



Meaningful Use Stage 2 Public Health Agency Readiness

Recommended Functionality for Registration of Intent and On-Boarding Processes

Developed by the Stage 2 Meaningful Use Public Health Reporting Requirements Task Force

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The Task Force welcomes comments on this document. Please send all comments to meaningfuluse@cdc.gov. The Task Force reserves the right to modify this document.

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1 Background

The Stage 2 Meaningful Use (MU2) “Final Rules” published in the Federal Register on September 4, 2012, require local and state public health agencies (PHAs) to ramp-up their Meaningful Use (MU) capabilities and establish new processes to receive the relevant public health data from eligible professionals, hospitals, and critical access hospitals (collectively referred to as Provider or Providers in this document). The Task Force has developed guidance, including this business requirements document, to help Public Health Agencies (PHA) prepare for MU2. Additional guidance documents address the new objectives and processes suggested in the regulations:

- Publicizing which MU objectives they will support and sharing this information with the proposed Centers for Medicare & Medicaid (CMS) centralized PHA capacity repository (*Declaration of Readiness process*),
- Registering Providers that plan to submit data to a PHA for MU objectives (*Registration of Intent process*),
- Testing and validating on-going data submissions from Providers (*On-Boarding process*),
- Providing a written communication (which may be in an electronic format) to Providers that have achieved ongoing submission of data relevant to MU public health measures (*Acknowledgments process*).

This business requirements document is intended for a technical audience that might be tasked with developing tools to support a PHA’s *Registration of Intent* and *On-Boarding* processes. For additional background, please see the *Meaningful Use Stage 2 Public Health Agency Readiness Guidance and Recommendations* documents developed by the Task Force (Available at: <http://www.phconnect.org/group/ph-reporting-task-force>).

2 Registration of Intent and On-Boarding Overview

Providers that intend to meet MU2 public health objectives must register their intent to do so with the PHA to which the Provider intends to submit data. Providers must register their intent with the PHA no later than the 60th day from the start of their EHR reporting period (see the Registration of Intent section in the *Meaningful Use Stage 2 Public Health Agency Readiness Guidance and Recommendations* document for additional details). Therefore, PHAs that are accepting the submission of data for any of the MU2 public health objectives will need to have a process established to register these Providers. PHAs should plan to have their registration process available by 10/01/2013¹.

In MU2, on-going submission of electronic data for immunizations is in the core (i.e., mandatory) set for eligible professionals (EPs) and on-going submission of electronic data for immunizations, reportable laboratory results, and syndromic surveillance is in the core set for eligible hospitals and critical access hospitals (EHs). In addition, EPs have menu (i.e., optional) objectives for reporting syndromic data, and for reporting to cancer or other specialized registries (e.g., birth defects registries, chronic disease registries, traumatic injury registries).

¹ For 2014 (the first year of MU2), the earliest reporting period for eligible hospitals and critical access hospitals begins on 10/01/2013, and for eligible professionals on 01/01/2014.

On-Boarding refers to testing and validating on-going data submissions from Providers (see the On-Boarding section in the *Meaningful Use Stage 2 Public Health Agency Readiness Guidance and Recommendations* document for additional details). There are four scenarios or criteria that will satisfy the MU2 measure of ongoing submission:

- Provider's ongoing submission was already achieved in the previous reporting period and continues throughout the current reporting period;
- Provider registers their intent to initiate ongoing submission with the PHA (within 60 days of the start of the reporting period) and ongoing submission was achieved;
- Registration of intent to initiate ongoing submission was made by the deadline and the Provider is still engaged in testing and validation; and
- Provider registers their intent to initiate ongoing submission and is awaiting an invitation from the PHA to begin testing and validation.

There are two scenarios for which the Provider will not meet the measure:

- Provider fails to register their intent by the deadline; or
- Provider fails to participate in the On-Boarding process as demonstrated by failure to respond to the PHA's written requests for action within 30 days on two separate occasions.

Ultimately, it is the PHA's role to register Providers that intend on submitting data, facilitate the Provider's On-Boarding process, and provide acknowledgments to Providers that successfully submit data. It is not the role of the PHA to determine if a Provider has failed an MU2 objective, achieved meaningful use, or is entitled to an incentive payment. Rather, the PHA should record and document the communications they have with Providers and encourage Providers to retain those communications for their subsequent attestation process with the US Centers for Medicare and Medicaid (CMS).

This document describes recommended business requirements for tools designed to facilitate the Registration of Intent and On-Boarding processes. These business requirements are augmented with task flow diagrams and process narratives, along with recommended data elements to capture from Providers when they register their intent to submit data.

Processes have been defined generally with respect to specific public health objectives. Specifics relating to ELR, syndromic surveillance, immunization, cancer, and other specialized registries will be addressed by individual PHAs or future material from the Task Force. PHAs may want to modify existing procedures established for Meaningful Use Stage 1 (MU1) based on guidance provided in this document. Also, many of the tasks described in this document could be applied to Providers seeking to meet MU1 objectives.

