

PRE-PANDEMIC REGISTRATION WEBSITE USER GUIDE

PILOT PURPOSE AND BACKGROUND

To better posture the state of Ohio during a pandemic, the Ohio Department of Health (ODH) has created a beta “test” website designed to pre-register healthcare providers across the state of Ohio to receive pandemic vaccine when made available.

The ImpactSIIS program is used to manage and approve orders for vaccine placed by participating Local Health Departments (LHDs) and healthcare providers. The program facilitates a 3-way conversation between the LHD/Healthcare provider, ODH and vaccine manufacturer for the request, approval and ordering of vaccine. The pre-registration website will allow ODH to track those providers who are interested in providing public vaccine in the event of a pandemic but do not currently use ImpactSIIS for ordering vaccine.

Pilot Audience:

The intent of this pilot program is to engage a variety of healthcare providers, including single practice facilities and large healthcare systems. The pilot website has been created to accommodate both types of healthcare organizations. Details regarding registration has been provided for both types of organizations below.

Pilot Dates:

Healthcare Organizations will be asked to register on the pre-pandemic registration website between Friday April 26th, 2019 to Friday May 24th, 2019.

Feedback Collection:

At the end of the registration process a link has been made available to collect feedback from participating healthcare providers. ODH requests feedback on their experience using the pre-pandemic website and suggestion to improve the user experience.

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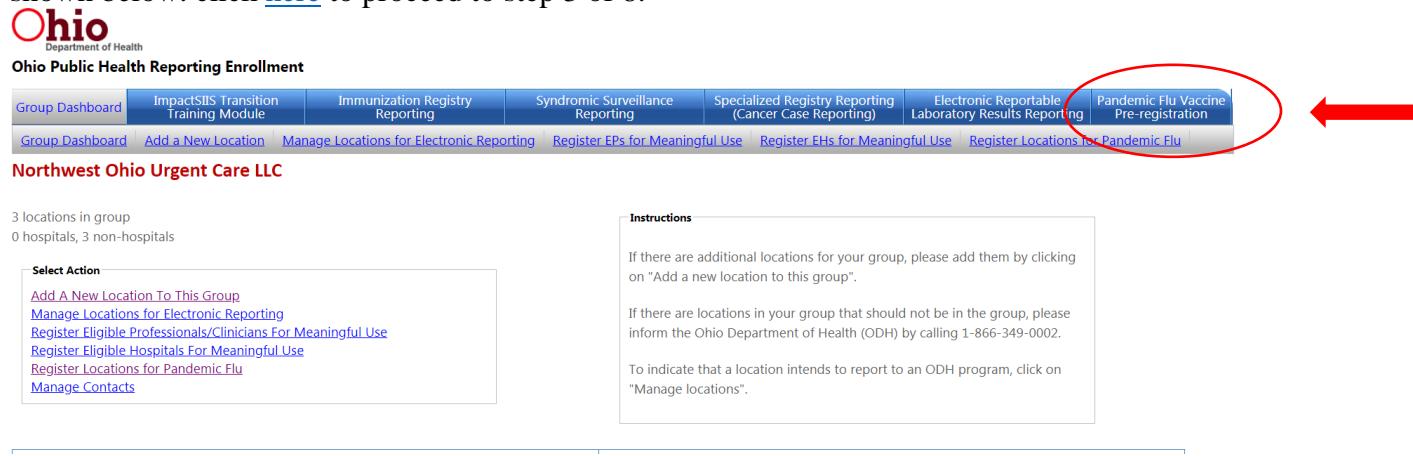
ONE LOCATION FACILITY REGISTRATION

Facilities that are categorized as “One Location” are healthcare facilities that operate out of a single private location.

