User Name

Remember Password

Automatically Sign In

[Forgot your password?](#)

OK CANCEL

*Click on the “**OK**” button to proceed or “**CANCEL**” button to return to the previous screen.*

REGISTERING AN ELIGIBLE PROFESSIONAL OR HOSPITAL

1. Download and print the “**Provider Tip Sheet**”. This will inform you of the information necessary to register an **eligible provider** or **eligible hospital**.

Information Required Before Registration:

Both Individual and Multiple Eligible Hospitals (EHs) and Eligible Providers (EPs) should refer to the Provider Tip Sheet before entering the registration system.

- Download the [Provider Tip Sheet](#)

If you are an Eligible Hospital or an Eligible Professional or a Health System with multiple NPIs/group provider sites networked to the same certified EHR System, you will need to review and sign the Business Associate Agreement (BAA) and the Data Use Agreements (located below) during registration and prior to sending a test message.

Note: In order to submit your final registration with ADH, please upload a signed version of the BAA or DUA or you may electronically sign the document signature box or check the box next to the documents in the registration system to verify you have read and agree to the agreements.

If you have any questions regarding the information requested, please contact:
ADH.ORG.MU@arkansas.gov

How to Register:

To register with the Arkansas Department of Health, please click on the appropriate link above – **Eligible Professionals** or **Eligible Hospitals**.

Once you click on “Save” on the enrollment form, you will be directed back to the update page in the registration system. You will receive a confirmation email with instructions on how to proceed to the next step of the on-boarding process.

To help expedite the registration process, the following information has been provided before you submit for registration.

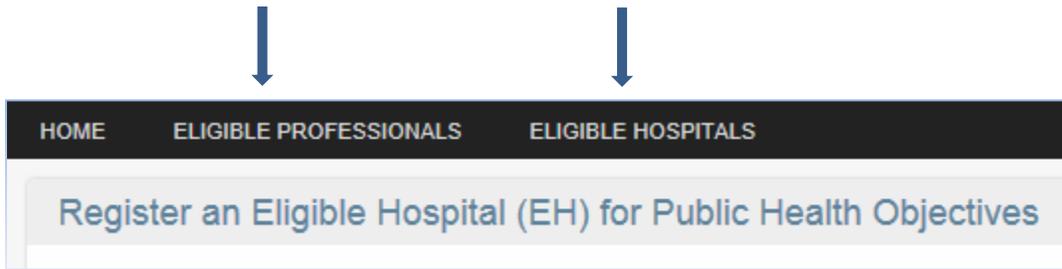
TOOLS & tip sheet

PDF Business Associate Agreement

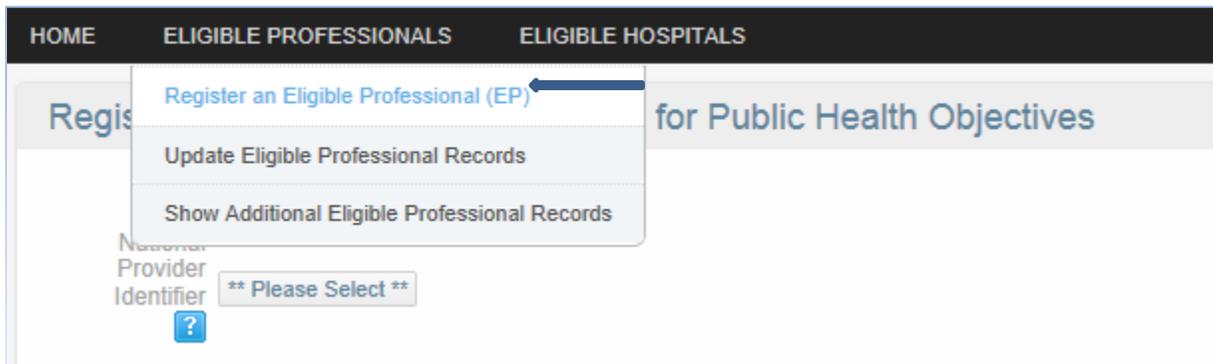
PDF ELR Data Usage Agreement

PDF Syndromic Surveillance Data Usage Agreement

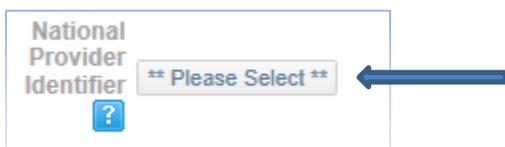
- To register an **Eligible Professional** or **Eligible Hospital**, place the cursor on the “**Eligible Professionals**” or “**Eligible Hospitals**” tab.



