WELCOME to ARCS Arkansas Reporting and Communication System

This system replaces MURCS (Meaningful Use Registration and Communications System)

New Users

Welcome to ARCS

Arkansas Reporting and Communication System

(formerly known as MURCS)

New User

To create an account with the Arkansas Department of Health, click the "Create Account" button to the right. After creating your account, you will be directed to the "Sign In" page.

Current Users

If you already have an account and want to update your information or communicate to an ADH coordinator, please "Sign In".

	➡) Sign In	
	User Name:	
	Password:	
-		Forgot password?
		SIGN IN
	Not a membe	r? Create Account

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Arkansas Reporting and Communication System

(formerly known as MURCS)

Name of Your Organization	
Verify Your E-Mail Address	
Phone Number	Ext.
Verify Password	
	Name of Your Organization Verify Your E-Mail Address Phone Number Verify Password

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Arkansas Reporting and Communication System

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Name	Name of Your Organization
John Doe	Doe's Covid Testing
E-Mail Address	Verify Your E-Mail Address
JDoe1@abc.com	JDoe1@abc.com
Create Username	Phone Number
Johndoe	111-222-3333
	EXT
d Create Password	Verify Password
******	*****

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johndoe

Create Password

BACK

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Verify Password

.....

Sign in Page for all Users

Welcome to ARCS



Arkansas Reporting and Communication System (formerly known as MURCS)



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For information or assistance, please contact us by Phone: (501) 614-5813 or by E-Mail: ADH.ARCS@arkansas.gov

SIGN IN or CREATE ACCOUNT page

Arkansas Reporting and Communication System

Username

(formerly known as MURCS)

	HOME	Facility -		O John Doe -
ARCS Registration			Search For	٩
▼ Filter and Sort				\sim
To Register a facility, please click the Facility button above.				
10 pe ge No Facilities are registered for this user				

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Arkansas Reporting and Communication System

(formerly known as MURCS)

	HOME FACILITY -		😔 John Doe 🗸
	Register a New Fac	ility	
ARCS Registration	Click on "Facility" dropd select "Register a New F	own, then acility" Search For	٩
▼ Filter and Sort			\sim
To Register a facility, please click the Facility button above.			
10 per Page			

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Welcome to ARCS									
	Arkansas Re	porting and (formerly know	Commur	nication System	m				
		HOME FAC	ility -		9 .	lohn Doe -			
	Pagistration	Sear	ch for NPI Number		_				
Select your			National Dravidar Id		≪ CANCEL				
Facility Type	Facility Type	~	National Provider Id						
	Clinic								
· · · · · · · · · · · · · · · · · · ·	Hospital		Provider/Facility Address2						
	Laboratory								
	Pharmacy			City					
	Provider			City	~				
	Facility Contact Name	Facility Contact Email		Phone	Ext.				
Entity Type; will be determined	Technical Contact Name	Technical Contact Email		Phone	Ext.				
by Facility Type									
selection	Entity Type		SHARE Affiliation						
Example: If you	Entity Type	~	SHARE Affiliation		~				
choose	Vendor Name		CLIA Number						
Entity Type will	Search for a Vendor								
automatically									
"Laboratory"									

Arkansas Reporting and Communication System

(formerly known as MURCS)

Registration			
Facility Type	Ν	lational Provider Id	
Clinic	×]	1122334455	•
Facility Name			
Doe's Covid Testing			
Facility Address1	P	rovider/Facility Address2	
123 Oak Street			
Zip Code	State	City	
72205	AR	Little Rock	~
Facility Contact Name	Facility Contact Email	Phone	Ext.
John Doe	jdoe1@abc.com	(123) 123-1234	
Technical Contact Name	Technical Contact Email	Phone	Ext.
Jane Doe	Jdoe@abc.com	(123) 456-1234	
Entity Type	S	HARE Affiliation	
Primary Care	× .	Not Affiliated with SHARE	~
Vendor Name	с	LIA Number	
e athenahealth, Inc.	•	12D1234567	
e athenahealth, Inc.	•	12D1234567	

Type in Zip Code;

City/State will automatically populate; if more than one city with same zip, please select from "City" dropdown

Complete the Public Health Objective (PHO).