STEP 1 OF 8: NAVIGATE TO WEBSITE

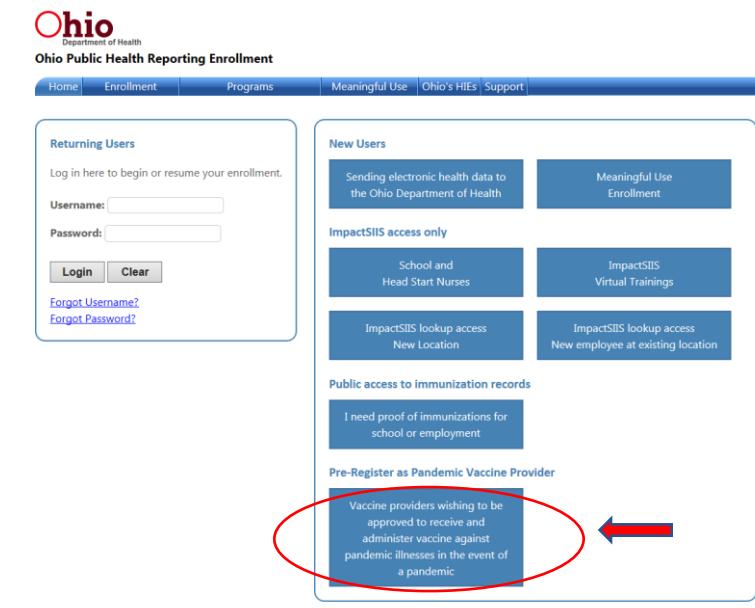
Go to: <https://www.ohiopublichealthreporting.info/Enrollment>

If the user already has login criteria for Ohio Public Health Reporting, log on at the homepage and select “Pandemic Flu Vaccine Pre-registration” from the group dashboard as shown below. click [here](#) to proceed to step 3 of 8.



The screenshot shows the Ohio Public Health Reporting Enrollment homepage. At the top, there is a navigation bar with links for Group Dashboard, ImpactSIIIS Transition Training Module, Immunization Registry Reporting, Syndromic Surveillance Reporting, Specialized Registry Reporting (Cancer Case Reporting), Electronic Reportable Laboratory Results Reporting, and Pandemic Flu Vaccine Pre-registration. The 'Pandemic Flu Vaccine Pre-registration' link is circled in red. Below the navigation bar, there is a sub-navigation bar with links for Group Dashboard, Add a New Location, Manage Locations for Electronic Reporting, Register EPs for Meaningful Use, Register EHs for Meaningful Use, Register Locations for Pandemic Flu, and Manage Contacts. The main content area shows a group named 'Northwest Ohio Urgent Care LLC' with 3 locations in group, 0 hospitals, and 3 non-hospitals. A 'Select Action' box contains links for Add A New Location To This Group, Manage Locations for Electronic Reporting, Register Eligible Professionals/Clinicians For Meaningful Use, Register Eligible Hospitals For Meaningful Use, Register Locations for Pandemic Flu, and Manage Contacts. To the right, there is an 'Instructions' box with text about adding locations to the group and informing the ODH about locations that should not be in the group. A red arrow points from the text 'click [here](#) to proceed to step 3 of 8.' to the 'Pandemic Flu Vaccine Pre-registration' link in the navigation bar.

If the user **DOES NOT** have log-in credentials, click on the link “**Pre-Register as Pandemic Vaccine Provider**” on the homepage as shown below.



The screenshot shows the Ohio Public Health Reporting Enrollment homepage. At the top, there is a navigation bar with links for Home, Enrollment, Programs, Meaningful Use, Ohio's HIEs, and Support. Below the navigation bar, there are two main sections: 'Returning Users' and 'New Users'. The 'New Users' section contains links for Sending electronic health data to the Ohio Department of Health, Meaningful Use Enrollment, ImpactSIIIS access only (School and Head Start Nurses, ImpactSIIIS Virtual Trainings, ImpactSIIIS lookup access New Location, ImpactSIIIS lookup access New employee at existing location), Public access to immunization records (I need proof of immunizations for school or employment), and Pre-Register as Pandemic Vaccine Provider. The 'Pre-Register as Pandemic Vaccine Provider' link is circled in red and has a red arrow pointing to it from the text 'click on the link “Pre-Register as Pandemic Vaccine Provider” on the homepage as shown below.'