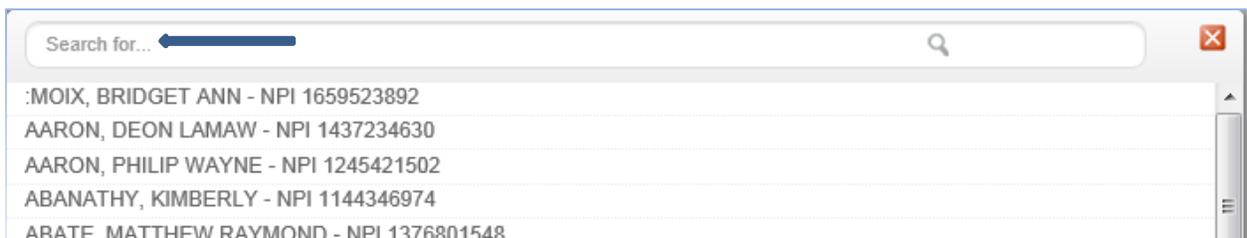
- In the dropdown box, click on the “**Register an Eligible Progression (EP)**” or “**Register an Eligible Hospital**” heading.



- Choose professional or facility to be registered from the “**National Provider Identifier**” dropdown field.



*The “**Search for**” box can be referenced using the professional/facility’s name or NPI.*



5. Fill in the “**Provider Name and Address**” fields with the appropriate provider/facility information.

*After choosing from the “**Please Select County**” dropdown field, the **City** and **Zip Code** fields are automatically populated with appropriate selections to choose from.*

6. Fill the “**Provider Contact Information**” & “**Technical Contact Information**” text fields with the appropriate information.

*The **Technical Contact** will be the person whom the ADH will be working with during the testing and validation process. Often times it is the Provider’s EHR vendor.*

7. Choose the appropriate selections from the “**Provider Type**”, “**Incentive Program**”, “**EHR Vendor**” and “**EHR Product**” dropdown fields.

* If your vendor/product is not shown, use the text fields to list your certified vendor/product.*

8. If the registrant is a participating **SHARE** member, click the **“Please Select”** button and choose the appropriate personnel or facility listing from the dropdown field.

SHARE
Arkansas
Affiliation

**** Please Select **** ←

Search for...

Abbott, Dana (Highlands Oncology Group (Main - N. Hills) - Fayetteville)

Abbott, Virginia (Lee County Cooperative Clinic, Inc. - Marianna)

Abdin, Jamal (ABDIN, JAMAL Z MD (WA Family Clinic - Farmington) - FARMINGTON)

Adams, Cassandra (Life Strategies of Arkansas, LLC - Main Office - West Memphis)

Adams, Christina (Cardiology Associates of Northeast Arkansas - Jonesboro)

Adams, Ellen (OZARK GUIDANCE CENTER INC - SPRINGDALE)

Adams, Freda (Corning Area Healthcare Inc. dba Family Medical Center - Corning)

Adams, Jeanne (North Arkansas Regional Medical Center - Harrison)

Adams, Mary (OZARK GUIDANCE CENTER INC - SPRINGDALE)

Adams, Misty (T.W. Wagner, Inc. - Manila)

Adams, Nancy (Paragould Pediatrics, PLLC - Paragould)

Adams, Susan (UAMS Medical Center - Little Rock)

Adams, Teresa (WA REGIONAL FAMILY CLINIC C - EUREKA SPRINGS)

Adamson, Vickie (Corning Area Healthcare Inc. dba Pocahontas Family Medical Center - Pocahontas)

Aday, Jeri (OZARK GUIDANCE CENTER INC - SPRINGDALE)

Adcox, Sarena (Wood-Lawn Nursing Home - Batesville)

Adenomon, Gladys (Southwest AR Counseling - Texarkana)

CLEAR

1 of 49 Page(s)

2408 Total Records

50 Per Page

9. Review the **“Business Associate Agreement”** and the **“Data Usage Agreements”** documents by clicking the links to each.

I Have Read and Agree to the [Business Associate Agreement](#) If Required, Attach the Signed Business Associate Agreement here

I Have Read and Accept the [Electronic Lab Reporting Data Usage Agreement](#) If Required, Attach the Signed Electronic Lab Reporting Data Usage Agreement here

I Have Read and Accept the [Syndromic Surveillance Data Usage Agreement](#) If Required, Attach the Signed Syndromic Surveillance Data Usage Agreement here

*Type your name as you would sign it and click the box to the left of your name to sign the **Business Associate Agreement”** and **“Data Usage Agreements”**.*

Register for Public Health Objectives

1. To add your **Public Health Objectives** to your **Meaningful Use Record**, choose the **“Public Health Objectives”** tab and click the **“Add”** button.

Use the tabs below to add the necessary information to complete your registration.