Program		Stage				
Program	~	Stag	3	~		
Reporting Year	HL7			Start Date	End Date	
Year 🗸	HL7		~	6/14/2023	12/31/2023	ohn Doe -
20%						- 60
Enter a Public Health Objective, then You can create multiple Objectives, I continue	n click Save. but at least one is required to		+ SAVE			
Hospital		~	1122334455		*	
acility Name						
Doe's Hospital						
acility Address1			Provider/Facility Address2			
123 Easy Street						
ip Code	State			City		
72204	AR			LITTLE ROCK	~	
acility Contact Name	Facility Contact Ema	H.		Phone	Ext	
John Doe	jdoe@abc.com			(123) 123-1234		
echnical Contact Name	Technical Contact En	nail		Phone	Ext	
Jane Doe	janedoe@abc.o	com		(456) 789-1234		
ntity Type			SHARE Affiliation			
Acute Care		~	Not Affiliated with SHARE		~	
/endor Name			CLIA Number			
athenahealth, Inc.		*	12D3456789			

TO

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MALCOMO

PHO example

Immunizations	× S	MIPS	~		
2023	4L7	~	Start Date 6/14/2023	End Date	ohn Do
	HIZ is pro populated by	sod on Program solo	stad	Start/End Data	
20%	HL7 is pre-populated ba	ased on Program sele	cteu	automatically populated.	
Enter a Public Health Objective, then cli You can create multiple Objectives, but continue	ck Save. at least one is required to	+ SAVE	Hit Save	Dates can be changed after registration is complete, if needed	
Facility Name		V 1122334455			
Doo's Hospital					
Doe's nospital					
Facility Address1		Provider/Facility Address	⁵²		
123 Easy Street					
Zip Code	State		City		
72204	AR		LITTLE ROCK	~	
Facility Contact Name	Facility Contact Email		Phone	Ext	
John Doe	jdoe@abc.com		(123) 123-1234		
Fechnical Contact Name	Technical Contact Email	i i i i i i i i i i i i i i i i i i i	Phone	Ext.	
Jane Doe	janedoe@abc.cor	m	(456) 789-1234		
Entity Type		SHARE Affiliation			
Acute Care		✓ Not Affiliated with SHA	RE	~	
Vendor Name		CLIA Number			

Once a Program has been saved you can either add other or continue.

riogram			Stage			
Program		~	Stag	le	\checkmark	
Reporting Year HL7					Start Date	End Date
2023	~	2.5.1		~	6/14/2023	12/31/2023
Program	Stage	Reporting Year	Test	Period StartDate	Test Period EndDate	Action
Immunizations	MIPS	2023	6/14	/2023	12/31/2023	Ŵ
20%						
Enter another Pub	lic Health Objective	or click Continue				
	no riounar o bjoouro	, or onen contained				
acility Namo						
				Described (Fredlike Address		
1234 Easy Street				Provider/Facility Address	2	
ip Code		State			City	
72204		AR				~
acility Contact Name		Facility Contact	t Email		Phone	Ext.
John Doe		jdoe@abc.	.com		(123) 123-1234	
		Technical Conta	act Email		Phone	Ext.
echnical Contact Name		janedoe@a	abc.com		(123) 456-7891	
Jane Doe						
echnical Contact Name Jane Doe intity Type				SHARE Amiliation		
echnical Contact Name Jane Doe Intity Type Laboratory			~	Not Affiliated with SHA	RE	~
echnical Contact Name Jane Doe Intity Type Laboratory Iendor Name			~	Not Affiliated with SHA	RE	~

Select Affiliated Providers.

Begin by keying at least 3 characters of the NPI number.

If <u>No Additional</u> <u>Providers</u> check the box

> You Can add Multiple providers in this section.

