

The Office of the National Coordinator for
Health Information Technology



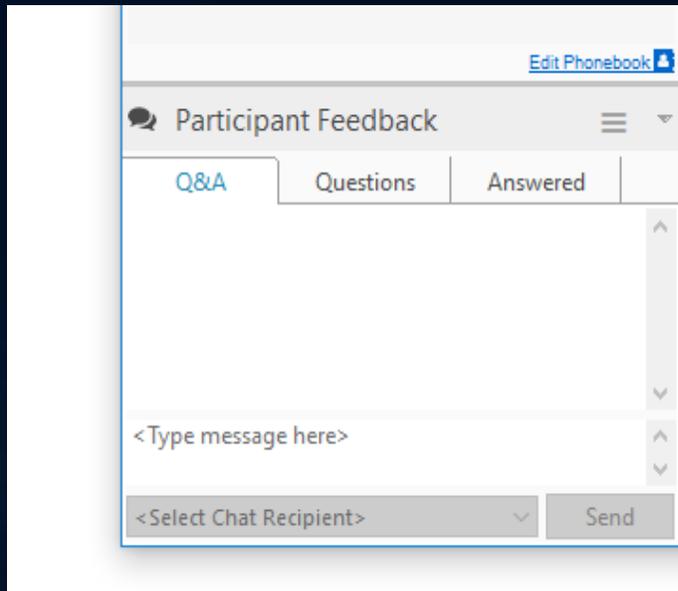
Joint Public Health Forum & CDC
Nationwide Webinar

June 20, 2019

Putting the **I** in Health **IT** 
www.HealthIT.gov

Question and Answer Session

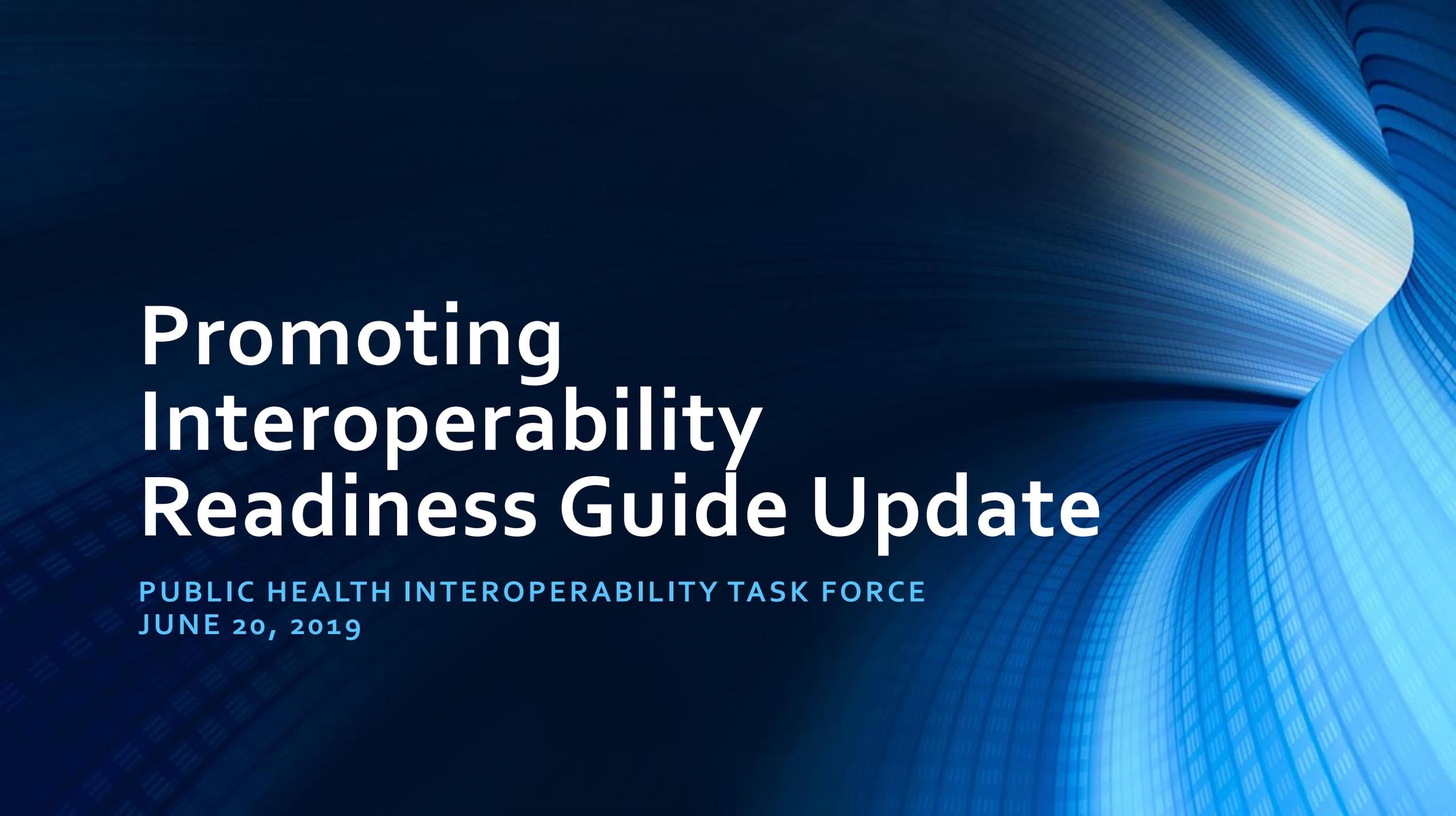
How to submit or ask questions in ReadyTalk for the panel members?