STEP 2 OF 8: CREATE USER ACCOUNT

Fill-out the account creation form with user information and complete log-in registration.

Note: Passwords must contain uppercase letter(s), lower case letter(s), number(s) and a special character.

The image shows two screenshots of the Ohio Public Health Reporting Enrollment website, connected by a red arrow pointing from left to right.

Left Screenshot (User Account Creation):

- Header:** Ohio Department of Health, Ohio Public Health Reporting Enrollment.
- Menu:** Home, Enrollment, Programs, Meaningful Use, Ohio's HIEs, Support, Begin Enrollment.
- Step Progress:** 1 Account Creation (Step 1 of 3), 2 Organization Type, 3 Organization Matching, 4 Program Enrollment.
- Form Fields:** First name*, Last name*, Email address*, Confirm email address*, Work phone*, Title*.
- Buttons:** Continue, Cancel.

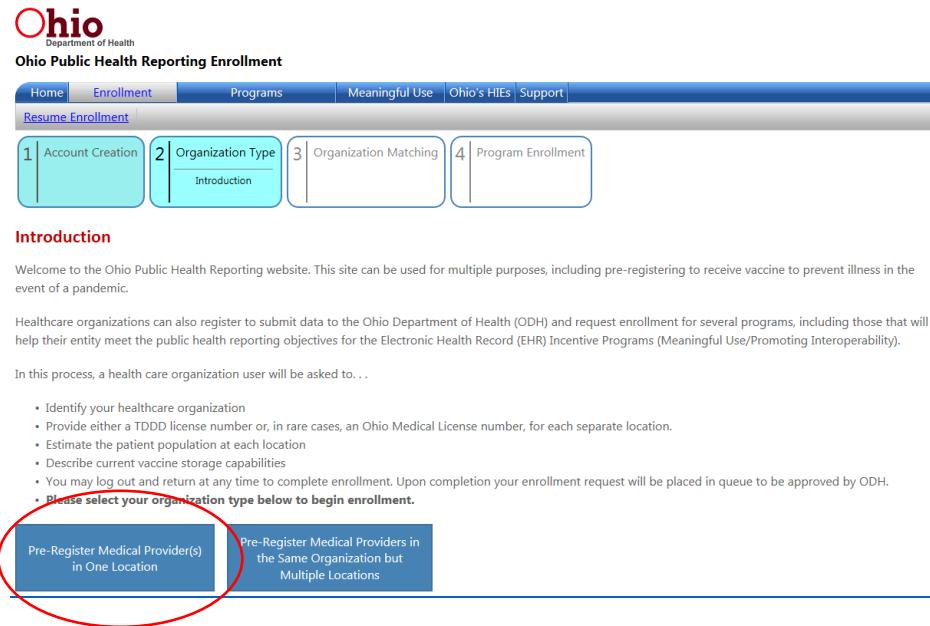
Right Screenshot (Create your password):

- Header:** Ohio Department of Health, Ohio Public Health Reporting Enrollment.
- Menu:** Home, Enrollment, Programs, Meaningful Use, Ohio's HIEs, Support, Begin Enrollment.
- Step Progress:** 1 Account Creation (Step 2 of 3), 2 Organization Type, 3 Organization Matching, 4 Program Enrollment.
- Form Fields:**
 - Create your password:** Password* (filled with asterisks), Confirm password* (filled with asterisks).
 - Create a Secret Question:** (used for forgotten password retrieval)
 - Secret question*: What is your pet's name? (dropdown menu)
 - Secret answer*: (filled with asterisks)
 - Confirm answer*: (filled with asterisks)
- Buttons:** Continue, Cancel.

A large red circle highlights the personal information and password creation fields in both screenshots. A red arrow points from the 'User Account Creation' step to the 'Create your password' step.

STEP 3 OF 8: NUMBER OF LOCATIONS

Select whether the practice is a Medical Provider in one (1) location. If the user is a provider within a large organization that has multiple locations, please refer to instructions on page 13 or click [here](#).



