

IDPH smartLab Provider Portal Registration

Registration Instructions

This is considered a facility-wide registration and assumes that enrollment with the IHIN has already been completed. Registration information is used to register the facility in the IDPH smartLab Portal as well as establish individual smartLab user accounts for the listed facility. Registration should be completed only once for each organization.

*** 1. Have you enrolled with the Iowa Health Information Network**

- Yes
- No

If you have not yet enrolled with the Iowa Health Information Network (IHIN), visit the web location below for more information BEFORE SUBMITTING AN ANSWER TO THIS QUESTION

(highlight entire address, then right-click and 'search' for address

OR

copy and paste address into a new browser tab):

http://www.iowahealth.org/provider/participation_requirements.html

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You must enroll with the Iowa Health Information Network

Registration for the smartLab Provider Portal is only available after you have enrolled with the Iowa Health Information Network.

Visit the web site below to obtain the IHIN Standard Participation Agreement:

http://www.iowaehealth.org/documents/cms/docs/Enrollment_Documents/Standard_IHIN_Participation_Agreement.pdf

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Facility Information

Please provide facility-specific information. Note: if there are multiple sending facilities within your organization, each facility should register separately unless there is a single messaging support team and a need for only one mapping interface (all facilities use a common set of codes and message formats).

*2. What type of facility are you registering

- Hospital System Affiliated Laboratory (sending site for multiple facilities)
- Hospital Affiliated Laboratory (sender for one facility)
- Independent Laboratory
- Local Public Health Agency
- Other (please specify)

*3. Please provide the name and address of your facility

Facility name	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip code	<input type="text"/>
Sending facility OID (this could be your CLIA #)	<input type="text"/>

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4. If this is a single registration for multiple sites (eligible hospitals and critical access hospitals), please list all of the sites covered by this registration below

Facility 2	<input type="text"/>
Facility 3	<input type="text"/>
Facility 4	<input type="text"/>
Facility 5	<input type="text"/>
Facility 6	<input type="text"/>
Facility 7	<input type="text"/>
Facility 8	<input type="text"/>
Facility 9	<input type="text"/>
Facility 10	<input type="text"/>
Facility 11	<input type="text"/>
Facility 12	<input type="text"/>
Facility 13	<input type="text"/>
Facility 14	<input type="text"/>
Facility 15	<input type="text"/>
Facility 16	<input type="text"/>
Facility 17	<input type="text"/>
Facility 18	<input type="text"/>
Facility 19	<input type="text"/>
Facility 20	<input type="text"/>

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Messaging Format

The DiagnosisOne SmartLab Provider Portal is capable of receiving 5 different in-bound formats and converting the information into the HL7 2.5.1 EDI format that the Iowa Department of Public Health (IDPH) requires for electronic laboratory reporting. A facility must specify the message format it will be using to submit all electronic laboratory reports from the format list below.

***5. What type of EHR or information system does your facility use?**

- Vendor EHR solution (please specify the vendor below)
- Locally developed and supported system

If vendor solution, please specify the vendor & product

***6. Please select your facilities format for electronic laboratory report (ELR) submission to IDPH:**

- IDPH Simplified Message Format (SMF)
- HL7 2.3.1 XML
- HL7 2.3.1 EDI
- HL7 2.5.1 XML
- HL7 2.5.1 EDI

On-boarding Preferences

On-boarding entails mapping a facility's code set, message testing and validation, testing the message transport process, and validating 2 additional questions:

1. was the message received accurate?
2. did IDPH actually receive all that was reported?

*7. How do you prefer to on-board with IDPH?

- In stages, test class by test class (or by some other grouping)
- All reportable test classes at once

*8. What transport method do you intend to implement?

- Web Services
- Virtual Private Network (VPN)
- Direct Secure Messaging
- Batch Upload

9. Who is your technical contact for the selected transport?

Name:

Email Address:

Phone Number:

*10. Once the smartLab is available, do you intend to use it to produce a Meaningful Use Stage 1 HL7 2.5.1 test message?

- Yes, for 2013 attestation
- Yes, for 2014 or after attestation
- No

*11. When would on-boarding with IDPH be ideal for your facility or hospital system?

Approximate date (MM/DD/YYYY)

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*12. What type of technical assistance do you need to meet the Meaningful Use stage 1 ELR objective?

