

PHA to Provider Correspondence - Example Templates

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Acknowledgements

The example communication templates included in this document were contributed by members of the Stage 2 Meaningful Use Public Health Reporting Requirements Task Force. We would like to acknowledge and thank the Task Force members for providing and agreeing to share these examples with other public health agencies and practitioners.

PHA to Provider Correspondence - Example Templates

PHA #1

Registration Complete

<Today's Date>

TO: <Hospital Name>
 <Street Address>
 <City, State, Zip Code>

FROM: <PHA Sender>
 <PHA Sender Title>

SUBJECT: Electronic Laboratory Reporting to the <Public Health Agency Name>

As of <Date of Registration> the <Hospital Name, City, State> has completed their online registration of intent to submit laboratory reporting data according to <Jurisdiction Statutes/Codes Reference> via an electronic interface.

The <Public Health Agency Name> appreciates your effort to institute electronic lab reporting capability and we look forward to continued collaboration to implement electronic laboratory reporting in accordance with the communicable disease reporting guidelines of <Jurisdiction>. Please retain this notification for your records.

Next Steps:

1. <List of Next Steps>

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Invitation to Onboard

<Today's Date>

TO: <Hospital Name>
 <Street Address>
 <City, State, Zip Code>

FROM: <PHA Sender>
 <PHA Sender Title>

SUBJECT: Electronic Laboratory Reporting to the <Public Health Agency Name>

As of <Date of Registration> the <Hospital Name, City, State> has completed their online registration of intent to submit laboratory reporting data according to <Jurisdiction Statues/Codes Reference> via an electronic interface.

As of <Today's Date>, the <Public Health Agency Name> would like to invite the <Hospital Name> to begin the onboarding process to implement an electronic laboratory reporting interface for the reporting of reportable laboratory data according to <Jurisdiction Statues/Codes Reference>.

The <Public Health Agency Name> appreciates your effort to institute electronic lab reporting capability and we look forward to continued collaboration to implement electronic laboratory reporting in accordance with the communicable disease reporting guidelines of <Jurisdiction>. Please retain this notification for your records.

PHA to Provider Correspondence - Example Templates

Successful Test Documentation

<Today's Date>

TO: *<Hospital Name>*
 <Street Address>
 <City, State, Zip Code>

FROM: *<PHA Sender>*
 <PHA Sender Title>

SUBJECT: Electronic Laboratory Reporting to the *<Public Health Agency Name>*

As of *<Date Message Sent>* the *<Hospital Name, City, State>* has submitted at least one successful electronic message containing clinical laboratory results on a reportable condition specified in the *<Jurisdiction's Reportable Conditions Statute/Code>*.

The electronic message was received by the *<Public Health Agency Name>* on *<Date Message Received>*. For the purposes of the *<Public Health Agency Name>*, this electronic submission of clinical laboratory results met the requirements in the HL7 version 2.5.1 Implementation Guide specified in the 2014 Edition EHR certification criteria at §170.205(g) for the electronic transmission of lab results to public health agencies.

The *<Public Health Agency Name>* appreciates your effort to institute electronic lab reporting capability and we look forward to continued collaboration to implement electronic laboratory reporting in accordance with the communicable disease reporting guidelines of *<Jurisdiction>*. Please retain this notification for your records.

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Go Live Documentation

<Today's Date>

TO: *<Hospital Name>*
 <Street Address>
 <City, State, Zip Code>

FROM: *<PHA Sender>*
 <PHA Sender Title>

SUBJECT: Electronic Laboratory Reporting to the *<Public Health Agency Name>*

As of *<Date Message Sent>* the *<Hospital Name, City, State>* has submitted at least one successful electronic message containing clinical laboratory results on a reportable condition specified in the *<Jurisdiction's Reportable Conditions Statute/Code>*.

The electronic message was received by the *<Public Health Agency Name>* on *<Date Message Received>*. For the purposes of the *<Public Health Agency Name>*, this electronic submission of clinical laboratory results met the requirements in the HL7 version 2.5.1 Implementation Guide specified in the 2014 Edition EHR certification criteria at §170.205(g) for the electronic transmission of lab results to public health agencies.

As of *<Go Live Date>* the *<Hospital Name, City, State>* has successfully implemented on-going electronic transmissions of clinical laboratory information to the *<Public Health Agency Name>*.

