Medicaid Promoting Interoperability Program Stage 3
Eligible Hospitals and Critical Access Hospitals
Objectives and Measures for 2018

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Updated: July 2018

Public Health and Clinical Data Registry Reporting	
Objective	The eligible hospital or critical access hospital (CAH) is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified electronic health record technology (CEHRT), except where prohibited, and in accordance with applicable law and practice.
Measure Options	**Measure 1** – Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS). **Measure 2** – Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a PHA to submit syndromic surveillance data from an urgent care setting. **Measure 3** – Electronic Case Reporting: The eligible hospital or CAH is in active engagement with a PHA to submit case reporting of reportable conditions. *NOTE*: *Electronic Case Reporting is not required until 2019.* **Measure 5** – Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a PHA to submit data to public health registries. **Measure 5** – Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a CDR. **Measure 6** – Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a PHA to submit electronic reportable laboratory (ELR) results.
Exclusion	**Measure 1** – Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH— 1. Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the Promoting Interoperability (PI) reporting period; 2. Operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or

	3. Operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of six months prior to the start of the PI reporting period. **Measure 2** – Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH— 1. Does not have an emergency or urgent care department; 2. Operates in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or 3. Operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs as of 6 months prior to the start of the PI reporting period. **Measure 3** – Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the eligible hospital or CAH— 1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the PI reporting period; 2. Operates in a jurisdiction for which no PHA is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or 3. Operates in a jurisdiction where no PHA has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the PI reporting period. **Measure 4** – Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the eligible hospital or CAH— 1. Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the PI reporting period; 2. Operates in a jurisdiction for which no PHA is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or 3. Operates in a jurisdiction where no public health registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the PI reporting period.

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	Measure 5 – Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the clinical data registry reporting measure if the eligible hospital or CAH— 1. Does not diagnose or directly treat any disease or condition associated with a CDR in their jurisdiction during the PI reporting period; 2. Operates in a jurisdiction for which no CDR is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or 3. Operates in a jurisdiction where no CDR for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the PI reporting period. **Measure 6** – Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH— 1. Does not perform or order laboratory tests that are reportable in their jurisdiction during the PI reporting period; 2. Operates in a jurisdiction for which no PHA is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the PI reporting period; or 3. Operates in a jurisdiction where no PHA has declared readiness to receive electronic reportable laboratory results from an eligible hospital or CAH as of 6 months prior to the start of the PI reporting period.

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Definition of Terms

Active engagement – Means that the provider is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency or clinical data registry.

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 PI 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 PI 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 PI 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.

Production Data – Refers to data generated through clinical processes involving patient care, and it is used to distinguish between data and “test data” which may be submitted for the purposes of enrolling in and testing electronic data transfers.

Attestation Requirements

YES/NO/EXCLUSIONS

Measure 1:

- YES/NO: The eligible hospital or CAH must attest YES to being in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/IIS.

- EXCLUSIONS: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH—
  - Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the PI reporting period;
  - Operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or
  - Operates in a jurisdiction where no immunization registry or IIS system has declared readiness to receive immunization data as of 6 months prior to the start of the PI reporting period.

Measure 2:

- YES/NO: The eligible hospital or CAH must attest YES to being in active engagement with a PHA to submit syndromic surveillance data from an urgent care setting.
- EXCLUSIONS: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH—
  - Does not have an emergency or urgent care department;
  - Operates in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or
  - Operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the PI reporting period.

Measure 3:

- YES/NO: The eligible hospital or CAH must attest YES to being in active engagement with a PHA to submit case reporting of reportable conditions.
- EXCLUSIONS: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the eligible hospital or CAH—
  - Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the PI reporting period;
  - Operates in a jurisdiction for which no PHA is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or
  - Operates in a jurisdiction where no PHA has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the PI reporting period.

Measure 4:

- YES/NO: The eligible hospital or CAH must attest YES to being in active engagement with a public health agency to submit data to public health registries.
- EXCLUSIONS: Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the eligible hospital or CAH—
  - Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the PI reporting period;

- Operates in a jurisdiction for which no PHA is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or
- Operates in a jurisdiction where no public health registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the PI reporting period.

Measure 5:

- YES/NO: The eligible hospital or CAH must attest YES to being in active engagement to submit data to a CDR.
- EXCLUSIONS: Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the CDR reporting measure if the eligible hospital or CAH—
  - Does not diagnose or directly treat any disease or condition associated with a CDR in their jurisdiction during the PI reporting period;
  - Operates in a jurisdiction for which no CDR is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or
  - Operates in a jurisdiction where no CDR for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the PI reporting period.