- No technical assistance required
- Only technical consultation to clarify information provided by IDPH
- Assistance with message construction (our staff is unfamiliar with HL7)
- Assistance with Mapping (LOINC, SNOMED, HL7)

Other (please specify)

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smartLab Users

There are three user levels available that a facility may employ to provide various access to different features of the portal. These user levels are as follows:

1. Provider Administrator – this role is the highest level user and has access to all of the necessary features to manage electronic laboratory reporting.
2. Data Administrator – this role is for those that may be involved in submitting messages through the on-line portal and responding to error messages coming back from the smartLab™. The Data Administrator is able to review lists of reported messages, upload messages, read message file contents, and read report file processing details (system message related to errors and warnings). This role is able to review codes sets, but does not have the ability to change any mapping relationships.
3. Mapping Administrator – This role is for those involved in code mapping set up and ongoing maintenance. The Mapping Administrator is able to list and set test type, test result, and vocabulary values mapped to IDPH-identified standard LOINC, SNOMED, and HL7 values. This person does not have access to the screens associated with the content of submitted messages.

13. Is there an organization e-mail address (such as a group HelpDesk e-mail address) to which you would like smartLab error messages sent? If not, error messages will be sent to the e-mail address of the first smartLab user entered later in this registration.

*14. Please provide smartLab user 1 information

Name	<input type="text"/>
Title	<input type="text"/>
e-mail address	<input type="text"/>
Phone	<input type="text"/>

*15. User 1 Role

- Provider Administrator
- Data Administrator
- Mapping Administrator

16. Please provide smartLab user 2 information

Name	<input type="text"/>
Title	<input type="text"/>
e-mail address	<input type="text"/>
Phone	<input type="text"/>
User Role	<input type="text"/>

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17. User 2 Role

- Provider Administrator
- Data Administrator
- Mapping Administrator

18. Please provide smartLab user 3 information

Name	<input type="text"/>
Title	<input type="text"/>
e-mail address	<input type="text"/>
Phone	<input type="text"/>
User Role	<input type="text"/>

19. User 3 Role

- Provider Administrator
- Data Administrator
- Mapping Administrator

20. Please provide smartLab user 4 information

Name	<input type="text"/>
Title	<input type="text"/>
e-mail address	<input type="text"/>
Phone	<input type="text"/>
User Role	<input type="text"/>

21. User 4 Role

- Provider Administrator
- Data Administrator
- Mapping Administrator

22. Please provide smartLab user 5 information

Name	<input type="text"/>
Title	<input type="text"/>
e-mail address	<input type="text"/>
Phone	<input type="text"/>
User Role	<input type="text"/>

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23. User 5 Role

- Provider Administrator
- Data Administrator
- Mapping Administrator

24. Please provide smartLab user 6 information

Name	<input type="text"/>
Title	<input type="text"/>
e-mail address	<input type="text"/>
Phone	<input type="text"/>
User Role	<input type="text"/>

25. User 6 Role

- Provider Administrator
- Data Administrator
- Mapping Administrator

26. Please provide smartLab user 7 information

Name	<input type="text"/>
Title	<input type="text"/>
e-mail address	<input type="text"/>
Phone	<input type="text"/>
User Role	<input type="text"/>

27. User 7 Role

- Provider Administrator
- Data Administrator
- Mapping Administrator

28. Please provide smartLab user 8 information

Name	<input type="text"/>
Title	<input type="text"/>
e-mail address	<input type="text"/>
Phone	<input type="text"/>
User Role	<input type="text"/>

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29. User 8 Role

- Provider Administrator
- Data Administrator
- Mapping Administrator

30. Please provide smartLab user 9 information

Name	<input type="text"/>
Title	<input type="text"/>
e-mail address	<input type="text"/>
Phone	<input type="text"/>
User Role	<input type="text"/>

31. User 9 Role

- Provider Administrator
- Data Administrator
- Mapping Administrator

32. Please provide smartLab user 10 information

Name	<input type="text"/>
Title	<input type="text"/>
e-mail address	<input type="text"/>
Phone	<input type="text"/>
User Role	<input type="text"/>

33. User 10 Role

- Provider Administrator
- Data Administrator
- Mapping Administrator

34. Does your facility have a need for more than 10 smartLab users?

- Yes (IDPH will contact user #1 on this registration to follow up)
- No

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Thank you for registering for the IDPH smartLab Provider Portal

Please send an e-mail to ELR@idph.iowa.gov

Insert a subject of "smartLab Registration"

This will prompt the IDPH ELR team to process your registration.

You will be receiving this registration information by e-mail for confirmation and supervisory signature.

Again, thank you.