

The Office of the National Coordinator for  
Health Information Technology



# Public Health and Clinical Data Registry Reporting for CMS Programs

**Joint Public Health Forum  
&  
CDC Nationwide Webinar**

*May 19, 2016*

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## Joint Public Health Forum & CDC Nationwide Webinars

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The purpose of these monthly webinars is to foster collaboration among public health jurisdictions and members of ONC's Public Health CoP about the public health response to the widespread adoption of electronic health records (EHRs) for meaningful use.

Eligible healthcare providers and hospitals are purchasing and implementing the necessary certified EHR technology and are working with public health agencies and registries to report data in a standardized way in order to satisfy the meaningful use requirements and receive the Medicare and Medicaid Electronic EHR Incentive Program incentive payments.

Objectives:

- Identify common questions and concerns around meaningful use
- Provide updates on federal partner activities in preparing for meaningful use
- Allow public health jurisdictions to share useful practices and current progress
- Identify technical assistance needs and priorities

These monthly webinars are scheduled for the third Thursday of each month from 3-4 pm Eastern Time / 2-3 pm Central Time / 1-2 pm Mountain Time / 12-1 pm Pacific Time.

Please send in your feedback, questions, and/or suggestions for these Joint Public Health Forum & CDC Nationwide Webinars to the [Meaningful Use Mailbox](#).

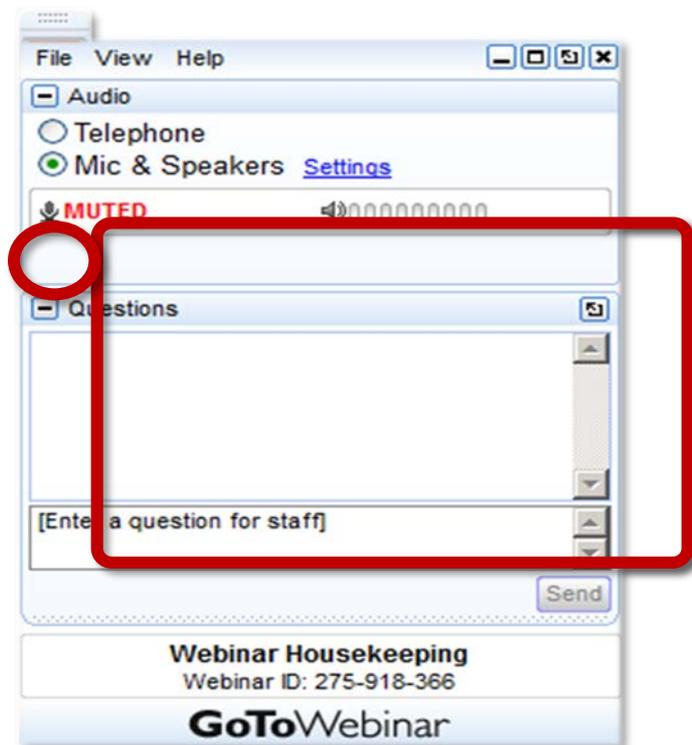
We look forward to your participation on these important webinars.

For current information on the Joint Public Health Forum & CDC Nationwide Webinars please visit the [phConnect](#) site at

# How to submit or ask questions 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.



## Compliance with the rulemaking process (applies to MACRA, NPRM) and the Administrative Procedure Act.

- ***To protect the rulemaking process and comply with the Administrative Procedure Act. Only comments formally submitted through the process outlined by the Federal Register will be taken into consideration by CMS.***
- **Please review proposed rule on Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) at: <https://federalregister.gov/a/2016-10032>, on how to submit a comment.**
- **Comments are due by 5:00 p.m. ET on June 27, 2016.**



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# Public Health and Clinical Data Registry Reporting for CMS Programs

An overview of the EHR Incentive Program Requirements in 2016 and 2017  
Potential impacts of CMS rulemaking

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## Who is reporting in 2016?

- **Medicare and Medicaid EPs:** The EHR Incentive Program requirements for 2016 are in place for all EPs in the Medicare and Medicaid programs. These requirements consist of the Modified Stage 2 requirements in the 2015 EHR Incentive Programs final rule published in October of 2015.
- **Medicare and Medicaid Eligible Hospitals and CAHs:** The EHR Incentive Program requirements for 2016 are in place for all eligible hospitals and CAHs in the program. These requirements consist of the Modified Stage 2 requirements in the 2015 EHR Incentive Programs final rule published in October of 2015.
- *Reminder:* 2016 is the final year for new participants to begin to demonstrate meaningful use in the Medicaid program.