ا Arkansas F	Affiliated Providers		on Syste	m
	No Additional Provider			
Se	earch for a Individual NPI		•	0
	40%			
Registration		Hit Save	+ SAVE	≪ CANCEL
cility Type		National Provider Id		
Clinic	~	1122334455		•
cility Name				
Doe's Covid Testing				
cility Address1		Provider/Facility Address2		
123 Oak Street				
) Code	State		City	
72205	AR		Little Rock	~
cility Contact Name	Facility Contact Email		Phone	Ext.
John Doe	jdoe1@abc.com		(123) 123-1234	
chnical Contact Name	Technical Contact Email		Phone	Ext.
Jane Doe	Jdoe@abc.com		(123) 456-1234	
tity Type		SHARE Affiliation		
Primary Care	~	Not Affiliated with SHARE	÷	~
ndor Name		CLIA Number		
thenahealth, Inc.	*	12D1234567		

Select Affiliated Facilities	\ Arkansas	Affiliated Facilities «CANCEL		on Systen	n	
Begin by keying at least 3 characters of the NPI number.		Search for a Organizational NPI			_	😧 John Doe 🕶
lf <u>No Affiliated Facility</u> check the box	Registration		Hit Save	+ SAVE	≪ CANCEL	
	Facility Type		National Provider Id			
You Can add	Clinic	~	1122334455		*	
Multiple Facilities in	Facility Name					
this section.	Doe's Covid Testing					
	Facility Address1		Provider/Facility Address2			
	123 Oak Street					
	Zip Code	State		City		
	72205	AR		Little Rock	~	
	Facility Contact Name	Facility Contact Email		Phone	Ext.	
	John Doe	jdoe1@abc.com		(123) 123-1234		
	Technical Contact Name	Technical Contact Email		Phone	Ext.	
	Jane Doe	Jdoe@abc.com		(123) 456-1234		
	Entity Type		SHARE Affiliation			
	Primary Care	~	Not Affiliated with SHARE CLIA Number			
	Vendor Name					
	athenahealth, Inc.	•	12D1234567			

Please read and sign Usage Agreement, if applicable. This form can be downloaded under the Document section

ک Arkansas F	Agreement Documents (CANCEL		on Sys	stem	
	I have read and accept the Electronic	ELR Data Usage eement.pdf			⊖ John Doe +
Pagistration	Lab Reporting data				
Registration	usage			« CANCEL	
Facility Type	agreement				
Clinic	-0070				
Facility Name			B SAVE		
Doe's Covid Testing					
Facility Address1		Provider/Facility Address	2		
123 Oak Street					
Zip Code	State		City		
72205	AR		Little Rock	~	
Facility Contact Name	Facility Contact Email		Phone	Ext.	
John Doe	jdoe1@abc.com		(123) 123-1234		
Technical Contact Name	Technical Contact Email		Phone	Ext.	
Jane Doe	Jdoe@abc.com		(123) 456-1234		
Entity Type		SHARE Affiliation			
Primary Care	~	Not Affiliated with SHA	RE	~	
Vendor Name		CLIA Number			
athenahealth, Inc.	*	12D1234567			
SUBMIT					

V	Registration Completed			
Arkansas F			on Syste	m
	Congratulations, comp Please access the Doct your	Your registration is bleted. uments section to uplo NIST.	ad	⊖ John Doe -
Registration	1	00%		4 CANCEL
rtogioration		CLC	SE	
Laboratory	<u>~</u>	1122334455		
Facility Name				
Doe's Lab				
Facility Address1		Provider/Facility Address2		
1234 Easy Street				
Zip Code	State	Ci	ty	
72204	AR		LITTLE ROCK	~
Facility Contact Name	Facility Contact Email	Pł	ione	Ext
John Doe	jdoe@abc.com		(123) 123-1234	
Technical Contact Name	Technical Contact Email	Pf	none	Ext
Jane Doe	janedoe@abc.com		(123) 456-7891	
Entity Type		SHARE Affiliation		
Laboratory	~	Not Affiliated with SHARE		×
Vendor Name		CLIA Number		
athenahealth Inc	*	12D3456789		

Arkansas Reporting and Communication System

(formerly known as MURCS)

