

Meaningful Use Incentives and MIIC

Incentive payments are available to eligible health care providers for “meaningful use” of electronic health record (EHR) technology. One component of meaningful use is the electronic submission of immunization data to immunization registries such as the Minnesota Immunization Information Connection (MIIC). This fact sheet provides a brief overview of immunization requirements of meaningful use.

Background

The establishment of interoperable electronic health records has been a national priority since 2004 when an Executive Order was established calling for “...the majority of Americans to have interoperable health records within 10 years.” The passage of the American Recovery and Reinvestment Act of 2009 (ARRA) provided funding to help achieve this vision.

Specifically, the Health Information Technology for Economic and Clinic Health (HITECH) Act under ARRA authorized the Centers for Medicare and Medicaid Services (CMS) to administer incentive payments to eligible health care providers and hospitals for adopting, implementing, and demonstrating meaningful use of electronic health record technology.

Timing and eligibility for incentives

The CMS incentive program began in 2011 and will be staged in three steps. Eligibility criteria and requirements vary depending on whether a provider applies in the Medicare or Medicaid category:

- Eligible Medicare professionals and hospitals must demonstrate meaningful use of certified electronic health record technology each year of the program to receive incentive payments.
- Eligible Medicaid professionals and hospitals may qualify for incentive payments if they adopt, implement, upgrade, or demonstrate meaningful use in their first year of participation, with demonstration of meaningful use required in subsequent years of the program.

What qualifies as demonstrating meaningful use of EHRs?

Specific meaningful use objectives were outlined in a final rule released by CMS in July 2010. In Stage 1 of the incentive program (currently proposed through 2013) eligible health professionals and hospitals must meet a series of 15 core objectives and at least 5 of 10 menu set objectives. Although providers have flexibility in choosing menu set options, one of the five options must be specific to public health. The public health objectives include submitting electronic data to public health agencies on immunizations, syndromic surveillance, and reportable lab results.

What qualifies as immunization requirements for Stage 1 meaningful use?

Electronic exchange of immunization data from a certified EHR to an immunization registry is one of the menu set options for Stage 1. This includes both the capability to submit electronic data to immunization registries or immunization information systems and the actual submission of electronic data in accordance with applicable law and practice.

To meet requirements, a provider must perform at least one test of the certified EHR technology’s capacity to submit electronic data to an immunization registry and continue to submit data if the test is successful.

National standards and MIIC-specific requirements

The national standard for data exchange between health care data systems is HL7 or Health Level Seven. CVX or codes for vaccines administered is the standard immunization vocabulary used in those systems.

In addition to the national standards, there are MIIC-specific requirements for meeting the meaningful use objective. Electronic data submissions to MIIC should:

- Follow the MIIC HL7 2.3.1 specification (www.health.state.mn.us/divs/idepc/immunize/registry/hp/data.html).
- Include MIIC-accepted CVX codes (www.health.state.mn.us/divs/idepc/immunize/registry/hp/vaxcodes.html).

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- Send data to MDH via a secure transport mechanism (www.health.state.mn.us/divs/idepc/immunize/registry/hp/datasub.html).

While the MIIC HL7 2.3.1 specification is based on the Centers for Disease Control and Prevention's HL7 2.3.1 documentation, it is specific to the MIIC application.

MIIC anticipates being able to accept HL7 2.5.1 messages in late 2012; until then, submissions must follow the MIIC HL7 2.3.1 specification.

In summary, successful data submissions to MIIC include all of the following characteristics:

- ✓ Submitted from a certified EHR technology
- ✓ Follows MIIC HL7 Version 2.3.1 specifications
- ✓ Includes MIIC-accepted CVX codes
- ✓ Sent to MIIC via a secure transport mechanism

Submissions using direct data entry, electronic transfer from billing systems, and electronic transfer in flat file format do not qualify under the meaningful use objective.

Next steps for providers

1. Adopt and implement EHR technology certified for the meaningful use incentive program or determine if your current EHR technology is certified. Check the list of meaningful use-certified products at <http://onc-chpl.force.com/ehrcert>.
2. Review the MIIC HL7 2.3.1 specifications and the MIIC-accepted CVX codes at www.health.state.mn.us/divs/idepc/immunize/registry/hp/data.html; ensure that your EHR creates an HL7 file that meets the MIIC specifications.
3. Review the options for submitting HL7 immunization data to MIIC at www.health.state.mn.us/divs/idepc/immunize/registry/hp/datasub.html.
4. Contact your MIIC regional coordinator to initiate an HL7 file submission to the registry. Contact information can be found at www.health.state.mn.us/divs/idepc/immunize/registry/map.html.

After that is completed, what is the HL7 data submission process?

1. Work together with your regional coordinator to determine a plan for HL7 submission.
2. Set up a data transport method and organizations in MIIC if necessary.

3. Submit test data to the test environment for HL7 format review.

Submission of appropriately formatted test data to the test environment meets meaningful use Stage 1 requirements. If your organization is interested in ongoing data submissions (recommended) the process continues:

4. Submit live data to the test environment for review of HL7 content through a quality assurance process.
5. Submit live data to the production environment.

Note that it may take several weeks to several months to thoroughly test HL7 data submissions to MIIC.

Additional resources

- **MDH e-Health Initiative**
www.health.state.mn.us/e-health/index.html
A public-private collaborative working to accelerate the adoption and use of health information technology in Minnesota.
- **Key Health Alliance: Regional Extension Assistance Center for HIT in Minnesota and North Dakota**
www.khareach.org
Assistance to health care providers for adopting and using EHR technology.
- **Centers for Medicare and Medicaid EHR Incentive Program**
www.cms.gov/EHRIncentivePrograms
Information about the CMS EHR incentive program, including eligibility, registration, program timelines, and more.



For more information, contact MIIC:
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