

Registering Your Site for Electronic Data Exchange with CAIR2

The CDPH Gateway/CAIR2 IZ Portal manages electronic data exchange for all Sites in the legacy CDPH [CAIR regions](#) (including Northern California, Greater Sacramento, Bay Area, Central Coast, Central Valley, LA-Orange, Inland Empire, and Imperial regions).

Providers in the following counties: **Alpine, Amador, Calaveras, Mariposa, Merced, San Diego, San Joaquin, Stanislaus, and Tuolumne** cannot use the CDPH Gateway/CAIR2 IZ Portal to sign up for immunization data exchange with CAIR. If you are a provider in one of the above counties, click [here](#) for more information.

1. Go to at <https://igs.cdph.ca.gov/cair/> and click **Register**.

CAIR2 IZ Portal Registration/Login Page

The CDPH Gateway/CAIR2 IZ Portal manages electronic data exchange for all Sites in the legacy CDPH [CAIR regions](#) (Including the old NorCal, Greater Sacramento, Bay Area, Central Coast, Central Valley, LA-Orange, and Inland Empire regions).

To register, allow yourself at least 15-20 minutes. During registration, you will be asked to:

- A. Enter your Site information, including if a 'clinical' site, the name of your Lead Clinician and the Lead Clinician's CA Medical License Number.
- B. Enter your Site's EHR Information (e.g. EHR software version, EHR HL7 messaging capability, and your EHR support staff contact info).
- C. Choose your data exchange Site type (**consult with your EHR vendor**):
 - Option #1: Direct submission (EHR --> Portal)
 - Option #2: Indirect submission via data aggregator (EHR --> [HIE/HIO, vendor data warehouse, health plan data warehouse, etc.] --> Portal).
 - Option #3: Site is data aggregator (e.g. HIE/HIO, vendor data warehouse, health plan data warehouse, etc.) and will submit data on behalf of other Sites.

After registration, you will receive follow-up emails with further instructions.

Note: These emails may be mistakenly sorted to your email account SPAM folder so please look for them there.

Before registering, please review the [Data Exchange FAQs](#)

To begin the registration process, click the 'Register' button below

Note: Providers in the following counties: Alpine, Amador, Calaveras, Mariposa, Merced, San Diego, San Joaquin, Stanislaus, and Tuolumne cannot use the CDPH Gateway/CAIR2 IZ Portal to sign up for immunization data exchange with CAIR. If you are a provider in one of the above counties, click [here](#) for more information.

Already registered? Login to update your Site information

Site CAIR ID :

Site Zip Code :

2. Select a data exchange **Site Type**. Consult with your EMR vendor if you are unsure which site type to select. See **Appendix** for additional guidance on Site Type.



Site intends to (choose one):

- [1] Submit immunization data directly to the CAIR Portal [?](#)
- [2] Submit immunization data through a Sending Facility (HIO, Vendor data warehouse, your organizations central server, etc.) [?](#)
- [3] Submit immunization data as a Sending Facility (HIO, Vendor data warehouse, your organizations central server, etc.) for multiple sites. [?](#)

3. Enter your **site information**, **site contact information**, and **responsible clinician information**. VFC sites must enter a **VFC PIN**. All fields in **red** are required.

