



Topic: Letters Confirming Active Engagement for Stage 3 MIPS/Promoting Interoperability

Request Date: October 2, 2019

Information Requested:

Are other IIS supplying letters confirming active engagement for Stage 3 MIPS/Promoting Interoperability to individual clinics? If so, what is confirmed (both in the IIS and in the letter)?

We are interested because we've noticed that not all hubs include the clinic specific facility id in the QBP. One could assume that if a clinic has data sent via a hub that uses bidirectional exchange that the clinic is querying- but we've found that this is not always the case.

Requesting Member: Heather Crawford (OR)

Responding Member(s): Kim Gulliver (CO), Aaron Bieringer (MN), Deb Belleau (MT), Mary Woinarowicz (ND), Kim Salisbury-Keith (RI), Wendell Gulledge (SC), Nathalie Hertert (TN), Sammy Chao (TN), Kevin Samuelson (WI)

Results:

CO:

Colorado is supplying Stage 3 letters upon request. We use similar templates to Stage 2, but include information on status of bi-directional functionality. At this time, we consider them as bi-directional if we have taken them live in our production environment. We do not verify that we are currently receiving QBP messages before we send out a letter. We use AMCI's Meaningful Use module and we're working with them to update the system to support Stage 3 requirements. Once we move this functionality to production then our providers will be able to have this information available in real-time. In the Report Card they can download for attestation purposes, they will see the following added:

Status	Measure	Measure Description	Initial Production Submission	Latest Submission
✓	VXU	Ongoing Data Submission	dd/mm/yyyy	dd/mm/yyyy
✓	NDC	Submitting NDC Vaccine Codes	dd/mm/yyyy	dd/mm/yyyy
✓	QBP	Querying & Receiving Patient Hx	dd/mm/yyyy	dd/mm/yyyy



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I agree that not all clinics may be submitting, but we may not have an easy way to track this information. We may run into more issues as more sites request documentation.

MN:

In Minnesota, we are providing confirmation letters upon request. We are assuming that if a site is sending us updates (we can track that easily) and has proven the ability to be able to send queries that they meet that portion of the requirements regardless of how often they actually query.

MT:

Montana is struggling for knowing what to do for MU3/Public Health & Promoting IO Program annual letters. We are unsure what to send when there are active VXU interfaces but not queries with an organization.

Back in MU2, CMS had a FAQ about this subject and I have the print screen on the next page. Sites would still demand their own letters even with FAQ below and a copy of their organization's letter. Sites would then take the issue up our management pole and we were told to give the sites their own letters.

My suggestion would be to stand firm with the process of a letter goes to the entity that registered their intent and have an interface with you-just make sure your management agrees.



ND:

We do supply standard letters confirming active engagement and achieving production data submission to providers. We generally provide the letters at a health system/provider group level. For example, if a health system has a single interface between their EHR and the IIS but they have 10 individual clinic locations that all send data through that single interface, we would provide one attestation letter for the whole health system. To see examples of our standard letters, email mary.woinarowicz@nd.gov directly.

RI:

Rhode Island has not yet received any of these requests for Stage 3 but have notified Practices that they should use ACKs received to verify submission, likewise they could use an RSP to show that they perform queries.



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SC:

IIS does not meet MU3 requirements at this time.

TN:

Yes. We confirm VXU's at the facility level (this is the entity level where the vaccines are administered) and number of QBP's at the organization level (the organization is the legal parent entity). Please see attached the template letter that we generate every 6 months.

1. In Tennessee, we do supply a letter to organizations that they can use for Meaningful Use or other incentive program attestation. The letter is sent at the organization level (the legal entity, rather than the facility/physical location).

The letter includes

- a. The number of VXUs sent in the past year by that organization
- b. The number of QBPs sent in the past year by that organization
- c. The date of last submission for each of that organization's locations
- d. Asking them to update their contact information if it's incorrect
- e. Instructions on how they can run their own reports to see how many vaccinations and patients are being sent in to the system by their organization

This letter is automatically generated using a report coded in SAS, pulling from our IIS databases. This is done by our IIS team.

We also have a system called Trading Partner Registration, which is run by the overall Department of Health as a registration tool for all provider interfaces (not just IIS, but cancer case, lab, etc.). This includes a functionality where we can update the date that milestones relating to active engagement have been reached, and then providers can log in themselves and access a letter that has the dates of their active engagement populated. This may be more helpful for providers who are actively engaged in some way but have not yet submitted any data in the production environment.

WI:

Providers interested in electronic submission of data are required to register intent through Wisconsin's eHealth Program. They are required to register each of their facilities with our Public Health Registration for Electronic Data Submission (PHREDS) database. This is not part of the IIS, it is a separate central repository for the provider to register for multiple public health programs (immunizations, cancer, etc.) with a single registration form. We do not store anything in the IIS at this time.



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Upon registration they receive an email confirming they registered and that once program resources are available, we will invite them to begin onboarding. Once in the immunization master record, the IIS team manages the record in PHREDS as to when a provider begins onboarding and when their facilities reach ongoing submission. The eHealth team generates quarterly acknowledgement files that are made available for the provider to use as proof of their active engagement. This report shows registration dates as well as dates for onboarding and ongoing submission, for both vaccine update and query separately.

We would agree, we don't always receive the specific facility id in the QBP.