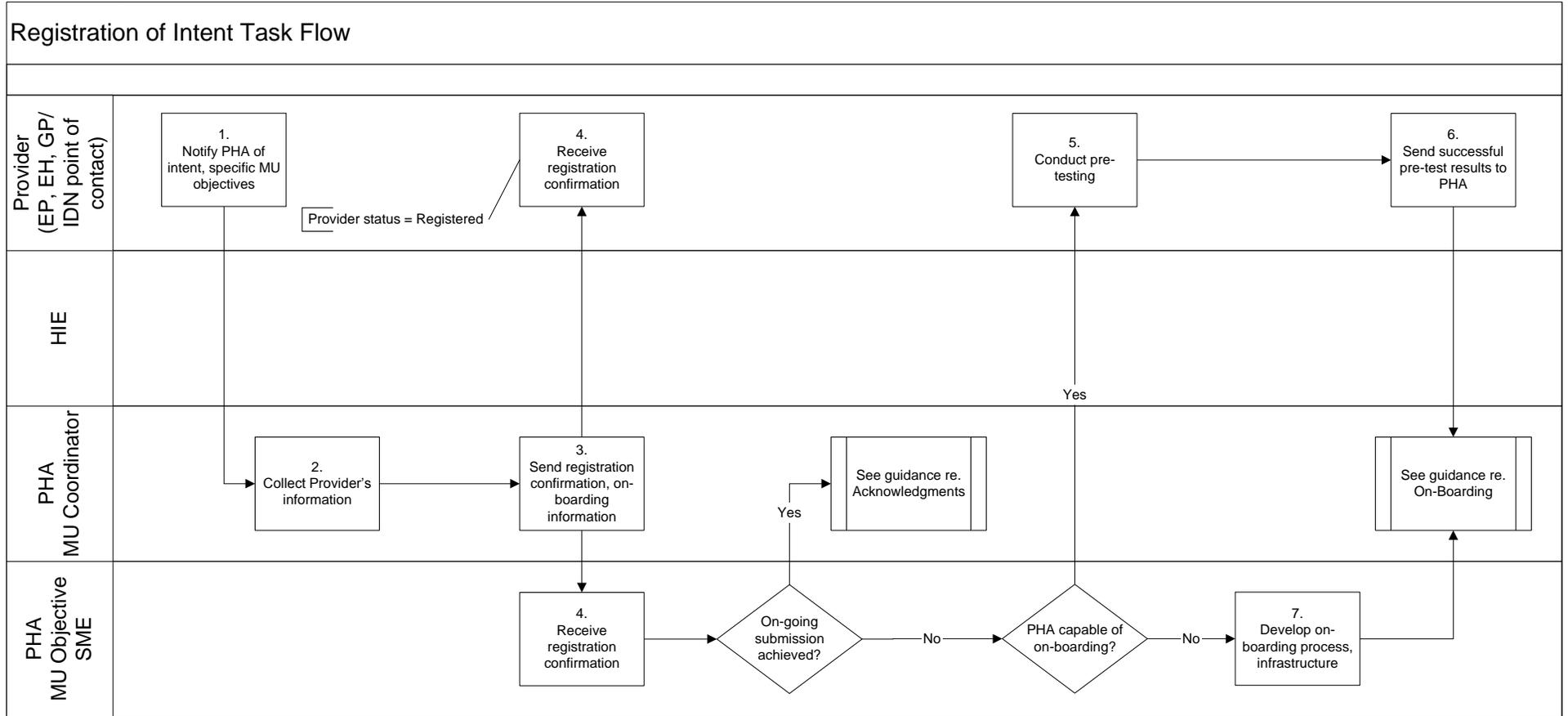
2.1 Registration of Intent

- **PHA Objective:**
 - Provider registers with the PHA as an entity that intends on attesting to one or more MU public health objectives.
- **Outcomes:**
 - PHA has information on Providers that plan on submitting data to meet MU

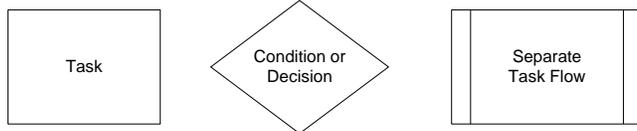
objectives

- Providers have the information they need to begin On-Boarding
- **Entities/Roles**
 - Provider: a healthcare entity seeking to meet an MU public health objective. Provider could be an eligible professional (EP), eligible hospital or critical access hospital (EH), group practice (GP), or integrated delivery network (IDN).
 - HIE: a health information exchange, which can act as an intermediary between a Provider and a Public Health Agency (PHA).
 - PHA MU Coordinator: a Public Health Agency Meaningful Use coordinator is a recommended role tasked with facilitating communications between the Public Health Agency (PHA) and Providers.
 - PHA MU Objective SME: a Public Health Agency Meaningful Use Objective Subject Matter Expert, typically PHA staff from a programmatic area involved in MU. These include staff from immunizations, syndromic surveillance, reportable conditions (for electronic lab reporting), cancer or other specialized registries. Providers may work on technical issues with these SMEs during On-Boarding.