	Add another facility			Change Password Edit User Profile	USE info
S Registration		Search For		Logout	
ter and Sort				\checkmark	
Name	Address	Contact Name	Contact Phone	View	
T MILLY					
Doe's Covid Testing	123 Oak Street Little Rock, AR 72205	John Doe	(123) 123-1234	(۲)	
Doe's Covid Testing Doe's Hospital	123 Oak Street Little Rock, AR 72205 987 Perry Lane Pleasant Valley, AR 72058	John Doe John Doe	(123) 123-1234 (123) 123-1234	<!--</td--><td></td>	
Doe's Covid Testing Doe's Hospital	123 Oak Street Little Rock, AR 72205 987 Perry Lane Pleasant Valley, AR 72058	John Doe John Doe	(123) 123-1234 (123) 123-1234	 (*) (*)	

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Facility list

Arkansas Reporting and Communication System

(formerly known as MURCS)

			HOME FACILI	TY -			😌 John Doe 🗸
						To Edit, click below	
s page	ARCS Facilit	ty Detail				C EDIT	GO BACK
ity	ARCS ID: Facility Owner:	15083 MSH:		Facility Contact	John Doe (123) 123-1234 jdoe1@abc.com		
IIIS	Facility Name and Address	Doe's Covid Testing 123 Oak Street Little Rock, AR 72205		Technical Contact	Jane Doe (123) 456-1234 Jdoe@abc.com		
	NPI CLIA Number	1122334455 12D1234567		Incentive Program SHARE Arkansas	Not Affiliated with SHARE		
Health	Entity Type Facility Type	Primary Care Clinic		EHR Vendor	athenahealth, Inc.		
tive tab	PUBLIC HEALTH	OBJECTIVES AFFILIATIONS	ADDITIONAL USER	CLIA NUMB	ER OID NUMB	ER DOCUMENT	S
	▼ Filter and So	ort					Add
	Reporting Year	Program	Stage		Test Start Te	est End + ADD N	Ew Healt Obje
	2023	Electronic Lab Reporting	Promoting Interoperability		05/03/2023 12/	31/2023	

This Page lists all for most recent 2 years. PHO (Public Health Objective) page

Welcome to ARCS

Arkansas Reporting and Communication System

(formerly known as MURCS)

			HOME	FACILITY -	② Help ▼			G JOHN DOG +
RCS Facilit	y Detail						C C E	DIT GO BACK
CS ID:	13076 M	SH:			Facility Contact	John Doe		
cility Owner:	John Doe					(123) 123-4567		
cility Name d Address	Doe's Hospital & L 123 Easy Street LITTLE ROCK, AR	ab 8 72204			Technical Contact	Jane Doe (456) 789-1425		
1	1122334455				In a set in December	janedoe@abc.co	m	
IA Number	12D3456789				SHAPE Arkansas	Not Affiliated with	SHADE	
tity Type	Acute Care				FHR Vendor	athenabealth Inc	SHARE	
cility Type	Hospital				Link vendor	autonanoalar, mo	r.	
PUBLIC HEALTH O	nt	AFFILIA		ADDITIONAL USER				~
PUBLIC HEALTH C ▼ Filter and Sou Reporting Year	nt Program	AFFILIA	Stage	ADDITIONAL USER		Test Start	Test End	+ ADD NEW
PUBLIC HEALTH O Tilter and Sou Reporting Year 2024	t Program Electronic Lab F	Reporting	Stage MIPS	ADDITIONAL USER		Test Start 06/16/2023	Test End 12/31/2023	+ ADD NEW
VUBLIC HEALTH O Filter and Sol Reporting Year 2024 2023	rt Program Electronic Lab F Immunizations	Reporting	Stage MIPS Promotir	ADDITIONAL USER		Test Start 06/16/2023 06/16/2023	Test End 12/31/2023 12/31/2023	+ ADD NEW ©
PUBLIC HEALTH O T Filter and Sor Reporting Year 2024 2023 2023	t Program Electronic Lab F Immunizations Electronic Lab F	Reporting	Stage MIPS Promotir MIPS	ADDITIONAL USER		Test Start 06/16/2023 06/16/2023 06/16/2023	Test End 12/31/2023 12/31/2023 12/31/2023	+ ADD NEW © ©
PUBLIC HEALTH O ▼ Filter and Sol Reporting Year 2024 2023 2023 2023	t Program Electronic Lab f Electronic Lab f Electronic Lab f	Reporting Reporting Reporting	Stage MIPS Promotir MIPS MIPS	ag Interoperability		Test Start 06/16/2023 06/16/2023 06/16/2023 06/16/2023 06/16/2023	Test End 12/31/2023 12/31/2023 12/31/2023 12/31/2023	+ ADD NEW © © ©
PUBLIC HEALTH O Tilter and Sor Reporting Year 2024 2023 2023 2023 2023 2023	t Program Electronic Lab F Electronic Lab F Electronic Lab F Electronic Lab F	Reporting Reporting Reporting Reporting	Stage MIPS Promotin MIPS MIPS MIPS MIPS	ag Interoperability		Test Start 06/16/2023 06/16/2023 06/16/2023 06/16/2023 06/16/2023 06/16/2023 06/16/2023	Test End 12/31/2023 12/31/2023 12/31/2023 12/31/2023 12/31/2023 12/31/2023	+ ADD NEW ADD NEW