Public Health Objectives | Affiliated Providers | Affiliated Facilities | Additional User Access | CLIA Number | OID Number

Add Your Public Health Objectives to Your Meaningful Use Record **Add**

Program Test Period Start Test Period End
Stage HL 7 Version

2. Select the specific **Public Health Objectives** you want to include in your Meaningful Use Record from the **“Program”** dropdown field.

Program Test Period Start Test Period End
Stage HL 7 Version

3. Enter the **“Test Period Start”** and **“Test Period End”** dates that coincide with your **EHR Reporting Period**.

Program Test Period Start Test Period End
Stage HL 7 Version

4. Enter the Meaningful Use **“Stage”** you are registering for and the **“HL 7 Version”** you will be submitting into the appropriate fields.

Program Test Period Start Test Period End
Stage HL 7 Version

Register an Affiliated Provider

1. To add an **Affiliated Provider** to your **Meaningful Use Record**, choose the **“Affiliated Providers”** tab and click the **“Add”** button.

*Click on the **“Individual National Provider Identifier”** button and choose from the dropdown field by clicking on the provider you wish to add.*

Register an Affiliated Facility

1. To add **Affiliated Facilities** to your **Meaningful Use Record**, choose the **“Affiliated Facilities”** tab and click the **“Add”** button.

*Click on the **“Organization National Provider Identifier”** button and choose from the dropdown field by clicking on the organization you wish to add.*

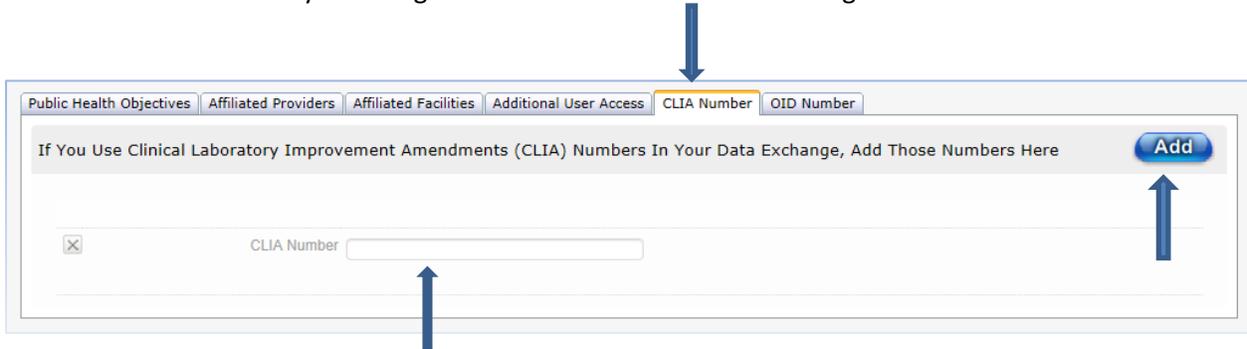
Register additional User Access

1. To add/allow **Additional Users Access** to your account’s information, choose the **“Additional User Access”** tab and click the **“Add”** button.

*Click on the **“User”** button and choose from the dropdown field by clicking on the registered user you wish to add. Please note that the user has to be **registered** before they can be added.*

Register CLIA Number

1. If you use **Clinical Laboratory Improvement Amendments (CLIA) Numbers** in your data exchange, add those numbers by selecting the **“CLIA Number”** tab and clicking the **“Add”** button.

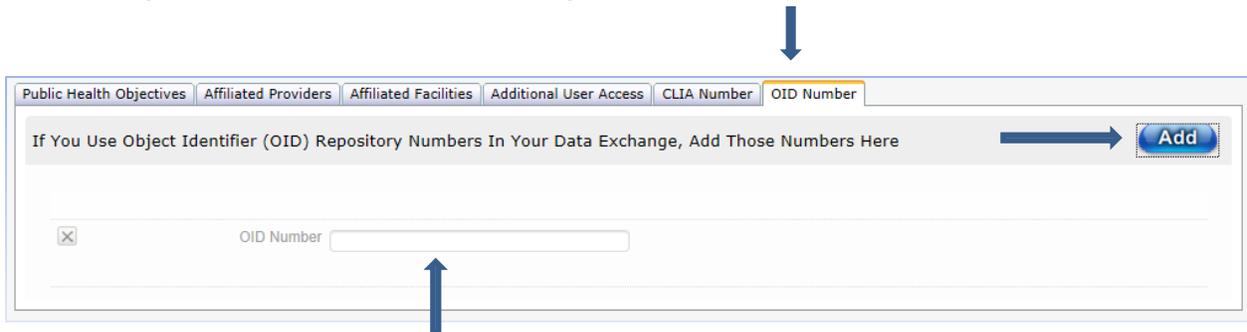


The screenshot shows a web interface with a navigation bar at the top containing tabs: Public Health Objectives, Affiliated Providers, Affiliated Facilities, Additional User Access, CLIA Number, and OID Number. The 'CLIA Number' tab is selected and highlighted. Below the navigation bar is a header area with the text 'If You Use Clinical Laboratory Improvement Amendments (CLIA) Numbers In Your Data Exchange, Add Those Numbers Here' and a blue 'Add' button. Below this is a form with a text input field labeled 'CLIA Number' and a blue arrow pointing to it from below. Another blue arrow points to the 'Add' button from below.

