# Medicaid Promoting Interoperability Program Modified Stage 2
# Eligible Professionals
# Objectives and Measures for 2018

**Objective 10 of 10**

***Updated: July 2018***

| **Public Health Reporting** | |
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| **Objective** | The eligible professional (EP) is in active engagement with a public health agency (PHA) to submit electronic public health data from certified electronic health record technology (CEHRT) except where prohibited and in accordance with applicable law and practice. |
| **Measure** | **Measure 1**: Immunization Registry Reporting – The EP is in active engagement with a PHA to submit immunization data.<br><br>**Measure 2:** Syndromic Surveillance Reporting – The EP is in active engagement with a PHA to submit syndromic surveillance data.<br><br>**Measure 3**: Specialized Registry Reporting – The EP is in active engagement to submit data to a specialized registry. |
| **Exclusion** | Measure 1 Exclusions: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP—<br>(1) Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system (IIS) during the Promoting Interoperability (PI) reporting period;<br>(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<br>(3) Operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data from the EP at the start of the PI reporting period.<br><br>Measure 2 Exclusions: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP—<br>(1) Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;<br>(2) Operates in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the PI reporting period; or<br>(3) Operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from EPs at the start of the PI reporting period. |

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| | Measure 3 Exclusions: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP—<br>(1) Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the PI reporting period;<br>(2) Operates in a jurisdiction for which no specialized registry 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<br>(3) Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the PI reporting period. |

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## Definition of Terms

**Active Engagement** – The provider is in the process of moving towards sending "production data" to a PHA or clinical data registry (CDR), or is sending production data to a PHA or CDR.

**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 PI 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 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 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 PI 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.

**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 EP must attest YES to being in active engagement with a PHA to submit immunization data.
- EXCLUSIONS: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP—
  - Does not administer any immunizations to any of the populations for which data is collected by its 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 immunization information system has declared readiness to receive immunization data from the EP at the start of the PI reporting period.

**MEASURE 2:**

- YES/NO: THE EP must attest YES to being in active engagement with a PHA to submit syndromic surveillance data.
- EXCLUSIONS: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP—
  - Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;
  - Operates in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from EPs 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 EPs at the start of the PI reporting period.

**MEASURE 3**:

- YES/NO: The EP must attest YES to being in active engagement to submit data to a specialized registry.
- EXCLUSIONS: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP—
  - Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the PI reporting period;

- Operates in a jurisdiction for which no specialized registry 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 specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the PI reporting period.

## Additional Information

- EPs must attest to at least two measures from the Public Health Reporting Objective measures 1 through 3.
- An exclusion for a measure does not count toward the total of two measures. Instead, in order to meet this objective, an EP would need to meet two of the total number of measures available to them. 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. If no measures remain available, the EP can meet the objective by claiming applicable exclusions for all three measures.
- For Measure 1, an exclusion does not apply if an entity designated by the immunization registry or immunization information system 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 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, a provider may report to more than one specialized registry and may count specialized registry reporting more than twice to meet the required number of measures for the objective.
- 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.
- In determining whether an EP meets the first exclusion, the registries in question are those sponsored by the PHAs with jurisdiction over the area where the EP practices and national medical societies covering the EPs scope of practice. Therefore, an EP must complete two actions in order to determine available registries or claim an exclusion:
  - Determine if the jurisdiction (state, territory, etc.) endorses or sponsors a registry; and,
  - Determine if a National Specialty Society or other specialty society with which the provider is affiliated endorses or sponsors a registry.

- We continue to allow registries such as Prescription Drug Monitoring Program reporting and electronic case reporting registries to be considered specialized registries for purposes of the PI reporting period in 2017 and 2018.
- EPs who were previously planning to attest to the cancer case reporting objective, may count that action toward the Specialized Registry reporting measure. EPs who did not intend to attest to the cancer case reporting menu objective are not required to engage in or exclude from cancer case reporting in order to meet the specialized registry reporting measure.
- Providers may use electronic submission methods beyond the functions of CEHRT to meet the requirements for the Specialized Registry Reporting measure.
- A specialized registry cannot be duplicative of any of the other registries or reporting included in other meaningful use requirements.
- 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 495.22 (e)(10)(i)(A)(B). For further discussion please see 80 FR 62824.
- In order to meet this objective and measure, an EP must use the capabilities and standards of CEHRT at 45 CFR 170.314 (f)(1), (f)(2) and (f)(3).

## Certification Standards and Criteria

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

| Certification Criteria | |
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| **§ 170.314(f)(1) Immunization information** | Enable a user to electronically record, change, and access immunization information. |
| **§ 170.314(f)(2) Transmission to immunization registries** | EHR technology must be able to electronically create immunization information for electronic transmission in accordance with:<br>(i) The standard and applicable implementation specifications specified in § 170.205(e)(3); and<br>(ii) At a minimum, the version of the standard specified in § 170.207(e)(2). |

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| **§ 170.314(f)(3) Transmission to public health agencies- syndromic surveillance** | EHR technology must be able to electronically create syndrome-based public health surveillance information for electronic transmission in accordance with:<br>(i) Ambulatory setting only.<br>(A) The standard specified in § 170.205(d)(2)<br>(B) Optional. The standard (and applicable implementation specifications) specified in § 170.205(d)(3).<br>(ii) Inpatient setting only. The standard (and applicable implantation specifications) specified in § 170.205(d)(3). |

| **Standards Criteria** | |
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| **§ 170.205(e)(3)** | 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)(2) Immunizations** | HL7 Standard Code Set CVX – Vaccines Administered, updates through July 11, 2012 (incorporated by reference in § 170.299). |
| **§ 170.205(d)(2)** | HL7 2.5.1 |
| **§ 170.205(d)(3)** | 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. |