Submit or Ask Questions

Submit your text question and comments using the Question Panel

Please raise your hand to be unmuted for verbal questions.



Promoting Interoperability Readiness Guide Update

PUBLIC HEALTH INTEROPERABILITY TASK FORCE
JUNE 20, 2019

About the Public Health Interoperability Task Force

- Supported by the Centers for Disease Control and Prevention..
- Consists of representatives from public health agencies across the country.
- Focuses on issues related to how federal programs and activities such as Promoting Interoperability and the Trusted Exchange Framework and Common Agreement impact public health agencies.
- Provide guidance and feedback to the Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health IT.
- Develops guidance and provides a forum for public health agencies to ask questions regarding federal programs.
- Meets monthly.
- Email: meaningfuluse@cdc.gov

About the Guidance Document

- The need for guidance documents for public health was recognized at the beginning of the Meaningful Use program.
- Documents focused on communicating definitions and approaches that represent best practices
- Developed by a team of volunteers with the support of the CDC.
- Updated as rules and policies change.
- Available for download on the CDC Task Force website at <https://www.cdc.gov/ehrmeaningfuluse/Meaningful-Use-MU-Public-Health-PH-Reporting-Requirements-Task-Force.html>.

The Team

Sara Imholte Johnston, Arizona Department of Health Services, (Task Force Co-Chair)	Bryant Karras, State of Washington, Department of Health
Steve Eichner, Texas Department of State Health Services, (Task Force Co-Chair)	Laura Conn, Centers for Disease Control and Prevention (CDC)
April Austin, New York State Department of Health	Mary Beth Kurilo, American Immunization Registry Association
Erin Austin, Virginia Department of Health	Nina Mitchell, (Contactor) Centers for Disease Control and Prevention, Expert Consultant, Chenega Corporation
Wendy Blumenthal, Centers for Disease Control and Prevention	Kristen Schietzelt, NYSTEC for New York State Department of Health
Kristy Brown, Michigan Department of Health	Sarah Solarz, Minnesota Department of Health
Daniel Chaput, Office of the National Coordinator for Health Information Technology (ONC)	Sanjeev Tandon, Centers for Disease Control and Prevention (CDC)
James Daniel, HHS/Office of the Chief Technology Officer	Amanda Thoma, Wisconsin Department of Health Services
Noam Arzt, HLN Consulting, LLC	Wake Young, Arkansas Department of Health
Chris Baumgartner, State of Washington, Department of Health	Rachel Abbey, Office of the National Coordinator for Health Information Technology (ONC)
Elliot Hamer, Wisconsin Department of Health	Brian Moore, Tennessee Department of Health

In Stage 3, Objective 8 relates to Public Health and Clinical Data Registry Reporting

- Describing what constitutes an Eligible Professional, Eligible Hospital, or Critical Access Hospital being in active engagement with a public health authority or clinical data registry to submit electronic public health data in a meaningful way using certified electronic health record technology, except where prohibited, and in accordance with applicable law and practice.
- The public health objectives under Modified Stage 2 and MU3 regulations have a certain number of measures that participants need to attest to or claim exclusion from in order to meet the program requirements.
- In Modified Stage 2 and Stage 3 final rules, the prior ongoing submission requirement has been replaced with an “active engagement” requirement, which will be more aligned with the process Providers undertake to report to a clinical registry or public health agency. “Active engagement” means the Provider is in the process of working 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.