The screenshot shows the Ohio Public Health Reporting Enrollment website. The top navigation bar includes links for Home, Enrollment (which is highlighted in blue), Programs, Meaningful Use, Ohio's HITs, and Support. Below the navigation is a 'Resume Enrollment' button. A horizontal bar indicates the current step: '1 Account Creation', '2 Organization Type' (which is active and highlighted in blue), '3 Organization Matching', and '4 Program Enrollment'. The main content area is titled 'Introduction' and contains the following text:

Welcome to the Ohio Public Health Reporting website. This site can be used for multiple purposes, including pre-registering to receive vaccine to prevent illness in the event of a pandemic.

Healthcare organizations can also register to submit data to the Ohio Department of Health (ODH) and request enrollment for several programs, including those that will help their entity meet the public health reporting objectives for the Electronic Health Record (EHR) Incentive Programs (Meaningful Use/Promoting Interoperability).

In this process, a health care organization user will be asked to...

- Identify your healthcare organization
- Provide either a TDDD license number or, in rare cases, an Ohio Medical License number, for each separate location.
- Estimate the patient population at each location
- Describe current vaccine storage capabilities
- You may log out and return at any time to complete enrollment. Upon completion your enrollment request will be placed in queue to be approved by ODH.
- Please select your organization type below to begin enrollment.**

Two buttons are displayed at the bottom:

- Pre-Register Medical Provider(s) in One Location (this button is circled in red)
- Pre-Register Medical Providers in the Same Organization but Multiple Locations

STEP 4 OF 8: SELECT ORGANIZATION AND PRACTICE TYPE

Select your organization type, hit continue and then select the practice type.



Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

Resume Enrollment

1 Account Creation 2 Organization Type 3 Organization Matching 4 Program Enrollment

Step 1 Organization Type

Organization Type

Please select the best description of the organization you represent.

Medical Practice

Hospital

[Back](#) [Save and Logout](#) [Continue](#)



Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

Resume Enrollment

1 Account Creation 2 Organization Type 3 Organization Matching 4 Program Enrollment

Step 2 Individual/Group

Medical Practice

You selected Medical Practice. Please select the option below that best describes your medical practice.

Independent Medical Practice

Medical Practice that is a member of a group or partnership, such as a Physician Group or other corporate structure.

[Back](#) [Save and Logout](#) [Continue](#)

STEP 5 OF 8: VACCINE PROVIDER IDENTIFICATION

Enter **one** of the following, if known:

- National Provider Identification (NPI)
- Provider VFC #
- Medicaid Number
- Medicare UPIN (provider identification number)

If unknown, tick the box “**I do not know**” and continue.

Ohio
Department of Health
Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support
Resume Enrollment

1 Account Creation 2 Organization Type 3 Organization Matching 4 Program Enrollment
Step 1 Organization Identification

Organization Identification

If you know your organization's National Provider Identification number, please enter it below.

Organization NPI:

If you know your organization's VFC, Medicare or Medicaid Identification number, please enter it below.

Provider VFC #:

Medicaid Number:

Medicare UPIN:

I do not know

[Back](#) [Save and Logout](#) [Continue](#)

STEP 6 OF 8: SELECT LOCATION OF PRACTICE

If by entering the practice identification numbers (e.g., NPI, VFC, Medicaid number, or Medicare number) the user's organization is not found or if the user has selected "I do not know" on the previous screen, the registration webpage will ask for the address.

Ohio
Department of Health

Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

Resume Enrollment

1 Account Creation 2 Organization Type 3 Organization Matching Step 2 of 3 New Organization 4 Program Enrollment

Organization Not Found

Please provide the following information:

Legal Name*: [Text Input]

Doing Business As: [Text Input]

Address 1*: [Text Input]

Address 2: [Text Input]

City*: Columbus

State*: OHIO

Zip Code*: 43215

County: FRANKLIN

Phone*: [Text Input]

Back Save and Logout Continue

If the organization is found confirm the location the user is based from.

