



EHR Incentive Programs in 2015 through 2017 Public Health Reporting for Eligible Professionals in 2016



The Electronic Health Record (EHR) Incentive Programs in 2015 through 2017 include a consolidated public health reporting objective for eligible professionals (EPs). Below is an overview of the public health reporting objective, measures, and alternate exclusions for EPs. Details on how to successfully demonstrate “active engagement” for public health reporting are also provided.

Public Health Reporting Objective and Measures

Objective: The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measures: The public health reporting objective for EPs includes three measures. EPs must attest to any combination of **two measures**—this includes all EPs in 2016 and 2017.

Public Health Reporting Measures for EPs in 2015 Through 2017		
Measure Name and Number	Measure Specification	Maximum Times Measure Can Count Towards the Objective
Measure 1—Immunization Registry Reporting	The EP is in active engagement with a public health agency to submit immunization data	1
Measure 2—Syndromic Surveillance Reporting	The EP is in active engagement with a public health agency to submit syndromic surveillance data	1
Measure 3—Specialized Registry Reporting	The EP is in active engagement to submit data to a specialized registry	2 for EPs*
* EPs may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective.		

Public Health Reporting Exclusions

There are multiple exclusions for each of the public health reporting measures. See the [Eligible Professional Public Health Reporting specification sheet](#) for a complete list.

An exclusion for a measure does not count toward the total of two measures. Instead, an EP who selects an exclusion must select another measure to meet if an exclusion is claimed. If the EP qualifies for multiple exclusions and the remaining number of measures available to the EP is less than two, the EP can meet the objective by meeting the one remaining measure available to them and claiming the applicable exclusions. For example, if the EP can exclude from all measures except for Specialized Registry, the EP should report to two specialized registry measures if they are able to, in order to meet the objective. If they are not able to report to a total of two registries they should report to one and exclude from the remaining.

If no measures remain available, the EP can meet the objective by claiming applicable exclusions for all measures.

Public Health Reporting Alternate Exclusions

For 2016, EPs may claim an alternate exclusion for the Public Health Reporting measure 2 (Syndromic Surveillance) and 3 (Specialized Registry Reporting) which might require the acquisition of additional technologies they did not previously have or did not previously intend to include in their activities for meaningful use.

EPs scheduled to be in Stage 1 and Stage 2: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.

- May claim an Alternate Exclusion for Measure 2 and Measure 3 (Syndromic Surveillance and Specialized Registry Reporting).
- An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C).

Demonstrating “Active Engagement” for Public Health Reporting

EPs are required to demonstrate “active engagement” with a public health agency (PHA) or clinical data registry (CDR). Active engagement means that the provider is in the process of moving toward sending “production data” to a PHA and CDR. The term “production data” refers to data generated through clinical processes involving patient care, and it is used to distinguish between this data and “test data,” which may be submitted for the purposes of enrolling in and testing electronic data transfers.

Note: The active engagement options included in the EHR Incentive Program for 2015 to 2017 replace the “ongoing submission” requirement included in the Stage 2 final rule; however, they should not be considered mutually exclusive.

Active engagement may be demonstrated through the following ways:

- **Active Engagement Option 1—Completed Registration to Submit Data:** The EP registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers who have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- **Active Engagement Option 2—Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3—Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Clarification on Active Engagement

- **Registration:** Providers only need to register once with a PHA or CDR and can register before the reporting period begins. Previous registrations with a PHA or CDR that occurred in a previous stages of meaningful use could count toward *Active Engagement Option 1* for any of the EHR reporting periods in 2015, 2016, or 2017. To meet *Active Engagement Option 1*, registration with the applicable PHA or CDR is required where a provider seeks to meet meaningful use using a measure they have not successfully attested to in a previous EHR reporting period.

NOTE: If a registry declares readiness at any point in the calendar year after the initial 60 days, a provider may still register their intent to report with that registry to meet the measure under *Active Engagement—Option 1*. However, a provider who could report to that registry may still exclude for that calendar year if they had already planned to exclude based on the registry not being ready to allow for registrations of intent within the first 60 days of the reporting period. For example, if the registry was not available on Feb 29th, the EP has a choice to exclude or register once the registry has declared readiness.

- **Demonstrating Meaningful Use:** Providers can demonstrate meaningful use by using communications and information provided by a PHA or CDR to the provider directly. A provider also may demonstrate meaningful use by using communications and information provided by a PHA or CDR to the practice or organization of the provider as long as the provider shares the same CEHRT as the practice or organization. The Medicare program does not require providers to identify for CMS which registries they are reporting to for the public health reporting objective. However, we recommend they document their decisions in case of an audit or if they are attesting to Medicaid, which may require specific registries to be identified depending on the state.
- **Active Engagement – Option 3:** To meet any of the measures using *Active Engagement—Option 3* (production), a provider only may successfully attest to meaningful use when the receiving PHA or CDR moves the provider into a production phase. Live data may be sent during the Testing and Validation phase of *Active Engagement—Option 2*, but in such a case, the data received in Option 2 is insufficient for purposes of meeting Option 3 unless the PHA and CDR is actively accepting the production data from the provider for purpose of reporting.

Determining Availability of a Specialized Registry

The EP is not required to make an exhaustive search of all potential registries. Instead, they must take a few steps to meet due diligence in determining if there is a registry available for them, or if they meet the exclusion criteria:

1. An EP should check with their State (or the entity used as their reporting jurisdiction, such as a county) to determine if there is an available specialized registry maintained by a public health agency.
2. An EP should check with any specialty society with which they are affiliated to determine if the society maintains a specialized registry and for which they have made a public declaration of readiness to receive data for meaningful use no later than the first day of the provider's EHR reporting period.

If the EP determines no registries are available, they may exclude from the measure.

Please note: Cancer Registries and specialized registries on a national level are an option for reporting; however, an eligible professional is not required to report to them as a specialized registry.

For More Information

To learn more about:

- What counts as a specialized registry, see [FAQ #13653](#).
- Whether there is a specialized registry available or if an exclusion should be claimed, see [FAQ #13657](#).
- Whether to report as part of a group or claim an exclusion, see [FAQ # 3369](#).
- What alternate exclusions are available in 2016, see [FAQ #14401](#) and [FAQ #14397](#)