

## NDHHS Meaningful Use & Public Health Data Registries Registration Form

**The registration form must be completed online. This document contains all of the questions that are on the registration so data may be obtained prior to completing the actual survey online.**

The survey should take less than 10 minutes to complete. Please answer all questions and fill out completely.

Incomplete surveys will not be processed until all the information has been submitted.

If information does not apply, enter N/A in the field. You will be contacted for clarification upon submission if we have any questions.

If you have questions, please contact:

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1. List your practice name here:

2. Organization Type:

- Eligible Provider
- Eligible Hospital
- Critical Access Hospital
- EHR Vendor
- Pharmacy
- Other (please specify)

[For Eligible Providers, Pharmacies, and Other](#)

For Meaningful Use, immunizations (NESIIS) is a core objective and syndromic surveillance (SSEDON) is a menu objective for Eligible Providers (EP's).

If you are registering for Meaningful Use (asked later), even if you will be exempted from sending the data (e.g., you don't administer immunizations), please select ALL registries for which you will be attesting.

3. For which public health data registries are you registering?

- NESIIS (Immunization Data)
- SSEDON (Syndromic Surveillance)

[For Eligible Hospitals, Critical Access Hospitals, and EHR Vendors](#)

For Meaningful Use, immunizations (NESIIS), electronic lab reports (NEDSS), and syndromic surveillance (SSEDON) are all core objectives for Eligible Hospitals and Critical Access Hospitals.

Please select ALL registries for which you will be attesting.

3. For which public health data registries are you registering?

- NESIIS (Immunization Data)
- NEDSS (Reportable Laboratory Results)
- SSEDON (Syndromic Surveillance)

4. Site Information:

Site name:

Street Address:

City:

State:

Zip Code:

County:

Phone:

5. Primary EP (Eligible Professional) or EH (Eligible Hospital) Contact:

Name:

Title:

Phone:

Fax:

Email address:

6. Alternate EP (Eligible Professional) or EH (Eligible Hospital) Contact:

Name:

Title:

Phone:

Fax:

Email address:

7. Are you submitting for multiple provider sites and/or hospital sites?

- Yes
- No

**Note:**

Select Yes if you are registering multiple provider sites regardless of the number of Eligible Providers (EP) at each site. Select Yes if you are registering for multiple Eligible Hospital (EH) Sites.

**All sites must be connected to the same EHR server/database.**

8. List health system or other provider organization that all of the sites are affiliated with:

9. Are you submitting information for one provider site with multiple doctors?

*Note: Select Yes if you are registering multiple providers (EP's) under a single site.*

- Yes
- No

10. Are you registering for Meaningful Use attestation?

*Note: If no, proceed to question 18.*

- No

Yes

11. Please indicate which stage of meaningful use you are pursuing:

- Stage 1 – Year 1
- Stage 1 – Year 2
- Stage 2

12. Name of Individual EP (Eligible Professional) or Hospital applying for attestation:

13. NPI# of Individual EP (Eligible Professional) or Hospital NPI# (this is a 10 digit number):

14. Group NPI# (for those using the Group NPI to apply for MU):

15. Do you have Meaningful Use reporting period dates established?

*NOTE: You CAN test any time before the end date of your attestation reporting period. You CANNOT test after your attestation reporting period has ended.*

- Yes
- No

16. Meaningful Use Reporting Period:

	MM		DD		YYYY
Beginning date:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Ending date:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

17. Meaningful Use Confirmation Contact:

Name:

Title:

Mailing Address:

City:

State:

Zip Code:

Email address:

18. Current EHR Software Vendor:

19. EHR product and version:

20. ONC Certified EHR Number:

If you don't know your ONC#, please go to: <http://oncchpl.force.com/ehrcert?q=CHPL>

21. What version of HL7 is the EHR using?

NOTE: HL7 2.5.1 is required for Meaningful Use Stage 2

- 2.3.1
- 2.5.1

22. Technical (IT) Contact Person

Name:

Title:

Phone:

Ext:

Email address:

23. PHINMS Contact (if other than technical/IT contact)

Name:

Title:

Phone:

Ext:

Email Address:

24. For purposes of sending us data, do you have PHINMS already installed and configured with us?

- Yes
- No
- Unknown

25. If you have a CDC-assigned OID for use as your PartyID for PHINMS, please enter it below:

You have successfully completed the Meaningful Use & Public Health data registries registration form. Please verify the information you entered before submitting.

**Please complete the survey online by visiting <http://dhhs.ne.gov/mu>**