



AZ Public Health Meaningful Use Registration of Intent

Eligible Professionals-EPs
Pre-Registration

1 Pre-Registration

Please provide the Public Health Meaningful Use Registration of Intent information below. All fields are required.

Type of Provider	<input type="text"/>
What is the Account Name for the provider or group of providers for whom you are registering?	<input type="text"/>
Parent Organization Affiliation	<input type="text"/>

What Public Health Measures are you planning to implement for Meaningful Use? (select one or more)*

If you do not plan to implement any Public Health MU Measures with ADHS, you do not need to continue completion of the screening questions.

Immunization Registry

Public Health Measure	<input type="radio"/> Register to submit data to ADHS for the Immunization Registry measure	<input type="radio"/> Does your facility administer adult or childhood vaccines? <input type="text"/>
		<input type="radio"/> Do you have software specifically certified for Immunization Registry Reporting? <input type="text"/>
		The Certified Health IT Product List can be found here: http://oncchpl.force.com/ehrcert?q=chpl
	<input type="radio"/> Planning to claim an exclusion	<input type="radio"/> Reason for Exclusion <input type="text"/>
	<input type="radio"/> Active Engagement with ADHS (already registered, in testing or production with ADHS)	
<input type="radio"/> Currently sending or planning to send to another organization	<input type="radio"/> Which Organization do you plan to send Immunization data to? <input type="text"/>	
<input type="radio"/> None of the above		

Specialized Registry: Cancer Registry

Public Health Measure	<input type="radio"/> Register Intent to submit data to ADHS for the Specialized Registry: Cancer Registry measure	<input type="radio"/> Do you diagnose or treat cancer? <input type="text"/>
		<p>The cancer case reporting measure is intended only for Eligible Professionals (EPs) who diagnose and/or directly treat cancer. EPs must diagnose or treat cancer in order to select the cancer reporting measure. A diagnosing physician is one who definitively diagnoses cancer. If physician "A" refers a patient to physician "B" for further work-up and confirmation, the Arizona Cancer Registry would not consider physician "A" as the diagnosing physician. The Arizona Cancer Registry considers a physician who directly treats cancer as one who performs/administers treatment modalities (i.e., surgery, radiation, chemotherapy, immunotherapy, and hormonal therapy) directed at the cancer. Additionally, a treating physician could be one who decides (with the patient) that there will be no treatment given/received.</p>
		<input type="radio"/> Do you have software specifically certified for Cancer Reporting? <input type="text"/>
		This may be a necessary additional module to your existing certified software. You must check with your vendor.
		CHPL Product Number of the software tool (this number must be cancer reporting specific)
		The Certified Health IT Product List can be found here: http://oncchpl.force.com/ehrcert?q=chpl
		Software that meets: 2015 Edition Health IT Certification Criterion § 170.315 (f)(4) Transmission to Cancer Registries Or 2014 Edition Health IT Certification Criterion § 170.314 (f)(5) Cancer Case Information § 170.314 (f)(6) Transmission to Cancer Registries
<input type="radio"/> Planning to claim an exclusion	<input type="radio"/> Reason for Exclusion <input type="text"/>	
<input type="radio"/> Active Engagement with ADHS (already registered, in testing or production with ADHS)		
<input type="radio"/> Currently sending or planning to send to another organization	<input type="radio"/> Which organization do you plan to send Cancer data to? <input type="text"/>	
<input type="radio"/> None of the above		

Syndromic Surveillance (currently not accepting at ADHS)

This worksheet can be used to gather the required information for Registration of Intent with Public Health. Please go to the AZ Public Health MU Portal using the link below to complete the Registration of Intent Process.
<https://app.azdhs.gov/MeaningfulUse>



AZ Public Health Meaningful Use Registration of Intent

Eligible Professionals-EPs
Profile

1 Profile

Please provide the Public Health Meaningful Use Registration of Intent information below. All fields are required.

What is/was your Stage 1, year 1 reporting period start date?	<input type="text"/>		
Which Stage are you registering for?	<input type="text"/>		
What is the start date of the reporting period for this registration?	<input type="text"/>		
Which incentive program are you enrolled in?	<input type="radio"/> Medicaid	<input type="radio"/> Medicare	<input type="radio"/> Both
Please list any Health Information Exchanges (HIE) in which you participate:	<input type="text"/>		
Are there any specialized registries (other than ADHS-Cancer registry) that you currently or plan to submit data to?	<input type="text"/>		
Comments	<input type="text"/>		



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Eligible Professionals-EPs
Practices/Eligible Professionals-EPs

1 Practices/Eligible Professionals (EPs)

Please add all practices that will be implementing the Public Health measures with ADHS. If selecting the Cancer Registry measure, please complete Section 2. *To add more Practices, please reprint this page.*

