

NH Division of Public Health Services

Updated Meaningful Use Quick Reference Guide – 2016 - 2017 Program Years

Eligible Hospital (EH & CAH)

Meaningful Use 2015 through 2017 (Modified Stage 2)

All eligible hospitals and CAHs in 2016 and 2017 must meet three measures

Objective	Stage	Measure	Explanation	State Status	Additional Information
Objective 9: Public Health Reporting	Modified Stage 2	Measure Option 1 – Immunization Registry Reporting:	The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	NH 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.	<p>ONC-Adopted Standard(2014 CEHRT) HL7 2.5.1 HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.4</p>
Objective 9: Public Health Reporting	Modified Stage 2	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.	NH DPHS is accepting syndromic surveillance data into test and production systems as applicable from EHS at this time.	<p>ONC-Adopted Standard(2014 CEHRT) HL7 2.5.1 PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Data, Release 1.1 (August 2012)</p> <p>NH Link to SS Local Implementation Guide: http://www.dhhs.nh.gov/dphs/bphsi/documents/sslocalguide.pdf</p> <p>NH Statutes - RSA 141-C:7 (Reporting of Communicable Disease), 141-C:8 (List of Diseases; Report Forms) Administrative Rule - He-P 301.02 and He-P 301.03.</p>
Objective 9: Public Health Reporting	Modified Stage 2	Measure Option 3 – Specialized Registry Reporting:	The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	NH DPHS is not accepting specialized registry reporting from Eligible Hospitals and CAH.	EPs only
Objective 9: Public Health Reporting	Modified Stage 2	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.	NH DPHS is accepting the submission of electronic reportable laboratory results into test and production systems as applicable from EHS at this time.	<p>ONC-Adopted Standard(2014 CEHRT) HL7 2.5.1 HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm), with Errata and Clarifications</p> <p>NH Link to ELR Local Implementation Guide: http://www.dhhs.nh.gov/dphs/bphsi/documents/elrguide.pdf</p> <p>NH Statutes - 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 Rules - He-P 301.02, He-P 301.03 (reportable disease), and He-P 1600 (lead paint poisoning)</p>

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Meaningful Use 2015 through 2017 have the option of attesting to the Stage 3 measures in 2017. The EHR reporting period for EH & CAH attesting to Stage 3 in 2017 will be 90 days, whereas providers who choose to attest to Modified Stage 2 in 2017 will have a full calendar year EHR reporting period.

EHs and CAH attesting for MU3 (optionally in 2017 or 2018 and beyond) have six measure options; Stage 3: Objective 8: Public Health and Clinical Data Registry Reporting. EH & CAH must meet a Total of 4 measures

Objective	Stage	Measure	Explanation	State Status	Additional Information
Stage 3 Objective 8: Public Health and Clinical Data Reporting	Stage 3	Measure 1: Immunization Registry Reporting	The EH or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	NH DPHS is not accepting Stage 3 immunization data from EHs for 2017. If reporting in NH, EHs may claim exclusions for this measure when attesting for meaningful use, as applicable.	ONC-Adopted Standard(2015 CEHRT) HL7 2.5.1 HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5 (October 2014) and Addendum (July 2015)
Stage 3 Objective 8: Public Health and Clinical Data Reporting	Stage 3	Measure 2: Syndromic Surveillance Reporting	The EH or CAH is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	NH DPHS is not accepting Stage 3 syndromic surveillance data into test and production systems for 2017. The PHIN messaging guide for hospital syndromic surveillance is upgraded to version 2.0 in the 2015 Edition CEHRT. Important changes include: <ul style="list-style-type: none"> ○ PHAs operating syndromic surveillance systems (SyS) will need to adjust SyS message receiving and data transformation processes. ○ Certification under 2015 Edition CEHRT calls for the testing of the ability to message inpatient data (in addition to emergency department or outpatient) for syndromic surveillance purposes; under 2014 Edition this was not a requirement. Under 2015 Edition CEHRT, SyS should also provide additional facility and patient demographic information, including: <ul style="list-style-type: none"> ▪ Facility name 	ONC-Adopted Standard(2015 CEHRT) HL7 2.5.1 PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Ambulatory Care and Inpatient Settings, Release 2.0 NH Link to SS Local Implementation Guide: http://www.dhhs.nh.gov/dphs/bphsi/documents/sslocalguide.pdf NH Statutes - RSA 141-C:7 (Reporting of Communicable Disease), 141-C:8 (List of Diseases; Report Forms) Administrative Rule - He-P 301.02 and He-P 301.03.

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EHs and CAH attesting for MU3 (optionally in 2017 or 2018 and beyond) have six measure options; Stage 3: Objective 8: Public Health and Clinical Data Registry Reporting.

