The purpose of the Quick Reference Guide for Direct Data Entry On-Boarding is to provide the Senior Prescribing Authority and Legal Signature Authority (if needed) with step-by-step instructions on the on-boarding process. If questions or concerns should arise during the on-boarding process, contact the help desk at 866-439-4082.

The electronic signature authority must have a SCIAPPS account to proceed. If the senior prescribing authority does not have a SCIAPPS account, please select and print the Quick Reference Guide for Creating a New Account on the SCIAPPS home page (<u>https://www.scdhec.gov/apps/health/sciapps</u>) and follow the step-by-step instructions to establish a new account.

Logging into SCIAPPS

To begin the on-boarding enrollment process for Direct Data Entry with an existing SCI PAS account, Senior Prescribing Authority should go to: <u>https://www.scdhec.gov/apps/health/sciapps</u>

| Home Login New Account | SCIAPPS Sign In Email address Password |
|------------------------------|---|
| | Electronic Signature Authority should enter Email address and Password. Click Sign In. If Electronic Signature Authority does not remember Username and Password, please contact the Help Desk at 866-439-4082 for assistance. |

Navigating To Direct Data Entry Enrollment

| | | Admin | Test Facility | tester@test.com |
|-----------------|---|-------|---------------|-----------------|
| Home | SCIAPPS Dashboard | | | |
| Dashboard | | | | |
| Change Password | Provider | | | |
| Logoff | Test Facility Identifiers 101 Test St FEIN: 12-1234567 Columbia, SC 29201 NPI: 1234567899 Update Provider Chunge Provider | | | |
| | Enrollments & Applications Direct Data Entry Enrollment More Enroll -Select | | | |
| | Click on the Direct Data Entry Enrollment entry in the Enrollments & Applications section of the SCIAPPS Dashboard. | | | |

Direct Data Entry Enrollment Overview Page

The overview page shows many different aspects of the enrollment:

- Overall enrollment application status
- Overview of the enrollment items
- Status of each enrollment item
- Notes from the Immunization Division about the enrollment application
- Ability to submit the application with additional notes to the DHEC staff after the Registry Terms of Use (DHEC 0867) has been completed
- Ability to launch the registry after the Terms of Use (DHEC 0867) has been approved and User Agreement (DHEC 0869) has been completed

| D H F C Direct Data Entry Er | nrollment | | Enroll | Admin | Test Facility | tester@test.com | | | |
|---|--|--|-------------|--------------|---------------|-----------------|--|--|--|
| SCIAPPS Dashboard Logoff Direct Data Entry Enrollment | Direct Data Entry En Current Status: You cannot submit this a | pplication until all forms are completed. | | | | | | | |
| Review & Submit 1) Registry Terms Of Use (DHEC 0867) | Your enrollment application is displayed bel | ow. Click each form to complete the enrollment item. | | | | | | | |
| | Enrollment Items | | | | | | | | |
| | Form | Status | | | | Completed | | | |
| | 1) Registry Terms Of Use (DHEC 0867) | This form has not yet been completed. | | | | Not Completed | | | |
| | 2) Submit Direct Data Entry Enrollment Ap | plication | | | | Not Submitted | | | |
| | User Agreement (DHEC 0869) | The Terms Of Use(DHEC 0867) must be completed and approved before the User Agree | ment(DHEC |)869) is ava | ilable. | Not Completed | | | |
| | Registry Access The Registry Terms of Use must be submitte Launch Registry | ed and approved along with submitting the User Agreement before access is permitted to the | e registry. | | | | | | |
| | Submit Direct Data Entry Enrollment Application | | | | | | | | |

SC Immunization Registry Terms of Use, Form DHEC 0867

ON-BOARDING STEP 1:

| D H F C Direct Data Entry Er | nrollment | | | | Enroll | Admin | Test Facility | tester@test.com | | |
|--|--|--|--------------------------------------|---|-----------|--------------|---------------|-----------------|--|--|
| SCIAPPS Dashboard Logoff Direct Data Entry Enrollment | SCIAPPS Dashboard Logorr Logor | | | | | | | | | |
| Review & Submit 1) Registry Terms Of Use (DHEC 0867) | Your enrolime | nt application is displayed b | elow. Click each form to co | omplete the enrollment item. | | | | | | |
| | Enrollme | ent Items | Status | | | | | Completed | | |
| | Form Status 1) Registry Terms Of Use (DHEC 0867) This form has not yet been completed. | | | | | | 1 | Completed | | |
| | 2) 5 Di | rect Data Entry Enrollment A | pplication | | | | 1 | Not Submitted | | |
| | | t (DHEC 0869) | The Terms Of Use(DF | HEC 0867) must be completed and approved before the User Agreen | nent(DHEC | 0869) is ava | ilable. I | Not Completed | | |
| Click on Registry Terr complete the South C Terms of Use. This is Electronic Signature A form. | ns of Use Carolina a legal d Authorit | e (DHEC 0867 Immunization ocument. The y must compl | ') to n Registry e lete the | h submitting the User Agreement before access is permitted to the | registry. | | | | | |



