STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

October 31, 2013

Dear Provider:

This letter provides information on the Stage 1 and Stage 2 Public Health Meaningful Use Objectives as related to the CMS Medicare, and Medicaid, Electronic Health Record (EHR) Incentive Programs in New Hampshire. Both of these programs require that Eligible Professionals (EPs) and Eligible Hospitals (EHs) report Public Health Objectives as applicable and when available to the New Hampshire Department of Health and Human Services, Division of Public Health Services (NH DHHS) when attesting as a meaningful user of certified EHR technology.

For Stage 1, EHs have the option to attest to the Syndromic Surveillance measure for both years. EPs and EHs may claim exclusions (as applicable) when attesting for a Medicare, or Medicaid, EHR Incentive Program payment. For information on Stage 1 objectives, please visit the CMS EHR Incentive Programs website at www.cms.gov/EHRIncentivePrograms.

For Stage 2, CMS recently published a final rule that specifies the criteria that Eligible Professionals (EPs), Eligible Hospitals (EHs), and Critical Access Hospitals (CAHs) must meet in order to continue to participate in the Medicare and Medicaid EHR Incentive Programs. Details regarding the Stage 2 objectives, as they will be addressed in New Hampshire, can be found in the attached fact sheets. We have also enclosed for your use a registration form with instructions. Please fill out and return the registration form as soon as you can so we may plan for 2014 participation by interested entities.

It is important to note that for Stage 2, NH DHHS is accepting electronic syndromic surveillance data and electronic laboratory data from EHs. Until NH DHHS can implement solutions for the other public health meaningful use objectives, both EPs and EHs may claim exclusions (as applicable) when attesting for a Medicare, or Medicaid, EHR Incentive Program payment.

NH DHHS will also provide periodic updates on the status of the public health meaningful use solutions on the NH DHHS web site at http://www.dhhs.nh.gov/dphs/bphsi/meaningful-use.htm as well as the Regional Extension Center of New Hampshire website at http://www.recnh.org/. For more information on how to participate in the EHR Incentive Program for Medicare or Medicaid, please contact the Regional Extension Center of New Hampshire at 603-717-5420 or visit http://www.recnh.org/.

Please feel free to contact Mr. Jerry Bardsley either via email (jbardsley@dhhs.state.nh.us) or telephone (603-271-0548) if you have questions or need further information.

Sincerely,

Brook Dupee
Chief
Bureau of Public Health Statistics & Informatics

Eligible Professionals

To demonstrate meaningful use under Stage 2 criteria— EPs must meet 17 core objectives and 3 menu objectives that they select from a list of 6, for a total of 20 objectives. As with the previous stage, many of the Stage 2 objectives have exclusions that allow EPs to achieve meaningful use without having to meet objectives outside their normal scope of clinical practice. For a complete list of the Stage 2 core and menu objectives for EPs, click on the link below:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfulUseSpecSheet_TableContents_EPs.pdf

Stage 2 Public Health Core Objective
Eligible Professionals

Submit Electronic Data to Immunization Registries
Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.
Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.
NH Department of Public Health Services (NH DPHS) Readiness for this Measure
NH DPHS is not accepting immunization data from EPs at this time. We are in the process of establishing an Immunization Information System (IIS) that is expected to accept data by early 2015; therefore, EPs may claim exclusions for this measure when attesting for meaningful use.

Stage 2 Public Health Menu Objectives
Eligible Professionals

Submit electronic syndromic surveillance data to public health agencies
Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice.
Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period.
NH DPHS Readiness for this Measure
NH DPHS is not accepting syndromic surveillance data from EPs at this time. We are in the process of enhancing the current syndromic surveillance system to accept syndromic surveillance data from EPs and expect to be ready to accept data by early 2015; therefore, EPs may claim exclusions for this measure when attesting for meaningful use. Note: While there are exclusions provided for some menu objectives, an EP cannot select a menu objective and claim the exclusion if there are other menu objectives that could be reported on instead. (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_Guide_EPs_9_23_13.pdf)

Eligible Professionals (cont'd)

Report cancer cases to a public health central cancer registry
Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.
Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.
NH DPHS Readiness for this Measure
NH DPHS has contracted with Dartmouth to manage the state Cancer Registry. For more information on this measure, please check the Regional Extension Center of New Hampshire website (www.recnh.org) where information will be posted as it becomes available.