Ohio
Department of Health

Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

Resume Enrollment

1 Account Creation 2 Organization Type 3 Organization Matching Step 3 of 3 Confirm Organization 4 Program Enrollment

Select or Add Organization

The information that you entered matched 1 organization (@Model.Organization.CountPluralized). Please select your organization from the list below or confirm that you wish to add a new organization.

Select Practice Name: ODH TB TESTING
Address: 35 E CHESTNUT
Phone: (614) 387-0652
ImpactSIIIS Facility ID: 13745

Confirm and Add Practice Name: Stephanie Poling
Address: 35 E Chestnut
Phone: Columbus, OH 43215
(614) 995-0611
ImpactSIIIS Facility ID:

Back Save and Logout



STEP 7 OF 8: COMPLETE PRACTICE QUESTIONNAIRE

Answer questions regarding the practice/organization. The user will be asked to approximate the number of patients treated at the practice for the listed criteria.

Ohio
Department of Health
Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support ImpactSIS Transition Training Module

Resume Enrollment

1 Account Creation 2 Organization Type 3 Organization Matching 4 Program Enrollment Step 1 of 2 Patient Population

Patient Population

1. Does this practice treat pregnant women?
Approximately how many patients in this group are served at this location?

2. Does this practice treat patients 65 years of age or older?
Approximately how many patients in this group are served at this location?

3. Does this practice treat patients younger than 36 months of age?
Approximately how many patients in this group are served at this location?

4. Does this practice treat patients between 3 and 18 years of age?
Approximately how many patients in this group are served at this location?

5. Does this practice treat patients who have medical conditions at high risk of developing flu-related complications listed at http://www.cdc.gov/flu/about/disease/high_risk.htm?
Approximately how many patients in this group are served at this location?

Organization Profile

Stephanie Poling
351 E Chestnut
Columbus, OH 43215
Organization NPI: 1031270137



The next screen will request information regarding the practices' healthcare providers and TDDD license or medical license numbers. The user will also be asked to provide information regarding cold-storage units and thermometers.

Ohio
Department of Health
Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support ImpactSIS Transition Training Module

Resume Enrollment

1 Account Creation 2 Organization Type 3 Organization Matching 4 Program Enrollment Step 2 of 2 Practice Readiness

Practice Readiness

1. Please enter the number of licensed health care providers (MD,DO,NP,PA,pharmacist) at your facility who have prescribing authority.

2. Please confirm the location's TDDD license number and expiration date.

TDDD Expiration Date Confirmed Yes No

Please enter the location's TDDD license number Expiring

Or if only one physician, please confirm the physician's medical license number

Medical License Confirmed Yes No

Please enter physician's Medical license number

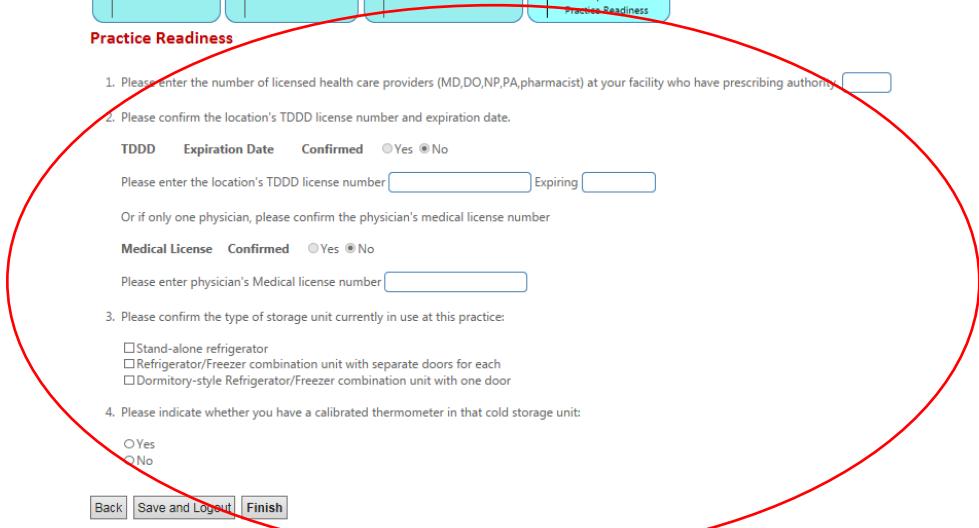
3. Please confirm the type of storage unit currently in use at this practice:

