

North Carolina Division of Public Health  
Promoting Interoperability Program (PIP)  
Registration of Intent  
User Guide  
Version 5.0  
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*Prepared by the Carolina Center for Health Informatics in the  
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# Introduction

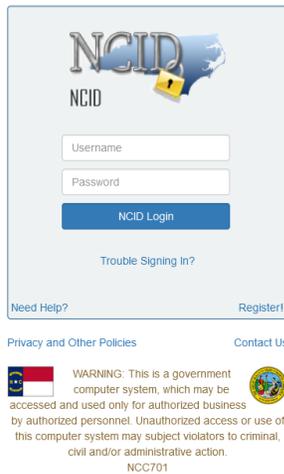
This guide provides an overview of registering intent to share data with the North Carolina Division of Public Health as part of the Promoting Interoperability incentive program.

To register intent all users must have a valid NCID. If you do not have a NCID username and password, visit the NCID user registration page at <https://ncid.nc.gov/ncidsspr/>.

# Login

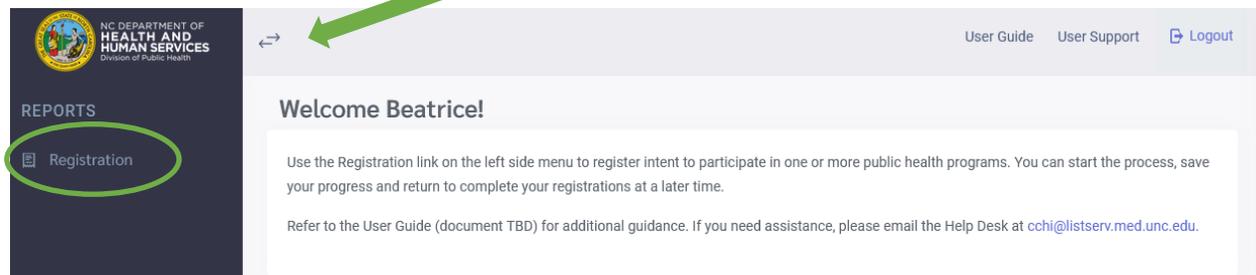
To login, go to <https://ncdhhspip.org>.

Figure 1: NCID Login Page



After logging in, you will arrive at the Welcome Page. Click on the Registration link on the left to begin the registration of intent process. The left-side menu can be minimized by clicking on the arrows at the top of the screen.

Figure 2: Welcome Page



A dialog box will appear that provides an overview of the provider types that can register for the various public health programs. Registration responses must be the same for the selected provider. For example, if Health System / Healthcare Organization is selected for Electronic Case Reporting (eCR), then all providers participating in eCR in that Health System / Healthcare Organization must use the same EHR.

- eCR accepts registrations for a Health System / Healthcare Organization, Hospital, Eligible Clinician Practice / Facility, or Individual Eligible Clinician (providers in private practice only).
- Electronic Lab Reporting (ELR) accepts registrations for a Health System / Healthcare Organization or Hospital.
- North Carolina Immunization Registry (NCIR) accepts registrations for a Hospital, Eligible Clinician Practice / Facility, or Individual Eligible Clinician (providers in private practice only).

Figure 3: Registration Pop-Up Reminder

**Registration**

eCR accepts registrations for a Health System / Healthcare Organization, Hospital, Eligible Clinician Practice / Facility, or Individual Eligible Clinician (providers in private practice only).

ELR accepts registrations for a Health System / Healthcare Organization or Hospital.

NCIR accepts registrations for a Hospital, Eligible Clinician Practice / Facility, or Individual Eligible Clinician (providers in private practice only).

Registration information / answers provided must be the same for the selected level.

I understand that all registration information / answers provided must be the same for the selected level.

# Registration Overview

The overall registration process follows these steps:

- Select the public health program that you want to register for: eCR, ELR, NCIR
- Once the public health program has been selected, select the Provider Type: Health System / Healthcare Organization, Hospital, Eligible Clinician Practice, Eligible Clinician, if applicable. Remember, not all provider types are available for all public health programs.
- Click on the New Registration Link to begin the registration process.
- Complete all required registration items (see next section).
- Once all required information has been provided, click on the Submit tab to certify and submit your registration (example shown in Figure 17).

Figure 4: Registration Landing Page

The screenshot shows the 'Registration' landing page. At the top, there are three tabs: 'eCR', 'ELR', and 'NCIR'. Below these tabs, there are instructions: 'Please click on a program (eCR, ELR, NCIR) tab to register for that program.', 'Click on New Registration to begin a new registration.', and 'Existing registrations (incomplete and completed) are listed in the table below.' Below the instructions, there are four provider type tabs: 'Health System / Healthcare Organization', 'Hospital', 'Eligible Clinician Practice', and 'Eligible Clinician'. Below the provider type tabs, there is a section for 'eCR Health System / Healthcare Organization Registrations' with instructions: 'New Registration: Click + New Registration above the table to start new registration.', 'Click on Status to view, edit or update registration information, including csv files of provider lists', and 'If your healthcare system / healthcare organization is not an option in the drop down list, please contact the help desk.' Below the instructions, there is a table with columns for 'Health System / Healthcare Organization' and 'Status'. The table is currently empty. There are three callout boxes: 1. '1. Select a public health program.' pointing to the 'eCR', 'ELR', and 'NCIR' tabs. 2. '2. Select a provider type.' pointing to the 'Eligible Clinician' tab. 3. '3. Click on New Registration.' pointing to the '+ New Registration' link.

1. Select a public health program.

Registration

- Please click on a program (eCR, ELR, NCIR) tab to register for that program.
- Click on New Registration to begin a new registration.
- Existing registrations (incomplete and completed) are listed in the table below.

eCR ELR NCIR

- eCR accepts registrations for a Health System / Healthcare Organization, Hospital, Eligible Clinician Practice / Facility, or Individual Eligible Clinician (providers in private practice only).
- Registration information / answers provided must be the same for the selected level.

Health System / Healthcare Organization Hospital Eligible Clinician Practice Eligible Clinician

2. Select a provider type.

eCR Health System / Healthcare Organization Registrations

- New Registration: Click + New Registration above the table to start new registration.
- Click on Status to view, edit or update registration information, including csv files of provider lists
- If your healthcare system / healthcare organization is not an option in the drop down list, please contact the help desk.

Number of Total Records: 0 ( Note: If you have search filters applied to the table, please view the number of filtered records at the bottom of the table. )

+ New Registration Clear All Filters Tablewide Search...

Health System / Healthcare Organization Status

3. Click on New Registration.

# eCR Registration of Intent

The Registration of Intent process for eCR asks for the following information:

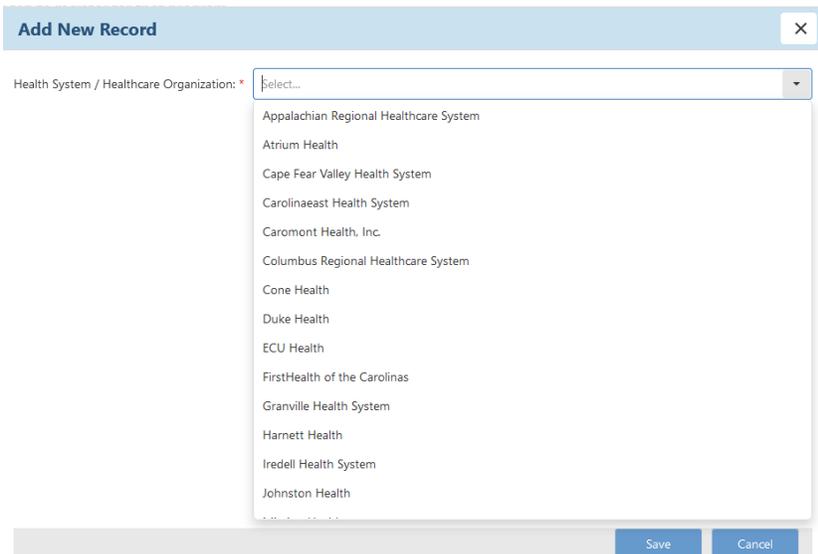
- Expected reporting period
- Contact information for the provider’s Promoting Interoperability contact person, primary contact for eCR, internal IT contact, and EHR vendor contact
- Information about the EHR that will be used
- Information specific to eCR that will be used to inform the onboarding process

## eCR Provider Identification

NC PIP for eCR allows users to register an entire health system / healthcare organization, an individual hospital, an individual clinician practice or an individual eligible clinician in private practice. Click on the New Registration link to get started.