This Page lists PHO (Public Health Objective) page

Arkansas Reporting and Communication System

(formerly known as MURCS)

		HOME	FACILITY -	⑦ Help ▼		O Jo
ARCS Faci	lity Detail					8 EDIT
ARCS ID: Facility Owner:	13076 MSH: John Doe			Facility Contact	John Doe (123) 123-1234	
Facility Name and Address	Doe's Hospital 123 Easy Street LITTLE ROCK, AR 72204			Technical Contact	jdoe@abc.com Jane Doe (456) 789-1234	
NPI	1122334455				janedoe@abc.com	
CLIA Number	12D3456789			Incentive Program		
Entity Type	Acute Care			SHARE Arkansas	Not Amiliated with SHARE	
Facility Type	Hospital			EHR vendor	athenanealth, Inc.	
PUBLIC HEALT	TOBJECTIVES	AFFILIATIONS	ADDITIONAL USER	CLIA NUMBER	R OID NUMBER	DOCUMENTS
▼ Filter and S	Sort					~
▼ Filter and S Sort By:	Sort	Reporting Years:		Progr	am:	60
▼ Filter and S Sort By: Reporting	Sort g Year v	Reporting Years: Current Year		Progr V	am: L	GO
▼ Filter and S Sort By: Reporting Reporting Year	g Year → Program	Reporting Years: Current Year Stage		Progr ALI	ram: L Test Start Test End	GO

Filter & Sort: Facilities enrolled for multiple years can use the Filter & Sort to look up specific Years or Programs.

Default is Current Reporting Year/All Programs

Arkansas Reporting and Communication System

(formerly known as MURCS)

