



# EHR Incentive Programs in 2015 through 2017 Public Health Reporting for Eligible Hospitals and Critical Access Hospitals in 2015



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

### Public Health Reporting Objective and Measures

**Objective:** The eligible hospital or CAH 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 eligible hospitals and CAHs includes four measures. Eligible hospitals and CAHs must attest to any **three measures**—this includes eligible hospitals and CAHs scheduled to be in Stage 2 in 2015 and all eligible hospitals and CAHs in 2016 and 2017. An eligible hospital or CAH scheduled to be in Stage 1 may meet two measures in 2015.

Public Health Reporting Measures for Eligible Hospitals and CAHs In 2015 through 2017		
Measure Name and Number	Measure Specification	Maximum Times Measure Can Count Towards the Objective
Measure 1—Immunization Registry Reporting	The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data	1
Measure 2—Syndromic Surveillance Reporting	The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data	1
Measure 3—Specialized Registry Reporting	The eligible hospital or CAH is in active engagement with a public health agency to submit data to a specialized registry	3 for eligible hospital/CAHs*
Measure 4—Electronic Reportable Laboratory (ELR) Results Reporting	The eligible hospital or CAH is in active engagement to submit ELR results	1
*An eligible hospital or CAH 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 Hospitals and CAHs specification sheet](#) for a complete list.

An exclusion for a measure does not count toward the total of three measures. Instead, an eligible hospital and CAH who selects an exclusion must select another measure to meet if an exclusion is claimed. If the eligible hospital or CAH qualifies for multiple exclusions and the total number of remaining measures available to the eligible hospital or CAH is less than three, the eligible hospital or CAH can meet the objective by meeting all of the remaining measures available to them and claiming the applicable exclusions.

If no measures remain available, the eligible hospital or CAH can meet the objective by claiming applicable exclusions for all measures.

An eligible hospital or CAH that is scheduled to be in Stage 1 in 2015 must report at least two measures unless they can either: 1) exclude from all but one available measure and report that one measure, or 2) exclude from all available measures. (Available measures include ones for which the eligible hospital or CAH does not qualify for an exclusion.)

## Public Health Reporting Alternate Exclusions in 2015

The final rule for the EHR Incentive Programs in 2015 through 2017 includes alternate exclusions and specifications to assist providers seeking to demonstrate meaningful use in 2015.

Alternate Exclusions for Public Health Reporting in 2015	
Eligible hospitals/CAHs scheduled to be in Stage 1:	Eligible hospitals/CAHs scheduled to be in Stage 2:
<p>Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-4.</p> <ul style="list-style-type: none"> <li>• May claim an Alternate Exclusion for Measure 1, Measure 2, Measure 3 or Measure 4.</li> <li>• An Alternate Exclusion may only be claimed for up to three measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(ii)(C).</li> </ul>	<p>Must attest to at least 3 measures from the Public Health Reporting Objective Measures 1-4.</p> <ul style="list-style-type: none"> <li>• May claim an alternate exclusion for Measure 3 (Specialized Registry Reporting Measure).</li> <li>• There is no alternate exclusion for Stage 2 providers for measure 1, 2 or 4; however, the provider may still claim the exclusion described in 495.22(e)(10)(ii)(C)(1)(2) and/or (4) if it is applicable to them.</li> </ul>

## Demonstrating “Active Engagement” for Public Health Reporting

Eligible hospitals and CAHs 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. For providers who have already planned for and/or acted toward meeting any of the Stage 1 or Stage 2 public health reporting objectives, those actions would count toward meeting the active engagement options.

Active engagement may be demonstrated through the following ways:

- **Active Engagement Option 1—Completed Registration to Submit Data:** The eligible hospital or CAH 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 eligible hospital or CAH 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 that 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 eligible hospital or CAH 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 eligible hospital or CAH 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 previous stages of meaningful use can 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.
- **Reporting on the Public Health Reporting Objective in 2015:** Providers are not required to engage in new activities in 2015 in order to successfully demonstrate meaningful use in 2015. Since providers in Stage 1 in 2015 were not previously required to submit a registration of intent to submit data to meet Objective 10 measures, providers may meet the measures by having sent a test message or by being in production. Providers who have sent a test message can be considered to have met *Option 2 of Active Engagement - Test and Validation*; providers who are in production can be considered to have met *Option 3 of Active Engagement - Production*.
- **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.

- **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.

### For More Information

For more information on:

- 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](#).

###