The *<Public Health Agency Name>* appreciates your effort to institute electronic lab reporting capability and we look forward to continued collaboration to implement electronic laboratory reporting in accordance with the communicable disease reporting guidelines of *<Jurisdiction>*. Please retain this notification for your records.

PHA to Provider Correspondence - Example Templates

First Instance of Failure to Respond to a PHA Written Request for Action

<Today's Date>

TO: <Hospital Name>
 <Street Address>
 <City, State, Zip Code>

FROM: <PHA Sender>
 <PHA Sender Title>

SUBJECT: Electronic Laboratory Reporting to the <Public Health Agency Name>

This letter is to inform, <Hospital Name, City, State> that at least 30 days have passed without the <Public Health Agency> (<PHA Abbr.>) receiving a response to its written request for action regarding the on-boarding process for implementing electronic laboratory reporting to meet Meaningful Use sent on <Date of Last Communication>. We are requesting that you take action in order to continue the on-boarding process with <PHA Abbr.>.

Please note that according to meaningful use guidelines, providers who fail to respond to written requests for action within 30 days on two separate occasions, and do not proceed with the onboarding process, may not meet the Stage 2 meaningful use objective.

For additional information please contact <PHA Email>.

PHA to Provider Correspondence - Example Templates

Second Instance of Failure to Respond to a PHA Written Request for Action

<Today's Date>

TO: <Hospital Name>
 <Street Address>
 <City, State, Zip Code>

FROM: <PHA Sender>
 <PHA Sender Title>

SUBJECT: Electronic Laboratory Reporting to the <Public Health Agency Name>

This letter is to inform, <Hospital Name, City, State> that at least 30 days have passed without the <Public Health Agency> (<PHA Abbr.>) receiving a response to its written request for action regarding the on-boarding process for implementing electronic laboratory reporting to meet Meaningful Use sent on <Date of Last Communication>. We are requesting that you take action in order to continue the on-boarding process with <PHA Abbr.>.

This is the second instance of <Hospital Name, City, State> failing to respond to our written request for action within a 30 day time frame. The first written request for action was sent on <Date of First No Response Communication>. We are requesting that you take action in order to continue the onboarding process with <PHA Abbr.>.

Please note that according to meaningful use guidelines, providers who fail to respond to written requests for action within 30 days on two separate occasions, and do not proceed with the onboarding process, may not meet the Stage 2 meaningful use objective.

For additional information please contact <PHA Email>.

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PHA #2

Stage 1 Test Submission

Subject- Stage 1 Meaningful Use Test Submission: <Objective>

This letter is to confirm that <hospital/practice name> performed at least one test of its capacity to submit electronic data to the <Public Health Agency> (<PHA Abbr.>) on <Stage 1 test submission date> for Stage 1 of the following meaningful use public health objective: <objective>.

<PHA Abbr.> appreciates your effort to implement the electronic exchange of health data to improve the health of citizens in <Jurisdiction>. The <PHA Abbr.> <objective> team may provide you feedback on the test submission. Please retain a copy of this email for your records.

For additional information please contact <PHA Email>.

PHA to Provider Correspondence - Example Templates

Registration Confirmation

=====

Subject- Electronic Data Submission Registration Confirmation

This letter is to confirm that *<hospital/practice name>* successfully registered with the *<Public Health Agency>* (*<PHA Abbr.>*) Electronic Data Submission Registration System on *<registration date>*. Registration of intent to submit public health data is required for Stage 2 meaningful use and encouraged by *<PHA Abbr.>* for Stage 1 meaningful use.

The *<PHA Abbr.>* meaningful use team will review your registration and contact you to start the pre-testing and onboarding process with *<PHA Abbr.>*. Information regarding the pre-testing and onboarding process with *<PHA Abbr.>* can be found at *<PHA website>*. Select the relevant program(s) to access information and resources for pre-testing and preparing for electronic data submission.

Please retain a copy of this email for your records.

The following is a summary of the registration

<Insert summary page of registration>

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PHA to Provider Correspondence - Example Templates

Notification of Provider Being In Queue

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Subject- Meaningful Use Notification of Queue: <Objective>

This letter is an official notice from the <Public Health Agency> (<PHA Abbr.>) to notify <hospital/practice name> has been placed in a queue waiting for an invitation to begin onboarding for meaningful use public health objective: <objective>. During this time in queue, providers are strongly encouraged to begin the pre-testing activities to prepare for electronic data submission; pre-testing information and resources are located at <PHA website for objective>.

Please retain a copy of this email for your records.

