MEDICARE
PROMOTING
INTEROPERABILITY
PROGRAM

Proposed Changes to Public Health Reporting for Eligible Clinicians in 2022

A Joint Presentation by CMS & ONC
MEDICARE PROMOTING INTEROPERABILITY PERFORMANCE CATEGORY
QUALITY PAYMENT PROGRAM

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, that provides two participation tracks:

1. **MIPS** (Merit-based Incentive Payment System)
   - If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

2. **Advanced APMs** (Advanced Alternative Payment Models)
   - If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.
Quick Overview

Combined legacy programs into a single, improved program.

- Physician Quality Reporting System (PQRS)
- Value-Based Payment Modifier (VM)
- Medicare EHR Incentive Program (EHR) for Eligible Professionals
Comprised of 4 performance categories,

**So what?** The points from each performance category are added together to give you a MIPS Final Score.

The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a positive, negative, or neutral payment adjustment to your Medicare Physician Fee Schedule payments.
CEHRT REQUIREMENTS

• Utilize 2015 Edition CEHRT or the 2015 Edition Cures Update or a combination of the two through 2022
MEDICARE PROMOTING INTEROPERABILITY PERFORMANCE CATEGORY METHODOLOGY 2021

**OBJECTIVES**

**MEASURES**

**Electronic Prescribing**
- e-Prescribing (10 points)
- **Bonus**: Query of Prescription Drug Monitoring Program (PDMP) (5 bonus points)

**Health Information Exchange**
- Support Electronic Referral Loops by Sending Health Information (20 points)
- Support Electronic Referral Loops by Receiving and Incorporating Health Information (20 points)

**Provider to Patient Exchange**
- Provide Patients Electronic Access to Their Health Information (40 points)

**Public Health and Clinical Data Exchange**
- HIE Bi-Directional Exchange (40 points)
- **CHOOSE 2:**
  - Syndromic Surveillance Reporting
  - Immunization Registry Reporting
  - Electronic Case Reporting
  - Public Health Registry Reporting
  - Clinical Data Registry—Reporting (10 points)
SCORING METHODOLOGY

Scoring Methodology

- Performance-based scoring
- Can receive up to 100 total points
- Must submit a complete numerator/denominator or yes/no data for all required measures
- Must complete activities required by the Security Risk Analysis measure
## SCORING EXAMPLE

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Numerator/Denominator</th>
<th>Performance Rate</th>
<th>Max. Points Available</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Electronic Prescribing</strong></td>
<td>e-Prescribing</td>
<td>200/250</td>
<td>80%</td>
<td>10 points</td>
<td>8 points</td>
</tr>
<tr>
<td><strong>Bonus</strong>: Query of PDMP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Information Exchange</strong></td>
<td>Support Electronic Referral Loops by Sending Health Information</td>
<td>135/185</td>
<td>73%</td>
<td>20 points</td>
<td>15 points</td>
</tr>
<tr>
<td></td>
<td>Support Electronic Referral Loops by Receiving and Incorporating Health Information</td>
<td>145/175</td>
<td>83%</td>
<td>20 points</td>
<td>17 points</td>
</tr>
<tr>
<td><strong>Provider to Patient Exchange</strong></td>
<td>Provide Patients Electronic Access to Their Health Information</td>
<td>350/500</td>
<td>70%</td>
<td>40 points</td>
<td>28 points</td>
</tr>
<tr>
<td><strong>Public Health and Clinical Data Exchange</strong></td>
<td>Choose any two of the following: Syndromic Surveillance Reporting Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10 points</td>
</tr>
<tr>
<td><strong>Total Score</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>83 points</td>
</tr>
</tbody>
</table>
PROMOTING INTEROPERABILITY PERFORMANCE CATEGORY – SCORING EXAMPLE

<table>
<thead>
<tr>
<th>Total Score (from previous slide)</th>
<th>83 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculate the contribution to MIPS Final Score</td>
<td>$83 \times 0.25 \text{ (the category value)} = 20.75$ performance category points</td>
</tr>
<tr>
<td>Final Performance Category Score</td>
<td>21 points out of the 25 performance category points</td>
</tr>
</tbody>
</table>
PUBLIC HEALTH AND CLINICAL DATA EXCHANGE OBJECTIVE OVERVIEW (2021)

