



# AZ Public Health Promoting Interoperability Registration of Intent

Eligible Clinicians-ECs  
Pre-Registration

<b>1 Pre-Registration</b>		
Please provide the Public Health Promoting Interoperability 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"/>	
<b>What Public Health Measures are you planning to implement for Promoting Interoperability? (select one or more)*</b>		
If you do not plan to implement any Public Health PI Measures with ADHS, you do not need to continue completion of the screening questions.		
<b>Immunization Registry</b>		
<b>Public Health Measure</b>	<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: <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>
	<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		
<b>Public Health Registry: Cancer Registry</b>		
<b>Public Health Measure</b>	<input type="radio"/> Register Intent to submit data to ADHS for the Public Health 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 Clinicians (ECs) who diagnose and/or directly treat cancer. ECs must diagnose or treat cancer in order to select the cancer reporting measure. A diagnosing physician is one who definitively diagnoses cancer. <b>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.</b> 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.
		<b>CHPL Product Number of the software tool (this number must be cancer reporting specific)</b>
		The Certified Health IT Product List can be found here: <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>
	<input type="text"/>	
	Software that meets: 2015 Edition Health IT Certification Criterion § 170.315 (f)(4) 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		
<b>Syndromic Surveillance</b>		

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

For questions or comments, please contact the ADHS Public Health Promoting Interoperability Helpdesk: Phone (602)-542-6002 or Email: [promotinginteroperability@azdhs.gov](mailto:promotinginteroperability@azdhs.gov).



# AZ Public Health Promoting Interoperability Registration of Intent

Eligible Clinicians-ECs

Pre-Registration

Syndromic Surveillance		
Public Health Measure	<input type="radio"/> Register to submit data to ADHS for the Syndromic Surveillance measure	<input type="radio"/> Do you have software specifically certified for Syndromic Surveillance Reporting? <input type="text"/> The Certified Health IT Product List can be found here: <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>
	<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 AHDS)	
	<input type="radio"/> Currently sending or planning to send to another organization	<input type="radio"/> Which organization do you plan to send Syndromic Surveillance data to? <input type="text"/>
	<input type="radio"/> None of the above	

Reportable Infectious Diseases Cases		
Public Health Measure	<input type="radio"/> Register Intent to submit data to ADHS for the Electronic Case Reporting (eCR) measure	<input type="radio"/> Do you provide medical care for reportable infectious diseases in your facility, specified at this link: <a href="#">reportable conditions</a> <input type="text"/> <input type="radio"/> Do you have software specifically certified for Electronic Case Reporting (eCR) to public health ? <input type="text"/> The Certified Health IT Product List can be found here: <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>
	<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 Electronic Case Reporting (eCR) to? <input type="text"/>
	<input type="radio"/> None of the above	

This worksheet can be used to gather the required information for Registration of Intent with Public Health. Please go to the AZ Public Health PI Portal using the link below to complete the Registration of Intent Process.

<https://azdhs.gov/promotinginteroperability>



# AZ Public Health Promoting Interoperability Registration of Intent

Eligible Clinicians-EPs  
Profile

## 1 Profile

Please provide the Public Health Promoting Interoperability Registration of Intent information below. All fields are required.

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 public health registries (other than ADHS-Cancer registry) that you currently or plan to submit data to?	<input type="text"/>		
Comments	<input type="text"/>		



# AZ Public Health Promoting Interoperability Registration of Intent

ARIZONA DEPARTMENT OF HEALTH SERVICES

Eligible Clinicians-ECs  
Practices/Eligible Clinicians-ECs

## 1 Practices/Eligible Clinicians (ECs)

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 EC's Information

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

ECs can only be added once and cannot be registered for another practice. If an EC practices at multiple locations, register them under their primary location only. \*To add more than three Eligible Clinicians 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"/> Other, specify:				
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"/> Other, specify:				
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"/> Other, specify:				

## 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.\*

Electronic Case Reporting  
Sydromic Surveillance  
Cancer Registry  
Immunization Registry  
Account Manager

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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>					



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 Promoting Interoperability Profile.

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



## 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 Promoting Interoperability Profile.

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



# AZ Public Health Promoting Interoperability Registration of Intent

ARIZONA DEPARTMENT  
OF HEALTH SERVICES

## Syndromic Surveillance

Please complete this page if you are implementing the Syndromic Surveillance interface.  
Please provide the information requested below. All fields are required to Finalize your Promoting Interoperability 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 that will be creating/sending HL7 Syndromic Surveillance message to public health	<input type="text"/>
5	Version number of the software tool used to create/send HL7 Syndromic Surveillance message to public health	<input type="text"/>
6	Certified Health Product List (CHPL) Product number of the software tool <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>	<input type="text"/>
7	If you plan to upgrade, when do you plan to have the newer version implemented?	<input type="text"/>
8	What is the name of the software and version that you plant to implement?	<input type="text"/>
9	Certified Health Product List (CHPL) Product number of the new version of the software tool <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>	<input type="text"/>
10	When do you anticipate being able to send your first test message?	<input type="text"/>
11	Is your EHR/software tool hosted?	<input type="text"/>
12	Is the EHR/software tool cloud based?	<input type="text"/>
13	Does your system have the capability to send an HL7 v.2.5.1 message for Syndromic Surveillance?	<input type="text"/>



Please complete this page if you are implementing the Reportable Infectious Diseases Cases interface.  
Please provide the information requested below. All fields are required to Finalize your Promoting Interoperability 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 certified software tool that will be creating/sending HL7 Electronic Case Reporting (eCR) messages to public health	<input type="text"/>
5	Version number of software tool used to create/send HL7 Electronic Case Reporting (eCR) messages to public health	<input type="text"/>
6	Certified Health Product List (CHPL) Product number of the software tool <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>	<input type="text"/>
7	If you plan to upgrade, when do you plan to have the newer version implemented? (mm/dd/yyyy)	<input type="text"/>
8	What is the name of the software and version that you plan to implement?	<input type="text"/>
9	Certified Health Product List (CHPL) Product number of the new version of the software tool <a href="https://chpl.healthit.gov/">https://chpl.healthit.gov/</a>	<input type="text"/>
10	When do you anticipate being able to send your first test message? (mm/dd/yyyy)	<input type="text"/>
11	Is your EHR/software tool hosted?	<input type="text"/>
12	Is the EHR/software tool cloud based?	<input type="text"/>
13	What HL7 format of eCR does your system produce to send to AIMS?	<input type="text"/>
14	Does your system have the capability to send LOINC codes for test names?	<input type="text"/>
15	Does your system have the capability to send SNOMED-CT codes for specimen source/type?	<input type="text"/>