2.1.1 Registration of Intent - Task Flow



Legend:



2.1.2 Registration of Intent - Main Tasks

- **Main Tasks (see Registration of Intent task flow diagram):**
 1. Provider notifies the PHA of MU intent
 - a. The Provider contacts the PHA and notifies them that he/she intends to satisfy MU public health objectives.
 - b. According to MU2 regulations, if Provider fails to register their intent before the deadline then they will fail to meet the public health (PH) measure.
 - c. However, it is not the PHA's role to evaluate whether or not the Provider is registering before the deadline. Rather, the PHA registers the Provider and records the date and time of registration.
 - d. Provider could notify the PHA on separate occasions to indicate their intent to meet the various PH measures.
 2. PHA collects information from the Provider
 - a. See recommended data elements the PHA should consider capturing (below).
 - b. Registration of intent process and Provider data elements captured at registration should support all MU stages and PH objectives.
 - c. With respect to Provider Group Practices (GPs) and Integrated Delivery Networks (IDNs), it is recommended the PHA interact with a GP or IDN point of contact that will distribute communications (requests for actions, Acknowledgements, etc.) to individual Providers.
 - i. PHAs are not expected to interact on an individual basis with Eligible Providers (EPs) or Eligible Hospitals (EHs) in GPs or IDNs.
 - d. PHA should consider designating an MU Coordinator to facilitate registration of intent activities across PH objectives. In this scenario, a Provider would register once and, during registration, indicate which PH MU measures they intend to achieve. It's possible that a given Provider will need to register with more than one PHA (e.g., Provider A registers their intent to meet ELR and immunizations objectives with a state PHA and registers their intent to meet syndromic surveillance objective with a local PHA). State and local PHAs are encouraged to coordinate their MU activities.
 - e. PHA MU Coordinator can later direct the Provider to PHA SMEs for specific on-boarding guidance based on MU objectives.
 - f. Consider links to MU resources from PHA's registration site.
 - i. Resources could include PHA's implementation guides, test procedures.
 - g. PHA should consider leveraging any similar registration infrastructure already in place (e.g., pre-existing provider registration tools for immunization registry or MU1).
 3. PHA sends registration confirmation and on-boarding information to Provider
 - a. PHA will need to maintain a record of the Provider's registration.
 - b. PHA's tracking system should indicate Provider's registration status (e.g.,

- status value of “Registration Complete”).
- c. On-boarding information the PHA needs to give Providers when they register:
 - i. Contact information for PHA MU Objective SMEs
 - ii. Implementation guides
 1. Including transport options
 - iii. PHA’s reporting requirements
 - iv. Procedures for pre-testing (and testing, see below)
 1. Reportable condition message types to be tested
 2. Test validation resources (e.g., PHIN Message Quality Framework)
 - d. PHA sends registration confirmation to Provider even if the PHA is not ready for On-Boarding process.
4. Provider, PHA MU Objective SME receive registration confirmation
 - a. Both the Provider and PHA MU Objective SME(s) receive a confirmation that the Provider has registered their intent to meet MU PH objectives.
 - b. MU2 requires “on-going submission” of data to meet PH objectives. The PHA SME will verify whether or not the Provider has already achieved on-going submission for his/her particular objective². If so, and on-going submission continues throughout the current reporting period, an Acknowledgement may be sent (see related Acknowledgements process description below).
 5. Provider conducts pre-testing
 - a. Using implementation and testing guidance sent by the PHA, Provider conducts internal pre-testing for each PH objective:
 - i. Provider develops test messages
 - ii. Provider validates test messages using validation method specified by the PHA
 - iii. Provider addresses any identified errors
 6. Provider sends successful pre-test result(s) to the PHA
 - a. When Provider has achieved a successful pre-test he/she is ready for the On-Boarding process.
 7. PHA develops On-Boarding process, infrastructure
 - a. If the PHA is incapable of on-boarding a Provider for a particular MU PH objective, the PHA will need to develop its procedures and IT capacity (see the *Meaningful Use Stage 2 Public Health Agency Readiness Guidance and Recommendations* document for information).
 - i. In this case, the Provider, having registered their intent to meet a specific MU PH objective and awaiting an invitation from the PHA to begin testing and validation, meets the requirement for that PH objective.

