

NH Department of Health and Human Services
Division of Public Health Services (DPHS)
Meaningful Use Fact Sheet – 2016 Program Year

Objective 10: Public Health Reporting
Modified Stage 2 Meaningful Use 2015 through 2017
Eligible Professionals (EPs) must meet 2 measures in 2016 and 2017

Measure Option 1 – Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

Measure Option 2 – Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

Measure Option 3 – Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

DPHS Readiness For These Measures

Measure Option 1 – Immunization Registry Reporting: DPHS is not accepting immunization data from EPs. If reporting in NH, EPs may claim exclusion for this measure when attesting for meaningful use, as applicable.

Measure Option 2 – Syndromic Surveillance Reporting: DPHS is not accepting syndromic surveillance data from EPs. If reporting in NH, EPs may claim exclusion for this measure when attesting for meaningful use, as applicable.

Measure Option 3 – Specialized Registry Reporting: DPHS is accepting the submission of cancer case information from Certified Electronic Health Record Technology.

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DPHS Process For Measure Option 3 – Specialized Registry Reporting

DPHS is implementing a manual process to register EPs via a form. The form will be available on the [Meaningful Use in the Division of Public Health Services](#) web page for EPs to download and submit to DPHS.

DPHS will work with the cancer registrar to register EPs and prioritize them for onboarding.

Active engagement means that the provider is in the process of moving towards sending "production data" to a public health agency (PHA) or clinical data registry (CDR), or is sending production data to a PHA or CDR. **Per the federal regulation, the requirements for ongoing submission include 3 scenarios:**

- 1. Active Engagement Option 1–Completed Registration to Submit Data:** The EP registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- 2. Active Engagement Option 2 -Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- 3. Active Engagement Option 3 – Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Please Note:

CMS periodically provides FAQs on their website @ <https://questions.cms.gov/faq.php?id=5005&rtopic=1979> , EPs are encouraged to visit the website for updates.

DPHS Attestation Confirmation Letter for this measure

Letters will be provided to the EP upon request and will include the:

- Date that the EP registered; and
- Scenario (1-3) that was achieved during the attestation period.

NOTE: The New Hampshire State Cancer Registry (NHSCR) is a statewide, population-based cancer surveillance program that collects incidence data on all cancer cases diagnosed or treated in the State of New Hampshire. Since its inception in 1985, the NHSCR has been contracted to Dartmouth Medical School by the New Hampshire Department of Health and Human Services, Division of Public Health Services. For more information on the New Hampshire State Cancer Registry, please visit <http://geiselmed.dartmouth.edu/nhscr/>.

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Objective 9: Public Health Reporting
Modified Stage 2 Meaningful Use 2015 through 2017

Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) must meet 3 measures in 2016 and 2017

Measure Option 1 – Immunization Registry Reporting: The Eligible Hospital or CAH is in active engagement with a public health agency to submit immunization data.

Measure Option 2 – Syndromic Surveillance Reporting: The Eligible Hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

Measure Option 3 – Specialized Registry Reporting: The Eligible Hospital or CAH is in active engagement to submit data to a specialized registry.

Measure Option 4 – Electronic Reportable Laboratory Result Reporting: The Eligible Hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

DPHS Readiness For These Measures

Measure Option 1 – Immunization Registry Reporting. DPHS is not accepting immunization data from EHs at this time. If reporting in NH, EHs may claim exclusions for this measure when attesting for meaningful use, as applicable.

Measure Option 2 – Syndromic Surveillance Reporting. DPHS is accepting syndromic surveillance data into test and production systems as applicable from EHs at this time.

Measure Option 3 – Specialized Registry Reporting. DPHS is not accepting specialized registry reporting from Eligible Hospitals and CAH.

Measure Option 4 – Electronic Reportable Laboratory Result Reporting. DPHS is accepting the submission of electronic reportable laboratory results into test and production systems as applicable from EHs at this time.