- Health System / Healthcare Organization: Select the appropriate health system / healthcare organization from the drop-down menu and click on the save button. Note: when you select this option for eCR you will also need to upload an affiliated provider list (more information available in the next section)

Figure 5: eCR selection of Health System / Healthcare Organization



- Hospital: Enter the NPI, Hospital Name, Hospital CLIA #, Street Address, City, State, ZIP and then click on the Save button.

Figure 6: eCR Selection of Hospital

**Add New Record** [X]

NPI: \*

Hospital Name: \*

Hospital CLIA #: \*

Street Address: \*

City: \*

State: \*

ZIP: \*

[Save] [Cancel]

- **Eligible Clinician Practice:** Enter NPI, Practice Name, Practice Type, Street Address, City, State, ZIP and then click on the Save button.

Figure 7: eCR Selection of Eligible Clinician Practice

**Add New Record** [X]

NPI: \*

Practice Name: \*

Practice Type: \*

Other Practice Type:

Street Address: \*

City: \*

State: \*

ZIP: \*

[Save] [Cancel]

- **Eligible Clinician:** this should be used for eligible clinicians in private practice only. If the eligible clinician is part of a practice, please register at that level (or health system / healthcare organization level, if appropriate). Enter NPI, Clinician First Name, Clinician Last Name, Practice Type, Street Address, City, State, ZIP, Phone, Email and click on the Save button.

Figure 8: eCR selection of Eligible Clinician

The screenshot shows a web form titled "Add New Record" with a close button (X) in the top right corner. The form contains the following fields:

- NPI: \*
- Clinician First Name: \*
- Clinician Last Name: \*
- Practice Type: \* (dropdown menu with "Select..." and a downward arrow)
- Other Practice Type:
- Street Address: \*
- City: \*
- State: \*
- ZIP: \*
- Phone: \*
- Email: \*

At the bottom right of the form, there are two buttons: "Save" and "Cancel".

After your providers have been entered, click on the **Registration Incomplete** link in the table to complete the registration process for that provider.

## Provider is already registered notification

If a provider has already been registered by another user, you will see a notification to this effect and you will be not able to register that provider. Check your data entry to make sure that the provider information is correct. If it is, please contact the help desk for more information and next steps.

Figure 9: Provider is already registered by another user

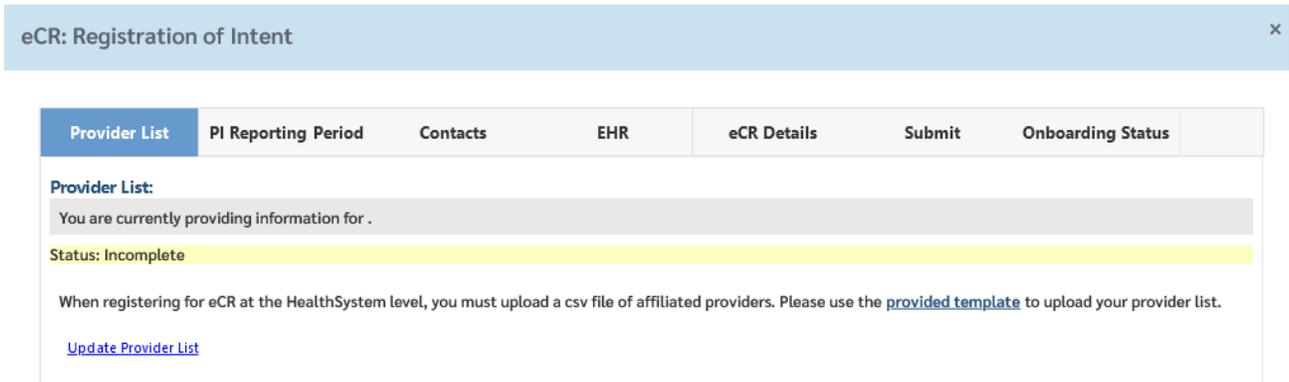
The screenshot shows a web form titled "Add New Record" with a close button (X) in the top right corner. A red notification banner at the top states: "This NPI has been registered by another user. Please check your data entry and/or contact the help desk for more information." Below the banner are several input fields, each with a label and an asterisk indicating a required field. The fields and their values are: NPI: 1423567890; Hospital Name: Hospital BF; Hospital CLIA #: 12D4343434343; Street Address: 100 Main Street; City: Chapel Hill; State: NC; ZIP: 27516. At the bottom of the form are two buttons: "Save" and "Cancel".

## eCR Provider List Upload for health system / healthcare organizations

In the screenshot below, the user has selected the *Caromont Health, Inc.* health system. Note: this is not an actual registration and is included for demonstration purposes only.

- Click on the template link to download the csv file.
- Add the required information about the providers in your health system that will be participating in eCR.
- Use the Update Provider List link in the Provider List tab to upload your csv file.

Figure 10: eCR Provider List Tab for Health Systems / Healthcare Organizations



### Sample eCR Registration (Hospital Example)

Click on Registration Incomplete to register for eCR for Hospital ABC. This will open the registration tabs shown in the following screenshots.

By default, each tab in the registration will have a status of incomplete. Click on the Edit link to enter information for that tab. You can save your work and return later to complete your registration.

- The tab shows the selected provider with a grey background.
- Informational messages are displayed in the yellow background.
- Required fields are designated with a red asterisk. Users can save their registration and return if they do not know the answer to a required question on all tabs except the Contact tabs. All required information must be provided for a contact for that contact to be saved.
- If a user clicks on another tab without saving information on their current tab, they will be shown a warning message.

Figure 11: eCR Sample Registration for a Hospital

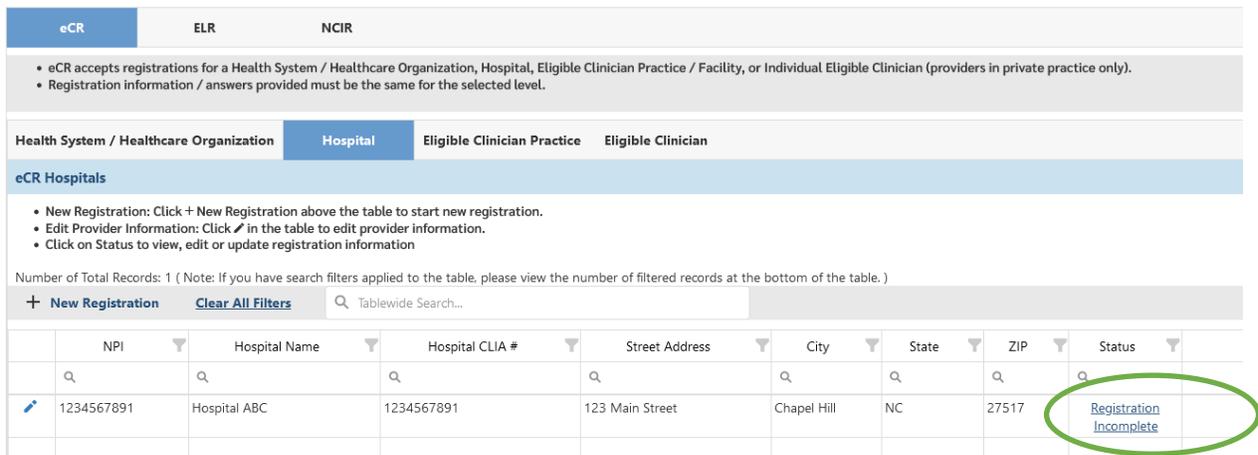


Figure 12: eCR Reporting Period Registration Question

eCR: Registration of Intent

PI Reporting Period	Contacts	EHR	eCR Details	Submit	Onboarding Status
<b>Promoting Interoperability Reporting Period:</b>					
You are currently providing information for Hospital ABC.					
<a href="#">Edit</a>					
Status: incomplete					
* Reporting Period Begin Date:					
* Reporting Period End Date:					

Figure 13: eCR Contacts Registration Questions

eCR: Registration of Intent x

PI Reporting Period	Contacts	EHR	eCR Details	Submit	Onboarding Status			
<b>Contact Information:</b>								
You are currently providing information for Hospital ABC.								
Status: Incomplete								
Vendor contact cannot be the same as other contacts. IT contact must be different than eCR and/or PI contact.								
Contact	First Name	Last Name	Position	Department	Organization	Email	Phone	Actions
PI								<a href="#">Edit</a>
eCR								<a href="#">Edit</a>
IT								<a href="#">Edit</a>
Vendor								<a href="#">Edit</a>

