



Public Health Reporting for Eligible Hospitals, CAHs and Dual-Eligible Hospitals Attesting to CMS Modified Stage 2 of the EHR Incentive Programs in 2017

Updated: November 2016



The Electronic Health Record (EHR) Incentive Programs includes a consolidated public health reporting objective for eligible hospitals and critical access hospitals (CAHs) for Modified Stage 2. Below is an overview the public health reporting objective, measures, and exclusions for eligible hospitals, CAHs and dual-eligible hospitals attesting to CMS. 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 PHA (PHA) to submit electronic public health data from certified EHR technology (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. In 2017, eligible hospitals and CAHs must attest to at least **three measures**.

Public Health Reporting Measures for Eligible Hospitals and CAHs in 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 PHA to submit immunization data	1
Measure 2—Syndromic Surveillance Reporting	The eligible hospital or CAH is in active engagement with a PHA to submit syndromic surveillance data	1
Measure 3—Specialized Registry Reporting	The eligible hospital or CAH is in active engagement with a PHA 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, CAHs and Dual-Eligible Hospitals specification sheet](#) for a complete list.

For eligible hospitals/CAHs, an exclusion for a measure does not count toward the total of three measures. Instead, in order to meet this objective, an eligible hospital or CAH would need to meet three of the total number of measures available to them. (Available measures include ones for which the eligible hospital or CAH does not qualify for an exclusion.) 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. For example, if the eligible hospital/CAH can exclude from all measures except for Specialized Registry Reporting, the hospital/CAH should report to three 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 three registries they should report to the number of specialized registries that they are able to and exclude from the remaining.

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

Demonstrating “Active Engagement” for Public Health Reporting

Eligible hospitals and CAHs are required to demonstrate “active engagement” with a 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 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 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 eligible hospital/CAH 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 providers 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 eligible hospital or CAH 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 PHA as well as any organization or 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.

NOTE: Eligible hospitals or CAHs do not need to explore every specialty society with which their hospital-based specialists may be affiliated. The hospital may simply check with their State (or entity used as their reporting jurisdiction, such as a county) and any such organization with which it is affiliated. If no registries exist, they may simply exclude from the measure. Providers are not required to report to specialized registries on a national level, but they are an option.

For More Information

Visit the [CMS EHR Incentive Programs website](#).

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