Meaningful Use

Syndromic Surveillance

December 2014

MUNSON HEALTHCARE

Stage 1 MU Requirement (MENU)

#	Objective	Eligible Professionals	Eligible Hospitals and CAHs	Measurement
1	**Drug formulary checks**	✔	✔	Function is enabled for the entire EHR reporting period
2	**Advance directives***	N/A	✔	More than **50%** of all unique patients 65 years old or older admitted have an indication of an advance directive status recorded
3	**Lab test results**	✔	✔	More than **40%** of all clinical lab tests results ordered for patients admitted to its inpatient or emergency department during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
4	*Patient lists[i]*	✔	✔	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition
5	**Patient reminders**	✔	N/A	More than **20%** of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period
6	**Patient access to information**	✔	N/A	More than **10%** of all unique patients are provided timely (available to the patient within 4 business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information

* New in Final Rule
[i] State has option to make required for Medicaid

Stage 1 MU Requirement (MENU)

#	Objective	Eligible Professionals	Eligible Hospitals and CAHs	Measurement
7	**Patient education***	✔	✔	More than **10%** of all unique patients are provided patient-specific education resources
8	**Medication reconciliation**	✔	✔	Medication reconciliation is performed for more than 50% of transitions of care in which the patient is transitioned
9	**Summary of care**	✔	✔	A summary of care record is provided for more than 50% of transitions of care and referrals
10	*Immunization registries*	✔	✔	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries have the capacity to receive the information electronically)
11	*Public health data*	N/A	✔	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies do not have the capacity to receive information electronically)
12	*Syndromic surveillance data*	✔	✔	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless the public health agencies do not have the capacity to receive information electronically)

* New in Final Rule
i State has option to make required for Medicaid

Stage 1 Changes Tip Sheet

Stage 1 Changes Tipsheet
Last Updated: August, 2012

Overview

CMS recently announced some changes to the Stage 1 meaningful use objectives, measures, and exclusions for eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs). Some of these changes will take effect as early as October 1, 2012, for eligible hospitals and CAHs, or January 1, 2013, for EPs. Other Stage 1 changes will not take effect until the 2014 fiscal or calendar year and will be optional in 2013. The table at the end of this publication summarizes the changes to the Stage 1 meaningful use objectives.

Exclusions for Menu Objectives

Beginning in 2014, EPs, eligible hospitals, and CAHs will no longer be permitted to count an exclusion toward the minimum of 5 menu objectives on which they must report if there are other menu objectives which they can select. In other words, a provider cannot select a menu objective and claim an exclusion for it if there are other menu objectives they can meet.

EPs, eligible hospitals, and CAHs will not be penalized for selecting a menu objective and claiming the exclusion if they would also qualify for the exclusions for all the remaining menu objectives. For example, EPs who must select to test the capability to submit data to either an immunization registry or a syndromic surveillance database as one of their menu objectives can select the menu objective for submitting data to an immunization registry and claim the exclusion if they would also be able to claim the exclusion for submitting data to a syndromic surveillance database. They would not be penalized for claiming this exclusion.

Computerized Provider Order Entry (CPOE)

Beginning in 2013, CMS is adding an optional alternate measure to the objective for computerized provider order entry (CPOE). The current measure for CPOE is based on the number of unique patients with a medication in their medication list that was entered using CPOE. The new, alternate measure is based on the total number of medication orders created during the EHR reporting period. An EP, eligible hospital, or CAH may select either measure for this objective in Stage 1 in order to achieve meaningful use. (Note that this alternative measure will be required for all providers in Stage 2.)

> **Alternate Measure:** More than 30 percent of medication orders created by the EP or authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

Electronic Prescribing

Beginning in 2013, CMS is adding an additional exclusion to the objective for electronic prescribing for providers who are not within a 10 mile radius of a pharmacy that accepts electronic prescriptions.