Measure 6:

- YES/NO: The eligible hospital or CAH must attest YES to being in active engagement with a PHA to submit electronic reportable laboratory results.
- EXCLUSIONS: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH—
  - Does not perform or order laboratory tests that are reportable in their jurisdiction during the PI reporting period;
  - Operates in a jurisdiction for which no PHA is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the PI reporting period; or
  - Operates in a jurisdiction where no PHA has declared readiness to receive electronic reportable laboratory results from an eligible hospital or CAH as of 6 months prior to the start of the PI reporting period.

Additional Information

- To meet Stage 3 requirements, all providers must use technology certified to the 2015 Edition. A provider who has technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. A provider who has technology certified to the 2014 Edition **may not** attest to Stage 3.
- Eligible hospitals must attest to *at least four measures* from the Public Health Reporting Objective, Measures 1 through 6.

- If PHAs have not declared 6 months before the start of the PI reporting period whether the registry they are offering will be ready on January 1 of the upcoming year for use by providers seeking to meet PI reporting periods in that upcoming year, a provider can claim an exclusion.
- An exclusion for a measure does not count toward the total of four measures. Instead, in order to meet this objective an eligible hospital would need to meet four of the total number of measures available to them. If the eligible hospital qualifies for multiple exclusions and the total number of remaining measures available to the eligible hospital is less than four, the eligible hospital can meet the objective by meeting all of the remaining measures available to them and claiming the applicable exclusions. Available measures include ones for which the eligible hospital does not qualify for an exclusion.
- For Measure 1, an exclusion does not apply if an entity designated by the immunization registry or IIS can receive electronic immunization data submissions. For example, if the immunization registry cannot accept the data directly or in the standards required by CEHRT, but if it has designated a Health Information Exchange (HIE) to do so on their behalf and the HIE is capable of accepting the information in the standards required by CEHRT, the provider could not claim the second exclusion.
- For Measure 1, the provider's health IT system may layer additional information on the immunization history, forecast, and still successfully meet this measure.
- Bi-directionality provides that certified health IT must be able to receive and display a consolidated immunization history and forecast in addition to sending the immunization record.
- For Measure 2, an exclusion does not apply if an entity designated by PHA can receive electronic syndromic surveillance data submissions. For example, if the PHA cannot accept the data directly or in the standards required by CEHRT, but if it has designated a HIE to do so on their behalf and the HIE is capable of accepting the information in the standards required by CEHRT, the provider could not claim the second exclusion.
- For Measure 3, Electronic Case Reporting is not required until 2019, since we believe that the standards will be mature and that jurisdictions will be able to accept these types of data by that time.
- For Measure 4, eligible hospitals may choose to report to more than one public health registry to meet the number of measures required to meet the objective.
- For Measure 4, a provider may count a specialized registry (such as prescription drug monitoring) if the provider achieved the phase of active engagement defined under Active Engagement Option 3: Production, including production data submission with the specialized registry in a prior year under the applicable requirements of PI programs in that year.
- For Measure 5, eligible hospitals may choose to report to more than one clinical data registry to meet the number of measures required to meet the objective.
- For Measure 5, the definition of jurisdiction is general, and the scope may be local, state, regional or at the national level. The definition will be dependent on the type of registry to which the provider is reporting. A registry that is ‘‘borderless’’ would be considered a registry at the national level and would be included for purposes of this measure.
- Providers who have previously registered, tested, or begun ongoing submission of data to registry do not need to "restart" the process beginning at active engagement option 1. The provider may simply attest to the active engagement option which most closely reflects their current status.

- If a provider is part of a group which submits data to a registry, but the provider does not contribute to that data (for example they do not administer immunizations), the provider should not attest to meeting the measure but instead should select the exclusion. The provider may then select a different more relevant measure to meet.
- If a provider does the action that results in a data element for a registry in the normal course of their practice and is in active engagement to submit to a registry, but simply has no cases for the reporting period, the provider is not required to take the exclusion and may attest to meeting the measure.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.24 (d)(8)(ii)(A) and (B). For further discussion please see 80 FR 62870.
- In order to meet this objective and measure, an eligible hospital or CAH must use the capabilities and standards of CEHRT at 45 CFR 170.315 (f)(1), through (f)(7).

Certification Standards and Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria	
§ 170.315(f)(1) Public Health – Transmission to Immunization Registries	(i) Create immunization information for electronic transmission in accordance with: (A) The standard and applicable implementation specifications specified in §170.205(e)(4). (B) At a minimum, the version of the standard specified in §170.207(e)(3) for historical vaccines. (C) At a minimum, the version of the standard specified in §170.207(e)(4) for administered vaccines. (ii) Enable a user to request, access, and display a patient's evaluated immunization history and the immunization forecast from an immunization registry in accordance with the standard at §170.205(e)(4).
§ 170.315(f)(2) Transmission to public health registries – syndromic surveillance	(i) Create syndrome-based public health surveillance information for electronic transmission in accordance with the standard (and applicable implementation specifications) specified in §170.205(d)(4).