Stand-alone refrigerator
 Refrigerator/Freezer combination unit with separate doors for each
 Dormitory-style Refrigerator/Freezer combination unit with one door

4. Please indicate whether you have a calibrated thermometer in that cold storage unit:

Yes
 No

Back **Save and Logout** **Finish**



STEP 8 OF 8: SURVEY LINK

At the end of the registration process, the user will be presented with a survey link. ODH requests all participants provide feedback on their experience. This is the last step in the pilot pre-registration process.



Alliance City Health Department

Thank you for completing the Pre-registration for Pandemic Vaccine distribution.

This completes the registration process. Should more information be needed, a representative of the Ohio Department of Health will contact you.

To help us improve the pre-registration process, please take a moment to complete a brief survey.

[Survey Link](#)



MEDICAL SYSTEM REGISTRATION

Some users may wish to request pre-registration as pandemic vaccine providers for multiple locations with shared ownership.

STEP 1 OF 6: NAVIGATE TO WEBSITE

Go to: <https://www.ohiopublichealthreporting.info/>

If the user already has log-in criteria for Ohio Public Health Reporting, log on at the homepage and select “Pandemic Flu Vaccine Pre-registration” from the group dashboard as shown below. Click [here](#) to proceed to step 3 of 6.



Ohio
Department of Health

Ohio Public Health Reporting Enrollment

Group Dashboard ImpactSIS Transition Training Module Immunization Registry Reporting Syndromic Surveillance Reporting Specialized Registry Reporting (Cancer Case Reporting) Electronic Reportable Laboratory Results Reporting Pandemic Flu Vaccine Pre-registration

Group Dashboard Add a New Location Manage Locations for Electronic Reporting Register EPs for Meaningful Use Register EHs for Meaningful Use Register Locations for Pandemic Flu

Northwest Ohio Urgent Care LLC

3 locations in group
0 hospitals, 3 non-hospitals

Select Action

Add A New Location To This Group
Manage Locations for Electronic Reporting
Register Eligible Professionals/Clinicians For Meaningful Use
Register Eligible Hospitals For Meaningful Use
Register Locations for Pandemic Flu
Manage Contacts

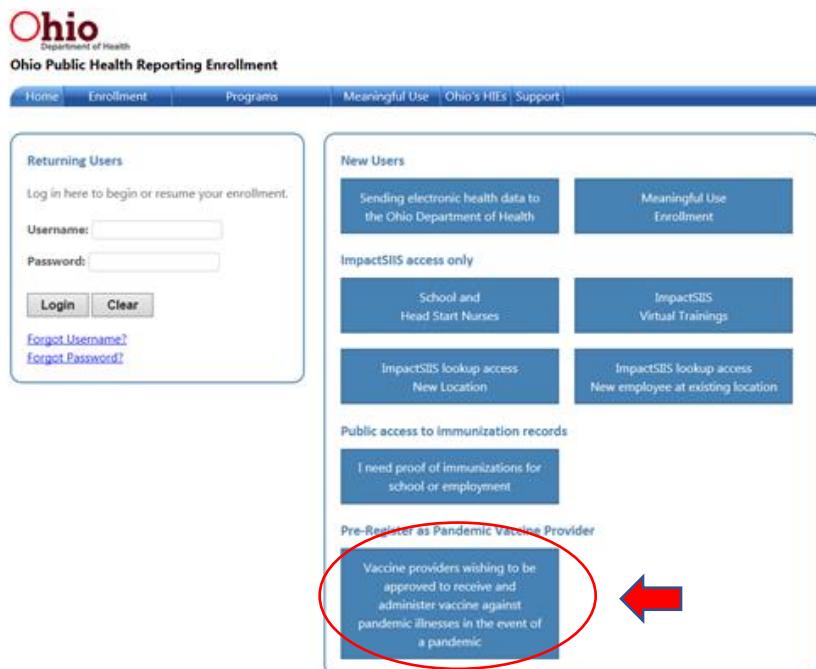
Instructions

If there are additional locations for your group, please add them by clicking on "Add a new location to this group".