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EPs must select 3 out of the 6:

Menu Objective	Measure
1. Imaging Results	More than 10% of imaging results are accessible through Certified EHR Technology
2. Family History	Record family health history for more than 20%
3. Syndromic Surveillance	Successful ongoing transmission of syndromic surveillance data
4. Cancer	Successful ongoing transmission of cancer case information
5. Specialized Registry	Successful ongoing transmission of data to a specialized registry
6. Progress Notes	Enter an electronic progress note for more than 30% of unique patients

Important Note: While there are exclusions provided for some of these menu objectives, you cannot select a menu objective and claim the exclusion if there are other menu objectives that you could report on instead.

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Steps for Submitting

Michigan Syndromic Surveillance System (MSSS)

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Who to Contact for Help?

Contact John Christensen at John.Christensen@altarum.org regarding MSSS technical information, submitter onboarding, access to syndromic validator, troubleshooting/technical problems, and OID creation/registration

For questions regarding Meaningful Use Public Health Reporting, contact the DCH Public Health Meaningful Use team at DCHPublicHealthMU@michigan.gov.

For questions about how to sign-up to view data (participating hospitals) and user training/support, contact Katie Arends at ArendsK@michigan.gov.

http://www.munsonhealthcare.org/meaningfuluse

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Step 1.1 – Create OID

- OID: Object Identifier (or Organization ID)

- Formally John Christenson demo'd how to create an OID, however, that now cost $100 and it's extremely complicated (removed that process from our website)

- State of Michigan simplified, document on creating on the OID on the website

- Instructions are on the Munson Website: http://www.munsonhealthcare.org/meaningfuluse

- https://mimu.michiganhealthit.org/OID/

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Step 1.1 – Create OID

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- Great Lakes Health Connect
- Sign agreement with them (DTSA), website
- Contact at GLHC is Emily Depottey, edepottey@gl-hc.org
- Install iNexx Platform at your office
- Fill out spreadsheet, next screen

Emily DePottey
Business Development Analyst
695 Kenmoor SE, Suite B
Grand Rapids, MI 49546
P: (844) GLHC-HIE | Desk: (616) 588-4712 | Fax: (616) 588-4710
www.gl-hc.org

DATA TRANSMISSION SERVICES AGREEMENT

This Data Transmission Services Agreement (the "Agreement") is effective on _11-5-2014,_ (the "Effective Date") and governs the Data Transmission Services to be provided by **GREAT LAKES HEALTH CONNECT ("GLHC")**, a Michigan nonprofit corporation, to _TRAVERSE BAY RADIATION ONCOLOGISTS, PC_ a _COVERED ENTITY_ (the "Covered Entity").

RECITALS:

GLHC is a health information exchange providing services in the State of Michigan; and

One of the goals of the health information exchange is to increase efficiency and decrease costs of healthcare, and to support activities that improve health; and

As part of its activities, GLHC intends to offer electronic health information transmission services that will permit physician practices, clinics, and hospitals to electronically transmit health-related information for purposes of patient care, quality measurement, public health, and similar purposes, pursuant to this Agreement.

Now, therefore, in consideration of the mutual promises and agreements contained herein and the parties intending to be bound thereby, the parties agree as follows:

Section 1 - Definitions

The following terms used in this Agreement shall have the following definitions, unless otherwise indicated in this Agreement:

(a) "Agreement" means this document, including any exhibits, appendices, and Statements of Work attached hereto and incorporated herein by reference.

(b) "Data" means the data elements that Covered Entity may submit to GLHC for transmission for purposes of patient care, public health, quality measurement, development of evidence-based medicine standards, or similar purposes.

(c) "Data Recipient" means an individual or entity qualified to receive the Data for purposes of public health, quality measurement, development of evidence-based medicine standards, or another Permitted Use, to which GLHC transmits the Data pursuant to this Agreement.