<p style="text-align: center;">Site Information</p> <p style="text-align: center; color: red;">(Please do not use AOL e-mail addresses)</p> <p>CAIR Provider ID: <input type="text"/></p> <p style="color: red; font-size: small;">(Please leave CAIR Provider ID field empty)</p> <p>Site Name: <input type="text"/></p> <p>Current Site NPI: <input type="text"/></p> <p style="color: blue; font-size: small;">NPI Number Lookup</p> <p>Site Address (Line 1): <input type="text"/></p> <p>Site Address (Line 2): <input type="text"/></p> <p>ZIP Code: <input type="text"/></p> <p>Choose Site Type: <input type="text" value="v"/></p> <p>Site Phone: <input type="text"/></p> <p>FAX: <input type="text"/></p> <p>Site Email: <input type="text"/></p> <p>Retype Email: <input type="text"/></p> <p>Approximate number of vaccinations anticipated by this Site per month: <input type="text"/></p>	<p style="text-align: center;">Site Contact Information</p> <p style="text-align: center; color: gray;">(Should be person completing registration)</p> <p>First Name: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>Title: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>Retype Email: <input type="text"/></p> <p style="text-align: center;">Responsible Clinician</p> <p>First Name: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>Title: <input type="text"/></p> <p>CA Medical or Pharmacy Lic. Number: <input type="text"/></p> <p>If VFC, please enter VFC PIN number: <input type="text"/></p>
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4. Enter your **data exchange information** including EMR software, EMR vendor, and EMR vendor contact. All fields in **red** are required.

Data Exchange Information

What is the name (+version) of the EMR/EHR software used by this office?

Which vendor developed the EMR/EHR software used by this office?

Can this EMR/EHR send HL7 formatted data?

Data Exchange/ Vendor Contact Information

DE/Vendor Contact First Name: **Phone:**

DE/Vendor Contact Last Name: **Email:**

Company: **Retype Email:**

Position:

5. Click **Continue**.

Please review and correct (if necessary) the data you have entered in this form, then click Continue. To clear the form, press Reset.

6. Review and e-sign the **CAIR Organization Access & Confidentiality Agreement**.



CAIR Organization Access & Confidentiality Agreement

The California Immunization Registry (CAIR) is a computer-based tracking system developed to assist medical providers and other approved agencies to track and review immunization information and TB test results for individuals, assess immunization needs and remind/recall patients, avoid unnecessary or

results with other CAIR users. Written disclosure is highly recommended.

8. Report any activity that may compromise the protection and privacy of the information in CAIR.

PLEASE Do not click on your browsers back button as this could corrupt your current application.

By clicking this box and entering your Name as the authorized Organization Representative, you agree that the your Organization will abide by the CAIR rules set forth in this Agreement. CAIR reserves the right to terminate this agreement if the Organization or any of its staff violate the Agreement or use the system in an unauthorized manner. This Agreement will remain in effect until terminated by either party.

Name of Organization Representative: **Title of Organization Representative:**

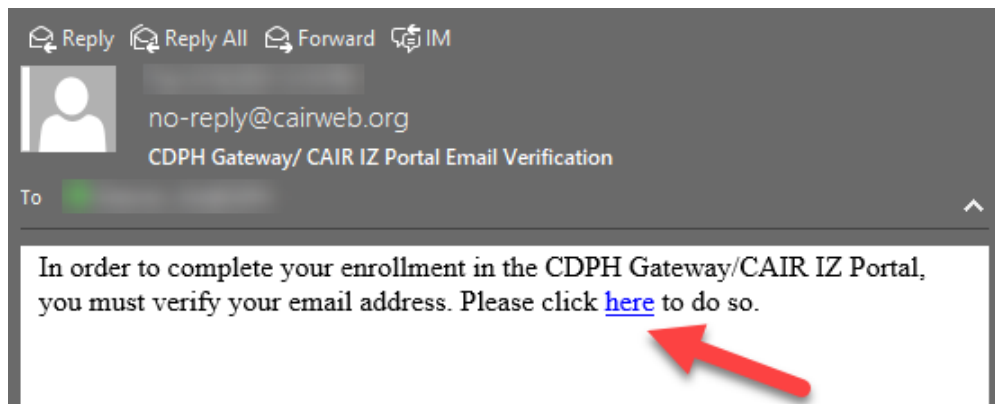
7. The confirmation page displays and a verification email is sent to the site email.