## What are the measures for EPs in 2016?

Public Health Reporting Measures for EPs in 2016		
Measure Name and Number	Measure Specification	Maximum Times Measure Can Count Towards the Objective
Measure 1—Immunization Registry Reporting	The EP is in active engagement with a public health agency to submit immunization data	1
Measure 2—Syndromic Surveillance Reporting	The EP is in active engagement with a public health agency to submit syndromic surveillance data	1
Measure 3—Specialized Registry Reporting	The EP is in active engagement to submit data to a specialized registry	2 for EPs
* EPs 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.		

## What are the measures for Eligible Hospitals and CAHs in 2016?

### Public Health Reporting Measures for EH/CAH in 2016

Measure Name and Number	Measure Specification	Maximum Times Measure Can Count Towards the Objective
Measure 1—Immunization Registry Reporting	The EH/CAH is in active engagement with a public health agency to submit immunization data	1
Measure 2—Syndromic Surveillance Reporting	The EH/CAH is in active engagement with a public health agency to submit syndromic surveillance data	1
Measure 3—Specialized Registry Reporting	The EH/CAH is in active engagement to submit data to a specialized registry	3 for EH/CAHs
Measure 4—Electronic Reportable Laboratory (ELR) Results Reporting	The eligible hospital or CAH is in active engagement to submit ELR results	1

\* EH or CAHs 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 and Clinical Data Registry Reporting in 2016

## What can count as a specialized registry? (CMS FAQ#13653)

- A submission to a specialized registry may count if the receiving entity meets the following requirements: The receiving entity must declare that they are ready to accept data as a specialized registry and be using the data to improve population health outcomes. Until such time as a centralized repository is available to search for registries, most public health agencies and clinical data registries are declaring readiness via a public online posting. Registries should make this information publically available for potential registrants.
- The receiving entity must also be able to receive electronic data generated from CEHRT. The electronic file can be sent to the receiving entity through any appropriately secure mechanism including, but not limited to, a secure upload function on a web portal, sFTP, or Direct. Manual data entry into a web portal would not qualify for submission to a specialized registry.
- The receiving entity should have a registration of intent process, a process to take the provider through test and validation and a process to move into production. The receiving entity should be able to provide appropriate documentation for the sending provider or their current status in Active Engagement.
- For qualified clinical data registries, reporting to a QCDR may count for the public health specialized registry measure as long as the submission to the registry is **not** only for the purposes of meeting CQM requirements for PQRS or the EHR Incentive Programs. In other words, the submission may count if the registry is also using the data for a public health purpose. Many QCDRs use the data for a public health purpose beyond CQM reporting to CMS. A submission to such a registry would meet the requirement for the measure if the submission data is derived from CEHRT and transmitted electronically

## Who are the alternate exclusions for 2016?

For 2016, EPs are required to attest to at least 2 measures from measures 1-3 and EH/CAH are required to attest to at least 3 measures from measures 1-4.

- EPs may claim an alternate exclusion for the Public Health Reporting measure 2 (Syndromic Surveillance) and 3 (Specialized Registry Reporting) which might require the acquisition of additional technologies they did not previously have or did not previously intend to include in their activities for meaningful use.
- Eligible hospitals and CAHs may claim an alternate exclusion for Public Health Reporting measure 3 (Specialized Registry Reporting) which might require the acquisition of additional technologies they did not previously have or did not previously intend to include in their activities for meaningful use.

## What is Active Engagement?

- **Active Engagement Option 1—Completed Registration to Submit Data:** The EP/EH/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 EP/EH/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 who 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/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 EP/EH/CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR

## What is Active Engagement? Further Clarification

- 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 2015, 2016, or 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.

## What is Active Engagement? Further Clarification

- **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.

## What is Active Engagement? Further Clarification

- **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.

## Who is reporting in 2017?

- **Medicaid EPs:** The EHR Incentive Program requirements for 2017 are in place for all EPs in the Medicaid programs. These requirements consist of the Modified Stage 2 requirements in the 2015 EHR Incentive Programs final rule published in October of 2015.
- **Medicare and Medicaid Eligible Hospitals and CAHs:** The EHR Incentive Program requirements for 2016 are in place for all eligible hospitals and CAHs in the program. These requirements consist of the Modified Stage 2 requirements in the 2015 EHR Incentive Programs final rule published in October of 2015.
- **Medicare EPs:** Beginning in 2017, Medicare providers are no longer under the EHR Incentive Program payment adjustment structure due to provisions in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

## What are the Modified Stage 2 measures for Medicaid EPs in 2017?

Public Health Reporting Measures for EPs in 2017		
Measure Name and Number	Measure Specification	Maximum Times Measure Can Count Towards the Objective
Measure 1—Immunization Registry Reporting	The EP is in active engagement with a public health agency to submit immunization data	1
Measure 2—Syndromic Surveillance Reporting	The EP is in active engagement with a public health agency to submit syndromic surveillance data	1
Measure 3—Specialized Registry Reporting	The EP is in active engagement to submit data to a specialized registry	2 for EPs
* EPs 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 and Clinical Data Registry Reporting in 2017