Figure 14: eCR EHR Registration Questions

eCR: Registration of Intent
✕

PI Reporting Period	Contacts	EHR	eCR Details	Submit	Onboarding Status
<p><b>EHR</b></p> <p>You are currently providing information for Hospital ABC.</p> <p><a href="#">Edit</a></p> <p style="background-color: #fff9c4; padding: 2px;">Status: incomplete</p> <p><b>*What is the name of the EHR vendor for this organization?</b></p> <p>Other EHR vendor</p> <p><b>*What is the product name?</b></p> <p>What is the software version?</p> <p><b>*Is your EHR capable of sending initial Case Report Documents (eCRs)?</b></p> <p>Does your facility have any plans to transition to a new EHR in the near future?</p> <p>If the answer is yes to above question, when?</p> <p>Name of the future vendor you will be using.</p> <p>Name of the future product.</p> <p>Version of future software</p> <p>Please provide any additional information about your plan for transitioning to the future EHR.</p>					

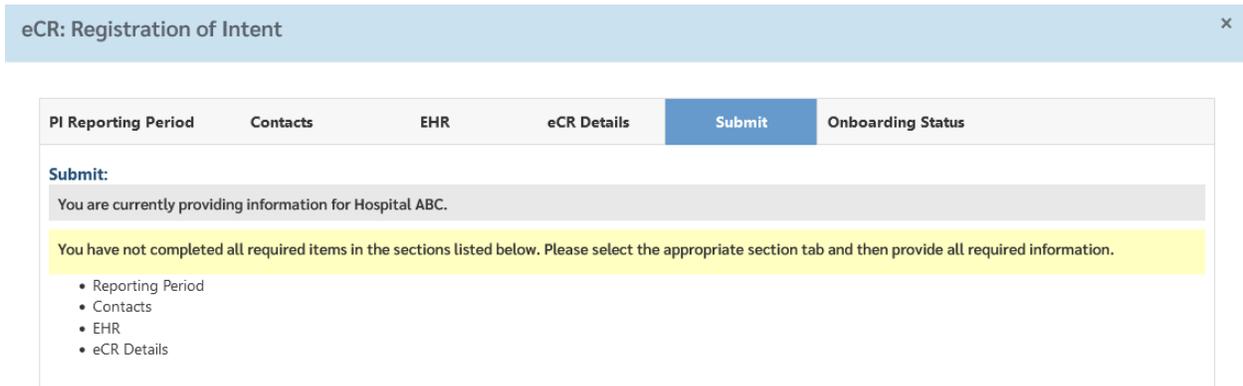
Figure 15: eCR Details Registration Questions

eCR: Registration of Intent
✕

PI Reporting Period	Contacts	EHR	eCR Details	Submit	Onboarding Status
<p><b>eCR Details</b></p> <p>You are currently providing information for Hospital ABC.</p> <p><a href="#">Edit</a></p> <p style="background-color: #fff9c4; padding: 2px;">Status: incomplete</p> <p><b>*Do you store lab tests using standardized LOINC codes and lab results using standardized SNOMED-CT codes in your EHR?</b></p> <p><b>*Approximately how many cases of reportable communicable diseases are diagnosed by this organization on an annual basis? (List of diseases organizations are required to report can be found in 10A NCAC 41A .0101(a).)</b></p> <p><b>*Please provide the name of the person who will be the primary contact for addressing errors / rejects in HL7 messages</b></p>					

The submit tab will inform you of incomplete sections (Figure 16). When all sections are complete follow the steps on this tab to submit your registration (Figure 17).

Figure 16: eCR submit tab showing incomplete registration sections



Additional guidance on the questions asked in the eCR registration process is available in Table 1.

Table 1: eCR Registration Guidance

Registration Questions	Description	Allowable Answers & Formats (where applicable)
<b>Promoting Interoperability Information</b>		
Reporting Period Begin & End Dates	The date this provider intends to start and end their reporting period. If the exact dates are not known, please provide the best estimate.	MM/DD/YYYY
<b>Contact Information</b>		
Promoting Interoperability Contact Person <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Position</li> <li>• Department</li> <li>• Organization</li> <li>• Phone</li> <li>• Email</li> </ul>	Please provide the contact information for the primary Promoting Interoperability contact person for this provider.	Free text
eCR Contact <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Position</li> <li>• Department</li> <li>• Organization</li> <li>• Phone</li> <li>• Email</li> </ul>	Please provide the contact information for the primary eCR contact for this provider. This person should have a general knowledge of reportable disease reporting requirements.	Free text

<b>Registration Questions</b>	<b>Description</b>	<b>Allowable Answers &amp; Formats (where applicable)</b>
IT Contact <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Position</li> <li>• Department</li> <li>• Organization</li> <li>• Phone</li> <li>• Email</li> </ul>	Please provide the contact information for the primary internal IT contact for this provider. If there is not a full time IT person in the office, please provide the information for the person who typically troubleshoots EHR related issues before you contact the help desk.	Free text
Vendor Contact <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Position</li> <li>• Department</li> <li>• Organization</li> <li>• Phone</li> <li>• Email</li> </ul>	Please provide your primary vendor contact information. Must be different than IT contact.	Free text
<b><i>EHR</i></b>		
EHR Vendor	What is the name of your EHR vendor?	See drop down list; If your vendor is not listed, please select the “Other” option, and then enter your vendor in the text box.
Product Name	What is the EHR product name?	Free text
Software Version	What is the software version?	Free text
Is your EHR capable of sending initial Case Report Documents (eICR’s)?		Yes, No, I don’t know
Does your facility have any plans to transition to a new electronic health record in the near future?		Yes/Maybe, No
Estimated time for this transition:	If the answer is yes to above question, when?	N/A; In process; 1-2 months; 3-6 months; 7-12 months; More than one year
Future EHR Vendor	Name of the future vendor you will be using.	Free text
Future Product Name	Name of the future product.	Free text

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Future Software Version	Version of future software.	Free text
Transition Comments	Please provide any additional information about your plan for transitioning to the future EHR.	Free text
<b>eCR Details</b>		
Do you store lab tests using standardized LOINC codes and lab results using standardized SNOMED-CT codes in your EHR?		Yes, No, I don't know
Approximately how many cases of reportable communicable diseases are diagnosed by this organization on an annual basis? (List of diseases organizations are required to report can be found in 10A NCAC 41A .0101(a).)		< 150; 150-500; >500
Please provide the name of the person who will be the primary contact for addressing errors / rejects in HL7 messages		Free text

## Completing the eCR Registration Process

To complete the registration process, you must click on the Submit tab, certify your registration information, and click on the submit button. The PI contact will receive an email confirmation.

Figure 17: Submitting a certified eCR Registration

eCR: Registration of Intent
✕

PI Reporting Period
Contacts
EHR
eCR Details
Submit
Onboarding Status

**Submit:**

You are currently providing information for Hospital ABC.

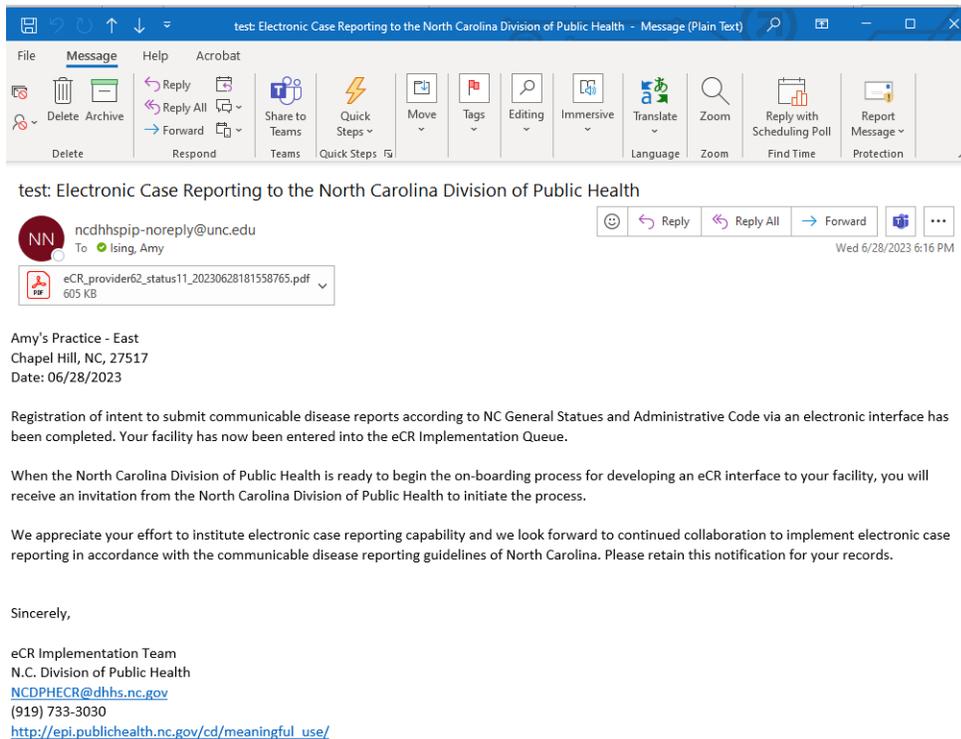
- You have completed all required items for the North Carolina eCR Registration Of Intent.
- Please review your information in each section, if the information is accurate, please check the certification box below and submit your registration.