| D H F C Direct Data Entry Enrollment | | | Enroll | Admin | Test Facility | tester@test.com |
|--|--|---|---|----------------------|---------------|-----------------|
| SCIAPPS Dashboard III. F Logoff Direct Data Entry Enrollment Provid | PROVIDER RESPONSIBILITIES | | | | | |
| Review & Submit Agree | A. Provide and maintain appropriate internet service a B. Ensure that the Provider and Provider's employees Registry before gaining access to the Registry, and as Execute the DHEC User Confidentiality Agreement User Confidentiality Agreement before receiving | and computer systems required for Registry access. s and agents with access to the Registry receive training provided by DHEC on pr s required by DHEC for continued access. It and ensure that all employees and agents of the Provider who will have Registry access to the Registry. A copy of each authorized user's signed User Confider | oper use of access sign tiality Agree | the n the ment | | |
| The Electronic Signature | Authority must | before receiving initial access to the Registry. In the Registry in strict confidentiality as a patient medical record as protected by disclosed by any of Provider's employees or agents unless required for patient c | state and fe | deral | | |
| Responsibilities and Certification and Acceptance by checking each "Agree" box. | | l for Registry access. | of those Ter | ma of | | |
| Arres | | up on real ming or any actions or an employee or agent that may construct or beach out not limited to unauthorized access, sharing identification access or passwords entiality of Registry information. | , improper | | | |
| Agree | H. Immediately notify the DHEC Immunization Divisio and password has been compromised. | on if there is any reason to believe that confidentiality or security of any user's acco | ess identifica | ition | | |
| Agree | I. Notify DHEC's Immunization Division within ten bus longer authorized to access the Registry on behalf of | siness days after an employee or agent who is an authorized user leaves employn Provider. | nent or is no | | | |
| Agree Ø | J. Notify the DHEC Immunization Division if the Provi | ider no longer requires or needs Registry access. | tatistics fron | 1 the | | |

| D H F C Direct Data Entry | y Enrollment | Enroli Admin Test Facility tester@test.com |
|---|---|--|
| SCIAPPS Dashboard Logoff Direct Data Entry Enrollment Review & Submit 1) Registry Terms Of Use (DHEC 0867) | Senior Prescribing Authority (MD, DO, APRN, PA, PharmD or RPh) Senior Prescribing Authority - Enter your email address as your electronic signature: Name of Senior Prescribing Authority: Title of Senior Prescribing Authority: South Carolina License Number: Can the Senior Prescribing Authority named above legally bind Provider (Facility Name) identified above? | The Electronic Signature Authority must electronically sign the South Carolina Immunization Registry Terms of Use by entering his/her email address. The Senior Prescribing Authority will also enter name, title and professional license number issued by appropriate board. |