Public Health and Clinical Data Exchange Objective and Measures

• Up to 10 points
• Yes/No attestation on any 2 of 6 measures available
• Exclusions available
## IMMUNIZATION REGISTRY REPORTING MEASURE

<table>
<thead>
<tr>
<th>Measure Name:</th>
<th>Immunization Registry Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Description</td>
<td>The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).</td>
</tr>
<tr>
<td>Maximum Points Available</td>
<td>10 points</td>
</tr>
<tr>
<td>Yes/No Attestation</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Exclusion Available?</td>
<td>Yes: Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Immunization Registry Reporting measure if the MIPS eligible clinician:</td>
</tr>
<tr>
<td></td>
<td>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 during the performance period. OR 2. Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period. OR 3. Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.</td>
</tr>
<tr>
<td>If exclusion claimed, points re-distribution</td>
<td>• If one exclusion is claimed, but one measure is attested to, the 10 points will be granted for the Public Health and Clinical Data Exchange objective. • If two exclusions are claimed, then the 10 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.</td>
</tr>
</tbody>
</table>
ELECTRONIC CASE REPORTING MEASURE

<table>
<thead>
<tr>
<th>Measure Name:</th>
<th>Electronic Case Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Description</td>
<td>The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.</td>
</tr>
<tr>
<td>Maximum Points Available</td>
<td>10 points</td>
</tr>
<tr>
<td>Yes/No Attestation</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Attest to two measures under the Public Health and Clinical Data Exchange objective</td>
<td></td>
</tr>
<tr>
<td>Exclusion Available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Electronic Case Reporting measure if the MIPS eligible clinician; 1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction’s reportable disease system during the performance period. OR 2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period. OR 3. Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period.</td>
<td></td>
</tr>
<tr>
<td>If exclusion claimed, points re-distribution</td>
<td>• If one exclusion is claimed, but one measure is attested to, the 10 points will be granted for the Public Health and Clinical Data Exchange objective. • If two exclusions are claimed, then the 10 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.</td>
</tr>
</tbody>
</table>
**PUBLIC HEALTH REGISTRY REPORTING MEASURE**

<table>
<thead>
<tr>
<th>Measure Name: Public Health Registry Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Description</td>
</tr>
<tr>
<td>Maximum Points Available</td>
</tr>
<tr>
<td>Yes/No Attestation</td>
</tr>
<tr>
<td>Exclusion Available?</td>
</tr>
</tbody>
</table>

Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Public Health Reporting measure if the MIPS eligible clinician:

1. Does not diagnose or directly treat any disease or condition associated with a public health registry in the MIPS eligible clinician’s jurisdiction during the performance period. OR
2. Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period. OR
3. Operates in a jurisdiction where no public health registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.

If exclusion claimed, points re-distribution:

- If one exclusion is claimed, but one measure is attested to, the 10 points will be granted for the Public Health and Clinical Data Exchange objective.
- If two exclusions are claimed, then the 10 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.
<table>
<thead>
<tr>
<th>Measure Name:</th>
<th>Clinical Data Registry Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Description</td>
<td>The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.</td>
</tr>
<tr>
<td>Maximum Points Available</td>
<td>10 points</td>
</tr>
<tr>
<td>Yes/No Attestation</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Attest to two measures under the Public Health and Clinical Data Exchange objective</td>
<td></td>
</tr>
<tr>
<td>Exclusion Available?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Clinical Data Registry Reporting measure if the MIPS eligible clinician:

1. Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the performance period. OR

2. Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period. OR

3. Operates in a jurisdiction where no clinical data registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.

If exclusion claimed, points re-distribution
- If one exclusion is claimed, but one measure is attested to, the 10 points will be granted for the Public Health and Clinical Data Exchange objective.
- If two exclusions are claimed, then the 10 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.
# SYNDROMIC SURVEILLANCE REPORTING MEASURE 2021

<table>
<thead>
<tr>
<th>Measure Name:</th>
<th>Syndromic Surveillance Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Description</td>
<td>The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.</td>
</tr>
<tr>
<td>Maximum Points Available</td>
<td>10 points</td>
</tr>
<tr>
<td>Yes/No Attestation</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Exclusion Available?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Syndromic Surveillance Reporting measure if the MIPS eligible clinician:

1. Is not in a category of health care providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system. OR
2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required to meet the CEHRT definition at the start of the performance period. OR
3. Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from MIPS eligible clinicians as of 6 months prior to the start of the performance period.