Fill in the “CLIA Number” box with your appropriate Clinical Laboratory Improvement Amendments Numbers, then proceed to next step.

Register OID Number

1. If you use **Object Identifier (OID) Repository Numbers** in your data exchange, add those numbers by selecting the **“OID Number”** tab and clicking the **“Add”** button.



The screenshot shows a web interface with a navigation bar at the top containing tabs: Public Health Objectives, Affiliated Providers, Affiliated Facilities, Additional User Access, CLIA Number, and OID Number. The 'OID Number' tab is selected and highlighted. Below the navigation bar is a header area with the text 'If You Use Object Identifier (OID) Repository Numbers In Your Data Exchange, Add Those Numbers Here' and a blue 'Add' button. Below this is a form with a text input field labeled 'OID Number' and a blue arrow pointing to it from below. Another blue arrow points to the 'Add' button from below.

Fill in the “OID Number” box with your appropriate Object Identifier Repository Numbers, then proceed to the next step.

2. Click the **“SAVE AND SUBMIT”** button to save the information you have entered or **“CANCEL”** button to return to the previous screen without adding the information.

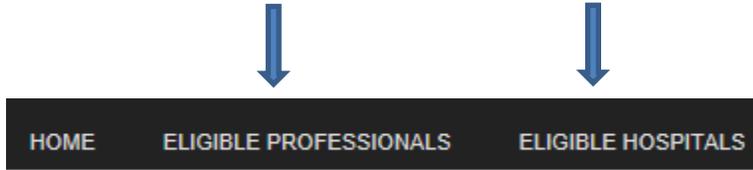


The screenshot shows two buttons: 'SAVE AND SUBMIT' and 'CANCEL'. Two blue arrows point down to each button from above.

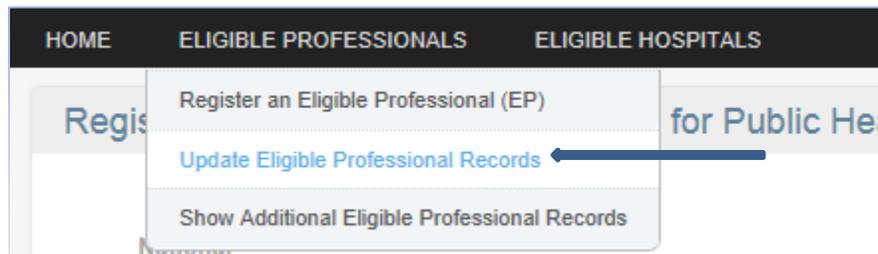
You will now be on the **Update Eligible Professional or Hospital Meaningful Use Record** screen. This will show the information you just entered in a read only format.

EDITING/UPDATING A RECORD

1. To Edit an **Eligible Professional** or **Eligible Hospital** record, place the cursor on the “**Eligible Professionals**” or “**Eligible Hospitals**” tab.



2. Click on the “**Update Eligible Professional/Hospital Records**” choice in the dropdown box.



3. You will be directed to a screen where all **Eligible Professionals** or **Eligible Hospitals** within a **User's** record will be listed in a show only format.

A screenshot of the 'Update Eligible Professional Meaningful Use Records' screen. The screen displays a form with an 'Edit' button and various fields for provider information, contact information, and business agreements.

Update Eligible Professional Meaningful Use Records	
Edit	National Provider Identifier ABDELAL, AHMED T - NPI 1548265572
	Provider Name and Address Russell Burns 123 ABC Street Craighead Jonesboro Arkansas 72401
Provider Contact Information	Technical Contact Information
Contact Name Russell Burns	Contact Name Russell Burns
Phone Number (501) 833-3535	Phone Number (501) 833-3535
E-Mail Address russell.burns@arkansas.gov	E-Mail Address russell.burns@arkansas.gov
Provider Type Acute Care	Incentive Program Medicare
EHR Vendor ADS Technologies, Inc.	EHR Product Supra version 4.0 (08182011-1318-1) (CHP-006835)
SHARE Arkansas Affiliation Adams, Jeanne (North Arkansas Regional Medical Center - Harrison)	
Business Associate Agreement Yes	
Lab Data Usage Agreement Yes	
Syndromic Surveillance Data U-ement Yes	

4. Clicking the “+” button will show the “Public Health Objectives”, “Affiliated Providers”, “Affiliated Facilities”, “Additional User Access”, “CLIA Number” and “OID Number” tabs and information. Clicking the “-” button will hide these fields.