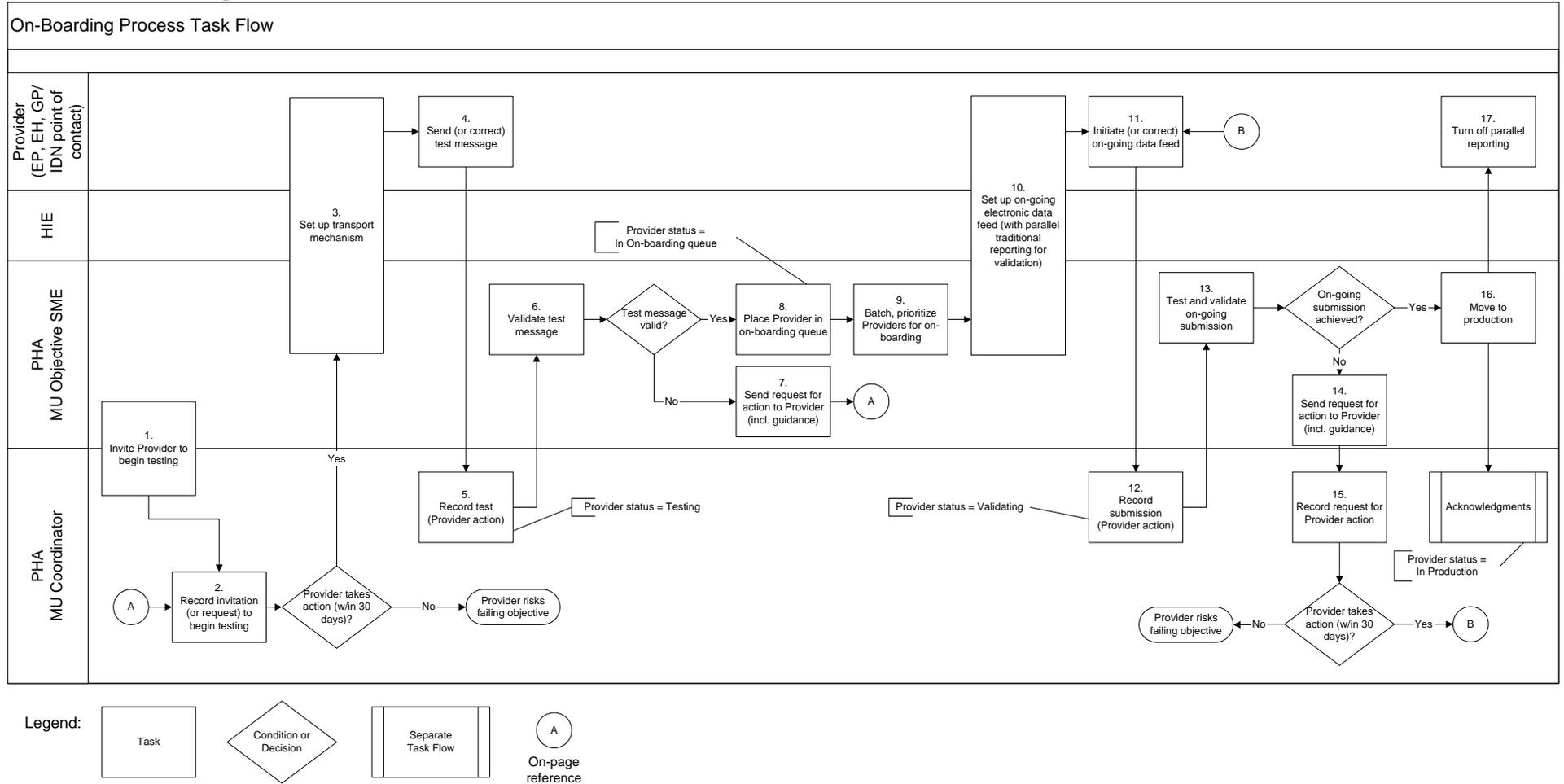
² It is the role of Public Health Agencies (PHAs) to determine if Providers are achieving data submission to public health (e.g., successful on-going submission for Stage 2). It is not the role of PHAs to ascertain Providers’ use of Certified EHR Technology (CEHRT) or to declare whether or not Providers have achieved Meaningful Use. See the resources listed at the end of this document for additional details.

- b. If the PHA is capable of on-boarding a Provider then proceed to the On-Boarding process.

2.2 On-Boarding

- **PHA Objective:**
 - Ensure Provider is capable of submitting data in a manner consistent with the requirements for MU PH objectives.
 - Test and validate data submissions from Providers.
- **Outcome (MU2):**
 - On-going submission of immunization data, syndromic surveillance data, electronic lab reports, cancer data, and specialized registry data.
- **Entities/Roles**
 - Provider: a healthcare entity seeking to meet a MU PH objective. Provider could be an eligible professional (EP), eligible hospital or critical access hospital (EH), group practice (GP), or integrated delivery network (IDN).
 - HIE: a health information exchange, which can act as an intermediary between a Provider and a Public Health Agency (PHA).
 - PHA MU Coordinator: a Public Health Agency Meaningful Use coordinator is a recommended role tasked with facilitating communications between the PHA and Providers.
 - PHA MU Objective SME: a Public Health Agency Meaningful Use Objective Subject Matter Expert, typically PHA staff from a programmatic area involved in MU. These include staff from immunizations, syndromic surveillance, reportable conditions (for electronic lab reporting), cancer or other specialized registries. Providers may work on technical issues with these SMEs during on-boarding.

2.2.1 On-Boarding Process - Task Flow



2.2.2 On-Boarding - Main Tasks

- **Main Tasks (see On-Boarding task flow diagram):**

The steps outlined below are provided as guidance for PHAs. These steps may be most applicable for Providers seeking to achieve ongoing submission of public health data. Revised or modified steps may be necessary in cases where Providers already submit data to PHAs.

Many PHAs already established On-Boarding processes they utilized for Providers in MU1. PHAs will need to determine details for the testing and validation of data submissions for MU2.

In general, the On-Boarding process is described from the perspective of one (generic) MU PH objective and its related data feed, testing, and validation routines. PHAs will likely be executing the process across multiple PH objectives simultaneously. The PHA should consider consolidating administrative and communication tasks with a PHA MU Coordinator.