§ 170.315(f)(3) Transmission to public health agencies- reportable laboratory tests and values/results	Create reportable laboratory tests and values/results for electronic transmission in accordance with: (i) The standard (and applicable implementation specifications) specified in §170.205(g). (ii) At a minimum, the versions of the standards specified in §170.207(a)(3) and (c)(2).
§ 170.315(f)(4) Transmission to cancer registries	Create cancer case information for electronic transmission in accordance with: (i) The standard (and applicable implementation specifications) specified in §170.205(i)(2). (ii) At a minimum, the versions of the standards specified in §170.207(a)(4) and (c)(3).
§ 170.315(f)(5) Transmission to public health agencies—electronic case reporting	(i) Consume and maintain a table of trigger codes to determine which encounters may be reportable. (ii) Match a patient visit or encounter to the trigger code based on the parameters of the trigger code table. (iii) Case report creation. Create a case report for electronic transmission: (A) Based on a matched trigger from paragraph (f)(5)(ii). (B) That includes, at a minimum: (1) The Common Clinical Data Set. (2) Encounter diagnoses. Formatted according to at least one of the following standards: (i) The standard specified in §170.207(i). (ii) At a minimum, the version of the standard specified in §170.207(a)(4). (3) The provider's name, office contact information, and reason for visit. (4) An identifier representing the row and version of the trigger table that triggered the case report.
§ 170.315(f)(6) Transmission to public health agencies—antimicrobial use and resistance reporting.	Create antimicrobial use and resistance reporting information for electronic transmission in accordance with the standard specified in §170.205(r)(1).
§ 170.315(f)(7) Transmission to public health agencies—health care surveys	Create health care survey information for electronic transmission in accordance with the standard specified in §170.205(s)(1).

Standards Criteria	
§ 170.205(e)(3) Electronic submission to immunization registries.	HL7 2.5.1 (incorporated by reference in §170.299). Implementation specifications. HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.4, (incorporated by reference in §170.299).
§ 170.207(e)(4) Electronic submission to immunization registries.	HL7 2.5.1 (incorporated by reference in §170.299). Implementation specifications. HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.5 (incorporated by reference in §170.299) and HL7 Version 2.5.1 Implementation Guide for Immunization Messaging (Release 1.5)—Addendum, July 2015 (incorporated by reference in §170.299).
§ 170.205(d)(2) Electronic submission to public health agencies for surveillance or reporting	HL7 2.5.1 (incorporated by reference in §170.299).
§ 170.205(d)(3) Electronic submission to public health agencies for surveillance or reporting	Standard. HL7 2.5.1 (incorporated by reference in §170.299). Implementation specifications. PHIN Messaging Guide for Syndromic Surveillance (incorporated by reference in §170.299) and Conformance Clarification for EHR Certification of Electronic Syndromic Surveillance, Addendum to PHIN Messaging Guide for Syndromic Surveillance (incorporated by reference in §170.299).
§ 170.205(d)(4) Electronic submission to public health agencies for surveillance or reporting	Standard. HL7 2.5.1 (incorporated by reference in §170.299). Implementation specifications. PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0, April 21, 2015 (incorporated by reference in §170.299) and Erratum to the CDC PHIN 2.0 Implementation Guide, August 2015; Erratum to the CDC PHIN 2.0 Messaging Guide, April 2015 Release for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings (incorporated by reference in §170.299).

§ 170.205(g) Electronic transmission of lab results to public health agencies.	HL7 2.5.1 (incorporated by reference in §170.299). Implementation specifications. HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm) (incorporated by reference in §170.299) with Errata and Clarifications, (incorporated by reference in §170.299) and ELR 2.5.1 Clarification Document for EHR Technology Certification, (incorporated by reference in §170.299).
§ 170.207(a)(3)	HTSDO SNOMED CT® International Release July 2012 (incorporated by reference in §170.299) and US Extension to SNOMED CT® March 2012 Release (incorporated by reference in §170.299).
§ 170.207(a)(4)	IHTSDO SNOMED CT®, U.S. Edition, September 2015 Release (incorporated by reference in §170.299).
§ 170.207(c)(2)	Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.40, a universal code system for identifying laboratory and clinical observations produced by the Regenstrief Institute, Inc. (incorporated by reference in §170.299).
§ 170.207(c)(3)	Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.52, a universal code system for identifying laboratory and clinical observations produced by the Regenstrief Institute, Inc. (incorporated by reference in §170.299).

** Note: Additional standards criteria may apply. Review the ONC 2015 Edition Final Rule for more information.*