

Public Health Reporting LISTSERV



May 12, 2020

MURPH Contact Change Request Form Now Available

If the contacts for your Meaningful Use Registration for Public Health (MURPH) account have left your organization and your practice no longer has access, our support team can help.

There is now a MURPH Contact Change Request form available as a fillable PDF on the program [website](#) and the MURPH [homepage](#). If you are unable to access or add new contacts to your registration, please fill out this form in its entirety and return it to MUPublicHealthHelp@health.ny.gov. Upon receipt, our team will update the contact information for your practice in the MURPH system, which will allow the new contacts to access the registration, make any necessary changes, and view the Audit Report Card.

MURPH Resources

Eligible Professionals

[User Guide](#)
[Video Guide](#)

Eligible Hospitals

[User Guide](#)
[Video Guide](#)

Audit Report Card

[User Guide](#)
[Video Guide](#)

[MURPH Onboarding Status Quick Reference Guide](#)

[MURPH Contact Change Request Form](#)

The purpose of this LISTSERV is to offer providers, vendors, and other subscribers the opportunity to receive notifications regarding the EHR Incentive Program Public Health Reporting Objective. These email notifications are provided as a free service to subscribers and the notifications will contain information on the Medicare and Medicaid EHR Incentive Programs. This includes information on updates, changes, and initiatives that may impact the provider community.

[Unsubscribe](#)

877-646-5410 Option 3

MUPublicHealthHELP@health.ny.gov
<http://www.health.ny.gov/ehr/publichealth/>

This notification serves as an informational reference for providers participating in the NY Medicaid or Medicare EHR Incentive Programs. Although reasonable effort has been made to ensure the accuracy of the information within this document at the time of posting, it is the responsibility of each provider to comply with the current policies and requirements of the program.

To unsubscribe from PUBLIC_HEALTH-L, send email to:
PUBLIC_HEALTH-L-signoff-request@listserv.health.state.ny.us