

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
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Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.
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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

<i>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.</i>
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Stage 2 Public Health Menu Objectives
Eligible Professionals

Submit electronic syndromic surveillance data to public health agencies
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Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice.
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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

<i>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)</i>
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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
<i>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.</i>
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
<i>NH DPHS has no information available for EPs for this measure.</i>

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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
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Eligible Hospitals and CAHs

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

Immunization Registries Data Submission
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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

<i>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.</i>
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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.
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NH DPHS Readiness for this Measure

<i>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.</i>
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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)
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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.

Eligible Hospitals (cont'd)

- *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 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, 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 Statute - 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.*

Eligible Hospitals (cont'd)

- *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 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.*
 - *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*

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/>