Update Eligible Professional Meaningful Use Records

ACTIONS FILTERS Search for...

Edit

National Provider Identifier ABBEY, CHRISTOPHER JAMES - NPI 1841354206

John Doe

Provider Name and Address 123 ABC Street
Craighead
Jonesboro Arkansas 72401

Provider Contact Information

Contact Name John Doe
Phone Number 501-1112 222
E-Mail Address southernsteelman@netscape.net

Technical Contact Information

Contact Name JohnDoe
Phone Number 501-1112 222
E-Mail Address russell.burnsf@arkansas.gov

Provider Type Specialty Care
EHR Vendor ADS Technologies, Inc.
SHARE Adams, Ellen (OZARK GUIDANCE CENTER INC - SPRINGDALE)
Arkansas Affiliation
Business Associate Agreement Yes Business Associate Agreement-ature
Laboratory Data Usage Agreement Yes Lab Data Usage Agreement Signature
Syndromic Surveillance Data Usage Agreement Yes Syndromic Data Usage Agreement-ature

Incentive Program Medicaid
EHR Product Supra version 4.0 (08182011-1318-1) (CHP-006835)

Public Health Objectives **Affiliated Providers** Affiliated Facilities Additional User Access CLIA Number OID Number

Program	Immunizations	On Board Date	8/30/2013	On Board Status	Complete
Stage	Meaningful Use Stage 1 - Year 1	Pre Testing Date	8/30/2013	Pre Testing Status	In Process
HL 7 Version	2.5.1	Testing Date		Testing Status	
Test Period Start	7/1/2013	In Queue Date		In Queue Status	
Test Period End	9/30/2013	Validation Date		Validation Status	
		Production Date		Production Status	

Testing/Communications Log

0 PAGE SIZE 10

You can access each tab’s information in a “view only” format by clicking on a particular tab.

- To make a change to an account's **Registered Professionals** or **Registered Hospitals** information, click on the **"Edit"** button.



- Changes, except for the **"National Provider Identifier"** field, can now be made to the **User's** information at the top of the page. Click on the **SAVE** button to retain changes or the **"CANCEL"** button to return to the previous screen without making changes.

Edit an Eligible Professional Meaningful Use Record

National Provider Identifier ? ABBOTT, RONALD ARTHUR - NPI 1285628230

ABC Practice

123 ABC Street

Provider Name and Address

Craighead County

Jonesboro Arkansas 72401

Provider Contact Information ?

Contact Name Russell Burns

Phone Number (501) 833-3535

E-Mail Address russell.burns@arkansas.gov

Technical Contact Information ?

Contact Name Russell Burns

Phone Number (501) 833-3535

E-Mail Address southernsteelman@netscape.net

Provider Type Emergency Care

Incentive Program Medicare

EHR Vendor Advanced Data Systems Corporation

EHR Product Medics DocAssistant Version 5.2 (CC-1112-435880-1) (CHP-007506)

SHARE Arkansas Individual Adams, Freda (Corning Area Healthcare Inc. dba Family Medical Center - Corning)

Business Associate Agreement Yes

Lab Data Usage Agreement Acceptance Yes

Syndromic Data Usage Agreement-ance Yes

Submit a document or a Communicate to a specific program

- To submit a **Document** or **Communications Log** for an entered **Public Health Objective**, click the **"Edit"** button to the left of a listed **Objective**.

Public Health Objectives | Affiliated Providers | Affiliated Facilities | Additional User Access | CLIA Number | OID Number

Add Your Public Health Objectives to Your Meaningful Use Record Add

Edit	Program Syndromic Surveillance	Test Period Start 7/1/2013	Test Period End 9/30/2013
		Stage Meaningful Use Stage 1 - Year 2	HL 7 Version 2.5.1

1

PAGE SIZE 10

- You will be directed to the **Add Meaningful Use Log Entry** screen. Type the desired **Log Text** or upload a **Document Image** by clicking the **“Browse”** button.

*Click the **“SAVE”** button to retain the information or **“CANCEL”** button to return to previous screen. **“SAVE AND NEW”** button will retain the information and add an additional **Log Text** or **Document Image** entry for the **Public Health Objective..***

Add additional Public Health Objective

- To add additional **Public Health Objectives**, select the **“Public Health Objectives”** tab and click the **“Add”** button.