For additional information please contact <PHA Email>.

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PHA to Provider Correspondence - Example Templates

Registration Confirmation and Queue Notification - Immunization

Subject: Confirmation of Registration and Pre-Testing: <hospital/practice name> Immunization Reporting

This is an official notice from the <IIS Name> (<IIS Abbr.>) to confirm that <hospital/practice name> has been placed in a queue waiting for an invitation to begin onboarding.

At this time please complete the <IIS Abbr.> Data Exchange Pre-Testing Materials, located at: <IIS Website>

Once you have completed these items <IIS Abbr.> will prioritize organizations to receive an invitation to onboard. Factors influencing priority status include:

- Completion of <IIS Abbr.> Pre-Testing Materials
- Enrollment in the VFC Program,
- Administration of a high volume of immunizations,
- Submission of data for multiple organizations,
- Organization type (in general primary care providers will be prioritized over specialty clinics), and
- Preferences for data submission format and transport protocol (web services is strongly recommended).

If you have questions please refer to <IIS Abbr.> data submission and exchange resources at <IIS Website> or contact the <IIS Abbr.> Help Desk at <IIS Help Desk email>.

Please retain a copy of this email for your records.

<IIS Name and/or Contact>

PHA to Provider Correspondence - Example Templates

Invitation to Onboard

Subject- Meaningful Use Invitation to Onboard: <Objective>

This letter is an official invitation from the <Public Health Agency> (<PHA Abbr.>) for <hospital/practice name> to initiate onboarding activities to establish ongoing electronic data submission for the following meaningful use public health objective: <objective>. Information regarding the meaningful use onboarding process with <PHA Abbr.> can be found at <PHA website>.

Please retain a copy of this email for your records.

You must contact the person below in order for the onboarding process to be considered initiated by <PHA Abbr.>:

<PHA Program Contact Info>

Invitation to Onboard - Immunization

Subject- Invitation to Onboard: <hospital/practice name> Immunization Reporting

This letter is an official invitation from the <IIS Name> (<IIS Abbr.>) for <hospital/practice name> to initiate onboarding activities to establish or modify ongoing electronic data submission for immunizations. Information regarding the <IIS Abbr.> onboarding process can be found at <IIS website>.

Your (<IIS Abbr.> onboarding contact is <IIS contact>; you should expect to hear from them shortly. In the meantime if you have any questions feel free to contact them.

Please retain a copy of this email for your records.

<IIS Contact Info>

PHA to Provider Correspondence - Example Templates

Ongoing Submission Achieved

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Subject- Meaningful Use Ongoing Data Submission Achieved: <Objective>

This letter is to confirm that <hospital/practice name> achieved ongoing electronic data submission with the <Public Health Agency> (<PHA Abbr.>) on <in production date> for the following meaningful use public health objective: <objective>. Thank you for partnering with <PHA Abbr.> to support the exchange of electronic health data to improve the health of citizens in <Jurisdiction>.

Please retain a copy of this email for your records.

For additional information please contact <PHA Email>

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PHA to Provider Correspondence - Example Templates

End of Reporting Period Status Notification

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Subject- Meaningful Use Status Achieved at End of Reporting Period: <Objective>

This letter is to confirm that <name of hospital/practice> achieved the <Public Health Agency> (<PHA Abbr.>) MU Status of <status> at the end of their reporting period, <reporting period begin date> – <reporting period end date>, for <MU stage> of the following meaningful use public health objective: <objective>. Thank you for partnering with <PHA Abbr.> to support the exchange of electronic health data to improve the health of citizens in <Jurisdiction>.

Please retain a copy of this email for your records.

<PHA Abbr.> MU Statuses in order are: Registered, Invited to Onboard, Testing and Validation, In Production

For Stage 1 meaningful use (MU), providers should reach the “Testing and Validation” status in order to meet the objective, while in Stage 2 providers must demonstrate ongoing progress towards the “In Production” status in order to meet the objective.

For more information on <PHA Abbr.> MU Statuses, please see our webpage: <PHA Website>.

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First Instance of Failure to Respond to a PHA Written Request for Action

Subject- Meaningful Use Request for Action, 1st Notice: <Objective>

This letter is to inform <name of hospital/practice> that at least 30 days have passed without the <Public Health Agency> (<PHA Abbr.>) receiving a response to its <last communication date> written request for action regarding the onboarding process for the following meaningful use public health objective: <objective>. We are requesting that you take action in order to continue the onboarding process with <PHA Abbr.> for meaningful use.

