



Public Health Meaningful Use Registration Guide

Step 1 of the onboarding process for all Meaningful Use stages and public health objectives is the Registration of Intent to submit ongoing electronic data to public health. To register, you will need the following information:

Please note: You must provide general information for all objectives. Each objective has individualized questions that help determine your eligibility and placement in the onboarding process for that objective.

General Information:

- Registering as:
 - Individual Hospital (One registration per hospital is required.)
 - Individual Clinic/Practice
 - Multiple Clinics/Practices (If registering multiple clinics, a supplemental enrollment spreadsheet is required. It will capture the individual NPI, address, and stage/year for each clinic you are registering.)
- Medicaid and/or Medicare eligibility (yes/no)
- MU Stage and Year of registration.
- Start day and year of the reporting period (must start at the beginning of a quarter).
- Name and contact information of person submitting registration.
- Site information:
 - Hospital, clinic or practice, or provider name and address
 - 10 digit NPI number
 - Group or network affiliation name and website (if applicable)
 - For multiple clinics, complete a [supplemental spreadsheet](#) and email to MeaningfulUse@doh.wa.gov
- Primary, alternate, and technical contact information for each of the objectives within this registration.
 - Name
 - Role (e.g. Program Manager)
 - Address
 - Phone and email
- Certified health technology (i.e.: EHR, EMR, LIMS, etc.) information for each objective.
 - Vendor name
 - System name
 - Version number

Cancer Reporting:

- Does the provider or clinic diagnose and/or treat cancer?
- Does the provider or clinic have a contract with OneHealthPort to transmit electronic messages to public health?
- Is the Electronic Health Record used by the provider or clinic ONC certified for cancer reporting?
- Estimate the number of cancer cases per month diagnosed or treated by provider or clinic.

Electronic Lab Reporting:

- What is the relationship of the message submitter to the registering entity (i.e. Hospital)?
 - Same as registering entity
 - LIMS Vendor
 - EHR Vendor
 - Other (please specify)
- Estimate the number of reportable lab results per month.
- What is your current reporting method for notifiable results?
 - HL7 (include version number)
 - PHRED Web Submitter
 - Mail or Fax
 - If other, please explain.
- What reference labs do you use?
- What is your Clinical Laboratory Improvement Amendments (CLIA) number?

Syndromic Surveillance:

- For what type(s) of care will you be submitting syndromic surveillance data?
 - Urgent
 - Emergency
 - Inpatient
 - Ambulatory
 - § If ambulatory, specify specialties for which you are submitting data.
 - § If you are an individual practice or clinic, estimate the number of unique patients your practice sees per year for ambulatory care only.
- Who will send syndromic surveillance data to the Department of Health?
 - Each individual hospital or practice
 - A vendor
 - Healthcare organization or clinic network
 - Other (please specify)
- How will the data be transported to the Department of Health?
 - Health Information Exchange (HIE)
 - Secure File Transfer (SFT)
 - PHINMS
 - Undecided

Immunization Information:

- Do you participate in the Washington State Childhood Vaccine Program/Vaccines for Children (VFC)?
If yes: VFC PIN Number _____ name on VFC provider agreement _____
- Do you currently have access to the Washington State Immunization Information System (formerly known as Child Profile)?
- What method do you currently use to enter data in to the Washington State Immunization Information System?
 - Manual data entry
 - Batch file upload to a secure file transfer (SFTP) site
 - HL7 interface
 - Unknown

- Provide an approximate number of vaccinations given quarterly by your hospital, practice, or healthcare organization
- Does your practice provide only seasonal flu vaccinations?
- What is the age range of patients immunized in your hospital, practice or healthcare organization?
 - Pediatric
 - Adolescent
 - Adult
- How many years has your practice used your EHR product?

Prescription Monitoring Program

- For what type(s) of care will you be requesting data?
 - Urgent
 - Emergency
 - Inpatient
 - Ambulatory
 - § If ambulatory, specify specialties for which you are requesting data.
- Estimate the number of visits per day.