1. PHA invites Provider to begin testing.
 - a. PHA needs to address MU PH objectives individually. This could entail:
 - i. Sending separate invitations to begin on-boarding per MU objective/measure.
 - ii. Provider beginning multiple, simultaneous On-Boarding processes with different PHA SMEs for different MU2 objectives.
 - b. The invitation to begin testing should be in writing to the Provider (not an EHR vendor) and clearly articulate the PHA's expectation. Importance of monitoring and responding to PHA's requests for action needs to be communicated to Providers. This will enable PHAs to leverage the MU 2 regulatory language stating a Provider can fail to meet the MU2 measure if they fail to response to PHAs written requests within 30 days on two separate occasions.
 - c. Testing and validation procedures need to be clearly delineated.
2. PHA records invitation to Provider (to begin testing)
 - a. Invitations are specific to a MU public health objective.
 - b. PHA needs to record date and time of invitation.
 - c. This task could repeat as the PHA requests Provider actions to resolve issues with test messages (see Task 7, below).
 - d. Provider takes action within 30 calendar days?
 - i. According to the MU2 regulations, a Provider fails to participate in the On-Boarding process by failing to respond to the PHA's written requests for action within 30 days on two separate occasions.
 - ii. However, it is not the PHA's role to bar the Provider from on-boarding as a consequence to any failure to respond. Rather, the PHA should record the dates and times of all communications with Providers, including the PHA's requests for action and Providers' responses.

- iii. PHA's will need to determine how vigorously they will pursue unresponsive Providers with repetitive requests for action.
 - iv. Records of the PHA communications to Providers and Provider's responses should also indicate the MU PH objective related to the request and response.
3. PHA and Provider set up a transport mechanism
 - a. Provider selects a transport mechanism from those the PHA indicates are available.
 - b. Provider and PHA collaborate on establishing data transport. HIEs may act as an intermediary, and if so, be involved in this collaboration.
4. Provider sends test message
 - a. PHA requests that the Provider send a test message based on the PHA's requirements.
 - i. These requirements should be described in implementation guides (E.g., via the established transport mechanism).
 - b. This task may repeat as Provider is asked to take corrective actions to resolve issues with unsuccessful test messages.
 - c. While MU1 only required a single test message, PHAs may request Providers attesting to MU2 send a test submission consisting of a batch of messages. This should help ensure data quality.
 - d. While implementing electronic reporting, Providers must continue traditional reporting practices until ongoing electronic reporting has been tested and validated (see Task 10, below).
5. PHA records Provider sent test message
 - a. PHA needs to track Provider actions such as the sending of test messages.
 - b. PHA's tracking system should indicate Provider's status in the On-Boarding process (e.g., status value of "Testing").
6. PHA validates Provider's test message
 - a. Messages will be validated against criteria outlined during Provider's registration and pre-testing.
 - b. Test message valid? If not, then the PHA requests that the Provider take action to correct and resubmit test message (see Task 7, below).
7. PHA sends request for action to Provider
 - a. PHA requests Provider take steps to resolve issues associated with unsuccessful test message.
 - b. PHA should provide corrective guidance to Provider.
 - c. PHA and Provider reiterate test message cycle. This includes the PHA recording the request for Provider to take corrective action (Task 2).
8. PHA places Provider in on-boarding queue
 - a. Provider is placed in an on-boarding queue after sending a valid test message.
 - b. PHA's tracking system should indicate Provider's status in On-Boarding process (e.g., status value of "In On-Boarding Queue")
 - c. Purpose of the on-boarding queue is to provide the PHA with an opportunity

- to plan for an efficient establishment of ongoing data submissions from Providers (see next task).
- d. PHA should communicate expected on-boarding queue wait time to Providers.
9. PHA batches and prioritizes Providers for on-boarding.
 - a. PHA may choose to set-up on-going electronic data feeds with Providers based on information Providers provided during their registration (see Registration of Intent process and related data elements).
 - b. For example, a PHA may wish to establish on-going electronic data feeds simultaneously with a group of Providers that share the same EHR system and seek to meet the same MU PH objectives.
 10. PHA and Provider set up an on-going electronic data feed to a test environment
 - a. When the Provider reaches the front of the on-boarding queue, the PHA will contact the Provider with details on validating on-going submission of electronic reports to the PHA's test environment (for IIS, SS, reportable conditions, or registry).
 - b. PHA communicates validation criteria to Provider (e.g., "as good or better" than traditional reports).
 - c. As the PHA and the Provider establish an on-going electronic data feed, the Provider will need to continue to meet public health reporting requirements. Typically, the Provider will do this by maintaining a parallel reporting process using their traditional PH reporting mechanism (e.g., fax, manual data entry, etc.).
 - d. Traditional reporting mechanisms can be used by the PHA as a parallel feed to validate electronic reports.
 - i. potential criteria: accuracy, completeness, timeliness, jurisdictional routing
 11. Provider initiates on-going data feed
 - a. Or, if the Provider has been requested to resolve issues with an unsuccessful on-going data feed, the Provider takes corrective action and re-initiates data feed.
 12. PHA records that the Provider initiated (or re-initiated) an on-going data feed.
 - a. PHA needs to track Provider actions such as initiating an on-going data feed.
 - b. PHA's tracking system should indicate Provider's status in On-Boarding process (e.g., status value of "Validating").
 13. PHA tests and validates on-going submission
 - a. On-going submission achieved? If yes, then the PHA will move the Provider's data feed to the production environment (see Task 16, below).
 14. PHA sends Provider a request for action
 - a. If Provider's on-going submission does not meet the PHA's validation requirements, then the PHA requests that the Provider take action to resolve issues with unsuccessful data submission.
 15. PHA records request for action sent to Provider
 - a. PHA needs to track Provider actions, such as correcting problems with an on-going data feed.