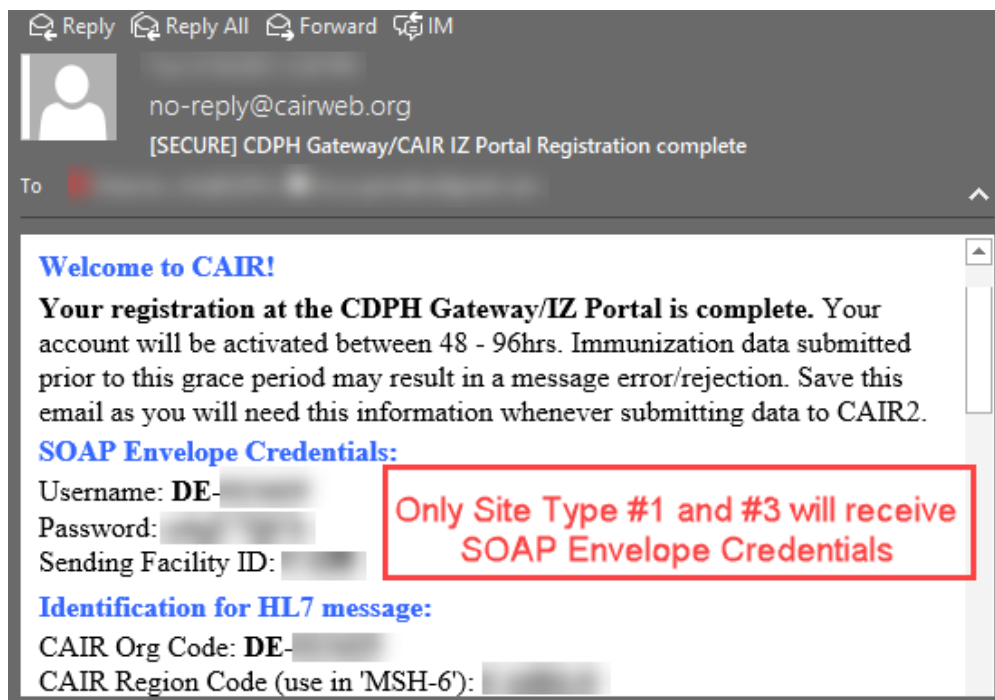
Thank you for completing the provider enrollment form and legal agreement. You need to verify your email address in order to complete the registration process. Please check your email, and click on the link provided to verify your email address.

Note: These emails may be mistakenly sorted to your email account SPAM folder so please look for them there.

8. To complete the registration process, click on the link to verify your enrollment.



9. The site email and site contact will receive a secure email with site credentials. Provide the SOAP Envelope Credentials (if populated), CAIR Org Code, and CAIR Region Code to your EMR vendor.



Appendix

The data exchange **Site Type** depends on how the site will submit data to CAIR: directly, indirectly, or as a data aggregator.

Select **Site Type [1]** if your EMR submits data **directly** to CAIR. EMR vendors that submit data directly to CAIR include, but are not limited to, Meditab, Meditech, and NextGen.

Site intends to (choose one):

- [1] Submit immunization data directly to the CAIR Portal ?
- [2] Submit immunization data through a Sending Facility (HIO, Vendor data warehouse, your organizations central server, etc.) ?
- [3] Submit immunization data as a Sending Facility (HIO, Vendor data warehouse, your organizations central server, etc.) for multiple sites. ?

Select **Site Type [2]** if your EMR submits data **indirectly** to CAIR. EMR vendors that submit data indirectly to CAIR include, but are not limited to, AllScripts, athenahealth, Cerner, eClinicalWorks, Greenway, Office Ally, Office Practicum, Practice Fusion, PrescribeWellness/SMP, and STC. Enter the **Sending Facility ID** provided by your EMR vendor if known.

Site intends to (choose one):

- [1] Submit immunization data directly to the CAIR Portal ?
- [2] Submit immunization data through a Sending Facility (HIO, Vendor data warehouse, your organizations central server, etc.) ?
- [3] Submit immunization data as a Sending Facility (HIO, Vendor data warehouse, your organizations central server, etc.) for multiple sites. ?