I hereby certify that the statements and information in this registration are true and accurate to the best of my knowledge and belief. I understand that a failure to provide accurate information may move my registration to end of the queue in the on-boarding process and will be among the factors that the North Carolina Division of Public Health uses to assess an organization's readiness to onboard.

A confirmation email will be sent to the Promoting Interoperability contact. To ensure that the confirmation email is delivered to the Promoting Interoperability contact's inbox, please verify that the email client and email provider are set up to access message from ncdhspip-noreply@dhhs.nc.gov

Submit

Figure 18: Email confirmation of completed registration for eCR



## ELR Registration of Intent

The Registration of Intent process for the Electronic Laboratory Reporting asks for the following information:

- General Promoting Interoperability status information
- Contact information for the provider's Promoting Interoperability contact person, primary contact for electronic reportable disease lab reporting, internal IT contact, and LIS vendor contact
- Information about the laboratory information system that will be used to transmit reportable lab data
- Information specific to ELR that will be used to inform the onboarding process

## ELR Provider Identification

NC PIP for ELR allows users to register an entire health system / healthcare organization, or an individual hospital. Select the provider type and then click on the New Registration link to get started. Registrations for health systems / healthcare organizations require users to upload a csv file of affiliated providers. See the next section for more information.

eCR	<b>ELR</b>	NCIR
<ul style="list-style-type: none"><li>• ELR accepts registrations for a Health System / Healthcare Organization or Hospital.</li><li>• Registration information / answers provided must be the same for the selected level.</li></ul>		
<b>Health System / Healthcare Organization</b>		<b>Hospital</b>
<b>ELR Health System / Healthcare Organization Registrations</b>		
<ul style="list-style-type: none"><li>• New Registration: Click + New Registration above the table to start new registration.</li><li>• Click on Status to view, edit or update registration information, including csv files of provider lists</li><li>• If your healthcare system / healthcare organization is not an option in the drop down list, please contact the help desk.</li></ul>		
Number of Total Records: 1 ( Note: If you have search filters applied to the table, please view the number of filtered records at the bottom of the table. )		
<b>+ New Registration</b>	<a href="#">Clear All Filters</a>	<input type="text" value="Tablewide Search..."/> <a href="#">Clear All Filters</a>

- **Health System / Healthcare Organization:** Select the appropriate health system / healthcare organization from the drop-down menu and click on the save button. Note: when you select this option for ELR you will also need to upload a provider list of affiliated hospitals participating in ELR (more information available in the next section).

Figure 19: ELR selection of Health System / Healthcare Organization

The screenshot shows a modal window titled "Add New Record" with a close button (X) in the top right corner. Below the title bar, there is a label "Health System / Healthcare Organization: \*" followed by a dropdown menu. The dropdown menu is open, displaying a list of healthcare organizations: Appalachian Regional Healthcare System, Atrium Health, Cape Fear Valley Health System, Carolinaeast Health System, Caromont Health, Inc., Columbus Regional Healthcare System, Cone Health, Duke Health, ECU Health, FirstHealth of the Carolinas, Granville Health System, Harnett Health, Iredell Health System, and Johnston Health. At the bottom of the modal, there are two buttons: "Save" and "Cancel".

- **Hospital:** Enter the NPI, Hospital Name, Hospital CLIA #, Street Address, City, State, ZIP and then click on the Save button.

Figure 20: ELR Selection of Hospital

The screenshot shows a modal window titled "Add New Record" with a close button (X) in the top right corner. Below the title bar, there are seven input fields, each with a label and a red asterisk indicating a required field: "NPI: \*", "Hospital Name: \*", "Hospital CLIA #: \*", "Street Address: \*", "City: \*", "State: \*", and "ZIP: \*". At the bottom of the modal, there are two buttons: "Save" and "Cancel".

## Provider is already registered notification

If a provider has already been registered by another user, you will see a notification to this effect and you will be not able to register that provider. Check your data entry to make sure that the provider information is correct. If it is, please contact the help desk for more information and next steps.

Figure 21: Provider is already registered by another user

The screenshot shows a web form titled "Add New Record" with a close button (X) in the top right corner. A red notification banner at the top of the form reads: "This NPI has been registered by another user. Please check your data entry and/or contact the help desk for more information." Below the notification are several input fields, each with a label and an asterisk indicating a required field. The fields are filled with the following data:

NPI: *	1423567890
Hospital Name: *	Hospital BF
Hospital CLIA #: *	12D4343434343
Street Address: *	100 Main Street
City: *	Chapel Hill
State: *	NC
ZIP: *	27516

At the bottom of the form, there are two buttons: "Save" and "Cancel".

## ELR Provider List Upload for health system / healthcare organizations

In the screenshot below, the user has selected the *Caromont Health, Inc.* health system. Note: this is not an actual registration and is included for demonstration purposes only.

- Click on the template link to download the csv file.
- Add the required information about the hospitals in your health system that will be participating in ELR.
- Use the Update Provider List link in the Provider List tab to upload your csv file.

Figure 22: ELR Provider List Tab for Health Systems / Healthcare Organizations

The screenshot shows a web interface titled "ELR: Registration of Intent" with a close button (x) in the top right corner. Below the title is a navigation bar with seven tabs: "Provider List", "PI Reporting Period", "Contacts", "LIS", "ELR Details", "Submit", and "Onboarding Status". The "Provider List" tab is selected and highlighted in blue. Below the navigation bar, the content area displays the following information:

- Provider List:** You are currently providing information for Caromont Health, Inc..
- Status: Incomplete** (highlighted in yellow)
- When registering for ELR at the HealthSystem level, you must upload a csv file of affiliated providers. Please use the [provided template](#) to upload your provider list.
- [Update Provider List](#)

ELR registration tabs have the same functionality as those for eCR, with questions specific to ELR. Completed sections will appear with a Status: Complete as shown in the screenshot below.

Figure 23: Completed ELR Promoting Interoperability Reporting Period Section

The screenshot shows the same "ELR: Registration of Intent" interface, but with the "PI Reporting Period" tab selected and highlighted in blue. The content area displays the following information:

- Promoting Interoperability Reporting Period:** You are currently providing information for Caromont Health, Inc..
- Edit**
- Status: Complete.** Please submit your registration using the Submit tab.
- \* Reporting Period Begin Date: 2020-01-01
- \* Reporting Period End Date: 2020-12-31

Figure 24: ELR Contacts Registration Section

x

Provider List	PI Reporting Period	Contacts	LIS	ELR Details	Submit	Onboarding Status
---------------	---------------------	----------	-----	-------------	--------	-------------------

**Contact Information:**

You are currently providing information for Caromont Health, Inc..

**Status: Incomplete**  
Vendor contact cannot be the same as other contacts. IT contact must be different than eCR , NCIR or PI contact.

Contact	First Name	Last Name	Position	Department	Organization	Email	Phone	Actions
PI								<a href="#">Edit</a>
Lab								<a href="#">Edit</a>
IT								<a href="#">Edit</a>
Vendor								<a href="#">Edit</a>

Figure 25: ELR LIS Registration Section

x

PI Reporting Period	Contacts	LIS	ELR Details	Submit	Onboarding Status
---------------------	----------	-----	-------------	--------	-------------------

**LIS**

You are currently providing information for Hospital ABC.

[Edit](#)

Status: Complete. Please submit your registration using the Submit tab.

**\* What is the name of the company that manufactures the Laboratory Information System that you will use for ELR?**

**Other vendor**

**\* What is the product name of the LIS software you will use for ELR?**

What is the software version for this LIS product?