If there are locations in your group that should not be in the group, please inform the Ohio Department of Health (ODH) by calling 1-866-349-0002.

To indicate that a location intends to report to an ODH program, click on "Manage locations".

If user **DOES NOT** have log-in credentials, click on the link “Pre-Register as Pandemic Vaccine Provider” on the homepage shown below.



Ohio
Department of Health

Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HITs | Support

Returning Users
Log in here to begin or resume your enrollment.
Username:
Password:
Login Clear
Forgot Username?
Forgot Password?

New Users

Sending electronic health data to the Ohio Department of Health Meaningful Use Enrollment

ImpactSIS access only

School and Head Start Nurses ImpactSIS Virtual Trainings

ImpactSIS lookup access New Location ImpactSIS lookup access New employee at existing location

Public access to immunization records

I need proof of immunizations for school or employment

Pre-Register as Pandemic Vaccine Provider

Vaccine providers wishing to be approved to receive and administer vaccine against pandemic illnesses in the event of a pandemic

STEP 2 OF 6: CREATE A USER ACCOUNT

Fill out the Account Creation form with user information and complete log-in registration.

Note: Passwords must contain uppercase letter(s), lower case letter(s), number(s) and a special character.



Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

Begin Enrollment

1 Account Creation 2 Organization Type 3 Organization Matching 4 Program Enrollment

Step 1 of 3 Account Creation

User Account Creation

Please provide the following information about yourself to create an account with the service.

First name*:

Last name*:

Email address*:

Confirm email address:

Work phone*:

Title*:



Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

Begin Enrollment

1 Account Creation 2 Organization Type 3 Organization Matching 4 Program Enrollment

Create your password

Password*: *****

Confirm password: *****

Create a Secret Question
(used for forgotten password retrieval)

Secret question*:

Secret answer*: *****

Confirm answer: *****

STEP 3 OF 6: NUMBER OF LOCATIONS

Select the number of locations for the healthcare organization. For this set of instructions, the user will be registering as a Medical Provider belonging to a large healthcare system.



The screenshot shows the Ohio Public Health Reporting Enrollment website. The top navigation bar includes links for Home, Enrollment, Programs, Meaningful Use, Ohio's HIEs, and Support. Below the navigation is a 'Resume Enrollment' link. A horizontal bar indicates the current step: '1 Account Creation', '2 Organization Type' (which is active and highlighted with a red oval), '3 Organization Matching', and '4 Program Enrollment'. The 'Organization Type' step is titled 'Introduction'.

Introduction

Welcome to the Ohio Public Health Reporting website. This site can be used for multiple purposes, including pre-registering to receive vaccine to prevent illness in the event of a pandemic.

Healthcare organizations can also register to submit data to the Ohio Department of Health (ODH) and request enrollment for several programs, including those that will help their entity meet the public health reporting objectives for the Electronic Health Record (EHR) Incentive Programs (Meaningful Use/Promoting Interoperability).

In this process, a health care organization user will be asked to...

- Identify your healthcare organization
- Provide either a TDDD license number or, in rare cases, an Ohio Medical License number, for each separate location.
- Estimate the patient population at each location
- Describe current vaccine storage capabilities
- You may log out and return at any time to complete enrollment. Upon completion your enrollment request will be placed in queue to be approved by ODH.
- Please select your organization type below to begin enrollment.**



The screenshot shows the 'Organization Type' step of the enrollment process. It displays two options: 'Pre-Register Medical Provider(s) in One Location' and 'Pre-Register Medical Providers in the Same Organization but Multiple Locations'. The second option is circled with a red oval.

STEP 4 OF 6: SELECT ASSOCIATED ORGANIZATION

Select the group the associated group or add a new group if the user group is not found.