- b. Provider takes action within 30 calendar days?
 - i. According to the MU2 regulations, a Provider fails to participate in the On-Boarding process by failing to respond to the PHA's written requests for action within 30 days on two separate occasions.
 - ii. However, it is not the PHA's role to bar the Provider from on-boarding as a consequence to any failure to respond. Rather, the PHA should record the dates and times of all communications with Providers, including the PHA's requests for action and Providers' responses.
 - iii. PHA's will need to determine how vigorously they will pursue unresponsive Providers with repetitive requests for action.
 - iv. Records of PHA communications to Providers and Provider's responses should also indicate the MU PH objective related to the request and response.
16. PHA moves Provider's data feed to production environment.
 - a. When on-going submission of Provider's data feed passes the PHA's validation tests, the data feed is moved to the PHA's production environment.
17. Provider turns off parallel reporting
 - a. Providers with on-going submission to the production environment may discontinue parallel, paper-based feed.
 - b. Immediate reporting via telephone must continue as defined by the PHA's reporting requirements.
 - c. PHA's may consider periodically re-instating traditional parallel reporting as a quality assurance test of on-going electronic submission.

2.3 Acknowledgements

- **PHA Objective:**
 - Provide clear, concise communication that a Provider successfully met the MU requirements for a particular public health objective.
- **Outcomes:**
 - Provider has documentation that a MU public health objective has been achieved.

While the Task Force did not identify a detailed task flow for the Acknowledgments process, guidance to PHAs is offered in the Acknowledgments section in the *Meaningful Use Stage 2 Public Health Agency Readiness Guidance and Recommendations* document. Some of the content is provided here.

Acknowledgements are the official communications sent from PHAs to Providers that affirm a Provider has successfully submitted public health data for a Meaningful Use public health objective. For MU2, Providers must provide ongoing submission of actual patient data. This differs from MU1, which only requires a single test message.

The MU2 regulations allow for any written communication (which may be in electronic format) from the PHA affirming that the Provider was able to submit the relevant public health data to the PHA. The PHA will need to determine the type, format, and content of the written communication to provide. Also, the PHA may have a rationale for providing Acknowledgements in different formats

for different MU public health objectives. These format options could include:

- mailing/emailing a formal letter to the Provider
- publishing the names of Providers on the PHA’s website
- using automated acknowledgments generated by systems that are receiving the Provider’s data (e.g., HL7 acknowledgement (ACK) messages from immunization submissions)

The PHA will need to identify and assess potential issues, challenges, and limitations associated with any option being considered for providing written communications.

The acknowledgments should document that the Provider submitted the relevant public health data to the PHA, but **should not** state that a Provider has achieved meaningful use or met the public health objective; those determinations will be made by CMS during the Provider’s attestation process with CMS.

2.4 Recommend Business Requirement Functionality

Provider Interface	
Functional Recommendations	Rationale
Ability to access and complete online.	Streamlines submission.
Ability for Providers to register for multiple MU public health objectives.	Multiple registration systems/processes for separate MU public health objectives can be burdensome.
Registration instructions/checklist available prior to registration.	Assists with preparation.
NPI lookup functionality.	Searches NPI database or state site & retrieves most data elements.
Ability for Provider to establish a secure user account (with a user name and password).	Facilitates Provider’s updates to registration information.
Ability to register groups or individuals.	Accommodates for different types of practices.
Allows for uploading or other multiple Provider registration functionality.	Allows one designated person from the Provider’s organization to register multiple providers if tracking by the NPI.
Ability to securely save information and return to edit/update registration information.	Accommodates for Providers’ hectic schedules.
Ability to cancel Provider registration.	Facilitates Provider’s updates to registration information.
Ability to allow EHR Vendors to register.	Some PHA’s may wish to support EHR vendor registration.
Ability to display required steps and needed information prior to beginning registration.	Streamlines submission.
Ability to display all Provider information prior to submitting (for Provider’s confirmation).	Streamlines submission.
Displays progress (e.g., % complete) during completion.	Helpful for provider to know scope of application.
Ability to supply a Provider’s TIP Sheet or Checklist describing registration process and required information.	Typically PDF downloadable 1-pager; streamlines submission.