EH & CAH must meet a Total of 4 measures

				<ul style="list-style-type: none"> ▪ Facility address ▪ Patient city town ▪ Smoking status <ul style="list-style-type: none"> ○ Sys should have been tested to include the capture and transmission of ICD-9 CM, ICD-10 CM, LOINC, and SNOMED coded data along with Chief Complaint; under 2014 Edition CEHRT, testing for compliance was limited to ICD-9 CM and Chief Complaint. 	
Stage 3 Objective 8: Public Health and Clinical Data Reporting	Stage 3	Measure 3- Electronic Case Reporting (For Stage 3 in 2018 only)	Electronic Case Reporting: The EH or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.	Not available in 2017 for optional Stage 3 requirements	Per guidelines in the ONC 2015 Edition Certification Final Rule Not available in 2017 for optional Stage 3 requirements.
Stage 3 Objective 8: Public Health and Clinical Data Reporting	Stage 3	Measure 4: Public Health Registry Reporting* *For Measures 4 and 5, a Provider may report to more than one public health and/or clinical data registry and may count public health and/or	Public Health Registry Reporting: The EH or CAH is in active engagement to submit data to public health registries. Starting in Stage 3, all Public Health Registries and Clinical Data Registries must use certified standards for meaningful use transactions. In 2017, providers can use a combination of 2014 Edition and 2015 Edition	NH DPHS is not accepting Stage 3 Public Health Registry Reporting from Eligible Hospitals and CAH for 2017.	No standard mandated for public health registry reporting per se, except for- <ul style="list-style-type: none"> • Cancer case reporting from EPs to State Cancer Registry-HL7 CDA® Release 2 Implementation Guide: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, Release 1; DSTU Release 1.1, U.S. Realm) (EP Only) • Antimicrobial use and resistance reporting to NHSN-HL7 Implementation Guide for CDA® Release 2 –Level 3: Healthcare Associated Infection Reports, Release 1, U.S. Realm (August 2013) (Eligible Hospital/CAH only) • NCHS Health care surveys-HL7 Implementation Guide for CDA® Release 2: National Health Care Surveys (NHCS), Release 1—US Realm, Draft Standard for Trial Use (December 2014)

Eligible Hospital (EH & CAH)

Meaningful Use 2015 through 2017 have the option of attesting to the Stage 3 measures in 2017. The EHR reporting period for EH & CAH attesting to Stage 3 in 2017 will be 90 days, whereas providers who choose to attest to Modified Stage 2 in 2017 will have a full calendar year EHR reporting period.

EHs and CAH attesting for MU3 (optionally in 2017 or 2018 and beyond) have six measure options; Stage 3: Objective 8: Public Health and Clinical Data Registry Reporting.

EH & CAH must meet a Total of 4 measures

		clinical data registry reporting more than once to meet the required number of measures for the Public Health and Clinical Data Registry Reporting objective.	CEHRT. This is in contrast to Modified Stage 2 where use of ONC standards are not required if they are not present in the 2014 Edition CEHRT.		
Stage 3 Objective 8: Public Health and Clinical Data Reporting	Stage 3	Measure 5: Clinical Data Registry Reporting* *For Measures 4 and 5, a Provider may report to more than one public health and/or clinical data registry and may count public health and/or clinical data registry reporting more than once to meet the required number of measures for the Public Health	Measure 5 – Clinical Data Registry Reporting: The EH or CAH is in active engagement to submit data to a clinical data registry.		No standard mandated.

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EHs and CAH attesting for MU3 (optionally in 2017 or 2018 and beyond) have six measure options; Stage 3: Objective 8: Public Health and Clinical Data Registry Reporting.

EH & CAH must meet a Total of 4 measures

		and Clinical Data Registry Reporting objective.			
Stage 3 Objective 8: Public Health and Clinical Data Reporting	Stage 3	Measure 6: Electronic Reportable Laboratory	<ul style="list-style-type: none"> Measure 6 – Electronic Reportable Laboratory Result Reporting: The EH or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results. 	<p>NH DPHS is accepting Stage 3 submission of electronic reportable laboratory results into test and production systems as applicable from EHs for 2017.*</p> <p>*There are no changes to the HL7 implementation guide used for Electronic Laboratory Reporting.</p> <p>*Despite no changes, there may be a need to revalidate if a hospital updates or purchases new certified software.</p>	<p>HL7 2.5.1 HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm), with Errata and Clarifications</p> <p>NH Link to ELR Local Implementation Guide: http://www.dhhs.nh.gov/dphs/bphsi/documents/elrguide.pdf</p> <p>NH Statutes - 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 Rules - He-P 301.02, He-P 301.03 (reportable disease), and He-P 1600 (lead paint poisoning)</p>

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Eligible Professionals (EP)

