Purpose: To define the workflow of RIDE and RIDE's Staff to Meaningful Use Attestation and specifically to test procedure DTR170.302.k-3 as defined by the CDC.

RIDE Registration/Testing Steps

- Provider/Vendor will complete, sign and send in the "Meaningful Use Registration" form (Appendix C) to RIDE staff. If a Vendor is coordinating this for multiple Providers, a registration form must be completed for each provider.
- Upon registration, the RIDE Meaningful Use Testing Coordinator will provide the most recent version of the "RIDE HL7 Implementation Guide" document via email.
- Test Message Specifications: (Current specifications are fixed. As the system is updated other options will be available)
 - Test data format: HL7 v2.3.1 or v2.5.1
 - o Data elements to send: All elements indicated in test data.
 - Standard format to use: Standard delimiters and line feeds.
 - Transport layer specifications: HTTPS POST or SOAP
- Provider/Vendor should review the sample HL7 messages included in this document and sample data found in NIST Guidelines.
- Provider/Vendor should complete and return the "RIDE Technical Checklist" (Appendix A) in advance of meeting. If a Vendor is coordinating this for multiple Providers, a checklist must be completed for each provider.
- Once the completed "Meaningful Use Registration" form and "RIDE Technical Checklist" is received, the RIDE Meaningful Use Testing Coordinator will contact you to schedule an INTRODUCTORY MEETING to discuss the testing process and requirements.

INTRODUCTORY MEETING:

- Phone conference to include the Medical Provider's team, Provider's EHR vendor and RIDE staff.
- Review testing process, requirements/"RIDE checklist", any required testing options/decisions
- Confirm that only test or "dummy" data will be used (data with real patient information cannot be transmitted to the RIDE test environment)
- Test Messages to include at least two of the test Data Sets from NIST test procedure document found at http://healthcare.nist.gov/docs/170.302.k Immunizations v1.1.pdf (two of which are supplied here in Appendix B)



- Schedule date for TESTING WINDOW (testing window will be a four hour window of time in which test message may be sent to RIDE and tracking of messages will be performed).
- Define which test message data sets will be sent.
- Exchange any follow-up information or specifications requested during above introductory meeting.

TESTING PROCESS:

- In advance of the agreed upon TESTING WINDOW timeframe, Provider/Vendor will send an
 initial test message with test data only via email for visual review by RIDE technical staff.
- During the agreed upon TESTING WINDOW timeframe, Provider/Vendor will attempt to electronically submit a Meaningful Use test message.
- RIDE technical staff will monitor and review the test message to determine whether or not it was successful according to MU Phase 1 requirements.
- The RIDE Meaningful Use Testing Coordinator will send the Provider/Vendor written Meaningful Use testing results (via emailed PDF).
- If the results of testing are unsuccessful, the Provider/Vendor may request a FOLLOW-UP MEETING, pending available RIDE resources.

RIDE Contact Information

Meaningful Use Testing Coordinator

Jackie Bull
San Joaquin County Public Health Services
(209) 468-2292 / support@izride.com

Technical Contact

Please direct technical questions to (209) 468-2292 / dataexchange@izride.com



Appendix A

RIDE	Technical Checklist						
	о при						
	Verified that no firewall rules are prohibiting connection from the server that will be transmitting the HL7 message to https://webapp.sjcphs.org/hl7/Default.aspx (HTTP POST) on TCP Port 443 and that sending applications host operating system has correct routing to host webapp.sjcphs.org. (Note: SOAP URL is https://webapp.sjcphs.org/hl7/Soap.asmx)						
	Sending application has the ability to send messages via https protocol on TCP Port 443.						
	Sending application has the ability to transmit messages using the HTTP POST or SOAP method of sending data.						
	☐ Sending application has the ability to send messages containing the following POST or Solvariables:						
	 USERID PASSWORD FACILITYID MESSAGEDATA USERID, PASSWORD, and FACITLITYID can be set by RIDE Staff. 	in the sending application to the values given					
	Sending application has the ability to accept resuerrors.	ılts as a General Acknowledgment (ACK) without					
	e RIDE Meaningful use Test Server is configu sting only. Real or "live" data should not be s						
	Provider Name/Location	Vendor Name					
	Phone, Email	Software Name/Version					
	Name (Printed)	Signature					

Appendix B -Data for test messages

Data Set #1

Data Set #1			
ID Number	9817566735		
ID Number Type	Medical Record		
Family Name/Surname	Johnson		
Given Name	Philip		
Date of Birth	May 26, 2007		
Administrative Sex/Gender	Male		
Race	White		
Ethnic Group	Not Hispanic or Latino		
Patient Address			
Street Address	3345 Elm Street		
City	Aurora		
State	Colorado		
Zip Code	80011		
Address Type	Mailing		
Telecommunication Use Code	PRN		
Telephone Number - Home	303-554-8889		
CVX Code	33		
Vaccine Name	Pneumococcal Polysaccharide Vaccine		
Date/Time Start of Vaccine Administration	April 5, 2010 4:00PM		
Administered Amount	0.5		
Administered Units	MI		
Vaccine Lot Number	1039A		
Manufacturer Name	MERCK		
Manufacturer Code	MSD		



Regional Immunization Data Exchange Meaningful Use Checklist

Data Set #2

ID Number	686774009		
ID Number Type	Medical Record		
Family Name/Surname	Takamura		
Given Name	Michael		
Date of Birth	19820815		
Administrative Sex/Gender	Male		
Race	Asian		
Ethnic Group	Not Hispanic or Latino		
Patient Address			
Street Address	3567 Maple Street		
City	Oakland		
State	California		
Zip Code	94605		
Address Type	Mailing		
Telecommunication Use Code	PRN		
Telephone Number - Home	510-665-8876		
CVX Code	43		
Vaccine Name	Hepatitis B, Adult		
Date/Time Start of Vaccine Administration	June 25, 2010		
Administered Amount	999		
Administered Units			
Vaccine Lot Number			
Manufacturer Name			
Manufacturer Code			



Appendix C – Request for Meaningful Use Immunization Transmission Attestation

Regional Immunization Data Exchange (RIDE) Public Health Services of San Joaquin County

For questions regarding Meaningful Use, contact Jackie Bull at (209) 468-2292 or email support@izride.com

Completed form can be send via fax to (209) 468-8361 or e-mail to support@izride.com
Once completed and signed form is received, RIDE staff will contact you to schedule a planning meeting and provide the most recent RIDE Meaningful Use Testing Specifications document.

Organization:	Date:			
Administrative/MU Contact Name:	Phone:		Email:	
Information Systems Contact Name:	Phone:		Email:	
Main contact for MU activities (if different): Phone:			Email:	
Street Address	Mailing Address (if		l erent than street):	
City:	State:	Zip:		
Meaningful Use Attestation Planned Start Date:	Primary Atte	Primary Attestation: Immunizations		
Number of Clinics: VFC Pin(s):	Number of Physicians on staff:			
Number of Patient Visits per year (estimated):	Electronic He	Electronic Health Record (EHR) system:		
EHR vendor contact:	Phone:		Email:	
Comments/Questions:			<u> </u>	
The RIDE Meaningful use Test Server is configured Real or "live" data should no			<u> </u>	
Name (Printed)		Signature		
IDE Form MUCL-20170804		Page 6 of 6		