(d) "Data Subcontractor" means the vendor(s) with whom GLHC has contracted to assist it

Step 1.2 – GL HC Spreadsheet

Step 1.3 – Obtain CHPL Number

- http://oncchpl.force.com/ehrcert/ehrproductsearch
- Copy and past the number (to many 0 or O, 1, L, I)

Your CMS EHR Certification ID is: 1314E01PI01JEAD

An Eligible Professional (EP) or Eligible Hospital (EH) that chooses to participate in the Centers for Medicare and Medicaid (CMS) EHR Incentive Programs must obtain a CMS EHR Certification ID. You may submit this CMS EHR Certification ID at the time of registration, but must submit it as part of the attestation process for Medicare and Medicaid (CMS) EHR Incentive Programs.

Please return to the Medicare and Medicaid EHR Incentive Program and enter this CMS EHR Certification ID when prompted for an "EHR Certification Number" on the appropriate registration or attestation screen.

Please do not refresh this page. Refreshing the page may remove EHR products from your certification cart and result in an incorrect CMS EHR Certification ID. Click on the 'Return to CHPL Home' link above to access the CHPL homepage.

YOUR CERTIFIED EHR PRODUCT(S)

The following products were used to obtain your CMS EHR Certification ID:

Certifying Body	Original Practice Type	Vendor	Product	Product Version #	Product Classification	Additional Software Required
Drummond Group Inc.	Ambulatory	eClinicalWorks, LLC	eClinicalWorks	V10	Complete EHR	Ebix, Inc. A.D.A.M Version 2.0

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Who to Contact for Help?

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http://www.munsonhealthcare.org/meaningfuluse

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Step 2.1 – Populate Spreadsheet 1

Tips:
- Need CLIA number if you have one.
- OID numbers must be assigned by location
- No Unknowns in cells
- BLANK Meaningful Use Questionaire.xlsx underhttp://www.munsonhealthcare.org/meaningfuluse

Step 2.2 – Upload Spreadsheet 1

- https://mimu.michiganhealthit.org/

Michigan Health System Testing Repository

Michigan Health System Testing Repository

The Michigan Department of Community Health has been charged with collecting and recording information on Eligible Professionals and Eligible Hospitals that test with one of the Public Health Meaningful Use measures for auditing purposes. This system will allow you to enter the required information and inform the public health system of your request to test for Meaningful Use.

- The Michigan Birth Defects Registry (MBDR)
- The Michigan Care Improvement Registry (MCIR)
- The Michigan Disease Surveillance System (MDSS)
- The Michigan Syndromic Surveillance System (MSSS)
- The Michigan Cancer Surveillance Program (MCSP)

All Registrants
Review the information in this table prior to beginning your registration. Gather the required information, listed below, prior to registering. Once started, the registration must be completed.

Groups	Individuals
- Health systems with multiple NPIs - Group provider sites networked to the same certified EHR System Meaningful Use Questionnaire Registering as a Multiple Provider Tip Sheet	- Individual Eligible Hospital - Individual Eligible Professional Registering as an Individual Provider Tip Sheet

MBDR, MCSP, & MSSS Registrants
You must provide a "Facility OID" and an "Organizational OID." The following tip sheet refers to these as a "sub-organization OID" and "root OID," respectively. You might not necessarily need to use both. For more information about acquiring an OID, please refer to this tip sheet: OID Creation and Registration Tipsheet

After MDCH receives your online registration, you will be contacted and given further details on the meaningful use (MU) testing process.

Upon receipt, your online registration will be placed into a queue. Testing priority is based upon (1) your agency's reporting period and (2) the order in which online registrations are received. Due to current testing volumes, please allow at least two weeks for a response.

Done

Internet | Protected Mode: Off

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http://www.munsonhealthcare.org/meaningfuluse

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- Send email to John Christenson (John.Christensen@altarum.org), Emily DePottey (edoppottey@gl-hc.org) and Kristy Brown(DCHPublicHealthMU@michigan.gov
- Register your intent within 60 days of start of attestation period.