**\* Can your LIS send a message in the Health Level Seven (HL7) format?**

**\* What version(s) of HL7 messages can your LIS send?**

**\* Does your LIS store coded values for individual tests (i.e. LOINC codes or local codes)**

Do you have any plans to transition to a new laboratory information system in the near future?

When do you plan to transition to this new LIS?

**Future Vendor**

**Future Product Name**

**Future Software Version**

**Transition Comments**

Figure 26: ELR LIS Details Registration Section

**ELR: Registration of Intent** [Close]

Provider List | PI Reporting Period | Contacts | LIS | **ELR Details** | Submit | Onboarding Status

**ELR Details**

You are currently providing information for Caromont Health, Inc..

[Edit](#)

Status: Incomplete

Approximately how many lab results does your organization report to public health each year?

What results are most frequently reported to public health by your organization? (i.e., Identification of Neisseria gonorrhoea, Identification of Chlamydia trachomatis, Positive for Hepatitis B Core Antigen, etc.)

\* Approximately what proportion of reportable tests are sent to a reference laboratory?

Which reference laboratory(ies) does your organization use?

Other Reference Lab

Additional guidance on the questions asked in the ELR registration process is available Table 2.

Table 2: ELR Registration Guidance

Registration Questions	Description	Allowable Answers & Formats (where applicable)
<b>Promoting Interoperability Information</b>		
Reporting Period Begin & End Dates	The date this provider intends to start and end the reporting period. If the exact dates are not known, please provide the best estimate.	MM/DD/YYYY
<b>Contact Information</b>		
Promoting Interoperability Contact Person <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Position</li> <li>• Department</li> <li>• Organization</li> <li>• Phone</li> <li>• Email</li> </ul>	Please provide the contact information for the primary Promoting Interoperability contact person for this provider.	Free text

<b>Registration Questions</b>	<b>Description</b>	<b>Allowable Answers &amp; Formats (where applicable)</b>
Lab Contact <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Position</li> <li>• Department</li> <li>• Organization</li> <li>• Phone</li> <li>• Email</li> </ul>	Please provide the contact information for the primary laboratory contact for this provider. This person should have a general knowledge of the type of tests and testing methodology utilized by this provider.	Free text
IT Contact <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Position</li> <li>• Department</li> <li>• Organization</li> <li>• Phone</li> <li>• Email</li> </ul>	Please provide the contact information for the primary internal IT contact for this provider. If there is not a full time IT person in the office, please provide the information for the person who typically troubleshoots your lab information system before you call the help desk.	Free text
Vendor Contact <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Position</li> <li>• Department</li> <li>• Organization</li> <li>• Phone</li> <li>• Email</li> </ul>	Please provide your primary vendor contact information. Must be different than IT contact.	Free text
<b>Laboratory Information System (LIS)</b>		
Vendor	What is the name of the company that manufactures the Laboratory Information Management System that you will use for ELR?	See drop down list; If your vendor is not listed, please select the "Other" option and then enter your vendor in the text box.
Product Name	What is the product name of the LIS software you will use for ELR?	Free text
Software Version	What is the software version for this LIS product?	Free text
Is your LIS capable of sending HL7 messages?	Can your LIS send a message in the Health Level Seven (HL7) format?	Yes, No, I don't know
What version(s) of HL7 messages can your LIS send?	According to what version of the HL7 ELR Implementation Guide are the messages that your LIS sends formatted?	2.3.1, 2.5.1, Other

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Does your LIS store coded values for individual tests (i.e., LOINC codes or local codes)	Instead of storing the test name as text, does your LIS store a numeric value that references the test name?	Yes, No, I don't know
Do you have any plans to transition to a new laboratory information system in the near future?	Are you planning on changing your LIS software in the future?	Yes, No
When do you plan to transition to this new laboratory information system?	If the answer is yes to above question, when?	N/A; In process; 1-2 months; 3-6 months; 7-12 months; More than one year
Future Vendor	Name of the future vendor you will be using.	Free text
Future Product Name	Name of the future product.	Free text
Future Software Version	Version of future software.	Free text
Transition Comments	Please provide any additional information about your plan for transitioning to the future LIS.	Free text
Approximately how many lab results does your organization report to public health each year?		<50;50-249;250-499;500+
What results are most frequently reported to Public Health by your facility? (i.e., Identification of <i>Neisseria gonorrhoea</i> , Identification of <i>Chlamydia trachomatis</i> , Positive for Hepatitis B Core Antigen, etc.)	Which reports does your facility most frequently report to either the state or local health departments?	Free text
Approximately what proportion of tests are sent to a reference laboratory?	What percentage of your total number of reportable tests is sent to a reference laboratory for testing?	<5%; 5% - 24%; 25-49%; 50% - 74%; 75% - 100%; We do not use a reference laboratory
Which reference laboratory(ies) does your organization use?		Select from the available drop-down list. If your reference laboratory is not listed, please select "Other" and then enter the lab name into the free text box. <b>Select all that apply.</b>

## Completing the ELR Registration Process

To complete the registration process, you must click on the Submit tab, certify your registration information, and click on the submit button. The PI contact will receive an email confirmation.

Figure 27: Submitting a certified ELR Registration

The screenshot shows a web interface for "ELR: Registration of Intent". At the top, there is a light blue header bar with the text "ELR: Registration of Intent" and a close button (X) on the right. Below this is a navigation bar with five tabs: "PI Reporting Period", "Contacts", "LIS", "ELR Details", and "Submit". The "Submit" tab is highlighted in blue. Below the navigation bar, the main content area is titled "Submit:" and contains the following text and elements:

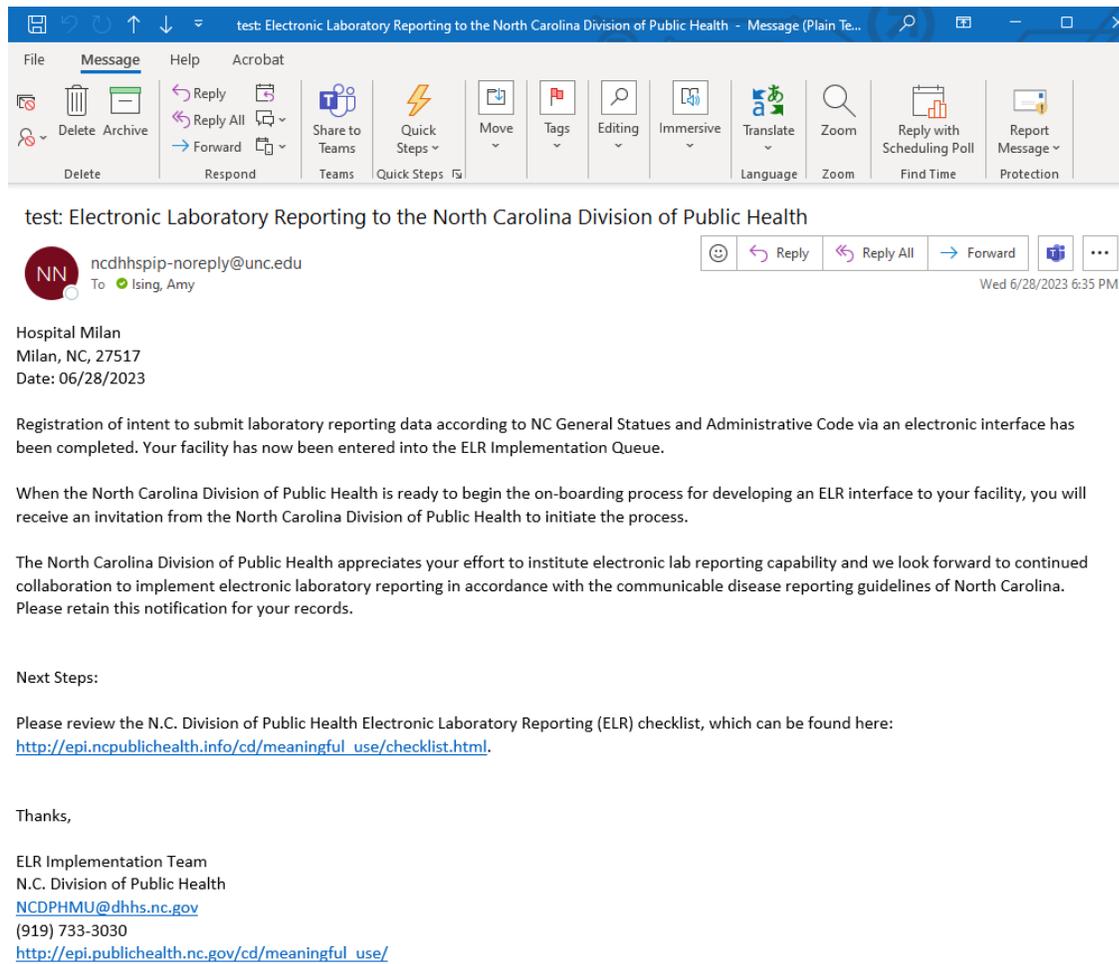
- A grey bar with the text: "You are currently providing information for Hospital Milan."
- A bulleted list:
  - You have completed all required items for the North Carolina eCR Registration Of Intent.
  - Please review your information in each section, if the information is accurate, please check the certification box below and submit your registration.
- A yellow highlighted box containing a checked checkbox and the text: "I hereby certify that the statements and information in this registration are true and accurate to the best of my knowledge and belief. I understand that a failure to provide accurate information may move my registration to end of the queue in the on-boarding process and will be among the factors that the North Carolina Division of Public Health uses to assess an organization's readiness to onboard."
- A light blue box containing the text: "A confirmation email will be sent to the Promoting Interoperability contact. To ensure that the confirmation email is delivered to the Promoting Interoperability contact's inbox, please verify that the email client and email provider are set up to access message from ncdhspip-noreply@dhhs.nc.gov"
- A large blue button labeled "Submit" centered at the bottom of the form.