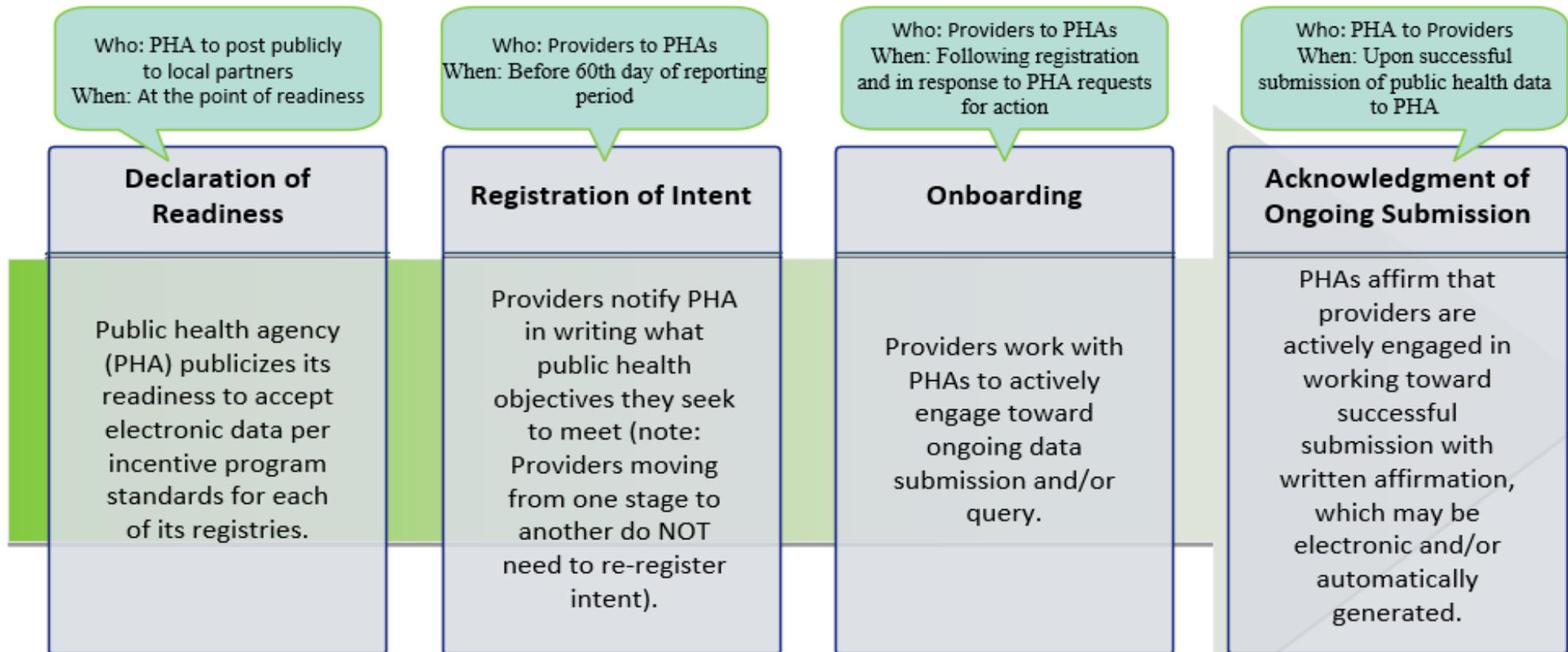
Current Programs Available to Health Care Providers

- IPPS (Hospital Inpatient Prospective Payment System Proposed Rule)- Fiscal Year (FY) 2019 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Prospective Payment System Proposed Rule, and Request for Information.
- QPP (Quality Payment Program)-Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) with two tracks- A) Merit-based Incentive Payment System (MIPS) B) Advanced Alternative Payment Models (APM).
- OPSS (Hospital Outpatient Prospective Payment System)- Medicare
- Medicaid EHR Incentive Program or State's Medicaid Promoting Interoperability Program.

Conclusion of Medicaid EHR Incentive Funding Programs in 2021

- In 2018, eligible hospitals and eligible professionals (EPs) that attest directly to a state for the state's Medicaid Electronic Health Record (EHR) Incentive Program will continue to attest to the measures and objectives as finalized in the 2015 EHR Incentive Programs Final Rule (80 FR 62762 through 62955). 2)Eligible hospitals and Eps will attest to 2018 Modified Stage 2 program requirements and the 2018 Stage 3 program requirements 3). ***The program is slated to end in 2021 (9/30/2021).***

Continued Services to the Provider Community



What does “Declaration of Readiness” mean?

For Promoting Interoperability Programs and related federal regulations, any public health authority (PHA) that intends to receive electronic data from providers for a specific registry will need to publicly declare their readiness to receive information electronically using the standards and specifications prescribed by ONC’s health IT certification rules.

The most common method of declaring readiness is posting information on the PHA’s public facing website. PHAs must declare readiness for receiving such data at least six months before the start of the EHR reporting period for providers to allow them time to plan for software implementations. If the declaration of readiness is not available at least six months in advance, providers have the option of claiming an exclusion from that public health registry.