- Include both spreadsheets
- Indicate you are ready to send in your test
- Need Message Validator (State of Michigan)

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Demo: John Rokos

Work with your vendor

https://mdchsyndromic.validation.mihin.org/SyndromicValidation

Post a message for Syndromic Validation

NPI Provider ID: `1467444216`

CLIA, Site or OID: `840.1.113883.3.5416.1.16`

Post your message:

```
EVN||20141121112617||||||SATC^2.16.840.1.113883.3.5416.1.16^ISO
PID|1||208570^^^^AN||~^^^^^^S||19550825|F||2106-3^White|^^Cadillac^MI^49601^US^^
PV1|1|O|||||||||||||||||||3102805^^^^VN|||||||||||||||||||01||||||||201409021621
OBX|1|NM|21612-7^AGE TIME PATIENT REPORTED^LN||59|a^YEAR^UCUM|||||F|||2014090216
OBX|2|CWE|8661-1^CHIEF COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^LN||^^^^^^^^gallbl
OBX|3|CWE|8661-1^CHIEF COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^LN||^^^^^^^^Caroti
OBX|4|CWE|8661-1^CHIEF COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^LN||^^^^^^^^post-o
OBX|5|CWE|SS003^Facility / Visit Type^PHINQUESTION||^^NUCC||||||F|||201409021621
OBX|6|XAD|SS002^TREATING FACILITY LOCATION^PHINQUESTION||1221 Sixth St^Suite 306
OBX|7|CWE|72166-2^Tobacco Smoking status
```

[Validate]

Step 3.2: Message Validator

Note that there were two errors on this one

You need to have zero errors in order to pass this.

Work with EHR vendor to get to zero errors

Send another email to 3 entities with the validation report attached, indicating that you were successful with your test.

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GL-HC works with the "transport" of the message to the state of Michigan. GL-HC requires a software to be installed at your location (iNexx Platform).

iNexx Platform installed at their office
Work with Emily (GL-HC) to have this installed

You will need to work with your vendor as far as getting that ongoing submission working.

Request Letter

- Letter from Kristy (state of Michigan)
- Keep eye on new providers

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

To: Renee Gerrie, System Analyst/Team Lead
Munson Healthcare - eCW
10223 E Cherry Bend Road
Traverse City, MI 49684

From: Michigan Department of Community Health

Date: 11/10/2014

Subject: Meaningful Use Reporting Measures for Transmitting Syndromic Surveillance Data

This notice serves as written confirmation of your Meaningful Use (MU) onboarding status with the Michigan Syndromic Surveillance System (MSSS) as of the date listed above; it also confirms your registration and invitation to continue onboarding for MU.

The following tables provide a summary by Public Health Onboarding Status listing the actions required for each site to continue onboarding with MSSS; they also include the Eligible Professionals (EPs) associated with your site(s), and any Eligible Hospitals (EHs) included in your registration, listed by site. 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 Michigan Medicaid. Please refer to this link: https://www.michiganhealthit.org/public-health/msss/ for further guidance.

Providers joining a practice, subsequent to the date of this letter, who intend to select MSSS as a MU measure for attestation, must send an e-mail request to DCHPublicHealthMU@michigan.gov. This request must include the Facility OID, the provider name, and NPI. Upon receipt of the request, an updated version of this letter will be issued. For additional information, please reference the following link: MU and Public Health Reporting FAQ.

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 Michigan.

If you have any questions or concerns about your onboarding or Meaningful Use status, please contact DCHPublicHealthMU@michigan.gov.

Technical Onboarding Status by Site

This section lists all of your organization's physical sites and statuses.

Please follow the instructions given in the "Action Required" space(s) below to complete your next steps for Meaningful Use.

Site Name (OID)	System Status	Date Achieved	Meaningful Use Information	Action Required
Endocrinology Consultants (2.16.840.1.113883.3.1164.3)	Testing and Validation	9/18/2014	This site has taken the actions required for Stage 2 of Meaningful Use as it relates to reporting electronic syndromic surveillance data.	Continue to work with MSSS staff to move toward ongoing submission of syndromic surveillance data.

Page 1 of 3   11/10/2014

CAPITOL VIEW BUILDING · 201 TOWNSEND STREET · LANSING MI 48913
www.michigan.gov · 517-373-3740

Questions