Figure 28: Sample Confirmation of Registration Submission

The screenshot shows the same "ELR: Registration of Intent" interface as Figure 27. The "Submit" tab is still selected. The main content area now displays a confirmation message in a light blue box:

Your registration is complete. A confirmation email will be sent to the Promoting Interoperability contact shortly.

Figure 29: Sample ELR Registration Complete Email Confirmation



## NCIR Registration of Intent

The Registration of Intent process for the North Carolina Immunization Registry asks for the following information:

- General Promoting Interoperability status information
- Contact information for the provider’s Promoting Interoperability contact person, primary contact for immunization registry reporting, internal IT contact, and EHR vendor contact
- Information about the EHR that will be used to exchange health information with NCIR
- Information specific to NCIR that will be used to inform the onboarding process

## NCIR Provider Identification

The PIP allows NCIR registrations for Hospitals, Eligible Clinician Practices, and Eligible Clinicians.

- Hospital registrations require NPI, Hospital Name, CLIA #, Street Address, City, State, ZIP.

Figure 30: Hospital Registration for NCIR

**Add New Record** ×

NPI: \*

Hospital Name: \*

Hospital CLIA #: \*

Street Address: \*

City: \*

State: \*

ZIP: \*

- Clinician Practice requires NPI, Practice Name, Practice Type, Street Address, City, State, ZIP. When this provider type is selected for NCIR, additional provider information must be uploaded as part of the registration process (see next section).

Figure 31: NCIR Clinician Practice Provider Identification

The screenshot shows a web form titled "Add New Record" with a close button (X) in the top right corner. The form contains the following fields:

- NPI: \* (text input)
- Practice Name: \* (text input)
- Practice Type: \* (dropdown menu with "Select..." option)
- Other Practice Type: (text input)
- Street Address: \* (text input)
- City: \* (text input)
- State: \* (text input)
- ZIP: \* (text input)

At the bottom right of the form, there are two buttons: "Save" and "Cancel".

- Eligible Clinician requires NPI, Clinician First and Last Name, Practice Type, Street Address, City, State, ZIP, Phone, Email. This option should be used for clinicians in private practice only. Clinicians part of a larger practice should be registered at the clinician practice level.

Figure 32: NCIR Eligible Clinician Provider Identification

**Add New Record** ✕

NPI: \*

Clinician First Name: \*

Clinician Last Name: \*

Practice Type: \*

Other Practice Type:

Street Address: \*

City: \*

State: \*

ZIP: \*

Phone: \*

Email: \*

### Provider is already registered notification

If a provider has already been registered by another user, you will see a notification to this effect and you will be not able to register that provider. Check your data entry to make sure that the provider information is correct. If it is, please contact the help desk for more information and next steps.

Figure 33: Provider is already registered by another user

**Add New Record**
✕

This NPI has been registered by another user. Please check your data entry and/or contact the help desk for more information.

NPI: \*

Hospital Name: \*

Hospital CLIA #: \*

Street Address: \*

City: \*

State: \*

ZIP: \*

Save
Cancel

## NCIR Registration

After identifying providers for NCIR registration, click on the Registration Incomplete link to provide required registration information.

Figure 34: NCIR Registration Table

eCR	ELR	NCIR						
<ul style="list-style-type: none"> <li>NCIR accepts registrations for a Hospital, Eligible Clinician Practice / Facility, or Individual Eligible Clinician (providers in private practice only).</li> <li>Registration information / answers provided must be the same for the selected level.</li> </ul>								
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid #ccc; padding-bottom: 5px;"> <span>Hospital</span> <span style="background-color: #4a86e8; color: white; padding: 2px 5px;">Eligible Clinician Practice</span> <span>Eligible Clinician</span> </div>								
<p><b>NCIR Eligible Clinician Practices</b></p> <ul style="list-style-type: none"> <li>New Registration: Click + New Registration above the table to start new registration.</li> <li>Edit Provider Information: Click ✎ in the table to edit provider information.</li> <li>Click on Status to view, edit or update registration information, including csv files of provider lists</li> </ul> <p>Number of Total Records: 2 ( Note: If you have search filters applied to the table, please view the number of filtered records at the bottom of the table. )</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <span>+ New Registration</span> <span>Clear All Filters</span> <input type="text" value="Tablewide Search..."/> </div>								
NPI	Practice Name	Practice Type	Other Practice Type	Street Address	City	State	ZIP	Status
<input type="text" value="121212121212"/>	<input type="text" value="Amy's Practice"/>	(All)		<input type="text" value="123 Main Street"/>	<input type="text" value="Chapel Hill"/>	<input type="text" value="NC"/>	<input type="text" value="27517"/>	Registration Incomplete
<input type="text" value="1234512345"/>	<input type="text" value="Pino's Practice"/>	Internal Medicine		<input type="text" value="123 Main Street"/>	<input type="text" value="Chapel Hill"/>	<input type="text" value="NC"/>	<input type="text" value="27517"/>	Registration Incomplete

## Clinician Practice Provider List Upload

When registering clinician practices for NCIR, users must upload a list of clinicians affiliated with that practice who will be participating in NCIR. After clicking on the Registration Incomplete link, affiliated providers can be uploaded on the Provider List tab.

- Use the provided template to provide required information for affiliated providers. Required information includes...
- Use the Update Provider List link to upload the csv file.

Figure 35: NCIR Provider List Tab for Clinician Practice Registrations

NCIR: Registration of Intent

Provider List	PI Reporting Period	Contacts	EHR	NCIR Details	Submit	Onboarding Status
<b>Provider List:</b> You are currently providing information for Pino's Practice.						
<b>Status: Incomplete</b>						
When registering for NCIR at the Practice level, you must upload a csv file of affiliated providers. Please use the <a href="#">provided template</a> to upload your provider list.						
<a href="#">Update Provider List</a>						

## NCIR Registration Questions

NCIR questions are similar to those for eCR and ELR, with EHR and NCIR details customized for this public health program.

Figure 36: NCIR Promoting Interoperability Reporting Period Registration Questions

NCIR: Registration of Intent

PI Reporting Period	Contacts	EHR	NCIR Details	Submit	Onboarding Status
<b>Promoting Interoperability Reporting Period:</b> You are currently providing information for Hospital ABC.					
<b>Edit</b>					
<b>Status: Complete.</b> Please submit your registration using the Submit tab.					
* Reporting Period Begin Date: 2023-01-01					
* Reporting Period End Date: 2023-12-31					

Figure 37: NCIR Contacts Registration Questions

NCIR: Registration of Intent
×

PI Reporting Period	Contacts	EHR	NCIR Details	Submit	Onboarding Status
---------------------	----------	-----	--------------	--------	-------------------

**Contact Information:**

You are currently providing information for Hospital ABC.

**Status: Incomplete**  
Vendor contact cannot be the same as other contacts. IT contact must be different than eCR, NCIR or PI contact.