					⊕ Help +			011
ARCS Facili	itv Detail							I EDIT € GO BAC
ARCS ID:	13076 MS	SH:			Facility Contact	John Doe		
acility Owner:	John Doe				,	(123) 123-4567		
acility Name and Address	Doe's Hospital 123 Easy Street LITTLE ROCK, AR	72204			Technical Contact	Jane Doe (456) 789-1425		
NPI	1122334455					janedoe@abc.co	m	
CLIA Number	12D3456789				SHARE Arkansas	Not Affiliated with	SHARE	
Entity Type	Acute Care				EHR Vendor	athenahealth, Inc	2	
acility Type	Hospital							
▼ Filter and So	prt		Stage			Toet Start	Test End	
▼ Filter and Sc Reporting Year	Program		Stage			Test Start	Test End	+ ADD NEW
▼ Filter and Sc Reporting Year 2024	Program Electronic Lab R	leporting	Stage MIPS			Test Start 06/16/2023	Test End 12/31/2023	+ ADD NEW
▼ Filter and Sc Reporting Year 2024	ort Program Electronic Lab R	Reporting	Stage MIPS			Test Start 06/16/2023	Test End 12/31/2023	
▼ Filter and Sc Reporting Year 2024	Program Electronic Lab R Program : Ele Stage : MIF	Reporting ectronic Lab Reportin	Stage MIPS PRINT STAT	TUS REPORT Test On	Cr UPDATE THIS PU Period Start : 06-16-2023 Board Date : 06-16-2023	Test Start 06/16/2023 UBLIC HEALTH OBJI	Test End 12/31/2023 ECTIVE Test Period End : Dn Board Status :	+ ADD NEW CLOSE 12-31-2023 Complete
▼ Filter and Sc Reporting Year 2024	Program Electronic Lab R Program : Ele Stage : MIF Msg Type: 2.5 Reporting Year : 202	Reporting ctronic Lab Reportin PS .1 24	Stage MIPS PRINT STAT	TUS REPORT Test On In	Cr UPDATE THIS PU Period Start : 06-16-2023 Board Date : 06-16-2023 Queue Date : itaging Date :	Test Start 06/16/2023 UBLIC HEALTH OBJ C I	Test End 12/31/2023 ECTIVE Test Period End : Dn Board Status : n Queue Status : Staging Status :	+ ADD NEW CLOSE 12-31-2023 Complete
▼ Filter and Sc Reporting Year 2024	Program Electronic Lab R Program : Ele Stage : MIF Msg Type: 2.5 Reporting Year : 202	Reporting Reporting Rectronic Lab Reportin PS .1 24	Stage MIPS PRINT STAT	TUS REPORT Test On In S Prod	C ² UPDATE THIS PC Period Start : 06-16-2023 Board Date : 06-16-2023 Queue Date : itaging Date : luction Date :	Test Start 06/16/2023 UBLIC HEALTH OBJ C C I Pro	Test End 12/31/2023 ECTIVE Test Period End : 0n Board Status : n Queue Status : Staging Status : oduction Status :	+ ADD NEW CLOSE 12-31-2023 Complete
▼ Filter and Sc Reporting Year 2024	Program Electronic Lab R Program : Ele Stage : MIF Msg Type: 2.5 Reporting Year : 202	Reporting ctronic Lab Reportin PS .1 24 unications Log	Stage MIPS PRINT STAT	TUS REPORT Test On In S Proc	Cr UPDATE THIS PU Period Start : 06-16-2023 Board Date : 06-16-2023 Queue Date : taging Date : luction Date :	Test Start 06/16/2023 UBLIC HEALTH OBJI C I Pro	Test End 12/31/2023 ECTIVE Test Period End : Dn Board Status : n Queue Status : Staging Status : oduction Status :	+ ADD NEW CLOSE 12-31-2023 Complete
▼ Filter and Sc Reporting Year 2024	Program Electronic Lab R Program : Ele Stage : MIF Msg Type: 2.5 Reporting Year : 202	Reporting Internet Lab Reporting PS 124 Inications Log	Stage MIPS PRINT STAT	TUS REPORT Test On In S Proc	Cf UPDATE THIS PU Period Start : 06-16-2023 Board Date : 06-16-2023 Queue Date : itaging Date : luction Date :	Test Start 06/16/2023 UBLIC HEALTH OBJ C C I Pro	Test End 12/31/2023 ECTIVE Test Period End : 0n Board Status : n Queue Status : Staging Status : oduction Status :	+ ADD NEW

Once you click on VIEW a PHO, Facilities can print their own status report for CMS regulations, if needed.



⑦ Help •

Arkansas Reporting and Communicatior (formerly known as MURCS)

FACILITY -

HOME

1	SAS DEPARTMEN
. A.R.K.	
	HEALTH

Arkansas Department of Hea

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (50) Governor Sarah Huckabee Sanders Renee Mallory, RN, BSN, Interim Secretary of Health Jennifer Dillaha, MD, Director