Direct Data Entry On Boarding Quick Reference Guide

| | | The Electronic Signature |
|--------------------------------|--|---------------------------------------|
| D H E C Direct Data En | ntry Enrollment | Authority must indicate if |
| PRONOTE PROTECT PROVPAR | Name of Senior Prescribing Authority: russtester walker | he/she can legally bind |
| SCIAPPS Dashboard | Title of Senior Prescribing Authority: -Select An Option | provider. |
| Direct Data Entry Enrollment | South Carolina License Number: | If the Electronic Signature |
| 1) Registry Terms Of Use (DHEC | Can the Senior Prescribing Authority named above legally bind Provider (Facility Name) identified above? O Yes No | Authority CAN legally bind |
| 0867) | Legal Signature Authority | provider, indicate YES and |
| | Instructions: Since the Senior Prescribing Authority cannot legally bind this form, a Legal Signature Authority must sign. If an LSA u | continue completing the |
| | through the provider maintenance wizard in the admin section. | form. If the answer is YES, the |
| The Electronic | (IN ADDITION TO SENIOR PRESCRIBING AUTHORITY, IF NECESSARY) | Legal Signature Authority |
| Signature | your electronic signature: | section does not display. |
| Authority must | Name of Legal Signature Authority: | |
| enter the | Title of Senior Prescribing Authority: -Select An Option- | If the Electronic Signature |
| contact | | Authority CANNOT legally |
| | Contact Person | bind provider, indicate NO. |
| person s | Name: Test Contact | The Legal Signature Authority |
| information. | Email: test@teststtt.com | section displays but fields are |
| This person will | Telephone: (803)555-5555 | locked for Legal Signature |
| serve as your | Fax: (803)555-5555 | Authority. Senior Prescribing |
| facility's | If a group, etc.: Employer ID#: | Authority must complete the |
| primary contact | If an enrolled VFC Provider: PIN | remainder of the form. Later. |
| for DHEC. | Complete all "Required fields to active trapplicable, a Legal Signature Authority is needed to complete the Legal Signature Author | ¹ the Electronic Signature |
| | DHEC 0867 | Authority will create an |
| | <u> </u> | account for the Legal |
| | | Signature Authority |
| | | Signature Authonity. |

If the Electronic Signature Authority **CAN** legally bind the provider, the Electronic Signature Authority may submit the form, if entirely completed.

If the Electronic Signature Authority **CANNOT** legally bind the provider, the Electronic Signature Authority may not submit the form. All information is saved. The form will be submitted by the Legal Signature Authority. See pages 8-14.

Submit Direct Data Entry Enrollment Application

| D H F C Direct Data Entr | ry Enrollment | | | Enro | Admin | Test Facility | tester@test.com | |
|---|--|--|---|---------------------|-----------------|----------------------------------|-----------------|--|
| SCIAPPS Dashboard | 1) Registry Terms Of Use (DHEC 0867) | This form has been comple | sted. | | 11/14 tester | /2015 9:34:51 AM Isa@test.com | 1 - | |
| Logoff | 2) Submit Direct Data Entry Enro | Ilment Application | | | Not S | ubmitted | | |
| Direct Data Entry Enrollment Review & Submit | User Agreement (DHEC 0869) | The Terms Of Use(DHEC Agreement(DHEC 0869) is | 0867) must be completed and approvavelable. | ved before the User | Not C | completed | | |
| (DHEC 0867) | | | | | | | | |
| | Registry Access | | | | | | | |
| The Registry Terms of Use must be submitted and approved along with submitting the User Agreement before access is permitted to the registry. Launch Registry | | | | | | | | |
| | Submit Direct Data Additional Notes To DHEC Staff | Entry Enrollment | Application | | | | | |
| | | | | | | | | |
| Once the Registry 1 | Terms Of Use is com | pleted by | | | | | | |
| the Electronic Signa | ature Authority (or L | egal | | | | | | |
| Signature Authority | y, if needed), the Dir | ect Data | | | | | | |
| Entry Enrollment a | pplication can be sul | omitted by | | | | | | |
| Submit button on t | the Review & Submit | | | | | | | |
| Optionally, the Flee | ctronic Signature Au | thority can | | | | | | |
| also enter addition | al notes to the DHEC | Staff to | | | | | | |
| read when reviewing | ng the application. | | | | | | | |
| Once the Terms of | Use (DHEC 0867) ha | s been | | | | | | |
| submitted, DHEC w | vill review/approve y | our | | | | | | |
| enrollment. The Ele | ectronic Signature A | uthority will | | | | | | |
| receive an email in | 2-3 days with instru | ctions for | | | | | | |
| the next step. | | | | | | | | |

Direct Data Entry On-Boarding is complete if the Senior Prescribing Authority CAN legally bind provider.

If Senior Prescribing Authority CANNOT legally bind provider, refer to Creating Legal Signature Authority Account section below.