Contact	First Name	Last Name	Position	Department	Organization	Email	Phone	Actions
PI								<a href="#">Edit</a>
NCIR								<a href="#">Edit</a>
IT								<a href="#">Edit</a>
Vendor								<a href="#">Edit</a>

Figure 38: NCIR EHR Registration Questions

x

**NCIR: Registration of Intent**

PI Reporting Period	Contacts	EHR	NCIR Details	Submit	Onboarding Status
<p><b>EHR</b></p> <p style="background-color: #f5f5f5; padding: 2px;">You are currently providing information for Hospital ABC.</p> <p><a href="#">Edit</a></p> <p style="background-color: #fff9c4; padding: 2px;">Status: Incomplete</p> <p><b>* Electronic Health Record (EHR) Vendor</b></p> <p><b>Other EHR vendor</b></p> <p><b>* What is the product name?</b></p> <p><b>What is the software version?</b></p> <p><b>* Is your EHR NIST certified for data exchange?</b></p> <p><b>* Is your EHR capable of sending HL7 2.5.1 transactions?</b></p> <p><b>* Is your EHR capable of creating VXU 2.5.1 messages?</b></p> <p><b>* Is your EHR capable of accepting and processing ACK HL7 2.5.1 messages?</b></p> <p><b>* Is your EHR capable of creating 2.5.1 QBP messages and accept resulting RSP messages?</b></p> <p><b>* Does your EHR support real-time messaging using web services?</b></p> <p><b>Do you have a hub through which all your organizations will send data, so that a single connection can be made to the NCIR?</b></p> <p><b>* Do you have a test environment? (NCIR will perform Onboarding in the Test environment and on successful completion initiate data reception in production.)</b></p> <p><b>Please provide the name of the person who will be the primary contact for addressing errors / rejects in HL7 messages:</b></p> <p><b>How does your application handle reporting errors/warnings (ACKs returned in response to VXU)?</b></p> <p><b>* Are you planning to connect directly with the NCIR or go through the NC HIE?</b></p> <p><b>* How adaptable is the software being used? Are you able to change aspects of the software (and/or HL7 messages) to meet the NCIR requirements, if needed?</b></p> <p><b>Does your organization have any plans to transition to a new EHR in the near future?</b></p> <p><b>When do you plan to transition to this new EHR?</b></p> <p><b>Future Vendor</b></p> <p><b>Future Product Name</b></p> <p><b>Future Software Version</b></p> <p><b>Transition Comments</b></p>					

Figure 39: NCIR Details Registration Questions

**NCIR: Edit Details Information**

Please enter your organization name exactly as it appears in NCIR:

In order to expedite your NCIR onboarding process, please enter your NCIR PIN. (This may also be referred to as your NCIR ONLY PIN, VFC PIN, or Organization Code).

\* Does your organization participate in the Vaccine for Children (VFC) Program? (In other words, does your organization order and receive state supplied vaccines?)  
 Yes  No

If VFC organization, does your EHR have the ability to capture eligibility codes for VFC doses?  
 Yes  No

\* Does your EHR have the ability to capture dose-level inventory information like Lot Number, dose size, expiration date, manufacturer and VIS date?  
 Yes  No

\* What type of patients does your organization administer vaccines to?  
 Note-Select all that apply:

Pediatric  
 Adolescent  
 Adult

\* Does your EHR collect historical immunizations?  
 Yes  No

Additional guidance on the questions asked in the NCIR registration process is available in Table 3.

Table 3: NCIR Registration Guidance

Registration Questions	Description	Allowable Answers & Formats (where applicable)
<b>Promoting Interoperability Information</b>		
Reporting Period Begin & End Dates	The date this provider intends to start and end their reporting period. If the exact dates are not known, please provide the best estimate.	MM/DD/YYYY
<b>Contact Information</b>		

Registration Questions	Description	Allowable Answers & Formats (where applicable)
Promoting Interoperability Contact Person <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Position</li> <li>• Department</li> <li>• Organization</li> <li>• Phone</li> <li>• Email</li> </ul>	Please provide the contact information for the primary Promoting Interoperability contact person for this provider.	Free text
NCIR Contact <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Position</li> <li>• Department</li> <li>• Organization</li> <li>• Phone</li> <li>• Email</li> </ul>	Please provide the contact information for the primary NCIR contact for this provider. This person should have a general knowledge of immunizations and immunization workflows utilized by this provider.	Free text
IT Contact <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Position</li> <li>• Department</li> <li>• Organization</li> <li>• Phone</li> <li>• Email</li> </ul>	Please provide the contact information for the primary internal IT contact for this provider. If there is not a full time IT person in the office, please provide the information for the person who typically troubleshoots EHR related issues before you contact the help desk. Must be different than NCIR and/or Promoting Interoperability Contact.	Free text
Vendor Contact <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Position</li> <li>• Department</li> <li>• Organization</li> <li>• Phone</li> <li>• Email</li> </ul>	Please provide your primary vendor contact information. Must be different than IT contact.	Free text
<b><i>EHR</i></b>		
EHR Vendor	What is the name of the EHR vendor for this provider?	See drop down list; If your vendor is not listed, please select the “Other” option and then enter your vendor in the text box.
EHR Product Name	What is the product name?	Free text

<b>Registration Questions</b>	<b>Description</b>	<b>Allowable Answers &amp; Formats (where applicable)</b>
EHR Software Version	What is the software version?	Free text
Is your EHR NIST certified for data exchange?		Yes, No, I don't know
Is your EHR capable of sending HL7 2.5.1 transactions?		Yes, No
Is your EHR capable of creating VXU 2.5.1 messages?		Yes, No, I don't know
Is your EHR capable of accepting and processing ACK HL7 2.5.1 messages?		Yes, No, I don't know
Is your EHR capable of creating 2.5.1 QBP messages and accept resulting RSP messages?		Yes, No, I don't know
Does your EHR support real-time messaging using web services?		Yes, No
Do you have a hub through which all your organizations will send data, so that a single connection can be made to the NCIR?		Yes, No, I don't know
Do you have a test environment? (NCIR will perform Onboarding in the Test environment and on successful completion initiate data reception in production.)		Yes, No
Please provide the name of the person who will be the primary contact for addressing errors / rejects in HL7 messages:		Free text
How does your application handle reporting errors/warnings (ACKs returned in response to VXU)?		Free text
Are you planning to connect directly with the NCIR or go through the NC HIE?		Direct, HIE, I don't know
How adaptable is the software being used? Are you able to change aspects of the software (and/or HL7 messages) to meet the NCIR requirements, if needed?		Yes, No, I don't know
Does your facility have any plans to transition to a new electronic health record in the near future?		Yes, No

<b>Registration Questions</b>	<b>Description</b>	<b>Allowable Answers &amp; Formats (where applicable)</b>
When do you plan to transition to this new electronic health record?	If the answer is yes to above question, when?	N/A; In process; 1-2 months; 3-6 months; 7-12 months; More than one year
Future Vendor	Name of the future vendor you will be using.	Free text
Future Product Name	Name of the future product.	Free text
Future Software Version	Version of future software.	Free text
Transition Comments	Please provide any additional information about your plan for transitioning to the future EHR.	Free text
<b><i>NCIR Details</i></b>		
<b>Registration Questions</b>	<b>Description</b>	<b>Allowable Answers &amp; Formats (where applicable)</b>
Please enter your organization name exactly as it appears in NCIR:		Free text
In order to expedite your NCIR onboarding process, please enter your NCIR PIN. (This may also be referred to as your NCIR ONLY PIN, VFC PIN, or Organization Code).		
Does your organization participate in the Vaccine for Children (VFC) Program? (In other words, does your organization order and receive state supplied vaccines?)		Yes, No
If VFC provider, does your EHR have the ability to capture eligibility codes for VFC doses?		Yes, No
Do you plan to setup privately purchased vaccine in NCIR?		Yes, No
Does your EHR have the ability to capture dose-level inventory information like Lot Number, dose size, expiration date, manufacturer and VIS date?		Yes, No
What type of patients do you administer vaccines to?	Select all that apply: pediatric, adolescent, adult	Pediatric, Adolescent, Adult
Does your EHR collect historical immunizations?		Yes, No

## Completing the NCIR Registration Process

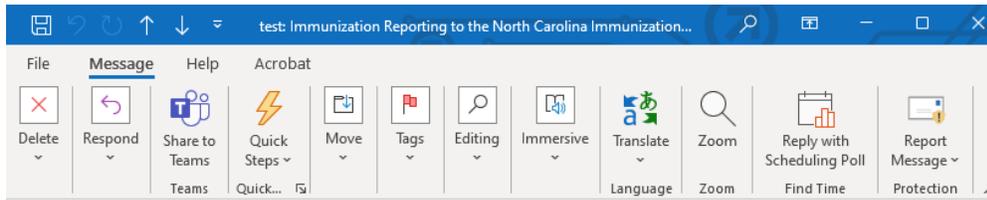
To complete the registration process, you must click on the Submit tab, certify your registration information, and click on the submit button. The PI contact will receive an email confirmation.