Enter the Sending Facility ID of your Data Submitter if known:

Will this facility be formatting messages for your clients?

Select **Site Type [3]** if you are an **EMR vendor** or a large **data aggregator** (e.g. a hospital system). Please email CAIRdataexchange@cdph.ca.gov prior to registering.

Site intends to (choose one):

- [1] Submit immunization data directly to the CAIR Portal ?
- [2] Submit immunization data through a Sending Facility (HIO, Vendor data warehouse, your organizations central server, etc.) ?
- [3] Submit immunization data as a Sending Facility (HIO, Vendor data warehouse, your organizations central server, etc.) for multiple sites. ?

Will this facility be formatting messages for your clients?

Still unsure which site type to select? Please consult your EMR vendor or email CAIRdataexchange@cdph.ca.gov and provide your site name, address, and EMR vendor.

Sample Completed Form

Site intends to (choose one):

[1] Submit immunization data directly to the CAIR Portal [?](#)

[2] Submit immunization data through a Sending Facility (HIO, Vendor data warehouse, your organizations central server, etc.) [?](#)

[3] Submit immunization data as a Sending Facility (HIO, Vendor data warehouse, your organizations central server, etc.) for multiple sites. [?](#)

Enter the Sending Facility ID of your Data Submitter if known:

Will this facility be formatting messages for your clients?

<p>Site Information</p> <p><i>(Please do not use AOL e-mail addresses)</i></p> <p>CAIR Provider ID: <input type="text"/></p> <p><i>(Please leave CAIR Provider ID field empty)</i></p> <p>Site Name: <input type="text" value="My Clinic Name"/></p> <p>Current Site NPI: <input type="text" value="1234567890"/></p> <p>NPI Number Lookup</p> <p>Site Address (Line 1): <input type="text" value="850 West Main Street"/></p> <p>Site Address (Line 2): <input type="text"/></p> <p>City: <input type="text" value="Los Angeles"/></p> <p>County: <input type="text" value="Los Angeles"/></p> <p>ZIP Code: <input type="text" value="90010"/></p> <p>Choose Site Type: <input type="text" value="Family Practice"/></p> <p>Site Phone: <input type="text" value="213-888-7777"/></p> <p>FAX: <input type="text" value="213-555-9999"/></p> <p>Site Email: <input type="text" value="site_email@email.com"/></p> <p>Retype Email: <input type="text" value="site_email@email.com"/></p> <p>Approximate number of vaccinations anticipated by this Site per month: <input type="text" value="100"/></p>	<p>Site Contact Information</p> <p><i>(Should be person completing registration)</i></p> <p>First Name: <input type="text" value="Grizzly"/></p> <p>Last Name: <input type="text" value="Bear"/></p> <p>Title: <input type="text" value="Office Manager"/></p> <p>Phone: <input type="text" value="213-888-7755"/></p> <p>Email: <input type="text" value="office_manager@email.com"/></p> <p>Retype Email: <input type="text" value="office_manager@email.com"/></p> <p>Responsible Clinician</p> <p>First Name: <input type="text" value="Izzy"/></p> <p>Last Name: <input type="text" value="Bear"/></p> <p>Title: <input type="text" value="MD"/></p> <p>CA Medical or Pharmacy Lic. Number: <input type="text" value="A000001"/></p> <p>If VFC, please enter VFC PIN number: <input type="text" value="654321"/></p>
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Data Exchange Information

What is the name (+version) of the EMR/EHR software used by this office?

Which vendor developed the EMR/EHR software used by this office?

Can this EMR/EHR send HL7 formatted data?

Data Exchange/ Vendor Contact Information

DE/Vendor Contact First Name:

DE/Vendor Contact Last Name:

Company:

Position:

Phone:

Email:

Retype Email:

Please review and correct (if necessary) the data you have entered in this form, then click Continue. To clear the form, press Reset.