Creating Legal Signature Authority Account ON-BOARDING STEP 2 (IF NEEDED):

| | | Admin Test Facility tester@test.com |
|-------------------|-------------------|--|
| Home Dashboard | SCIAPPS Dashboard | |
| | | In the SCIAPPS Dashboard the ESA will have an Admin link, click this link to go to the administration page. |

| D H F C SCIAPPS | | Adm | n Test Facility | tester@test.com |
|--|--|-----|-----------------|-----------------|
| SCIAPPS Dashboard Logoff Admin Users Providers | Once on the Admin page you will then click on the Users link on the sidebar menu. | | | |

The User Maintenance page is used to search, edit and add a provider's users.

| | CIAPPS | | | | Admin | Test Facility | tester@test.com |
|---------------------------------------|---|------------|-----------|---------|-------|-------------------|-----------------|
| SCIAPPS Dashbo | users | | | | | | |
| Logoff Admin Users Providers | Search Criteria User Details: Email, First Name or Last Name OR Providers: -SELECT PROVIDER | | Search | | | | |
| | Username↑ Enter Search Criteria To Find Users. | First Name | Last Name | Enabled | | Security Profiles | |
| | To create the Legal Signature Authority, click on the Add New User button at the bottom of the page. | | | | | | |

| | | | Admin | Test Facility | tester@test.com |
|-------------------|-----------------|------------|-------------------|---------------|-----------------|
| SCIAPPS Dashboard | New User | | | | |
| Logoff | | | | | |
| Admin | | | | | |
| Users | User Details | | | | |
| Providers | Username/Email: | | | | |
| | First Name: | | | | |
| | Middle Name: | | Enter the Legal | | |
| | Last Name: | | Signature Authori | ty's | |
| | Position: | | information. | | |
| | Phone Number: | | | | |
| | Enabled: | ○ Yes ○ No | | | |

| | | | Admin Test Facility tester@test.com |
|-------------------|-------------------------------|-----------------------|---|
| SCIAPPS Dashboard | Providere | | |
| Admin Users | Provider Name | PIN Remove | Select the provider to |
| Providers | No Providers Found | | associate with the user from the dropdown. Once selected, |
| | Providers: SELECT PROVIDER | Add Selected Provider | click the Add Selected Provider button to add the |
| | | | provider to the grid. Multiple providers can be added, if |
| | | | necessary. |





| | | | Admin | Test Facility | tester@test.com |
|-------------------|---|--|----------|-----------------------------|-----------------|
| SCIAPPS Dashboard | -SELECT PROVIDER | Add Selected Provider | | | |
| Admin Users | Security Profile | Description Access to Terms of use on the Direct Data Entry Enrollment system and HL7 Enrollment system. | | | ^ |
| Providers | Provider Registry Override User Provider Registry Read Only User | Access to Direct Data Enrollment system. Access to User Agreement form. Access to SCI Registry Access to Direct Data Enrollment system. Access to User Agreement form. Access to SCI Registry | | | |
| | Provider Registry Standard User SCION User | Access to Direct Data Enrollment system. Access to User Agreement form. Access to SCI Registry Access to SCIONx Enrollment System. | A ft th | | |
| | Security Profile | Remove | added to | y profile is er, it will | |
| | Security Profiles To Add: | | appear i | n the gri | d. |
| | Profiles:Se | lect Security Profile- | | | |

Admin SCIAPPS lest Facility SCIAPPS Dashboard Providers: Logoff ✓ Add Selected Provide --SELECT PROVIDER--Admin Users Security Providers Security Profile Description Legal Signature Authority Access to Terms of use on the Direct Data Entry Enrollment system and HL7 Enrollment system Provider Registry Override User Access to Direct Data Enrollment system. Access to User Agreement form. Access to SCI Registry application with override rights. Provider Registry Read Only User Access to Direct Data Enrollment system. Access to User Agreement form. Access to SCI Registry application in ReadOnly mode. Provider Registry Standard User Access to Direct Data Enrollment system. Access to User Agreement form. Access to SCI Registry application. ~ SCION User Access to SCIONx Enrollment System. Security Profile Remove Legal Signature Authority REMOVE Security Profiles To Add: Profiles: --Select Security Profile- Assign Selected Profile Once all of the fields have been completed, the user can be saved. Upon saving the new user, an email will be sent to user with a link and instructions about setting password.