## What are the Modified Stage 2 measures for Eligible Hospitals and CAHs in 2017?

### Public Health Reporting Measures for EH/CAH in 2017

Measure Name and Number	Measure Specification	Maximum Times Measure Can Count Towards the Objective
Measure 1—Immunization Registry Reporting	The EH/CAH is in active engagement with a public health agency to submit immunization data	1
Measure 2—Syndromic Surveillance Reporting	The EH/CAH is in active engagement with a public health agency to submit syndromic surveillance data	1
Measure 3—Specialized Registry Reporting	The EH/CAH is in active engagement to submit data to a specialized registry	3 for EH/CAHs
Measure 4—Electronic Reportable Laboratory (ELR) Results Reporting	The eligible hospital or CAH is in active engagement to submit ELR results	1

\* EH or CAHs 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.

## What are the Stage 3 measures for Medicaid EPs and EH/CAH in 2017?

Measure Name and Number	Maximum times measure can count towards objective for EP	Maximum times measure can count towards objective for eligible hospital or CAH
Measure 1—Immunization Registry Reporting	1	1
Measure 2—Syndromic Surveillance Reporting	1	1
Measure 3—Case Reporting <i>(Stage 3, but not applicable until 2018)</i>	1	1
Measure 4—Public Health Registry Reporting	2	4
Measure 5—Clinical Data Registry Reporting	2	4
Measure 6—Electronic Reportable Laboratory Results	N/A	1

## What are the certification requirements for Modified Stage 2 versus Stage 3 measures?

- For Modified Stage 2, the minimum requirement is to use 2014 Edition CEHRT; however, no specific certification criteria are required with the exception of cancer case reporting if an EP is seeking to use such reporting to meet the measure.
- For Stage 3, to meet all of the measures within this public health objective EPs, eligible hospitals, and CAHs must use CEHRT as defined under 42 CFR 495.4 in CMS final rule and use the standards included in the 2015 Edition final rule.

## What is MACRA?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) established a new program to incorporate multiple CMS quality reporting programs for Medicare clinicians into a single payment adjustment structure called the Quality Payment Program.

- **Quality Payment Program:** On April 27, 2016, we issued a [Notice of Proposed Rulemaking](#) (NPRM) to put in place key parts of the [Medicare Access and CHIP Reauthorization Act of 2015](#)(MACRA). MACRA, bipartisan legislation, replaces the flawed Sustainable Growth Rate formula by paying clinicians for the value and quality of care they provide. The proposed rule would make these changes through a single framework called the "Quality Payment Program". The Program has two paths:
  - » The Merit-based Incentive Payment System (**MIPS**)
  - » Advanced Alternative Payment Models (APMs)

## What is MIPS?

- **MIPS and APMs:** In MIPS, providers will be paid for their performance in 4 categories relating to quality, the use of certified EHR technology (advancing clinical information), clinical practice improvement and resource use.
- **Advancing Clinical Information:** This category represents 25 percent of total score in year 1; and replaces the Medicare EHR Incentive Program for physicians, also known as “Meaningful Use”. Clinicians would choose to report customizable measures that reflect how they use electronic health record (EHR) technology in their day-to-day practice, with a particular emphasis on interoperability and information exchange. Unlike the existing Meaningful Use program, this category would not require all-or-nothing EHR measurement or quarterly reporting.

## What is the Public Health Reporting Requirement in MIPS?

- **Advancing Clinical Information:** The overall Advancing Care Information score would be made up of a base score and a performance score for a maximum score of 100 points. There are multiple paths to achieve the maximum score in this category. Base Score: The base score accounts for 50 points of the total Advancing Care Information category score. To receive the base score, clinicians must provide the numerator/denominator or yes/no for each objective and measure.
- **Public Health Registry Reporting and Bonus Point:** Immunization registry reporting is required. In addition, clinicians may choose to report on more than one public health registry, and will receive one additional point for reporting beyond the immunization category.

## Where can I learn more about the Quality Payment Program?

On the CMS website, there are a number of resources on the QPP program including a [FACT Sheet](#), [a presentation](#), and a schedule of [upcoming webinars](#).

The proposed rule may be found on the Federal Register search term “MIPS”:

[www.federalregister.gov](http://www.federalregister.gov)

Or at this link:

<https://www.gpo.gov/fdsys/pkg/FR-2016-05-09/pdf/2016-10032.pdf>

The public comment period closes at 5 pm on June 27, 2016.

# Questions?