

PIERS

Pennsylvania Immunization Electronic Registry System

PIERS Business Partner Registration Guide

1. Click on the PIERS Business Partner Registration link below.

[PIERS Business Partner Registration](#)

2. If you **are not** already registered as a Business Partner, click **Next** to begin the registration process. If you are already registered as a Business Partner **for access to other Commonwealth applications**, click on the Requesting PIERS access with your existing Business Partner ID (B-)? Click Here link **to request access to PIERS**.

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PIERS Business Partner Registration: General Information

1 General Information 2 User Profile Information 3 Organization Information 4 PIERS Application Role 5 User Release Agreement 6 Security Questions

Welcome!

The Commonwealth of Pennsylvania is improving how it provides online services to Business Partners. Several state agencies are working together to establish a single Business Partner ID (B-) to access multiple state agency sites as a way of simplifying your experience. If you have not registered for a Business Partner ID (B-) before and wish to create a new account, please click the 'Next' button below.

What is PIERS Business Partner Registration? This registration process allows you to request a Commonwealth Business Partner account (B-) that can be used to access the PIERS application. Once your registration has been submitted, your account will be accessible after your request is reviewed and approved by a PIERS administrator.

Already have a Business Partner ID (B-)? If you have already created a Business Partner ID (B-), you do not need to create another one. Simply click the link below and use the Business Partner ID and Password you have already created to login.

Requesting PIERS access with your existing Business Partner ID (B-)? Click [HERE](#)

NEXT **CANCEL**

3. Complete all required fields on the **User Profile Information** page and then click **Next**.

PIERS Business Partner Registration: User Profile Information

1 General Information 2 **User Profile Information** 3 Organization Information 4 PIRS Application Role 5 User Release Agreement 6 Security Questions

• = Required

User Profile Information

- First Name
- Last Name
- Email address Enter your 'Email Address', maximum of 50 characters.
- Confirm Email Address
- Phone Number (m) Enter your 'Phone Number' in xxx-xxx-xxxx format.
- Clinic Phone Number

For additional security, the Commonwealth of Pennsylvania requires that your 'Password' meet these requirements:
At least eight (8) characters
Contain one number
Contain one upper-case letter
Contain one lower-case letter
Contain one special character, such as !, @, \$, %, ^, etc.
Does not contain your user name, first or last name

Please note that the password you select here will be used for login, once your request is approved

- Password
- Confirm Password

What is my Business Partner ID? Your Business Partner ID will be system-generated based on the user profile information you provide. Once you are approved, you will receive an e-mail containing your Business Partner ID (B-) that will be used for future login.

BACK **NEXT** **CANCEL**

*****Please note that users using Microsoft Edge will receive an error message when completing the Phone Number (m) field and will need to use another internet browser other than Microsoft Edge.**

*****Please note that the password entered is the password that you will use to initially login to PIERS.**

4. Complete all required fields on the Organization Information page. The required fields are **Organization Name** and **Organization Identification (Organization Identification is the Organization's 9-digit FEIN)**. After completing the required fields, click **Next**.

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PIERS Business Partner Registration: Organization Information

1 → General Information 2 → User Profile Information 3 → Organization Information 4 → PIERs Application Role 5 → User Release Agreement 6 → Security Questions

• = Required

To create a new Business Partner ID, please provide the following information about your Organization:

VFC Pin

SIIS Clinic ID

• Organization Name

Please enter your organization's Tax Identification Number (FEIN #). You can find this on your W-2 form in Box B, just before the employer's name and address. The 9-digit FEIN # needs to be entered with no spaces or dashes (-).

• Organization Identification

Organization Registration Status

BACK **NEXT** CANCEL

***Please note that if your organization is not found in the system, you will be prompted to create it. If your Organization Needs to be Created click here for additional information.**

5. On the PIERS Application Role page, select the PIERS Application Role that best applies to your role within the PIERS immunization information system and then click **Next**.

PIERS Business Partner Registration: PIERS Application Role

1 General Information 2 User Profile Information 3 Organization Information 4 PIERS Application Role 5 User Release Agreement 6 Security Questions

* = Required

PIERS Application Role?
Tell us about your role in your organization:

PIERS Application Role

- CMHD Field Nurse
- Web User (view/add Pts, Immunizations)
- Web User (view/add Pts, Immunizations)+ Inventory
- HL7 User (view Pts, Immunizations)
- HL7 User (view Pts, Immunizations)+ Inventory
- School Nurse
- Read Only

Role Description HL7 User view Pts Immunizations Inventory

BACK NEXT CANCEL

CM HD Field Nurse-CMHD Field Nurses should select this role.