Ohio Public Health Reporting Enrollment

Home [Enrollment](#) Programs Meaningful Use Ohio's HIEs Support
[Resume Enrollment](#)

Group Identification

Instructions

1. Review the list in the drop down provided below.
2. If your group is listed or there is a group listed that has a similar name, select it from the drop down.
3. If you selected a group from the drop down, click Continue to view associated group locations and to confirm it is your group.
4. If you do not find a group that resembles your group, select Add New from the drop-down then click Continue.

Please select a group

Back Save and Logout [Continue](#)

Next, confirm that the correct locations are in the group the user is affiliated with.



Ohio Public Health Reporting Enrollment

Home [Enrollment](#) Programs Meaningful Use Ohio's HIEs Support
[Resume Enrollment](#)

Northwest Ohio Urgent Care LLC

The locations below have been identified as belonging to this group.



The locations listed below are associated with the selected group.

The system will allow you to add additional locations after you select your group.

Instructions

1. If this is your group, click Confirm to confirm that this is the group you intended to enroll.
2. If this is not your group, click Back to review the next possible match.

Location Name	Address
Northwest Ohio Urgent Care LLC - Maumee	1015 Conant Street Maumee, OH 43537
Northwest Ohio Urgent Care LLC - Toledo	5911 Benore Rd Toledo, OH 43612
The Primary Care Network	1421 S Reynolds Rd Toledo, OH 43615

Back Save and Logout [Finish](#)

STEP 5 OF 6: SELECT APPLICABLE LOCATIONS

Once the user advances to the below screen and verifies applicable information to be correct, the user must select “save.” The user will then be directed back to the group dashboard and submission for pre-registration is complete. The next screen can be accessed by hitting save or by selecting “Group Dashboard” from the top ribbon.

Ohio
Department of Health

Ohio Public Health Reporting Enrollment

[Group Dashboard](#) [ImpactSIIIS Transition Training Module](#) [Immunization Registry Reporting](#) [Syndromic Surveillance Reporting](#) [Specialized Registry Reporting \(Cancer Case Reporting\)](#) [Electronic Reporting](#)

[Group Dashboard](#) [Add a New Location](#) [Manage Locations for Electronic Reporting](#) [Register EPs for Meaningful Use](#) [Register EHs for Meaningful Use](#) [Register Locations for Pandemic Flu Distribution](#)

Register Locations for Pandemic Flu Distribution

test - Mike

The locations below have been identified as belonging to this group.

Instructions

Select box, if the location is interested in providing detailed information to be conditionally approved as a pandemic flu provider.

Location Type	ImpactSIIIS Facility ID	Provider VFC #	Location Name	Address	Requesting Pre-registration
Non-hospital	9492		test - Mike - ACCTORDERTESTPRACTICE	1 TEST AVE columbus, OH 43215	<input checked="" type="checkbox"/>
Non-hospital			test - Mike - Mike's Test	2 state Chicago, OH 43202	<input type="checkbox"/>
Non-hospital			test - Mike - test	tet tst test, OH test	<input checked="" type="checkbox"/>
Non-hospital			test - Mike - TESTP PRACTICES	90 home st suite 300 DUBLIN, OH 43017	<input type="checkbox"/>

Save **Cancel**



STEP 6 OF 6: SURVEY LINK

At the end of the registration process, the user will be presented with a survey link. ODH requests all participants provide feedback on their experience. This is the last step in the pilot pre-registration process.

Ohio
Department of Health
Ohio Public Health Reporting Enrollment

Group Dashboard ImpactSIS Transition Training Module Immunization Registry Reporting Syndromic Surveillance Reporting Specialized Registry Reporting (Cancer Case Reporting) Electronic Reportable Laboratory Results Reporting Pandemic Flu Vaccine Pre-registration

Family Healthcare, Inc.

Thank you for completing the Pre-registration for Pandemic Vaccine distribution.

This completes the registration process. Should more information be needed, a representative of the Ohio Department of Health will contact you.

To help us improve the pre-registration process, please take a moment to complete a brief survey.

Survey Link