Report specific cases to a specialized registry
Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited by, and in accordance with, applicable law and practice.
Measure successful ongoing submission of specific case information from certified EHR technology to a specialized registry for the entire EHR reporting period.
NH DPHS Readiness for this Measure
NH DPHS has no information available for EPs for this measure.

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Eligible Hospitals

To demonstrate meaningful use under Stage 2 criteria, eligible hospitals and CAHs must meet 16 core objectives and 3 menu objectives from a list of 6, for a total of 19 objectives. EHs and CAHs can download a table of the Stage 2 core and menu objectives by clicking on the link below:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfulUseSpecSheet_TableContents_EligibleHospitals_CAHs.pdf

Stage 2 Public Health Core Objectives
Eligible Hospitals and CAHs

Note: There are no Menu Objectives for EHs and CAHs that involve reporting to Public Health.

Immunization Registries Data Submission
Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission except where prohibited and in accordance with applicable law and practice.
Successful ongoing submission of electronic immunization data from certified EHR technology to an immunization registry or immunization information system for the entire EHR reporting period.
NH DPHS Readiness for this Measure
NH DPHS is not accepting immunization data from EHs at this time. We are in the process of establishing an Immunization Information System (IIS) that is expected to accept data by early 2015; therefore, EHs may claim exclusion when attesting for meaningful use.

Electronic Reportable Laboratory Results
Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice.
Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a public health agency for the entire EHR reporting period.
NH DPHS Readiness for this Measure

NH DPHS is currently ready to begin accepting the submission of electronic reportable laboratory results from eligible hospitals at this time. Currently there are no hospitals that are sending electronic reportable laboratory results electronically, although several are in a pilot phase. Until the Administrative Rules are revised, electronic submission is voluntary under NH statute. EHs and CAHs will need to voluntarily submit this data electronically to meet the Public Health Measure for Meaningful Use.
     NH Statute - RSA 141-C:7 (Reporting of Communicable Disease), 141-C:8 (List of Diseases; Report Forms), and RSA 130-A (Lead Paint Poisoning Prevention and Control)
     Administrative Rule - He-P 301.02, He-P 301.03 (reportable disease), and He-P 1600 (lead paint poisoning)*r*
   • *DPHS will register hospitals and prioritize them for onboarding.*
     • *Hospitals can attest to meeting the measure if they register with DPHS and are:*
        1) Waiting to begin onboarding,
        2) Actively engaging in onboarding, or
        3) Complete onboarding and achieve ongoing submission.
        Note: Since 2014 has a 3-month EHR reporting period, hospital onboarding status 1, 2 or 3 must occur during the reporting period.

- *DPHS will develop a manual process to register hospitals and provide a form. The form will also be available on the NH DHHS and RECNH websites for EHs to download and submit to DPHS.*
- *DPHS will advise EHs and CAHs on the use of SNOMED and LOINC codes as part of the electronic reportable laboratory results. DPHS will work with hospitals to identify public domain resources to help hospitals map their local codes to standard codes.*
- *DPHS will offer modular certification if the hospital needs DPHS' Rhapsody program to convert from HL7 2.3.1 to 2.5.1. Currently, DPHS does not have the Stage 2 certied version, but is in the process of upgrading to the version with 2014 EHR Certification (Orion Rhapsody Integration Engine Version 5.4.) and expects to have this available by January 1, 2014. The benefit for choosing to use DPHS Rhapsody CEHRT is that hospitals can avoid the expense of acquiring CEHRT for ELR, which in many cases comes from an LIS which is not part of their EHR.*
  - *DPHS will provide a letter to individual hospitals authorizing the hospital to use NH's Rhapsody (CEHRT) instance.*
  - *As long as HL7 2.5.1 messages are generated from CEHRT at some point and the hospitals have authorization to use the CEHRT they will meet the measure.*
  - *The hospitals sending HL7 2.3.1 messages to Rhapsody will be converted to HL7 2.5.1.*
- *DPHS will provide instructions to hospitals indicating they are accepting registration forms.*
- *DPHS will indicate the steps for hospital participation in 2014; registration; invitation to participate according to categories 1-3 above, and participation*
- *Letters will be provided to the hospital upon request and will include the date that:*
  - *The hospital registered;*
  - *DPHS made a request to the hospital;*
  - *The hospital responded.*
  - *Which category 1-3 was achieved*