Modified Stage 2 Meaningful Use 2015 through 2017

All EPs must meet 2 measures in 2016 and 2017

Objective	Stage	Measure	Explanation	State Status	Additional Information
Objective 10: Public Health Reporting	Modified Stage 2	Option 1 – Immunization Registry Reporting	The EP is in active engagement with a public health agency to submit immunization data.	NH DPHS is not accepting immunization data from EPs. If reporting in NH, EPs may claim exclusions for this measure when attesting for meaningful use, as applicable.	
Objective 10: Public Health Reporting	Modified Stage 2	Option 2 – Syndromic Surveillance Reporting	The EP is in active engagement with a public health agency to submit syndromic surveillance data.	NH DPHS is not accepting syndromic surveillance data from EPs. If reporting in NH, EPs may claim exclusions for this measure when attesting for meaningful use, as applicable.	
Objective 10: Public Health Reporting	Modified Stage 2	Option 3 – Specialized Registry Reporting	The EP is in active engagement to submit data to a specialized registry.	NH DPHS is ready to begin accepting the submission of cancer case information from Certified Electronic Health Record Technology. Note: For the purposes of the Medicaid EHR Incentive Program, the federal statute authorizes eligible professionals attesting to Modified Stage 2 MU in 2017 to submit data to the cancer registry via CEHRT or other electronic means	EPs planning to report to the cancer registry in Program Year 2016 are required to complete NH's cancer registry registration form within 60 days of the start of their attestation period. . For more information on the Registry, please visit their website at: http://geiselmed.dartmouth.edu/nhscr/ NH Statutes - RSA 141-C:7 Administrative Rules He-P 304 . For information on specifications for providers to use as guidance for reporting cancer cases, please visit the HL7.org website at http://www.hl7.org/implement/standards/product_brief.cfm?product_id=383 For the purposes of the Medicaid EHR Incentive Program, EPs that diagnose or treat any disease or condition associated with, or collect, relevant cancer registry data during the EHR reporting period may submit data via CEHRT or electronic means. EPs that submit data by paper are not considered meaningful users and may not claim active engagement or exclusion to this measure. EPs that do not diagnose or treat any disease or condition associated with, or collect, relevant cancer registry data during the EHR reporting period may claim exclusion as applicable. NH DPHS will provide supporting documentation to verify that EPs that are in active engagement with the cancer registry either by CEHRT or electronic means during the EHR reporting period.

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Eligible Professionals (EP)

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EPs attesting for MU3 (optionally in 2017 or 2018 and beyond) have five measure options; Stage 3: Objective 8: Public Health and Clinical Data Registry Reporting.

To meet MU3, Objective 8: Public Health and Clinical Data Registry Reporting, EPs must meet two measures,

Objective	Stage	Measure	Explanation	State Status	Additional Information
Stage 3 Objective 8: Public Health and Clinical Data Reporting	Stage 3	Measure 1 – Immunization Registry Reporting	The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS)	NH DPHS is not accepting Stage 3 immunization data from EPs for 2017. If reporting in NH, EPs may claim exclusions for this measure when attesting for meaningful use, as applicable	ONC-Adopted Standard(2015 CEHRT) HL7 2.5.1 HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5 (October 2014) and Addendum (July 2015)
Stage 3 Objective 8: Public Health and Clinical Data Reporting	Stage 3	Measure 2 – Syndromic Surveillance Reporting	The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	NH DPHS is not accepting Stage 3 syndromic surveillance data for 2017.	
Stage 3 Objective 8: Public Health and Clinical Data Reporting	Stage 3	Measure 3 – Electronic Case Reporting	The EP is in active engagement with a public health agency to submit case reporting of reportable conditions	NH DPHS is not accepting Stage 3 Public Health Electronic Case Reporting from EPs for 2017.	

Eligible Professionals (EP)

Meaningful Use 2015 through 2017 providers have the option of attesting to the Stage 3 measures in 2017. The EHR reporting period for EPs attesting to Stage 3 in 2017 will be 90 days, whereas providers who choose to attest to Modified Stage 2 in 2017 will have a full calendar year EHR reporting period.

EPs attesting for MU3 (optionally in 2017 or 2018 and beyond) have five measure options; Stage 3: Objective 8: Public Health and Clinical Data Registry Reporting.

To meet MU3, Objective 8: Public Health and Clinical Data Registry Reporting, EPs must meet two measures,

Stage 3 Objective 8: Public Health and Clinical Data Reporting	Stage 3	Measure 4 – Public Health Registry Reporting	The EP is in active engagement to submit data to public health registries	NH DPHS is not accepting Stage 3 Public Health Registry Reporting from EPs for 2017.	Cancer case reporting from EPs to State Cancer Registry-HL7 CDA® Release 2 Implementation Guide: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, Release 1; DSTU Release 1.1, U.S. Realm) (EP Only)
Stage 3 Objective 8: Public Health and Clinical Data Reporting	Stage 3	Measure 5 – Clinical Data Registry Reporting	The EP is in active engagement to submit data to a clinical data registry	NH DPHS is not accepting Stage 3 Clinical Data Registry Reporting from EPs for 2017.	

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/>

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/>