Please note that according to meaningful use guidelines, providers who fail to respond to written requests for action within 30 days on two separate occasions, and do not proceed with the onboarding process, may not meet the Stage 2 meaningful use objective.

For additional information please contact <PHA Email>.

First Instance of Failure to Respond to a PHA Written Request for Action - Immunization

Subject- Meaningful Use Request for Action, 1st Notice: <hospital/practice name> Immunization Reporting

This letter is to inform <name of hospital/practice> that at least 30 days have passed without the <IIS Name> (<IIS Abbr.>) receiving a response to its <last communication date> written request for action regarding the onboarding process for the immunization submissions meaningful use public health objective. We are requesting that you take action in order to continue the onboarding process with <IIS Abbr.> for meaningful use.

Please note that according to meaningful use guidelines, providers who fail to respond to written requests for action within 30 days on two separate occasions, and do not proceed with the onboarding process, may not meet the Stage 2 meaningful use objective.

For additional information please contact <IIS Email>.

PHA to Provider Correspondence - Example Templates

Second Instance of Failure to Respond to a PHA Written Request for Action

Subject- Meaningful Use Request for Action, 2nd Notice: **<Objective>**

This letter is to inform *<name of hospital/practice>* at least 30 days have passed without the *<Public Health Agency>* (*<PHA Abbr.>*) receiving a response to its *<last communication date>* written request for action regarding the onboarding process for the following meaningful use public health objective: *<objective>*.

This is the second instance of *<name of hospital/practice>* failing to respond to our written request for action within a 30 day time frame. The first written request for action was on *<30 day notice date (1)>*, followed by our second written request on *<30 day notice date(2)>*. We are requesting that you take action in order to continue the onboarding process with *<PHA Abbr.>* for meaningful use.

Please note that according to meaningful use guidelines, providers who fail to respond to written requests for action within 30 days on two separate occasions, and do not proceed with the onboarding process, may not meet the Stage 2 meaningful use objective.

For additional information please contact *<PHA Email>*.

PHA to Provider Correspondence - Example Templates

Acknowledgement File - Instructions

[NOTE: These instructions are posted as a webpage in the <Public Health Agency> registration site]

Acknowledgement Files

The <Public Health Agency> (<PHA Abbr.>) posts Testing and Ongoing Submission Acknowledgements to this page once a quarter. Testing and Ongoing Submission Acknowledgements will no longer be emailed. The Acknowledgements are cumulative, meaning that each file contains all Testing and Ongoing Submission Acknowledgements to date for that program. Each public health program (Cancer, Immunizations, Reportable Lab Results, and Syndromic Surveillance) has its own Acknowledgements file. <PHA Abbr.> provides Acknowledgements for each site (hospital or clinic) and does not provide Acknowledgements for an entire organization.

Please read all of the information on this page prior to contacting <PHA Abbr.> about the Acknowledgements.

What is in each program file:

- Each program's file lists the organizations that are registered for that program objective.
- "Organization" is the legal entity. This may or may not be the same as the "Site/EP."
 - If an organization registers for several hospitals and/or clinics under the same ownership, there will be an entry under that organization for each hospital and/or clinic.
- "Site/EP" can mean a hospital, clinic, or individual Eligible Professional (EP) depending on how the registration was done.
 - Acknowledgements for hospitals and clinics cover all Eligible Professionals who work at that site.
 - Acknowledgements are only given for individual Eligible Professionals if they registered individually instead of under a hospital or clinic.
- "Test Date" is the date that a test data transmission occurred from the organization to the program.
- "Ongoing Submission Date" is the date that the organization established ongoing data submission to the program.
- If a date cell is marked "Not yet," that means that the organization is registered for the objective but has not done testing and/or achieved ongoing submission.
 - For more information on how to meet a Meaningful Use Public Health Objective, visit the <PHA MU Website> page.
- Each column heading has a filter. You can use this filter to show only Acknowledgements for your organization.

Important notes:

- You may download and save these files for your records. Note: these files are cumulative therefore all information will be preserved in subsequent file versions so it is not necessary to save the files.
- Only EPs and clinics may register for the Cancer objective. Therefore, only EPs and clinics are listed in the Cancer Acknowledgements file.
- Only hospitals may register for the Reportable Lab Results objective. Therefore, only hospitals are listed in the Reportable Lab Results Acknowledgements file.
- If an organization and/or site or EP is not listed in a program's Acknowledgements file, it is not registered for that program.
 - HOWEVER: If you registered with <PHA Registration Application> but did not provide correct or complete registration information (you would be notified by the <PHA Group/Team> of this), your organization is not listed in any Acknowledgement files.