If exclusion claimed, points re-distribution

- If one exclusion is claimed, but one measure is attested to, the 10 points will be granted for the Public Health and Clinical Data Exchange objective.
- If two exclusions are claimed, then the 10 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.
CY 2022 PFS/QPP


CY 2022 PFS/QPP

• See proposed rule for information on submitting comments by close of 60-day comment period on **September 13, 2021** (when commenting **refer to file code CMS-1751-P**).
PROPOSED MEDICARE PROMOTING INTEROPERABILITY PERFORMANCE CATEGORY CHANGES FOR 2022

- Proposed changes to the Medicare Promoting Interoperability Performance Category include:
  - Requiring the following Public Health and Clinical Data Exchange measures:
    - Immunization Registry Reporting
    - Electronic Case Reporting
  - Offering bonus points for one of the following Public Health and Clinical Data Exchange measures:
    - Public Health Registry Reporting
    - Clinical Data Registry Reporting
    - Syndromic Surveillance Reporting
WHY THE PROPOSED CHANGES?

- Requiring the three measures will assist with future health threats and long-term Covid-19 pandemic recovery
- Provide automated case and laboratory reporting for fast public health response
- Increase local and national visibility on immunization uptake so that vaccine distribution strategies can be tailored
ADDITIONAL PROPOSED MODIFICATIONS

• Proposing to make the Public Health Registry Reporting, Syndromic Surveillance Reporting, and Clinical Data Registry Reporting measures optional and available for bonus points.
  • proposing an eligible clinician may earn a maximum of 5 bonus points if they report a “yes” response for either the Public Health Registry Reporting measure OR the Clinical Data Registry Reporting measure OR the Syndromic Surveillance Reporting measure.
  • proposing that the three exclusions that we established for each measure would no longer be available beginning with the MIPS performance period in 2022.
ADDITIONAL PROPOSED MODIFICATIONS

• Proposing that an eligible clinician would receive 10 points if they report a “yes” response for the required two measures
  • Proposed: claiming 1 or less exclusions would receive 10 points
  • Proposed: claiming 2 exclusions would redistribute 10 points to the Provider to Patient Exchange objective.

• May report on one of the optional measures, even if exclusions are claimed for the two required measures.
ONC Health IT Certification Program & Public Health Reporting

Presented by
Jeffery Smith, M.P.P., Deputy Division Director, Certification & Testing Division, ONC Office of Technology

August 19, 2021
ONC Certification Construct

ONC’s Health IT Certification Program is:

- **Voluntary**
  - Developers not required to be Certified; Requirements to use Certified Modules established through programs (e.g. CMS Promoting Interoperability, Medicare Shared Savings Program, etc.)

- **Standards-based**
  - Certification based on demonstrating conformance to standards and functionality

- **Modular**
  - Different combinations of Certification Criteria are possible, depending on the intended use / setting of use

- **Entity Agnostic**
  - Can be adopted for use by different levels of government (e.g. States)
  - Can be adopted for use by entities other than “EHR developers”
    - Immunization Registries
Select 2015 Edition Certification Criteria

**Clinical Processes**
- Computerized Provider Order Entry (CPOE) – Medications
- Computerized Provider Order Entry (CPOE) – Laboratory
- Computerized Provider Order Entry (CPOE) – Diagnostic Imaging
- Clinical decision support (CDS)
- Demographics
- Family health history

**Public Health**
- Transmission to Immunization Registries
- Syndromic Surveillance
- Reportable Laboratory Tests and Values/Results
- Electronic Case Reporting
- Antimicrobial use and resistance reporting
- Health care surveys