ARCS Facilit	y Detail				TO: FROM: DATE: SUBJECT:	SMAU Eastside Cl Arkansas Departm Wednesday, Septer Updated Public He	linic nent of Healt mber 6, 2023 ealth Objecti	h 3:39 PM ive: Immunization	15	
ARCS ID: Facility Owner: Facility Name and Address NPI CLIA Number	13088 MSH: ARCS Test User SMAU Eastside Clinic 12345 Oak Tree Lane NORTH LITTLE ROCK, AR 72115 1255006094 12D3456789		Facility Contact Technical Contact	Jane Doe (123) 456-7891 janed@gmall.cc John Doe (123) 456-7892 jdoe@gmail.cor	This letter is an offi Public Health Objec Current Status: On Board Date: In Queue Date: Statica Date:	icial notice from the Ar ctive Program: Immun 07-31-2023	rkansas Depai nizations , Sta Cor	rtment of Health (4 age: No Stage. mplete	ADH) to notify SMAU E	astside Clinic has an
Entity Type Facility Type	Medical Specialty Clinic		SHARE Arkansas EHR Vendor	Not Affiliated wi	Production Date: https://adharcs.arkar	<u>nsas.gov</u>				
PUBLIC HEALTH C	AFFILIATIO	INS ADDITIONAL USER	CLIA NUMBE	.R			Please reta	ain a copy of this d	locument for your record:	š
PUBLIC HEALTH C ▼ Filter and Sol Reporting Year	t Program	NS ADDITIONAL USER	CLIA NUMBE	Test Start		Fo	Please reta	ain a copy of this d PRII Please contact ADF	locument for your record: NT I at: <u>ADH ARCS Arkan</u>	i. ias.gov
PUBLIC HEALTH C ▼ Filter and Sou Reporting Year 2023 Only Facility	t Program Imagunizations	NS ADDITIONAL USER Stage No Stage	CLIA NUMBE	Test Start 07/31/2023	12/31/2023	Fo	Please ret	ain a copy of this d PRI	locument for your record: NT H at: <u>ADH ARCS Arkan</u> :	i. :as.gov

Facilities can print their own Status Reports (Attestation Letters/Reports)

Arkansas Reporting and Communication System

(formerly known as MURCS)



Arkansas Reporting and Communication System

(formerly known as MURCS)



You can add Additional Users or other Facility Contacts in this section.

The User who created the registration, John Doe, will automatically be populated as the Facility Owner.

Arkansas Reporting and Communication System

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MSH: John Doe e (123) 123-1234 jdoe@abc.com spital v Street NOCK, AR 72204 455 Technical Contact 100 100 100 100 100 100 100 10
Apprilal y Street ROCK, AR 72204 455 Technical Contact (456) 789-1234 janedoe@abc.com Incentive Program Most Facility will
455 Incentive Program Most Facility will
Most Facility will
SHARE Arkansas Not Affiliated with SHARE
Ire FHR Vendor attended to the state ODD so this cap
be left blank
S AFFILIATIONS ADDITIONAL USER CLIA NUMBER OID NUMBER DOCUMENTS
s AFFILIATIONS ADDITIONAL USER CLIA NUMBER OID NUMBER DOCU

Multiple CLIAS can be added to the registration (if applicable). The first CLIA registered will show as Primary CLIA

Arkansas Reporting and Communication System

(formerly known as MURCS)

		HOME	FACILITY -	⑦ Help ▼			O John Doe •		
									Use "G
RCS Facility Detail						C EDIT	K GO BACK	<	to go to
CS ID: 13076 cility Owner: John Doe	MSH:			Facility Contact	John Doe (123) 123-1234 idoe@abc.com				List
d Address Doe's Hosp 123 Easy St LITTLE RO	tal ;reet CK, AR 72204			Technical Contact	Jane Doe (456) 789-1234				
PI 1122334455	i				janedoe@abc.com	1 bsolqU	NIST or		
LIA Number 12D345678	9			Incentive Program		other do	ocuments /		
ntity Type Acute Care				SHARE Arkansas	Not Affiliated with SHARE	in Docur	ment /		
acility Type Hospital				EHR Vendor	athenahealth, Inc.	Section	1		
 ▼ Filter and Sort ▲ Upload a Document 							~		
File Name	Document Type	File Type	Description		Uploaded By	Active Date	Action		
	If Electronic	PDF	Electronic Data Us	age Agreement	John Doe	06/14/2023	*		
ARCS_ELR_Agreement_2023.p	Agreement								

Document Section

Upload documentation here.

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