If you believe that the Acknowledgements are incorrect or incomplete for your organization, send an email to <PHA Email>. Please provide documentation when possible. Any edits to the Acknowledgements files will be included in the next quarterly posting.

PHA to Provider Correspondence - Example Templates

PHA #4

Written Confirmation of Status

To:

From: <Public Health Agency>

Date:

Subject: Meaningful Use Reporting Measures for Transmitting Immunization Data

This notice serves as written confirmation of your Meaningful Use status with the <IIS Name> (<IIS Abbr.>) as of the date listed above.

This notice also serves as your official invitation to proceed beyond your initial MU test message, to begin testing and validation for stage 2 Meaningful Use, and to move to ongoing submission with <IIS Abbr.>.

The table below identifies your Meaningful Use onboarding status and the actions required to continue onboarding with <IIS Abbr.>. Please keep a copy of the most recent version of this letter for your MU records in the event of an audit by the Centers for Medicare and Medicaid Services (CMS) or <State> Medicaid.

Status	MU Onboarding Descriptions		Action Required
(<Jurisdiction>'s mu tracking database will automatically mark the status the provider's status)	Stage 1, year 1	One successful test message	E-mail <PHA Email> to register your intention to participate in follow-up submission
	Stage 1, year 2	Active follow up submission	Continue to participate in the onboarding process
	Stage 2, status 1	Already achieved ongoing submission in Stage 1	Continue to send immunization data in the required format
	Stage 2, status 2	Registered intent and ongoing submission achieved	Continue to send immunization data in the required format
	Stage 2, status 3	Registered intent and in testing and validation	Continue to follow the onboarding testing and validation process
	Stage 2, status 4	Failed to respond to respond to electronic requests for action within 30 days on two separate occasions	Respond to the electronic requests

The following table displays the individual providers engaged in the <IIS Abbr.> Meaningful Use onboarding process:

Provider Site Name	National Provider Identifier Number (NPI)	Eligible Professional Name
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The public health community applauds your efforts in the adoption of health information technology to increase the health quality, safety, and effectiveness of the residents of the state of <Jurisdiction>.

PHA to Provider Correspondence - Example Templates

Other Templates

Written Confirmation of Status at End of EHR Reporting Year

To: <Provider / Hospital>

From: <PHA Sender>
<PHA Sender Title>

Subject: Meaningful Use Status at the End of <CY/FY>2014 for the Public Health Objective: <Objective>

This notice serves as written confirmation of your Meaningful Use (MU) status with the <Public Health Agency> (<PHA Abbr.>) as of <9/30/2014 or 12/31/2014> for the MU Stage 2 Objective: <objective>.

Thank you for partnering with <PHA Abbr.> to support the exchange of electronic health data to improve the health of citizens in <Jurisdiction>. Please retain this notification for your records.

Key MU Stage 2 Milestones

MU Stage 2 Milestone	Yes/No	Date	Notes / Comments
Ongoing submission achieved in prior MU year and continued throughout current year	<Yes/No>	N/A	
Registration of Intent Received by <Public Health Agency>	<Yes/No>	<Date or N/A>	
Invitation to Onboard Sent by <Public Health Agency>	<Yes/No>	<Date or leave blank>	
Achieved ongoing electronic data submission to the <Public Health Agency>	<Yes/No>	<Date or leave blank>	

Written Request for Action Summary

The information below summarizes the written requests for action sent by <PHA Abbr.> to <provider / hospital> and response received.

Request for Action

Date Request Sent: <Date request was sent to provider/hospital>

Sent To: <Individual the request was sent to>

Request Description: <Short description of request or request subject>

Response Date: <Date of provider's/hospital's response>

Response Type: <e.g., "Complied with request", "Partially complied with request", "Did not comply with request">

Comments: <PHA Comments>

Request for Action

Date Request Sent: <Date request was sent to provider/hospital>

Sent To: <Individual the request was sent to>

Request Description: <Short description of request or request subject>

Response Date: <Date of provider's/hospital's response>

Response Type: <e.g., "Complied with request", "Partially complied with request", "Did not comply with request">

Comments: <PHA Comments>

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PHA to Provider Correspondence - Example Templates

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