**Care Coordination**
- Transitions of Care
- Clinical Information Reconciliation and Incorporation
- Electronic Prescribing
- Data Export/Electronic Health Information export
- Care Plan

**Patient Engagement**
- View, Download, and Transmit to 3rd Party
- Data Access via API
Cures Updates to 2015 Edition Certification Criteria

Time-Limited and Removed Criteria
- Drug formulary/Drug List Checks
- Patient-Specific Education
- Secure Messaging
- Problem List, Medication List, Med Allergy List
- Smoking Status

Revised Criteria
- Interoperability criteria (C-CDA, VDT, etc.)
  - Updated with USCDI
  - Updated with C-CDA Companion Guide
- ASTM criteria
- Security tags send & receive criteria
- Electronic Prescribing (aligned with CMS)
- CQM – report criterion (aligned with CMS)

New Criteria
- Electronic Health Information (EHI) export
- Standardized API for patient & population services
- Privacy and Security Attestation Criteria
- Common Clinical Data Set summary record – create & receive criteria (replaced with USCDI)
- API (replaced with Standardized API criterion)
- Data Export (replaced with EHI export criterion)
“Data Element” is the most granular level at which a piece of data is exchanged.

“Data Class” is an aggregation of various Data Elements by a common theme or use case.

USCDI Version 2

Allergies and Intolerances
  - Substance (Medication)
  - Substance (Drug Class)
  - Reaction

Assessment and Plan of Treatment
  - Assessment and Plan of Treatment
  - SDOH Assessment

Care Team Member(s)
  - Care Team Member Name
  - Care Team Members Identifier
  - Care Team Members Role
  - Care Team Members Location
  - Care Team Members Telecom

Clinical Notes
  - Consultation Note
  - Discharge Summary Note
  - History & Physical
  - Procedure Note
  - Progress Note

Clinical Tests
  - Clinical Test
  - Clinical Test Result/Report

Diagnostic Imaging
  - Diagnostic Imaging Test
  - Diagnostic Imaging Report

Encounter Information
  - Encounter Type
  - Encounter Diagnosis
  - Encounter Time
  - Encounter Location
  - Encounter Disposition

Goals
  - Patient Goals
  - SDOH Goals

Health Concerns
  - Health Concerns

Immunizations
  - Immunizations

Patient Demographics
  - First Name
  - Last Name
  - Previous Name
  - Middle Name (Incl. Middle Initial)
  - Suffix
  - Sex (Assigned at Birth)
  - Sexual Orientation
  - Gender Identity
  - Date of Birth
  - Race
  - Ethnicity
  - Preferred Language
  - Current Address
  - Previous Address
  - Phone Number
  - Phone Number Type
  - Email Address

Procedures
  - Procedures
  - SDOH Interventions

Provenance
  - Author Time Stamp
  - Author Organization

Smoking Status
  - Smoking Status

Vital Signs
  - Diastolic Blood Pressure
  - Systolic Blood Pressure
  - Body Height
  - Body Weight
  - Heart Rate
  - Respiratory Rate
  - Body Temperature
  - Pulse Oximetry
  - Inhaled Oxygen Concentration
  - BMI Percentile (2-20 Years)
  - Weight-for-length Percentile (Birth-36 Months)
  - Occipital-frontal Head Circumference Percentile (Birth-36 Months)

Unique Device Identifier(s)
  - Unique Device Identifier(s) for a Patient’s Implantable Device(s)

Laboratory
  - Tests
  - Values/Results

Medications
  - Medications

Problems
  - Problems
  - SDOH Problems/Health Concerns
  - Date of Diagnosis
  - Date of Resolution

New USCDI v2 Data Elements and Classes
Standardized Application Programming Interface (API) for Patient and Population Services

• Established a new application programming interface (API) certification criterion that requires health IT developers to support standardized APIs for single patient and population services.