Web User (view/add Pts, Immunizations)-Users who report immunizations via direct entry into PIERS and do not have a role in vaccine ordering and inventory management should select this role.

Web User (view/add Pts, Immunizations)+ Inventory-Users who report immunizations via direct entry into PIERS and have a role in vaccine ordering and inventory management should select this role.

HL7 User (view/add Pts, Immunizations)-Users who report immunizations via HL7 and do not have a role in vaccine ordering and inventory management should select this role.

HL7 User (view/add Pts, Immunizations)+ Inventory-Users who report immunizations via HL7 and have a role in vaccine ordering and inventory management should select this role.

School Nurse- School Nurses should select this role.

Read Only- Users who only need the ability to view immunization records should select this role.

6. On the User Release Agreement page, read the Commonwealth of Pennsylvania's User Release Agreement (Management Directive), check the I have read and understood this entire agreement and agree to abide by it radio button, type your full name as an e-signature and then click **Next**.

PIERS Business Partner Registration: User Release Agreement

1 → General Information 2 → User Profile Information 3 → Organization Information 4 → PIERS Application Role 5 → User Release Agreement 6 → Security Questions

• = Required

Below is the Commonwealth of Pennsylvania's User Release Agreement (Management Directive). You must read and accept the terms and conditions of this agreement.

1 of 16

MANAGEMENT DIRECTIVE
Commonwealth of Pennsylvania
Governor's Office

Before submitting the Enterprise Business Partner Registration, you must provide an e-Signature.

What is an e-Signature? e-Signatures can be defined as any electronic process of signifying your approval, typically done by typing your name in a special field as a digital signature.

Certification and Authorization of e-Signature

I certify, to the best of my abilities, that I understand my rights and responsibilities.
I certify that all information in this Enterprise Business Partner Registration is true and correct under penalty of perjury.

• User Release Agreement

I have read and understood this entire agreement and agree to abide by it
 I do not accept the terms and conditions of this agreement

I agree that by entering my name, this acts as my legal signature, and I acknowledge that I read and understand the User Release Agreement (Management Directive) above and the rights and responsibilities and agree to these terms as stated.

• Full name

(Full Name should be identical to user profile and should be in specified format (firstname lastname).)

BACK **NEXT** **CANCEL**

- On the Security Questions page, select three different security questions and type an answer to each individual security question. Next, answer the question at the bottom of the page and then click **Finish**.

PIERS Business Partner Registration: Security Questions

1 General Information 2 User Profile Information 3 Organization Information 4 PIERS Application Role 5 User Release Agreement 6 Security Questions

• = Required

Security Hint Questions and Answers

Select the Security Questions from the drop down menus below. These Security Questions are used in the event that you forget your password. Please remember that answers must be identical to how the answer you provide below in future Login attempts.

Tips for Security Questions:
-Avoid using special characters (!, @, \$, %, ^, etc.)
-Be careful in using capitalization as the answer must be identical (e.g., Philadelphia ≠ philadelphia)
-Choose questions that you can answer easily
-Answer should not contain any part of security question

• Security Questions 1

• Answer 1

• Security Question 2

• Answer 2

• Security Question 3

• Answer 3

For security reasons, please answer the following question:

Question Which of the following is NOT a season: Spring, tiger, Fall, Winter?

Answer

BACK **FINISH** **CANCEL**

8. You have now completed the PIERS Business Partner registration process. You will receive an email notification informing you that your request is under review with the Pennsylvania Immunization Registry. When your request is approved, you will receive a second email notifying you of your assigned Business Partner Username. You will then receive an email from RA-DHPIERSUSERACCT@PA.GOV with a PIERS User Agreement and Account Request Form attached. This form needs to be completed and returned. After the form has been received and reviewed a final email will be sent with a link to PIERS and login instructions.

Congratulations!

You have completed the Consolidated Eligibility Letter Business Partner Registration Request!

Your request for access to the application is currently under review. You will receive another e-mail once access is granted.