Syndromic Surveillance Data Submission
Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.
Successful ongoing submission of electronic syndromic surveillance data from certified EHR technology to a public health agency for the entire EHR reporting period.
NH DPHS Readiness for this Measure
NH DPHS is accepting syndromic surveillance data from EHs at this time. *DPHS currently receives syndromic surveillance data from hospitals; therefore ongoing submission is required from those hospitals per:*   **NH Statue** - RSA 141-C:7 (Reporting of Communicable Disease), 141-C:8 (List of Diseases; Report Forms) - **Administrative Rules** - He-P 301.02 and He-P 301.03. - *For meeting the Meaningful Use Measure, DPHS will continue to accept HL7 2.3.1 messages from 2011 CEHRT, however, the hospital must still own (or have authorized access to) 2014 CEHRT for this objective to meet the Stage 2 measure.* - *For any hospital not currently sending syndromic surveillance to DPHS, or are in the process of significantly changing their processes for submitting syndromic surveillance, the DPHS onboarding process will apply.*

- •*DPHS will register hospitals and prioritize them for onboarding*
  - o *Hospitals can attest to meeting the measure if they register with DPHS and are:*
    1) Waiting to begin onboarding
    2) Actively engaging in onboarding, or
    3) Complete onboarding and achieve ongoing submission.
    Note: Since 2014 has a 3-month EHR reporting period, hospital onboarding status 1, 2 or 3 must occur during the reporting period.
  - o *DPHS will develop a manual process to register hospitals, and will provide the form, in addition to the form being published on DHHS and RECNH websites for hospitals to download and submit to DPHS.*
- *DPHS will offer modular certification if the hospital needs DPHS' Rhapsody program to convert from HL7 2.3.1 to 2.5.1. Currently, DPHS does not have the Stage 2 certified version, but is in the process of upgrading to the version with 2014 EHR Certification (Orion Rhapsody Integration Engine Version 5.4.) and expects to have this available by January 1, 2104. The benefit for choosing to use DPHS Rhapsody CEHRT is that hospitals can avoid the expense of acquiring CEHRT for syndromic surveillance, if syndromic surveillance comes from a source which is not part of their CERHT.*
  - o *DPHS will provide a letter to individual hospitals authorizing the hospital to use NH's Rhapsody (CEHRT) instance.*
  - o *As long as HL7 2.5.1 messages are generated from CEHRT at some point and the hospitals have authorization to use the CEHRT they will meet the measure.*
  - o *The hospitals sending HL7 2.3.1 messages to Rhapsody will be converted to HL7 2.5.1.*
- *DPHS will provide instructions to hospitals indicating they are accepting registration forms.*
- *DPHS will indicate the steps for hospital participation in 2014; registration; invitation to participate according to categories 1-3 above, and participation*
- *Letters will be provided to the hospital upon request and will include the date that:*
  - o *The hospital registered;*
  - o *DPHS made a request to the hospital;*
  - o *The hospital responded.*
  - o *Which category 1-3 was achieved*

Available links and resources:

Department of Public Health
http://www.dhhs.nh.gov/dphs/bphsi/meaningful-use.htm

CMS EHR Incentive Program website
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/

Regional Extension Center of New Hampshire
http://www.recnh.org

Medicaid Electronic Health Record Incentive Program
http://www.dhhs.nh.gov/ombp/ehr/index.htm

The Office of the National Coordinator for Health Information Technology (ONC)
http://www.healthit.gov/

The Meaningful Use (MU) public health registration form is for providers to register their intent to submit MU public health measures to the New Hampshire Division of Public Health Services (NH DPHS). You are requested to complete this registration form for both syndromic surveillance (SS) and electronic laboratory reporting (ELR) Stage 1 and 2 measures.

To enter information in the gray boxes, double click and enter text. For yes/no questions, double click the box and select "Checked" in the appropriate box.

1. For contact information, provide the name, email, and phone number for the specific areas requested to assist with SS and ELR implementation.