• Replaces § 170.315(g)(8) in 2015 Edition

• Certification criterion is limited to API-enabled “read” services

• The use of the FHIR standard and a set of implementation guides provides known technical requirements against which third-party apps can be developed

Supports two types of API-enabled services:

» Services for which a single patient’s data is the focus

» Services for which multiple patients’ (population) data are the focus
The (f)-Criteria: Public Health Reporting
Certification Criteria

• §170.315(f)(1) - Transmission to immunization registries
• §170.315(f)(2) - Transmission to public health agencies – syndromic surveillance
• §170.315(f)(3) - Transmission to public health agencies – reportable laboratory tests and value/results
• §170.315(f)(4) - Transmission to cancer registries
• §170.315(f)(5) - Transmission to public health agencies – electronic case reporting
• §170.315(f)(6) - Transmission to public health agencies – antimicrobial use and resistance reporting
• §170.315(f)(7) - Transmission to public health agencies – health care surveys

Bold, underlined, italicized = Available for MIPS participants
Marketplace for Public Health-Related Certified Modules

• According to ONC data
  • Public Health certification criteria are supported by several hundred Certified Modules, spanning more than 200 unique Certified Health IT Developers
  • Numbers expected to increase due to CMS requirements for hospitals beginning 2022

(f)(1) – IIS: 329 modules
(f)(5) – ECR: 80 modules
(f)(2) – SS: 266 modules
(f)(7) – HCS: 132 modules
(f)(4) – CR: 82 modules
(f)(5) - Transmission to public health agencies – electronic case reporting

• Key Clarifications (from CCGs)
  • Applies to entire criterion
    • A specific content exchange standard for electronic case reporting (eCR) is not required to meet this criterion. [80 FR 62667]
    • This criterion may be met through one of the following two ways:
      • Documentation that sufficiently describes how the Health IT Module meets the functional requirements of the criterion.
      • Documentation of eCR implementation using the eCR Now FHIR application and the ability to meet paragraph (i) of this criterion. Note that this optional certification pathway using the eCR Now FHIR application may require a different set of data elements than specified in § 170.315(f)(5)(iii)(B)(1) or (2)
  • Paragraph (f)(5)(iii)
    • For attestation, a health IT developer must attest to their product’s ability to support the referenced standard(s) in § 170.315(f)(5)(iii)(B)(1) or (2). However, individual public health authorities may require a subset of this data for reporting.
eCR Now FHIR App

- **eCR Now** provides COVID-19 electronic case reporting capabilities for EHRs lacking the functionality

- The technical documentation for the eCR Now FHIR App is available via Github and, generally, the software creates and transmits HL7 v2 messages using data elements made available via SMART on FHIR EHR Launch
  - Currently the app supports FHIR DSTU2 and the queries used are based on the Argonaut Data Query Implementation Guide Version 1.0.0
  - The app also supports FHIR R4 and those queries are based on US Core STU3 Release 3.1.1

- While established for purposes of reporting COVID-19 cases, eCR Now can also be configured to do eCR for a broader set of reportable conditions

- The eCR Now App is not a stand-alone Certified Health IT Module
The current requirements for the PI Program and (f)(5)-certification accommodate Certified Health IT Developers that are supporting Electronic Case Reporting using eCR Now.

To enable participants in the PI Program to receive credit for using eCR Now, their current Certified Health IT Developer may expand their certification to include (f)(5) by:

- Self-attesting to their ONC-Authorized Certification Body (ACB) that their product has been expanded to include (f)(5) functionality
- Providing documentation that sufficiently describes how the Health IT Module meets the functional requirements of the criterion, as described in the CCG
- Reporting on the use of this criterion per the Real World Testing Condition and Maintenance of Certification requirements

Developers that already have (f)(5)-certified products that wish to use the eCR Now FHIR app to support their customers’ participation in the PI Program should follow the same steps outlined above.
Expansion via self-attestation and notification

- Recognizes efforts already underway and provides PI Program credit to ECs reporting COVID cases with the eCR Now FHIR app
- Fits within existing attestation Certification framework for Developers/ACBs
- Incentivizes more Developers to integrate and use eCR Now, establishing a nationwide network for electronic case reporting
- Sets a pathway for future non-Covid case reporting using eCR Now
Thanks!