Figure 40: Submitting a certified NCIR registration

The screenshot shows a web application interface for "NCIR: Registration of Intent". At the top, there is a light blue header bar with the text "NCIR: Registration of Intent" and a close button "x". Below the header is a navigation bar with six tabs: "PI Reporting Period", "Contacts", "EHR", "NCIR Details", "Submit", and "Onboarding Status". The "Submit" tab is currently selected and highlighted in blue. The main content area of the "Submit" tab contains the following elements:

- Submit:** A section header.
- Context:** "You are currently providing information for Hospital ABC."
- Instructions:**
  - You have completed all required items for the North Carolina eCR Registration Of Intent.
  - Please review your information in each section, if the information is accurate, please check the certification box below and submit your registration.
- Certification:** A yellow box containing a checked checkbox and the text: "I hereby certify that the statements and information in this registration are true and accurate to the best of my knowledge and belief. I understand that a failure to provide accurate information may move my registration to end of the queue in the on-boarding process and will be among the factors that the North Carolina Division of Public Health uses to assess an organization's readiness to onboard."
- Confirmation:** A light blue box containing the text: "A confirmation email will be sent to the Promoting Interoperability contact. To ensure that the confirmation email is delivered to the Promoting Interoperability contact's inbox, please verify that the email client and email provider are set up to access message from ncdhspip-noreply@dhhs.nc.gov"
- Submit Button:** A large blue button with the text "Submit" centered on it.

Figure 41: Email confirmation (with PDF attachment) for NCIR Completed Registration



test: Immunization Reporting to the North Carolina Immunization Registry (NCIR)



ncdhhsnip-noreply@unc.edu  
To: Ising, Amy

Reply Reply All Forward

Thu 6/29/2023 12:33 PM



Hospital ABC  
Chapel Hill, NC, 27517  
Date: 06/29/2023

As of today, the Eligible Hospital or Eligible Professional has completed their online registration of intent to submit immunization data according to the North Carolina requirements for interoperability between the Electronic Health Record (EHR) and the North Carolina Immunization Registry (NCIR).

The NC Immunization Branch appreciates your effort and we look forward to continued collaboration to implement immunization reporting in accordance with the interoperability guidelines of North Carolina. Please retain this notification for your records.

Next Steps:

Effective January 1, 2019, providers wishing to receive incentive payments through the Promoting Interoperability incentive program must use Electronic Health Record Systems (EHRs) that are required to conform to the HL7 2.5.1 release 1.5 Immunization Messaging Implementation Guide 1 and Addendum 2 (also referred to as the HL7 IG). More details can be found on the NCIR website (<https://www.immunize.nc.gov/providers/ncirpromotinginteroperability.htm>)

Sincerely,  
NCIR Immunization Branch  
[ncirdataexchange@dhhs.nc.gov](mailto:ncirdataexchange@dhhs.nc.gov)

# Updates to Registration Information

Users can update registered information for their providers as needed. To update information for a registered provider, click on the status link in the registration table (this status may be Registration Complete or some other status in the onboarding process), and then click on the edit link in the appropriate tab.

Figure 42: Click on Status Link to Update Registration Information

The screenshot shows a web interface for eCR registration. At the top, there are tabs for 'eCR', 'ELR', and 'NCIR'. Below this, there are instructions: 'eCR accepts registrations for a Health System / Healthcare Organization, Hospital, Eligible Clinician Practice / Facility, or Individual Eligible Clinician (providers in private practice only). Registration Information / answers provided must be the same for the selected level.' There are also tabs for 'Health System / Healthcare Organization', 'Hospital', 'Eligible Clinician Practice', and 'Eligible Clinician'. The 'eCR Hospitals' section contains instructions: 'New Registration: Click + New Registration above the table to start new registration.', 'Edit Provider Information: Click / in the table to edit provider information.', and 'Click on Status to view, edit or update registration information'. Below these instructions, it says 'Number of Total Records: 2 ( Note: If you have search filters applied to the table, please view the number of filtered records at the bottom of the table. )'. There are buttons for '+ New Registration', 'Clear All Filters', and a search bar. The main table has columns: NPI, Hospital Name, Hospital CLIA #, Street Address, City, State, ZIP, Status, and Status Change Date. Two rows are visible. The first row has NPI 1234567891, Hospital Name Hospital ABC, Hospital CLIA # 1234567891, Street Address 123 Main Street, City Chapel Hill, State NC, ZIP 27517, Status Registration Complete (circled in green), and Status Change Date 2023-06-28. The second row has NPI 123467890, Hospital Name Hosptail C, Hospital CLIA # 11D1111111, Street Address 1st street, City chapel hill, State nc, ZIP 27516, Status Registration Complete, and Status Change Date 2023-06-28.

NPI	Hospital Name	Hospital CLIA #	Street Address	City	State	ZIP	Status	Status Change Date
1234567891	Hospital ABC	1234567891	123 Main Street	Chapel Hill	NC	27517	Registration Complete	2023-06-28
123467890	Hosptail C	11D1111111	1st street	chapel hill	nc	27516	Registration Complete	2023-06-28

Figure 43: Click on Edit to Update Contact Information

The screenshot shows the 'eCR: Registration of Intent' form. At the top, there are tabs for 'PI Reporting Period', 'Contacts', 'EHR', 'eCR Details', 'Submit', and 'Onboarding Status'. The 'Contacts' tab is selected. Below the tabs, there is a section for 'Contact Information:'. It says 'You are currently providing information for Hospital ABC.' Below that, it says 'Status: Complete. Please submit your registration using the Submit tab.' Below that, it says 'Vendor contact cannot be the same as other contacts. IT contact must be different than eCR , NCIR or PI contact.' Below this, there is a table with columns: Contact, First Name, Last Name, Position, Department, Organization, Email, Phone, and Actions. There are two rows. The first row is for 'PI' with First Name Amy, Last Name Ising, Organization UNC, Email amy\_ising@med.unc.edu, and an 'Edit' link. The second row is for 'eCR' with First Name Amy, Last Name Ising, Organization UNC, Email amy\_ising@med.unc.edu, and an 'Edit' link.

Contact	First Name	Last Name	Position	Department	Organization	Email	Phone	Actions
PI	Amy	Ising			UNC	amy_ising@med.unc.edu		<a href="#">Edit</a>
eCR	Amy	Ising			UNC	amy_ising@med.unc.edu		<a href="#">Edit</a>

# Updates to Provider Information

Users can update information for identified providers as needed. To update information for a provider, click on the pencil icon in the registration table.

Figure 44: Click on Pencil Icon to Update Provider Information

eCR	ELR	NCIR				
<ul style="list-style-type: none"> <li>eCR accepts registrations for a Health System / Healthcare Organization, Hospital, Eligible Clinician Practice / Facility, or Individual Eligible Clinician (providers in private practice only).</li> <li>Registration information / answers provided must be the same for the selected level.</li> </ul>						
Health System / Healthcare Organization <b>Hospital</b> Eligible Clinician Practice    Eligible Clinician						
<b>eCR Hospitals</b>						
<ul style="list-style-type: none"> <li>New Registration: Click + New Registration above the table to start new registration.</li> <li>Edit Provider Information: Click  in the table to edit provider information.</li> <li>Click on Status to view, edit or update registration information</li> </ul>						
Number of Total Records: 2 ( Note: If you have search filters applied to the table, please view the number of filtered records at the bottom of the table. )						
+ New Registration    Clear All Filters <input type="text" value="Tablewide Search..."/>						
NPI	Hospital Name	Hospital CLIA #	Street Address	City	State	ZIP
 1234567891	Hospital ABC	1234567891	123 Main Street	Chapel Hill	NC	27517
 123467890	Hospitail C	11D1111111	1st street	chapel hill	nc	27516

Please note that any edits made to the provider’s information will be reflected across all public health programs.

Figure 45: Editing a Hospital Name

**Edit Record**
✕

NPI: \*

Hospital Name: \*

Hospital CLIA #: \*

Street Address: \*

City: \*

State: \*

ZIP: \*

*Thank you for using the  
NC Division of Public Health  
Promoting Interoperability  
Registration of Intent Site.*