- You will be directed to the **Add Public Health Objectives** screen. Enter the new **Public Health Objective** by clicking the “**Program**” box and choosing from the dropdown field. Select the appropriate information from the dropdown fields for the “**Stage**”, “**Test Period Start Date**”, “**Test Period End Date**” and “**HL 7 Version**” boxes.

The screenshot shows the 'Add Public Health Objectives' form. It contains several dropdown menus and text input fields. Blue arrows point to the 'Program' dropdown, the 'Stage' dropdown, the 'HL 7 Version' dropdown, the 'Test Period Start Date' text field, the 'Test Period End Date' text field, and the 'Add' button. Below the form is a 'Testing/Communications Log' section with a table and a 'PAGE SIZE' dropdown set to 10. At the bottom are 'SAVE', 'SAVE AND NEW', and 'CANCEL' buttons.

Add additional documents or communicate to program coordinator

- If you wish to submit a **Document** or **Communications Log**, click the “**Add**” button. The “**Log Date/Time**” field is automatically populated with the current date and time. You can type a message into the “**Log Text**” field and/or upload a **Document** by using the “**Browse**” button.

The screenshot shows the 'Testing/Communications Log' form. It features a 'Log Date/Time' field with the value '8/27/2013 9:15 AM', a 'Log Text' text area, and a 'Document Image' field with a 'Browse...' button. Blue arrows point to the 'Log Date/Time' field, the 'Log Text' field, the 'Browse...' button, and the 'SAVE', 'SAVE AND NEW', and 'CANCEL' buttons at the bottom. A table with one row is visible above the form fields.

*Click the “**SAVE**” button to retain the information or “**CANCEL**” button to return to previous screen. “**SAVE AND NEW**” button will retain the information and add an additional **Public Health Objective**.*

Update Affiliated Providers

1. By clicking the “**Affiliated Providers**” tab, you can change any previously listed **Affiliated Providers** by choosing from the “**Individual National Provider Identifier**” dropdown field. To add additional **Affiliated Providers**, select the “**Add**” button and choose from the “**Individual National Provider Identifier**” dropdown field.

Public Health Objectives | **Affiliated Providers** | Affiliated Facilities | Additional User Access | CLIA Number | OID Number

Add Any Optional Affiliated Providers to Your Meaningful Use Record Add

Individual National Provider Identifier: ABBEY, CHRISTOPHER JAMES - NPI 1841354206

Navigation: < 1 > PAGE SIZE: 10

SAVE CANCEL

*Click the “**SAVE**” button to retain the information or “**CANCEL**” button to return to previous screen.*

Update Affiliated Facilities

1. By clicking the “**Affiliated Facilities**” tab, you can change any previously listed **Affiliated Facility** by choosing from the “**Organization National Provider Identifier**” dropdown field. To add additional **Affiliated Facilities**, select the “**Add**” button and choose from the “**Organization National Provider Identifier**” dropdown field.

Public Health Objectives | Affiliated Providers | **Affiliated Facilities** | Additional User Access | CLIA Number | OID Number

Add Any Optional Affiliated Facilities to Your Meaningful Use Record Add

Organization National Provider Identifier: A & C FAIRWAYS AND GREENNS INC. - NPI 1023283884

Navigation: < 1 > PAGE SIZE: 10

SAVE CANCEL

*Click the “**SAVE**” button to retain the information or “**CANCEL**” button to return to previous screen.*

Update Additional Users

1. By clicking the “**Additional User Access**” tab, you can change any previously listed **Additional User Access** selection by choosing from the “**User**” dropdown field. To add/allow **Additional Users Access** to your account’s information, click the “**Add**” button and choose from the “**User**” dropdown field.

Public Health Objectives | Affiliated Providers | Affiliated Facilities | **Additional User Access** | CLIA Number | OID Number

Add Any Additional Registered Users that You Would Like to Have Access to Your Meaningful Use Record **Add**

User Bert Wells - Arkansas Department of Health

1 PAGE SIZE 10

SAVE **CANCEL**

*Click the “**SAVE**” button to retain the information or “**CANCEL**” button to return to previous screen.*

Update CLIA Number

1. By clicking the “**CLIA Number**” tab, you can change any previously listed **CLIA Number** selection by editing the information in the “**CLIA Number**” text field. To add additional **CLIA Numbers**, select the “**Add**” button and fill in the “**CLIA Number**” text field.

Public Health Objectives | Affiliated Providers | Affiliated Facilities | Additional User Access | **CLIA Number** | OID Number

If You Use Clinical Laboratory Improvement Amendments (CLIA) Numbers In Your Data Exchange, Add Those Numbers Here **Add**

CLIA Number 5050126564-555161615

SAVE **CANCEL**

*Click the “**SAVE**” button to retain the information or “**CANCEL**” button to return to previous screen.*

Update OID Number

1. By clicking the “OID Number” tab, you can change any previously listed **OID Number** selection by editing the information in the “OID Number” text field. To add additional **OID Numbers**, select the “Add” button and fill in the “OID Number” text field.