Ability to generate confirmation of registration.	When the Provider has submitted information for registration, the system provides confirmation that the registration was successful (and accepted by the PHA). It is important to indicate the registration date. Examples: Online notification indicating successful registration and instructing the Providers to Print or Save notification; Email sent to Provider confirming successful registration and instructions that Provider should retain the email to document their registration. Note: Providers will need some evidence that they successfully registered with the PHA as documentation to support their attestation.
Ability for user to query and confirm Provider registrations.	Facilitates registration process.
Ability for user to re-validate previously supplied Provider registration for future MU stages.	Consider ways to “future proof” registration tools for future MU stages.
Ability to generate an invitation to testing and validation.	If the PHA is ready for testing and validation, it eliminates the need to send another communication to invite the provider.
Free form Notes field for 'Other' information.	Allows providers to enter additional information.
PHA Administration Functions	
Functional Recommendations	Rationale
Ability to establish user accounts for PHA roles.	PHA roles include MU Coordinator and PHA Objective SME.
Ability to record Provider’s registration status.	Potential status values include: Information provided; Intent registered; Ready for on-boarding. See process descriptions above for additional potential Provider status values.
Ability to sort or queue registrations by date.	Enables PHA to prioritize for future testing and validation responses.
Ability to sort or queue registrations by public health system or MU objective.	Enables PHA to determine which PH MU Objective SME should receive the registration information.
Ability to edit and update registrations.	Enables administrative functions.
Ability to search by all fields in a record.	Enables quick access to a registration record.
Ability to generate and send individual or group e-mails.	Streamlines communication process.
Ability to export data/or generate reports: <ol style="list-style-type: none"> 1. Track number of Provider registrations 2. Track type of Provider registrations (EH, EPs, or CAHs) 3. Track the type of registrations by CEHRT 4. Track the number of Providers by MU stage 5. Track the number of Providers by ongoing submission status 	Provides important information on the volume and type of registrations to help with on-boarding decisions and provides information for future program planning.

Ability to send messages to registered Providers.	PHA messages to Providers could include: confirmation of registration; invitations to begin on-boarding; on-boarding guidance (implementation guides, etc.); acknowledgments of successful on-going submission of data.
Ability to record Providers' responses to PHA-initiated messages.	Helps the PHA understand the Provider's responsiveness to requests for actions.
Ability to alert user when Provider has not responded to a PHA-initiated message within configurable timeframes.	Helps the PHA understand the Provider's responsiveness to requests for actions.

2.5 Recommended Data Elements for Registration Systems

The following table identifies data elements PHAs should consider when establishing or modifying their registration system/process to support Provider registration for the MU2 public health objectives. This list is based on an analysis of the information currently being captured or requested by the systems/processes at ten state PHAs to register Providers wanting to submit data for Stage 1 MU public health objectives.

The following list of recommended data elements is not all inclusive; PHAs may wish to include additional elements. Also, PHAs may decide not to record some of these recommended data elements. PHAs are encouraged to determine their own needs and judge how to prioritize the data elements they'll capture.

Data Element	Rationale for Collection
Provider Name	Needed for Providers registering individually and not associated with a group.
Facility Name	Needed if the PHA tracks provider submissions by Facility Name and not individual providers.
Facility Location	Recommended for tracking submissions per site location (Stage 1 required 1 test message per physical location).
Facility City	Recommended for tracking submissions per site location (Stage 1 required 1 test message per physical location).
Facility County	Recommended for tracking submissions per site location (Stage 1 required 1 test message per physical location). This is also helpful if the PHA has regional boundaries for jurisdictional reporting.
Facility State	Recommended for tracking submissions per site location (Stage 1 required 1 test message per physical location).
Facility ZIP Code	Recommended for tracking submissions per site location (Stage 1 required 1 test message per physical location). This is also helpful if the PHA has regional boundaries for jurisdictional reporting.

Data Element	Rationale for Collection
Organization Primary Contact	The person coordinating meaningful use testing for the organization and responsible for receiving and responding to PHA requests for action. The contact responsible for coordinating correspondence between the PHA and the organization.
Primary Phone Number	Phone Number for the Organization Primary Contact responsible for coordinating correspondence between the PHA and the organization.
Primary Fax Number	Fax Number for the Organization Primary Contact responsible for coordinating correspondence between the PHA and the organization.
Primary Email	Email for the Organization Primary Contact responsible for coordinating correspondence between the PHA and the organization.
Provider Type	Eligible Hospital (EH) or Eligible Professional (EP) or Critical Access Hospital (CAH) - Registration path may vary between EPs verses EHs and CAHs. For example, cancer and specialized registry reporting is neither a core nor a menu option for EHs and CAHs. For EPs, electronic lab results is neither a core nor a menu option. PHA leadership will likely want to know MU registration and testing activity by provider type.
Individual NPI	Meaningful use attestation is tracked at the individual National Provider Identifier (NPI). If the PHA is collaborating with the state's Medicaid EHRs Incentive Program or CMS, the individual NPI is used to link the attestation information with the public health testing information for auditing purposes.
Group NPI	Many providers are enrolling for the incentive program using the Group National Provider Identifier (NPI) to meet the eligibility requirements. If the PHA is collaborating with the state's Medicaid EHRs Incentive Program or CMS, the Group NPI is used to link the attestation information with the public health testing information for auditing purposes.
Facility/Site ID	Unique identifier linking the registration database with the public health system. This is helpful if the PHA is using a separate system for recording the testing, validation and production status of the facility. Many Immunization Information Systems (IIS) do not have a unique identifier for an individual provider but have a unique identifier for the facility from which they receive immunization data.
HIE Affiliation	Helpful for the PHA to know if the provider belongs to an HIE, if the HIE is serving as the transport mechanism. The PHA can work directly with the HIE on transport issues.
Primary Technical Contact	The technical contact with whom the PHA will be working with during the testing and validation process. Often times it is the Provider's EHR vendor.

