Frequently Asked Questions on Meaningful Use

As part of the Joint Public Health Informatics Taskforce (JPHIT) Meaningful Use Action Plan, ASTHO is collecting frequently asked questions about Meaningful Use that directly impact public health. These questions could be about preparing for meaningful use, interpreting the incentive program and standards rules, or about the JPHIT Meaningful Use Action Plan itself. ASTHO and other JPHIT member associations will forward questions on to the appropriate federal agencies including the Office of the National Coordinator for Health IT, Centers for Medicare and Medicaid Services, the CDC for answers. Although some questions may not have answers yet, the questions are also intended to generate discussion.

Questions

Q. According to the exclusion for syndromic surveillance for eligible providers, it appears that an eligible provider does not need to submit syndromic surveillance data even if the state is capable and willing to receive it. Is this true?

A. *Yes, the exclusion in 42 CFR 495.6(e)(10) states that an eligible provider "who does not collect any reportable syndromic information on their patients during the EHR reporting period or* ***does not submit such information to any public health agency that has the capacity to receive the information electronically****." (emphasis added)*

Q. It appears from the discussion in the standards rule that an eligible provider may be able to satisfy the objective of sending data from an EHR to an Immunization Information System (IIS) by entering data manually into an IIS website. Is this true?

A. *This question will be sent to CMS and ONC for clarification.*

Q. Can a State require only one version of an HL7 2.3.1 vs. 2.5.1 message, or must they be capable of receiving both types of messages?

A. *This question will be sent to ONC.*

Q. Many providers that send immunization data to our IIS, send it in HL7 version 2.4.x. Can this satisfy the requirement immunization information is sent in HL7 version 2.3.1 or version 2.5.1?

A. *It is thought that because this HL7 version 2.4 is an extension of 2.3.1 it should satisfy the meaningful use objective for immunization. However, this question will be sent to ONC for clarification.*

Q. If an eligible provider or hospital's laboratory services provider submits ELR according to ONC standards using an ONC-certified LIMS system, does this satisfy the EP/H's MU criterion for ELR?

A. This question will be sent to ONC.

Q. Silence in the ONC standards regarding the transport layer implies that public health agencies can continue to use PHIN-MS to receive data. How will vendors be made aware of this possibility?

A. This question will be sent to ONC and CDC.

If you have questions you would like included on this page, please email them to infocenter@astho.org.

Last updated, 9/10/10

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