Public Health Objectives | Affiliated Providers | Affiliated Facilities | Additional User Access | CLIA Number | **OID Number**

If You Use Object Identifier (OID) Repository Numbers In Your Data Exchange, Add Those Numbers Here [Add](#)

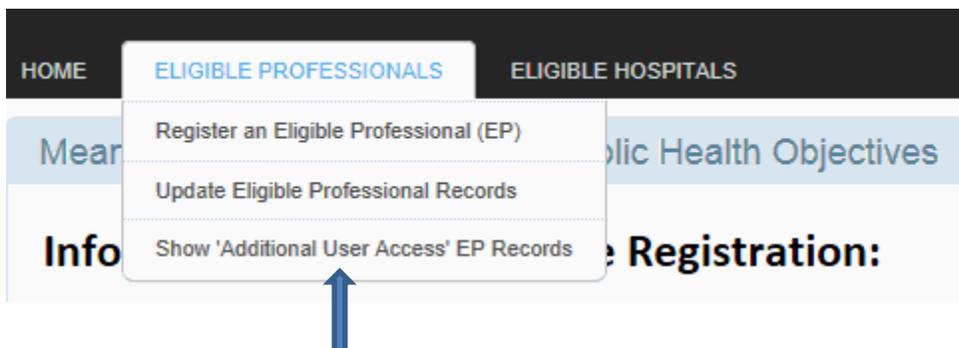
OID Number

[SAVE](#) [CANCEL](#)

*Click the “**SAVE**” button to retain the information or “**CANCEL**” button to return to previous screen.*

ADDITIONAL USERS

1. After signing into **MURCS**, place the cursor on either “**ELIGIBLE PROFESSIONALS**” or “**ELIGIBLE HOSPITALS**” and choose the “**Show ‘Additional User Access’ EP/EH Records**”.



2. You will be directed to the **Show Eligible Professional Meaningful Use Records** screen where all registered **Eligible Professionals** or **Eligible Hospitals** that listed your account as an **Additional User** will be shown in a read only format.

Show Eligible Professional Meaningful Use Records

[Edit](#)

Individual National Provider Identifier	1376801548 - MATTHEW RAYMOND ABATE	Provider Name and Address	Russell Burns 1200 Cardinal Craighead County Caraway Arkansas 72419
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1

PAGE SIZE 10

3. To add or make changes to a **Eligible Professionals/Hospitals** information or **Public Health Objectives, Affiliated Providers, Affiliated Facilities, Additional User Access, CLIA Number** or **OID Number** tabs, click on the “**Edit**” button.



4. You will be directed to the **Edit an Eligible Professional/Hospital Meaningful Use Record** screen where information for the **EP** or **EH** can be edited at the top portion of the screen. Click “**SAVE**” button to retain the changes or “**CANCEL**” button to return to previous screen.



[Submit a document or a Communicate to a specific program](#)

1. To submit a **Document** or **Communications Log** for an entered **Public Health Objective**, click the “**Edit**” button to the left of a listed **Objective**.

A screenshot of a web application interface. At the top, there are several tabs: "Public Health Objectives" (highlighted in orange), "Affiliated Providers", "Affiliated Facilities", "Additional User Access", "CLIA Number", and "OID Number". Below the tabs is a header area with the text "Add Your Public Health Objectives to Your Meaningful Use Record" and a blue "Add" button. The main content area displays a table with one row. The first cell of the row contains a blue "Edit" button with a close icon (X) below it, and a blue arrow points to this button from the left. The other cells in the row contain: "Program Electronic Lab Reporting", "Test Period Start 7/1/2013", "Test Period End 9/30/2013", and "Stage Meaningful Use Stage 1 - Year 1". Below the table is a "Test/Communication Log" section with a text area containing "Log Date/Time 9/6/2013 3:48 PM" and "Log Text ;jsdljfsdflsdfslfjsdlfjsad". At the bottom of the screen are "SAVE" and "CANCEL" buttons.

2. You will be directed to the **Add Meaningful Use Log Entry** screen. Type the desired **Log Text** or upload a **Document Image** by clicking the **“Browse”** button.

Meaningful Use Program: John Doe - Syndromic Surveillance

Log Date/Time: 8/30/2013 2:23 PM

Log Text

Document Image: Browse...