If you have any questions or issues, please e-mail ra-unifiedsecurity@pa.gov.

Please close this browser window.

Creating an Organization

1. If your organization does not exist, you will get the error message below with an option to register the organization.

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PIERS Business Partner Registration: Organization Information

1 condition(s) need to be resolved.

1 Error: Your Organization doesn't exist in our system. Please click the button below to register a new organization.

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• = Required

To create a new Business Partner ID, please provide the following information about your Organization:

VFC Pin

SIIS Clinic ID

• Organization Name

Please enter your organization's Tax Identification Number (FEIN #). You can find this on your W-2 form in Box B, just before the employer's name and address. The 9-digit FEIN # needs to be entered with no spaces or dashes (-).

• Organization Identification

Organization Registration Status

Can't find your organization? If your organization registration status is "Not Registered", please click the 'Register Organization' button below to register your organization. Please note: the PERS Business Partner Registration process will end when you leave to register your organization. You will need to re-visit this process to create your Business Partner ID.

2. When you click Register PERS Organization, a pop up will display letting you know that you are leaving the Business Partner Registration site and that after you register the organization (and receive email confirmation that the organization has been approved/created) you will have to restart your Business Partner Registration. Click OK to continue.

www.hhsidm-sat.pa.gov says

You are about to leave the Business Partner Registration for the Register PERS Organization process. Please re-visit this process after your new organization is registered to create your Business Partner ID.

3. Complete the required fields and click Next.

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Request Registration of PIERS Organization: Organization Profile

1  Organization Profile 2  Data Release Agreement

• **Required**

Please provide the following information about your organization:

• Organization Name

• Organization Tax ID
Enter your 9-digit Organization Tax ID/Federal Employer Identification Number (FEIN) with no spaces or dashes (-). It should not be less than 9-digits. Please contact your Finance or HR Department for Tax ID/FEIN.

Organization Description

• Street Address 1

Street Address 2

• City

• State

• Zip Code

Contact Person Information

• First Name

• Last Name

• Email Address
Enter your 'Email Address', maximum of 50 characters.

• Primary Phone
Enter your 'Phone Number' in xxx-xxx-xxxx format.

Brief Explanation

• Brief explanation
Remaining Characters: 483

Please provide a brief explanation describing why you need to register the organization. If registration is required due to the nature of your job, please provide an overview of your job along with the tasks and/or duties you need to complete through the use of this application. Please note that the brief explanation you provide will be considered by the approver when reviewing your request.

For security reasons, please answer the following question:

Question An apple is what color?

Answer

NEXT CANCEL

- Acknowledge reading and accepting the terms of the Data Release Agreement, enter your name, and click Finish.

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Request Registration of PIERS Organization: Data Release Agreement

1 Organization Profile 2 Data Release Agreement

* = Required

Data Release Agreement

Below is the Commonwealth of Pennsylvania's Data Release Agreement. You must read and accept the terms and conditions of this agreement.

DATA RELEASE AGREEMENT

I. PARTIES

This Agreement is made between _____ (hereinafter "Community Partner") and the following agencies of the Commonwealth of Pennsylvania in whose programs the applicant or recipient applies or participates (hereinafter, collectively, the "Departments"):

The Commonwealth of Pennsylvania Department of Human Services (hereinafter "DHS")
The Commonwealth of Pennsylvania Department of Education (hereinafter "PDE")
The Commonwealth of Pennsylvania Department of Health (hereinafter "DOH")

Before submitting the Organization Registration Request, you must provide an e-Signature.

What is an e-Signature? e-Signatures can be defined as any electronic process of signifying your approval, typically done by typing your name in a specific field as a digital signature.

Certification and Authorization for e-Signature

I certify to the best of my knowledge that I understand my rights and responsibilities.
I certify that all information in this application is true and correct under penalty of perjury.

I have read and accept all the terms and conditions of this agreement
 I do not accept the terms and conditions of this agreement

I understand that by entering my name in the field below, this acts as my legal signature. I accept the terms and conditions of the Data Release Agreement above.

Full Name

Your Full Name must be identical in all the future Name fields and be in the format (e.g. John Doe).

BACK FINISH CANCEL

*Remember that after you've registered the organization and have received email confirmation that the organization has been approved, you must go back and complete the Business Partner Registration process.