Questions, Comments, Concerns

Phone: 202-690-7151

Health IT Feedback Form: https://www.healthit.gov/form/healthit-feedback-form

Twitter: @onc_healthIT

LinkedIn: Search “Office of the National Coordinator for Health Information Technology”

Subscribe to our weekly eblast at healthit.gov for the latest updates!
Extra Slides

Additional Public Health-Related Certification Criteria (Detailed)
(f)(1) - **Transmission to immunization registries**

• Regulation Text
  
  (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).

• Standard(s) Referenced
  
  Paragraph (f)(1)(ii)

  (e)(4) **HL7 2.5.1 Implementation Specifications.** HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.5, October 2014 and HL7 Version 2.5.1 Implementation Guide for Immunization Messaging (Release 1.5)—Addendum, July 2015

  (e)(3) **HL7 Standard Code Set CVX— Vaccines Administered, updates through August 17, 2015**

  (e)(4) **National Drug Code (NDC) Directory— Vaccine NDC Linker, updates through August 17, 2015**

• Paragraph (f)(1)(ii)

  § 170.205(e)(4) **HL7 2.5.1 Implementation Specifications.** HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.5, October 2014 and HL7 Version 2.5.1 Implementation Guide for Immunization Messaging (Release 1.5)—Addendum, July 2015
(f)(1) - Transmission to immunization registries

- Key Clarifications:
  - Applies to entire criterion
    - There is no specified transport standard or mechanism required for this criterion. Consequently, any additional products used to facilitate immunization data submission in the manner required by the public health agency are not required to be included as part of Certified EHR Technology (CEHRT)
    - Health IT Modules can present for certification to a more recent version of the CVX – Vaccines Administered and National Drug Code Directory – Vaccine Codes code sets than the August 17, 2015 updates per ONC’s policy that permits certification to a more recent version of certain vocabulary standards.
(f)(5) - **Transmission to public health agencies – electronic case reporting**

- Regulatory Text
  - (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 data classes expressed in the standards in § 170.213, or
      - (2) The Common Clinical Data Set until December 31, 2022.
      - (3) *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).
    - (4) The provider's name, office contact information, and reason for visit.
    - (5) An identifier representing the row and version of the trigger table that triggered the case report.
(f)(5) - Transmission to public health agencies – electronic case reporting

• Standard(s) Referenced
  • Paragraph (f)(5)(iii)
    • § 170.213 United States Core Data for Interoperability (USCDI)
    • § 170.207(i) Encounter diagnoses: The code set specified at 45 CFR 162.1002(c)(2) for the indicated conditions ICD-10-CM as maintained and distributed by HHS, for the following conditions:
      • Diseases.
      • Injuries.
      • Impairments.
      • Other health problems and their manifestations.
      • Causes of injury, disease, impairment, or other health problems.
(f)(2) - **Transmission to public health agencies – syndromic surveillance**

- Regulation Text
  - 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).

- Standard(s) Referenced
  - Applies to entire criterion
    - (d)(4) HL7 2.5.1. *Implementation specifications*. PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent, Care, Inpatient and Ambulatory Care, and Inpatient Settings, Release 2.0, April 21, 2015 and Erratum to the CDC PHIN 2.0 Implementation Guide, August 2015
(f)(2) - Transmission to public health agencies – syndromic surveillance

• Key Clarifications:
  • Applies to entire criterion
    • Health IT must be tested and certified to only one of the value sets for the implementation guide’s “submitted messages” requirement. More specifically, this means that a Health IT Module can use either the ICD-10-CM or SNOMED CT® value sets in the submitted messages for all of the test steps in the Syndromic Surveillance Test Suite.
    • The CDC published an erratum to the PHIN Messaging Guide Release 2.0 (August 2015). The Erratum consolidates Release 2.0 information and clarifies existing conformance requirements of the implementation guide. We refer developers to the addendum for specific information about the clarifications it includes.
    • There is no transport standard required for this criterion. Developers have the flexibility to determine the transport standard(s) to implement.