SAVE SAVE AND NEW CANCEL

*Click the **“SAVE”** button to retain the information or **“CANCEL”** button to return to previous screen. **“SAVE AND NEW”** button will retain the information and add an additional **Log Text** or **Document Image** entry for the **Public Health Objective..***

Add additional Public Health Objective

1. To add additional **Public Health Objectives**, select the **“Public Health Objectives”** tab and click the **“Add”** button.

Public Health Objectives | Affiliated Providers | Affiliated Facilities | Additional User Access | CLIA Number | OID Number

Add Your Public Health Objectives to Your Meaningful Use Record

Add

Program	Immunizations	Test Period Start	7/1/2013	Test Period End	9/30/2013
		Stage	Meaningful Use Stage 1 - Year 1		HL 7 Version 2.5.1

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2. You will be directed to the **Add Public Health Objectives** screen. Enter the new **Public Health Objective** by clicking the “**Program**” box and choosing from the dropdown field. Select the appropriate information from the dropdown fields for the “**Stage**”, “**Test Period Start Date**”, “**Test Period End Date**” and “**HL 7 Version**” boxes.

Add additional documents or communicate to program coordinator

1. If you wish to submit a **Document** or **Communications Log**, click the “**Add**” button.

2. The “**Log Date/Time**” field is automatically populated with the current date and time. You can type a message into the “**Log Text**” field and/or upload a **Document** by using the “**Browse**” button



3. Click the **“SAVE”** button to retain the information or **“CANCEL”** button to return to previous screen. **“SAVE AND NEW”** button will retain the information and add an additional **Public Health Objective**.

Update Affiliated Providers

1. By clicking the **“Affiliated Providers”** tab, you can change any previously listed **Affiliated Providers** by choosing from the **“Individual National Provider Identifier”** dropdown field. To add additional **Affiliated Providers**, select the **“Add”** button and choose from the **“Individual National Provider Identifier”** dropdown field.



*Click the **“SAVE”** button to retain the information or **“CANCEL”** button to return to previous screen.*

Update Affiliated Facilities

1. By clicking the **“Affiliated Facilities”** tab, you can change any previously listed **Affiliated Facility** by choosing from the **“Organization National Provider Identifier”** dropdown field. To add additional **Affiliated Facilities**, select the **“Add”** button and choose from the **“Organization National Provider Identifier”** dropdown field.



*Click the **“SAVE”** button to retain the information or **“CANCEL”** button to return to previous screen.*

Update Additional Users

1. By clicking the “**Additional User Access**” tab, you can change any previously listed **Additional User Access** selection by choosing from the “**User**” dropdown field. To add/allow **Additional Users Access** to your account’s information, click the “**Add**” button and choose from the “**User**” dropdown field.

Public Health Objectives | Affiliated Providers | Affiliated Facilities | **Additional User Access** | CLIA Number | OID Number

Add Any Additional Registered Users that You Would Like to Have Access to Your Meaningful Use Record **Add**

User Bert Wells - Arkansas Department of Health

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SAVE **CANCEL**

*Click the “**SAVE**” button to retain the information or “**CANCEL**” button to return to previous screen.*

Update CLIA Number

1. By clicking the “**CLIA Number**” tab, you can change any previously listed **CLIA Number** selection by editing the information in the “**CLIA Number**” text field. To add additional **CLIA Numbers**, select the “**Add**” button and fill in the “**CLIA Number**” text field.

Public Health Objectives | Affiliated Providers | Affiliated Facilities | Additional User Access | **CLIA Number** | OID Number

If You Use Clinical Laboratory Improvement Amendments (CLIA) Numbers In Your Data Exchange, Add Those Numbers Here **Add**

CLIA Number 5050126564-555161615

SAVE **CANCEL**

*Click the “**SAVE**” button to retain the information or “**CANCEL**” button to return to previous screen.*

Update OID Number

1. By clicking the “OID Number” tab, you can change any previously listed **OID Number** selection by editing the information in the “OID Number” text field. To add additional **OID Numbers**, select the “Add” button and fill in the “OID Number” text field.



The screenshot shows a web application interface with a tabbed menu at the top. The tabs are: Public Health Objectives, Affiliated Providers, Affiliated Facilities, Additional User Access, CLIA Number, and **OID Number**. The **OID Number** tab is selected and highlighted. Below the tabs is a section titled "If You Use Object Identifier (OID) Repository Numbers In Your Data Exchange, Add Those Numbers Here". To the right of this title is a blue "Add" button with a right-pointing arrow. Below this is a list of OID numbers. The first entry is "OID Number" followed by a text input field containing "50231656465-5013165" and a left-pointing arrow. Below the list are two empty text input fields. At the bottom of the interface are two buttons: "SAVE" and "CANCEL". A blue arrow points to the "SAVE" button from the left.

*Click the “**SAVE**” button to retain the information or “**CANCEL**” button to return to previous screen.*