Practice Name	<input type="text"/>	Phone Number	<input type="text"/>	Immunization Registry <input type="checkbox"/> Cancer Registry <input type="checkbox"/>
Address 1	<input type="text"/>	City	<input type="text"/>	
Address 2	<input type="text"/>	Zip	<input type="text"/>	

2 EP's Information

Note: Listing should only include EPs intending to register for the Cancer Registry

EPs can only be added once and cannot be registered for another practice. If an EP practices at multiple locations, register them under their primary location only. *To add more than three Eligible Professionals for this Practice, please reprint this page.*

First Name	<input type="text"/>	NPI	<input type="text"/>	Licensing Board and AZ Medical Professional License	<input type="text"/>	Cancer Registry <input type="checkbox"/>
Last Name	<input type="text"/>					
Specialty	<input type="checkbox"/> Allergy and immunology	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Preventive Medicine		
	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Psychiatry and Neurology		
	<input type="checkbox"/> Colon and Rectal Surgery	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Oncology	<input type="checkbox"/> Surgery		
	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Obstetrics and Gynecology	<input type="checkbox"/> Pathology	<input type="checkbox"/> Urology		
	<input type="checkbox"/> Pediatrics	<input type="text"/>				
First Name	<input type="text"/>	NPI	<input type="text"/>	Licensing Board and AZ Medical Professional License	<input type="text"/>	Cancer Registry <input type="checkbox"/>
Last Name	<input type="text"/>					
Specialty	<input type="checkbox"/> Allergy and immunology	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Preventive Medicine		
	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Psychiatry and Neurology		
	<input type="checkbox"/> Colon and Rectal Surgery	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Oncology	<input type="checkbox"/> Surgery		
	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Obstetrics and Gynecology	<input type="checkbox"/> Pathology	<input type="checkbox"/> Urology		
	<input type="checkbox"/> Pediatrics	<input type="text"/>				
First Name	<input type="text"/>	NPI	<input type="text"/>	Licensing Board and AZ Medical Professional License	<input type="text"/>	Cancer Registry <input type="checkbox"/>
Last Name	<input type="text"/>					
Specialty	<input type="checkbox"/> Allergy and immunology	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Preventive Medicine		
	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Psychiatry and Neurology		
	<input type="checkbox"/> Colon and Rectal Surgery	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Oncology	<input type="checkbox"/> Surgery		
	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Obstetrics and Gynecology	<input type="checkbox"/> Pathology	<input type="checkbox"/> Urology		
	<input type="checkbox"/> Pediatrics	<input type="text"/>				



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Eligible Professionals-EPs
Account Managers/Resources

1 Account Managers/Resources

Please add all the resources that will be supporting the implementation and sending/receiving communication for the Public Health measures selected. You can include vendor contact information that will be working with each measure.

The following requirements must be met:

- At least one person needs to be specified for each category on the right.
- At least one Account Manager must be an Internal Resource.
- At least one resource responsible for each measure you plan to meet.

Although one Account Manager/Resource is required, we recommend that you have an additional Account Manager/Resource that can serve as a secondary point of contact.

To add more Account Managers/Resources, please reprint this page.

Account Manager
 Immunization Registry
 Cancer Registry

First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>			
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>			
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>			
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>			
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>			
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>			
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>			
First Name	<input type="text"/>	Last Name	<input type="text"/>	Contact Type	<input type="text"/>	Company	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	Title	<input type="text"/>	Phone Number (Direct Line/Mobile)	<input type="text"/>	Fax Number	<input type="text"/>			



AZ Public Health Meaningful Use Registration of Intent

Immunization Registry

Please complete this page if you are implementing the Immunization Registry interface.
Please provide the information requested below. All fields are required to Finalize your Meaningful Use Profile.

1	Current EHR vendor	<input type="text"/>
2	Current EHR software	<input type="text"/>
3	Current EHR version	<input type="text"/>
4	Does your system have the capability to send an HL7 v.2.5.1 message for Immunization Reporting?	<input type="text"/>
5	Is your EHR/software hosted?	<input type="text"/>
6	Does your facility administer adult or childhood vaccines?	<input type="text"/>
7	If yes, how many per year?	<input type="text"/>



AZ Public Health Meaningful Use Registration of Intent Cancer Registry

Please complete this page if you are implementing the Cancer Registry interface.
Please provide the information requested below. All fields are required to Finalize your Meaningful Use Profile.

1	Current EHR vendor	<input type="text"/>
2	Current EHR software	<input type="text"/>
3	Current EHR version	<input type="text"/>
4	Name of the software tool certified for cancer reporting that will be creating/sending HL7 cancer messages to public health	<input type="text"/>
5	Certified Health Product List (CHPL) Product number of the software tool http://oncchpl.force.com/ehrcert?q=chpl	<input type="text"/>
6	Is your EHR/software hosted?	<input type="text"/>