Data Element	Rationale for Collection
Primary Technical Contact e-mail	The e-mail of the technical contact.
Primary Technical Phone Number	The phone number of the technical contact.
# of EP's	If not collecting individual NPIs, this may be helpful in reporting to leadership the number of EPs testing with public health (Michigan reports this on the Governor's dashboard).
# of Facilities	If not linking a unique facility ID with the public health system, this may be helpful in reporting to leadership.
MU Stage	Registration and on-boarding requirements can vary depending on the Provider's MU stage. For example, Stage 2 requires written/electronic communications between the Provider and PHA. While written/electronic communication is not required for Stage 1 Providers. PHAs may want to streamline their MU workflows.
MU Reporting Period	This allows the PHA to prioritize which providers to work with based on the Provider's reporting period. Providers can meet the ongoing submission measure by proving they were registered in the required time frame and are awaiting an invitation and/or are in the testing and validation process.
Incentive Program Enrolled; Medicaid, Medicare or both	If collaborating with the Medicaid incentive program, Medicaid agencies can mandate more requirements, for example, requiring transport through and HIE. Also helpful to state Medicaid agencies and CMS for auditing.
Public health MU objectives the Provider wants to accomplish	Depending on the public health objectives the Provider is attempting to meet, the Provider could likely be engaged in multiple, parallel On-Boarding processes with the PHA. PHAs should establish a MU registration coordinator to act as a liaison between the Provider and the specific PHA systems the Provider is on-boarding with.
EHR Vendor	This is useful for addressing EHR specific issues during on-boarding. In some cases, PHAs may batch and prioritize Providers based on their shared EHR platforms. This information is also helpful to Regional Extension Centers (RECs). REC's assisting Providers with MU and EHR selection can report which vendors are engaged in meeting public health objectives.
EHR Product & Version	This is helpful for leadership to determine which vendors are working with the PHA on ongoing submission. This is helpful when discussing vendor collaboration and vendor issues. This information is also helpful to share with regional extension centers. REC's assisting providers with MU and vendor selection can report to providers which vendors are engaged in the ongoing submission process.
ONC Certified EHR Number	While PHAs are not required to verify if Providers are using certified EHR technology (CEHRT), requesting this information can help notify Providers about MU requirements for CEHRT.

Data Element	Rationale for Collection
HL7 Version Number	While PHAs are not required to verify if Providers are using certified EHR technology (CEHRT), requesting this information can help the Provider understand MU requirements related to HL7 message standards. Note, there could be multiple HL7 formats required for a given MU stage (across different objectives).
Current Data Use Agreement/Trading Partner Agreement?	Record whether or not the Provider and the PHA have a Data Use Agreement or Trading Partner Agreement. There could be a separate agreement relevant to each MU public health objective.
Current submission method (upload flat file, hand key, not submitting)	This is helpful information for the PHA to determine if the provider needs to complete any user/data use agreements and provides the current status of Provider's reporting. Details could include Provider ID(s) for PHA's surveillance systems (IIS, SS, ELR, cancer, etc.); adherence to PHA's implementation guides; transport methods; programmatic info, e.g., for IIS, provider's VFC enrollment status.
Stage 2 Ongoing status (registered, invited, testing and validation queue, production)	This is helpful for the PHA to track the status and determine if action is required. It is also helpful to report to leadership on ongoing submission progress per provider and vendor. This is not a field for the provider to enter but for the PHA to track.

Additional data elements PHAs might consider collecting during the Registration of Intent process (while being mindful of burdens placed on Providers):

- Specialty of EP
- CCN (Medicare Certification Number)
- Health organization affiliation (to identify EHs, CAHs that share an EHR system)
- Provider organization affiliation (to identify EPs that share an EHR system)
- Any HIE the Provider will be sending data through
- Patient volume (needs to be easy for Provider to calculate and provide):
 - Total patient volume
 - Medicare patient volume
 - Medicaid patient volume
 - ELR volume
 - Immunization report volume
 - Syndromic record volume
 - Cancer report volume
 - Specialized registry volume (for each specialized registry)
- Patient catchment area

3 Where to go for resources and additional information?

[Online Resources]

- CDC Meaningful Use web site (www.cdc.gov/ehrmeaningfuluse)
- CMS Meaningful Use web site (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html)
- ONC web site (<http://www.healthit.gov/policy-researchers-implementers/meaningful-use-stage-2>)
- ONC Health Information Technology Research Center (HITRC) (hitrc-collaborative.org/confluence)
- Stage 2 MU PH Reporting Requirements Task Force community site on phConnect (<http://www.phconnect.org/group/ph-reporting-task-force>)

[Organizations]

- Public health association(s)
- Regional Extension Center(s)

[Internal PHA/State Resources]

- State Health IT Coordinator
- MU Coordinator

[Documents]

- *Meaningful Use Stage 2 Public Health Agency Readiness Guidance and Recommendations*
Available at: <http://www.phconnect.org/group/ph-reporting-task-force>
- Related business requirements documents and more detailed best practices documents