

Meaningful Use Stage 1 Responsibilities for Immunization Registries

Purpose:

The purpose of this document is to provide guidance on the responsibilities of the Immunization Registries/Immunization Information System for the CMS EHR Incentive Program, as it relates to Stage 1 of meaningful use¹.

Intended audience:

Immunization Registry staff, managers, Immunization Program managers and technical staff.

Immunization Registry Responsibilities for Stage 1 of Meaningful Use:

For Stage 1 of Meaningful Use, the provider and their certified EHR technology are required to demonstrate meaningful use in order to qualify for an EHR incentive payment. Your responsibilities as the Immunization Registry (IR) are very limited; however, we encourage you to consider how you can most successfully engage with providers who are seeking to demonstrate meaningful use. After all, we share a goal of increasing electronic reporting of immunizations.

The IIS responsibilities for Stage 1 of Meaningful Use are:

1. Enable testing of the Health Level 7 version 2.3.1 or version 2.5.1 message if capable of receiving HL7 messages
 - a. Prepare and disseminate public, date-stamped guidance for providers that:
 - i. Describes how to test/connect (IP addresses, URLs, transport protocol(s), account creation/authentication, etc.)
 - ii. Documents which HL7 Version your system can accept, including any local variation in HL7 implementation guidelines
 - iii. Clearly states your capacity for receiving tests-both technologically and resource-wise (e.g. waiting lists, etc)
 - b. It is important to clarify what is meant by “testing” in the Meaningful Use environment. The requirement in Stage 1 is for the EHR system to *attempt* to submit an HL7 message (in either HL7 v. 2.3.1 or v. 2.5.1) containing real or “dummy” immunization information, to the IIS. Strictly speaking, it is a test of the basic capacity of the EHR, quite apart from if or how the IIS is capable of handling such information. That test may succeed or fail; either way it meets the immunization criterion of MU Stage 1. Accordingly, it is reasonable to make the testing process as simple as possible.
2. Acknowledge receipt of test message from the provider with an indication of success/failure.
 - a. This acknowledgement message should indicate if the test was successful or not. Examples of a failed test would be if the data quality or content was not acceptable, or if the EHR and IIS use different versions of HL7. *A failed test still meets the requirements of meaningful use stage 1.*
3. Respond to CMS or State Medicaid agencies (or contractors acting on their behalf) if they want to audit providers’ attestations regarding testing with the IR.

¹ For more information, go to: www.cms.hhs.gov/EHRIncentiveprograms

- a. Have a process in place to log and/or document provider MU testing efforts. This process may be as simple as a date-stamped authentication log on your MU testing server, or a record of email/telephone correspondence. No complex record-keeping should be necessary.

Helping a provider to test, and then to attest to MU Stage 1 provides a useful point of introduction. However, it is unreasonable at Stage 1, to hold a provider's MU incentive "hostage" to the entire prequalification process. It is the eventual goal of public health and the provider community that providers' EHRs fully utilize the functionality of the IIS for both submission and retrieval of immunization data, but Stage 1 of MU alone is not sufficient to achieve that goal: it is only a first step.

Before any EHR routinely submits ongoing immunization data to a production IIS, additional prequalification will be necessary. The IIS program staff can prioritize among those providers who have tested MU Stage 1 (and others), complete the enrollment process, and integrate them fully into the production IIS.

This document can be found on the CDC website at:
<http://www.cdc.gov/vaccines/programs/iis/downloads/mu-steps-ir-stage1.doc>