2. For each public health measure, indicate vendor, system product, product version, and applicable 2014 certification.

3. Advise if and when you plan to upgrade either your syndromic surveillance or ELR EHR systems to a 2014 certified version.

4. Indicate if your EHR system products do not meet 2014 Certified Electronic Health Record Technology (CEHRT), which will require NH DPHS work with your information technology (IT) staff to use the NH DPHS Rhapsody portal. Using the NH DPHS CEHRT Rhapsody Integration Engine, your transmissions will be mapped to HL7 version 2.5.1, allowing you to satisfy the public health measure.

5. For SS only, indicate if the message content will be changing from the information currently sent in production. If your response is yes, NH DPHS will detail a process for you to send MU Stage 2 public health measure data. Indicate if you intend to attest for Stage 1 or 2.

6. Indicate which transport option you plan to use to send MU Stage 2 public health measure data. Existing syndromic surveillance transports may need to be migrated from your virtual private network (VPN) tunnel to a Rhapsody VPN tunnel or to the Health Information Exchange, which will require us to work with your IT staff.

7. Provide your facility information used to populate the HL7 message in MSH-4. For SS, hospital providers indicate their Health Care Financing Administration (HCFA) code, and eligible professionals indicate their National Provider Identifier (NPI) number.   Lab reporters indicate their Clinical Laboratory Improvement Amendments (CLIA) number.

8. Indicate which quarter you plan to attest for SS or ELR for MU Stage 2. If you are not planning to attest for MU Stage 2 public health measures in 2014, indicate a date.

Once the form is complete, return to NH DPHS in Microsoft Word format to DPHSmu@dhhs.state.nh.us

NH Public Health Measure Registration Form

NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs for all
Department of Health and Human Services

Complete this form to register your intent to submit Public Health Syndromic Surveillance or ELR measures to NH DPHS.
Email completed form to: DPHSmu@dhhs.state.nh.us

Date: **Facility Name:**

Contact Information	Name	Email Address	Phone
Meaningful Use Contact			
Syndromic Surveillance Interface Lead			
Lab Information Management Admin			
Laboratory IT Lead			
Networking Lead			
Other (Specify title):			

1. **Indicate the vendor, software product and version will you be using, and if the system being used is 2014 Certified Electronic Health Record Technology (CEHRT)?**

Systems	Software vendor	Product name/number	Version	2014 CEHRT Certified	
				Yes	No
Syndromic Surveillance (SS)				☐	☐
Electronic Laboratory Reporting (ELR)				☐	☐

2. **If your system(s) are not 2014 CEHRT Certified:**

   a. If you plan to upgrade your SS EHR system to a 2014 certified system, indicate estimated date:

   b. If you plan to upgrade your ELR EHR system to a 2014 certified system, indicate estimated date:

   c. Do you require Modular Certification using DPHS Stage 2, 2014 CEHRT Rhapsody software to convert HL7 2.x to HL7 2.5.1 for either ELR and/or SS?   ☐ Yes ☐ No

3. **For Syndromic Surveillance, will the content or format be different from your current submission?**   ☐ Yes ☐ No

   Do you intend to attest for Stage1 or Stage 2?   Stage 1 ☐ Yes ☐ No   Stage 2 ☐ Yes ☐ No

4. **For ELR, are results sometimes delayed if other tests that take longer are requested? For example, if a lab order is requesting a test for TB as well as other tests, will the other tests be sent immediately or when the TB results are in?**

   ☐ No delay   ☐ Delay   Other (Specify):

5. **What transport option are you planning to use for sending data electronically to DPHS?**

	Virtual Private Network (VPN)	Rhapsody-to-Rhapsody	Public Health Information Network Messaging System (PHINMS)	NH Health Information Exchange (HIE)	Other (Specify)
SS	☐	☐	☐	☐	
ELR	☐	☐	☐	☐	

6. **Enter your facility information that will be used in the HL7 messages in segment MSH-4 :**

	Facility name (MSH-4.1)	Facility number (MSH-4.2)
SS		HFCA# or NPI#:
ELR		CLIA#:

7. **During which reporting period are you planning to attest?**

	Jan - Mar 2014	Apr – Jun 2014	Jul – Sept 2014	Oct – Dec 2014	Other (Indicate when)
SS	☐	☐	☐	☐	
ELR	☐	☐	☐	☐	