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DPHS Process For Measure Option 2 – Syndromic Surveillance Reporting

An EH must determine if the Public Health Agency (PHA) has the capacity to accept electronic data using the specification prescribed by the Office of the National Coordinator for the public health information objectives of meaningful use within the first 60 days of the EHR reporting period. Note: EHs that have successfully registered do not have to re-register for the 2016 reporting year for syndromic surveillance.

Active engagement means that the provider is in the process of moving towards sending "production data" to a public health agency (PHA) or clinical data registry(CDR), or is sending production data to a PHA or CDR. **Per the federal regulation, the requirements for ongoing submission include 3 scenarios:**

- 1. Active Engagement Option 1–Completed Registration to Submit Data:** The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- 2. Active Engagement Option 2 - Testing and Validation:** The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- 3. Active Engagement Option 3 – Production:** The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Production data refers to data generated through clinical processes involving patient care, and it is used to distinguish between data and “test data” which may be submitted for the purposes of enrolling in and testing electronic data transfers.

DPHS will offer modular certification if the EH 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.

DPHS will continue to accept HL7 2.x throughout the 2016 reporting period from EHs and CAHs that are adopting CEHRT but still need DPHS Rhapsody to convert from HL 7 2.x to HL 7 2.5.1

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 2016 reporting period.

DPHS Rhapsody Letter for this measure

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

DPHS Attestation Confirmation Letter for this measure

Letters will be provided to the EP upon request and will include the:

- Date that the EH registered; and
- Scenario (1-3) that was achieved during the attestation period.

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DPHS Process For Measure Option 4 – Electronic Laboratory Reporting

An EH must determine if the Public Health Agency (PHA) has the capacity to accept electronic data using the specification prescribed by ONC for the public health information objectives of meaningful use within the first 60 days of the EHR reporting period. Note: EHs which have successfully registered do not have to re-register for the 2016 reporting year for electronic laboratory reporting.

Active engagement means that the provider is in the process of moving towards sending "production data" to a public health agency (PHA) or clinical data registry(CDR), or is sending production data to a PHA or CDR. **Per the federal regulation, the requirements for ongoing submission include 3 scenarios:**

- 1. Active Engagement Option 1–Completed Registration to Submit Data:** The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- 2. Active Engagement Option 2 - Testing and Validation:** The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- 3. Active Engagement Option 3 – Production:** The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Production data refers to data generated through clinical processes involving patient care, and it is used to distinguish between data and "test data" which may be submitted for the purposes of enrolling in and testing electronic data transfers.

DPHS will offer modular certification if the EH 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 hospital system which is not part of their certified EHR.

DPHS will continue to accept HL7 2.x throughout the 2016 reporting period from EHs and CAHs that are adopting CEHRT but still need DPHS Rhapsody to convert from HL 7 2.x to HL 7 2.5.1

EHs and CAHs should work with DPHS to achieve HL 7 2.5.1 using 2014 CEHRT during the 2016 reporting period.

DPHS Rhapsody Letter for this measure

Upon request, DPHS will provide a letter to individual hospitals authorizing the hospital to use DPHS' Rhapsody (CEHRT) instance.

The hospital sending HL7 2.x messages to DPHS' Rhapsody will be converted to HL7 2.5.1

DPHS Attestation Confirmation Letter for this measure

Letters will be provided to the EP upon request and will include the:

- Date that the EH registered; and
- Scenario (1-3) that was achieved during the attestation period.

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Resources:

New Hampshire 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/>

CMS FAQ related to the Public Health objective

<https://questions.cms.gov/faq.php?id=5005&faqId=12985>

Regional Extension Center of New Hampshire

<http://www.recnh.org>

New Hampshire Medicaid Electronic Health Record Incentive Program

<http://www.dhhs.nh.gov/ombp/ehr/index.htm>

Office of the National Coordinator for Health Information Technology (ONC)

<http://www.healthit.gov/>