

Hawaii Immunization Registry (HIR) Meaningful Use Requirements

The Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs provide financial incentives for the “Meaningful Use” (MU) of certified EHR technology to improve patient care. The MU Stage 2 and 3 public health objective requires ongoing submission of actual patient data to an immunization information system.

The following items describe the requirements that HIR providers must meet to receive a letter of acknowledgment from the State of Hawaii Department of Health (DOH) to attest that they are “meaningfully using” their EHRs.

1. Providers must meet one of the following criteria:
 - a. CRITERIA 1: Ongoing submission of immunization data to HIR was already achieved for an EHR reporting in a prior year and continues throughout the current EHR reporting period using either the current 2014 edition standards or the standards included in the 2011 edition EHR certification criteria adopted by the Office of National Coordinator for Health Information Technology (ONC) during the EHR reporting period when ongoing submission was achieved.

Note: Please seek guidance from your EHR vendor for questions about the current standards adopted by the EHR.
 - b. CRITERIA 2: Registration with HIR of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.
 - c. CRITERIA 3: Registration of intent to initiate ongoing submission to HIR was made by the deadline and provider is still engaged in testing and validating of ongoing electronic submission.
 - d. CRITERIA 4: Registration of intent to initiate ongoing submission to HIR was made by the deadline and provider is currently awaiting invitation to begin testing and validation.
2. The reporting period for new MU participants is any continuous 90-day period within the calendar year. The reporting period for returning MU participants is the full calendar year.
3. The deadline for submission of the HIR Meaningful Use Registration of Intent Form is within 60 days from the start of the calendar year.
- NEW!** 4. All HIR providers must submit the HIR Meaningful Use Registration of Intent Form on an annual basis.
5. All providers interested in receiving a letter of acknowledgement for the **prior reporting period** must request by **February 28 of the current year** (for e.g., providers seeking attestation for 2016 reporting year must request a letter from DOH by February 28, 2017).
6. Providers need to be testing, validating, or sending messages via web services using **HL7 2.5.1** to meet MU Stage 2 requirements. Providers who were sending HL7 2.3.1 messages before MU Stage 2 can continue to do so under MU Stage 2. However, with the start of MU Stage 3 in 2018, all providers are required to send HL7 2.5.1 messages.
7. Communication between provider and HIR should not lapse beyond 30 days (to meet the public health objective of “Successful **ongoing submission** of electronic immunization data from a Certified Electronic Health Record Technology (CEHRT) to an immunization registry or immunization information system for the entire EHR reporting period.”
8. For NEW MU providers:

- a) HIR will schedule a kickoff call with the provider and the provider's EHR to initiate the data exchange onboarding process. In many cases, representatives from the Hawaii Health Information Exchange (HHIE) will also participate in the call and be involved in the onboarding process.
 - i. Please refer to the HIR Data Exchange Roles and Responsibilities Matrix for additional information about the different roles involved in the data exchange onboarding process. **All individuals listed should be involved in every stage of the onboarding process.**
- b) The onboarding team will:
 - i. Initiate connectivity testing
 - ii. Initiate format testing
 - iii. Conduct data quality testing of messages. This part of the process can take time. It is dependent on HIR receiving consistently good data from the provider in the HIR test environment
 - 1. HIR will give the provider a document with specific test cases
 - a. All changes to test cases must be approved prior to testing
 - 2. Test cases are entered by provider into its user interface (no real patients may be used)
 - 3. Test cases are sent to HIR via Web Services
 - 4. Test cases are reviewed against test case requirements
 - 5. If needed, steps 2, 3, and 4 will be repeated until data quality is accepted by HIR
- c) The onboarding team moves the provider to Production
- d) Provider begins sending messages to Production
- e) HIR and provider monitors the data quality on an ongoing basis

Additional resources on MU program is available on the following websites:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

<https://www.healthit.gov/providers-professionals/meaningful-use-definition-objectives>

<http://www.cdc.gov/ehrmeaningfuluse/index.html>

For assistance, please contact the HIR Help Desk at registryhelp@doh.hawaii.gov or 808-586-4665 or 888-447-1023 (toll-free).