

Guidance for Public Health Agencies on the CMS Centralized Repository From the Stage 3 Public Health Meaningful Use Reporting Requirements Task Force

October 12, 2016

In September 2016 the Centers for Medicare & Medicaid Services (CMS) released a [form](#) for public health agencies (PHAs) and clinical data registries to be listed in a Centralized Repository of registries. The Repository will assist eligible professionals, eligible hospitals and critical access hospitals in finding entities that accept electronic public health data that satisfy measures for the electronic health record (EHR) incentive programs (Meaningful Use). Participation in the Centralized Repository is voluntary; however, it is another method for PHAs to communicate with their stakeholders the PHA's readiness to accept data in 2017.

The CMS Centralized Repository is not going to be considered the authoritative source of all current, available options for exchanging data. The absence of an entry on the CMS Centralized Repository is not sufficient documentation for claiming an exclusion to a public health reporting measure. An official declaration of readiness should still be located on the PHA's or registry's website, and providers will still be required to inquire directly with relevant PHAs and specialty societies. The Task Force has [guidance](#) on what to post on the PHA website and other considerations for Meaningful Use in 2017.

To include a registry in the Repository, the PHA must return the [form](#) to CMS via email by October 31, 2016. CMS plans to have the Centralized Repository website available in early January 2017. CMS does not plan to verify information submitted before posting to the Repository. The Centralized Repository will be updated yearly.

There are a number of key points to consider when completing this form.

- There was an initial form and an update, either version can be used to submit information
- One form should be completed per registry, not per agency.
- The "Registry Name" at the top of the form should be specific and informative for providers searching the Repository, for example: *[State] Central Cancer Registry*. Keep in mind there is no other field to indicate the type of specialized registry you offer and the "Registry Name" should be descriptive enough to provide this information.
- The form, and its declaration of readiness, applies only to the calendar year 2017. Complete the form for your registry's expected status in the calendar year 2017.
- The information above the "Declaration" section will be made public; use an email and phone number that you would want providers to contact with registry questions.
- You may include more than one website address (potentially a general Meaningful Use page at your PHA and a registry specific page). Inclusion of a website address is extremely important for additional information and instructions on how to engage the registry.

- Not all relevant information will be included in the Repository. Providers will need to gather additional details from the PHA website, such as the standards accepted (EHR Technology certified to the 2014 Edition or the 2015 Edition) or details regarding who should report (provider types, volume thresholds, or other comments as to what is reportable).
- Check only the box(es) of the measure(s) supported by the registry submitting the form. There will be one box for most registries. For the cancer registry or other specialized registries, check both the “Specialized Registry Reporting” box and the “Public Health Registry Reporting” box since these fall under specialized registry reporting for modified Stage 2 and under public health registry reporting for Stage 3. Providers may attest to either Stage 2 or Stage 3 in 2017. Note that checking the “Public Health Registry” box is not an indicator that your registry is accepting the 2015 Edition standards in 2017, since providers can attest to Stage 3 with a mix of technology certified to the 2014 Edition and 2015 Edition. The Task Force also produced information on [Meaningful Use in 2017](#), highlighting some of the changes for Stage 3.
- The final rule indicates providers attesting to the immunization registry for Stage 3 in 2017 will need to use technology certified to the 2015 Edition. The Repository form does not indicate if the immunization registry is capable of accepting 2015 Edition standards (such as bidirectional reporting), therefore a PHA should submit the form for the immunization registry if they are capable of receiving data under the 2014 Edition or 2015 Edition standards and the provider will need to inquire directly with the registry to determine bidirectional capability.
- For PHAs offering electronic case reporting in 2017, select the box for “Specialized Registry Reporting.” The stand-alone electronic case reporting measure isn’t available until 2018.
- The Public Health Jurisdiction field (or Geographic Jurisdiction in the newer version of the form) should specify the geographic area from which the PHA is collecting data. For instance, this may be a state, nationwide, or specific counties or cities. CMS would like to make this a sortable field in the Repository, possibly by state or U.S. region. If your registry is nationwide, select all four regions. If your registry serves a region smaller than state level, indicate the state in the Jurisdiction field and use the Registry Name field to specify city, county, etc.
- The initial version of the form includes a declaration at the bottom with a check box for “No.” This is an error and the check box should indicate “Yes.” CMS is developing a revised form.
- The “Authorized Representative” will be used by CMS for follow-up purposes if there are questions on the submitted form and will not be made publicly available. CMS did not specify who at the PHA this should be. Recommendations include the agency meaningful use coordinator or the manager of the registry. Coordination in filling out the form among registries in the PHA is encouraged to ensure consistent information and communication with your partners.