

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, refer to the links at the end of this Fact Sheet

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 mid-2015 at the earliest; therefore, EPs may claim exclusions as applicable when attesting for meaningful use for the entire 2015 reporting year CY 2015.
- Note: For 2016 DPHS expects to make registration forms available 60 days prior to Jan 1 2016; registration forms must be submitted no later than 60 days into the attestation period

Stage 2 Public Health Menu Objectives

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 do not have a date when the current syndromic surveillance system will be able to accept syndromic surveillance data from EPs; therefore, EPs may claim exclusions as applicable when attesting for meaningful use for the entire 2015 reporting year CY 2015.
- 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.

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 is not accepting cancer registry data from EPs using CEHRT at this time; providers should continue to complete and transmit a rapid report, as defined in [He-P 304.04](#).

- NH DPHS anticipates accepting the submission of cancer case information from CEHRT beginning with the 2016 reporting period Calendar Year (CY) 2016 therefore, if reporting in NH, EPs may claim exclusions for this measure when attesting for meaningful use for the entire 2015 reporting period
- NH DPHS anticipates that In 2016, EP's will be able to report electronically via their CEHRT in order to attest to the *Report Cancer Cases Meaningful Use Stage 2 Menu Measure*.
- Note: For 2016 DPHS expects to make registration forms available 60 days prior to Jan 1 2016; registration forms must be submitted no later than 60 days into the attestation period.

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.
- 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.

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. For a complete list of the Stage 2 core and menu objectives for EHs and CAHs, refer to the links at the end of this Fact Sheet. Note: There are no Menu Objectives for EH's and CAH's that involve reporting to Public Health.

Stage 2 Public Health Core Objective

Eligible Hospitals and CAHs

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

- We are in the process of establishing an Immunization Information System (IIS) that is expected to accept data by mid-2015 at the earliest; therefore, EHs may claim exclusion, as applicable, for this measure when attesting for meaningful use for the entire FY 2015 reporting year.
- Note: For 2016 DPHS expects to make registration forms available 60 days prior to October 1 2015; registration forms must be submitted no later than 60 days into the attestation period

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 capable of accepting the submission of electronic reportable laboratory results into test and production systems and is currently working with NH hospitals to meet this measure. 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 attest for the Public Health Measure for Meaningful Use.

Since 2015 has an FY 12-month reporting period, hospital onboarding status 1, 2 or 3 must occur during the entire reporting period October 2014 to September 2015.

Hospitals which have successfully registered for the 2014 reporting period do not need to re-register for the 2015 reporting year for ELR

DPHS Process for this Measure

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.
- DPHS has developed a manual process to register hospitals and provided a registration form. The form is available on the NH DHHS website for EHs and CAHs to download and submit to DPHS.
- DPHS advises 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, when needed.
- DPHS will offer modular certification if the hospital needs DPHS' Rhapsody program because the ELR is coming from a non-CEHRT system. The benefit for choosing to use DPHS Rhapsody CEHRT is that hospitals can avoid the expense of acquiring CEHRT for ELR, which in some cases comes from a Lab Information System which is not part of their EHR.

NH DPHS Rhapsody Letter for this Measure

- Upon request, DPHS will provide a letter to individual hospitals authorizing the hospital to use NH's Rhapsody (CEHRT) instance.
- The hospital sending HL7 2.3.1 messages to NH DPHS Rhapsody CEHRT will be converted to HL7 2.5.1

NH DPHS Attestation Letter for this Measure

- 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 to onboard; or alternately, that ongoing submission was achieved
 - 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 into test and production systems as applicable from EHs at this time.
- DPHS currently receives syndromic surveillance data from hospitals; therefore ongoing submission is required from those hospitals

Since 2015 has an FY 12-month reporting period, hospital onboarding status 1, 2 or 3 must occur during the entire reporting period October 2014 to September 2015.

Hospitals which have successfully registered for the 2014 reporting period do not have to re-register for the 2015 reporting year for syndromic surveillance.

NH DPHS Process for this Measure

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

- DPHS will offer modular certification if the hospital needs DPHS' Rhapsody program because the Syndromic surveillance is coming from a non-CEHRT system. The benefit for choosing to use DPHS Rhapsody CEHRT is that hospitals can avoid the expense of acquiring CEHRT for SS, which in some cases comes from a hospital system which is not part of their certified EHR.
- NH will continue to accept HL7 2.x throughout the 2015 reporting period from EHs and CAHs that are adopting CEHRT but still need NH DPHS Rhapsody to convert from HL 7 2.x to HL 7 2.5.1
- NH DPHS is transitioning syndromic surveillance feeds from prior versions of HL 7 to HL 7 version 2.5.1. EHs and CAHs should work with DPHS to achieve HL 7 2.5.1 using 2014 CEHRT during the 2015 reporting period.

NH DPHS Rhapsody Letter for this Measure

- Upon request, DPHS will provide a letter to individual hospitals authorizing the hospital to use NH's Rhapsody (CEHRT) instance.
- The hospital sending HL7 2.x messages to NH DPHS Rhapsody will be converted to HL7 2.5.1

NH DPHS Attestation Letter for this Measure

- 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

Available links and resources:

Division of Public Health Services (DPHS)

<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/>