What Must Public Health Authorities do Regarding Declaring Readiness?

- Public health authorities must officially declare for which of its public health registries it has the capacity to receive information electronically using the standards and specifications prescribed by Office of the National Coordinator for Health IT's health IT certification rules. The regulations indicated that the Centers for Medicare and Medicaid Services anticipated building a centralized repository of readiness information. This is included, instead, in ONC's Interoperability Standards Advisory on the ISA website ([ISA List of Jurisdictions](#)) that contains links to all the PHA websites that contain this information.

Active Engagement- Three Methods

- **Active Engagement Option 1—Completed Registration to Submit Data:** The EP, EH, or CAH registered to submit data with the public health agency or, where applicable, the clinical data registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, EH, or CAH is awaiting in a queue for an invitation from the public health agency or clinical data registry to begin testing and validation. 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 EP, EH, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the public health agency or, where applicable, the clinical data registry 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 EP, EH, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the public health agency or clinical data registry.

Role of the Public Health Authority in Supporting Promoting Interoperability

- PHAs are not responsible for verifying if Providers are using CEHRT or whether Providers are meeting CMS deadlines as part of the attestation process. Furthermore, PHAs are not expected to be the arbiters of Providers' achievement or entitlement to any incentive payments or payment adjustments by CMS. Rather, PHAs are expected to document Providers' activities as they register their intent to on-board, respond to the PHA's requests during on-boarding, and work with the Provider to achieve the Provider's submission of production data. The communications a PHA sends to Providers or publishes will be evidence Providers can use when attesting to the EHR Incentive Program or if audited by CMS or the State Medicaid Program.

What does “Registration of Intent” mean?

Providers intending to meet public health measures in the promoting interoperability programs and related federal regulations must register their intent to do so with the PHA to which the Provider intends to submit data. Providers must register their intent with the PHA no later than the 60 days after the start of their EHR reporting period or earlier.

Providers moving from one stage to another and who have registered intent in previous years do not need to re-register intent.

What Must Public Health Authorities do Regarding Registration of Intent?

Beginning January 1, 2019 the use of only 2015 certified electronic health records technology (CEHRT) edition will be allowed and the EHR reporting period will be 90 days in 2019 onwards. The current federal regulations require active engagement, meaning the Provider is in the process of working towards sending production data using CEHRT and, as described above, Providers can contact the PHAs to register their intent to do so.

Outcomes from Providers Registering their Intent to meet Public Health Measures

- PHAs have information on providers planning to submit data to the PHA for Modified Stage 2, Stage 3, and other federal programs.
- Providers have the information about the PHAs on-boarding process.
- To successfully achieve these outcomes, PHAs should develop processes and tools to facilitate registering, onboarding, and acknowledging providers. A critical success factor will be tracking and documenting communications between a PHA and providers reporting within their jurisdiction. The PHA registration process should provide some type of confirmation (e.g., email, webpage confirmation, letter) when the provider successfully registers. The providers will need this documentation to support their attestation.

What is “Onboarding?”

- Onboarding refers to the testing and validation process in which providers and PHAs collaboratively engage to implement electronic data exchange with public health surveillance systems and registries.
- Since there are multiple Incentive Program public health measures, providers may be concurrently engaged with a PHA in multiple onboarding processes. Each onboarding process ends when the provider is routinely submitting production data that passes the PHA’s validation.

What does “Submission of Production Data” mean?

For all promoting interoperability programs, providers should be working with the PHA to achieve ongoing submission of production data. Acknowledgements of submission of production data are the official communications sent from PHAs to providers that affirm a provider has successfully submitted public health data for public health measures. 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.

Clinical Data Registries

- PHAs are not responsible for tracking availability of clinical data repositories that have declared readiness to accept data for interoperability programs.
- At this time, the Task Force is not aware of any available listing of clinical data registries sponsored by national societies or other non-public health state programs .
- Providers should check with the national and state specialty/medical societies covering the Provider's scope of practice with which they are affiliated and have a membership, as well as any CMS documents or FAQs for guidance.
- If PHAs do become aware of other public health or clinical data registries available to Providers to meet the meaningful use measures, the PHA could provide a link to the information about the other registries on the PHA's website. The PHA could also have a disclaimer stating the PHA does not have any responsibility for registering or assisting Providers with onboarding to those other registries.

Questions and Discussion



Speaker Contact

Steve Eichner
Health IT Policy Director
Texas Department of State Health Services
steve.eichner@dshs.texas.gov
512.776.7180

Task Force email: meaningfuluse@cdc.gov