Electronic Signature of Legal Signature Authority on South Carolina Immunization Registry Terms of Use, Form DHEC 0867

The Legal Signature of Authority will navigate through SCIAPPS and to the Terms of Use the same as the original user.

| D H F C Direct Data Ent | ry Enrollment | Enroll Test Facility testerisa@test.com |
|---|--|---|
| SCIAPPS Dashboard Logoff Direct Data Entry Enrollment Review & Submit 1) Registry Terms Of Use (DHEC 0867) | Legal Signature Authority Instructions: Since the Senior Prescribing Authority cannot legally bind this form, a Legal Signature Authority must sign. profile can be added through the provider maintenance wizard in the admin section. (IN ADDITION TO SENIOR PRESCRIBING AUTHORITY, IF NECESSARY) Legal Signature Authority - Enter your email address as your electronic signature: Name of Legal Signature Authority: Title of Senior Prescribing Authority: -Select An Option | The Legal Signature Authority by entering his/her email address agrees with the South Carolina Immunization Registry Terms of Use previously electronically signed by the Electronic |
| | | Legal Signature Authority. The will also enter name and title. |

| D H E C | Direct Data Entry En | rollment | | | | Enroll | Test Facility | testerlsa@test.com |
|--------------------------------|---------------------------------|--|-----------------------|---------------------------------------|---|--------|---------------|--------------------|
| PRONOTE PROTECT PROSPE | | (IN ADDITION TO SEN | OR PRESCR | RIBING AUTHORITY, IF NECESSARY) | | | | |
| SCIAPPS Dast | nboard | Legal Signature Authori your electronic signature | ty - Enter your e: | r email address as testerlsa@test.com | | | | |
| Logoff Direct Data Entr | y Enroliment | Name of Legal Signatur | e Authority: | testerlsa | | | | |
| Review & Subn | nit | Title of Senior Prescribi | ng Authority: | Doctor Of Medicine | ~ | | | |
| 1) Registry Ten (DHEC 0867) | ms Of Use | Contact Person | | | | | | |
| | | Name: | Test Conta | ict | | | | |
| | | Email: | test@testst | ttt.com | | | | |
| | | Telephone: | (803)555-5 | 555 | | | | |
| | | Fax: | (803)555-5 | 555 | | | | |
| | If a group, etc.: Employer ID#: | | | | | | | |
| | | If an enrolled VFC Prov | der: PIN | | | | | |
| http://www.test/Apr | ps/Health/DirectDataEntryEnr | Save | | | | | | |
| | | | | | | | | |
| | | nature Author | ity | | | | | |
| | WIII CIICK Save | e. Il Save Is | | | | | | |
| | Genetive, the | Electronic | | | | | | |
| | Signature Au | thority will nee | ed | | | | | |
| | to review the | form for | | | | | | |
| | omitted requ | ired fields. | | | | | | |

next step.

Submit Direct Data Entry Enrollment Application

| D H F C Direct Data En | ntry Enrollment | | | Enroll | Admin | Test Facility | tester@test.con |
|---|--|---|--|----------------|-----------------|-----------------------------------|-----------------|
| SCIAPPS Dashboard | 1) Registry Terms Of Use (DHEC 0867) | This form has been complete | ed. | | 11/14 tester | /2015 9:34:51 Alv Isa@test.com | 1 - |
| Logoff | 2) Submit Direct Data Entry Enro | Ilment Application | | | Not S | ubmitted | |
| Direct Data Entry Enrollment Review & Submit | User Agreement (DHEC 0869) | The Terms Of Use(DHEC 08 Agreement(DHEC 0869) is a | 67) must be completed and approved b vailable. | efore the User | Not C | ompleted | |
| 1) Registry Terms Of Use (DHEC 0867) | | | | | | | |
| | Registry Access | | | | | | |
| The Registry Terms of Use must be submitted and approved along with submitting the User Agreement before access is permitt Launch Registry | | | | | | | |
| | Submit Direct Data Additional Notes To DHEC Staff Submit | Entry Enrollment / | Application | | | | |
| | | | | | | | |
| Once the Registry | Terms of Use (DHEC (|)867) is | | | | | |
| completed by the l | Legal Signature Autho | ority, the | | | | | |
| Electronic Signatur | e Authority will need | to log back | | | | | |
| into the system to | submit the final Direc | ct Data Entry | | | | | |
| Enrollment applica | tion. The Electronic | Signature | | | | | |
| Authority can subn | nit the application by | clicking the | | | | | |
| Submit button on t | the Review & Submit | page. | | | | | |
| Optionally, the Ele | ctronic Signature Aut | hority can | | | | | |
| also enter addition when reviewing th | al notes to the DHEC e application. | staff to read | | | | | |
| Once the Terms of | Use (DHEC 0867) has | been | | | | | |
| submitted, DHEC w | vill review/approve yo | our | | | | | |
| enrollment. The Ele | ectronic Signature Au | thority will | | | | | |
| receive an email in | 2-3 days with instruc | ctions for the | | | | | |