



# Public Health Reporting Tip Sheet for Medicaid Eligible Professionals in Stage 3 of the Medicaid EHR Incentive Program



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The Electronic Health Record (EHR) Incentive Programs for Stage 3 include a consolidated public health reporting objective for eligible professionals (EPs). Below is an overview of the public health reporting objective, measures, and exclusions for EPs participating in the Medicaid EHR Incentive Program. Details on how to successfully demonstrate “active engagement” for public health reporting are also provided.

## Public Health Reporting Objective and Measures

*Objective:* The EP is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified EHR technology (CEHRT), except where prohibited, and in accordance with applicable law and practice.

*Measures:* The public health reporting objective for EPs includes five measures. In Stage 3, EPs must attest to any combination of **two measures**.

Stage 3 Public Health Reporting Measures for EPs		
Measure Name and Number	Measure Specification	Maximum Times Measure Can Count Towards the Objective Under the Medicaid EHR Incentive Program
Measure 1—Immunization Registry Reporting	The EP is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS)	1
Measure 2—Syndromic Surveillance Reporting	The EP is in active engagement with a PHA to submit syndromic surveillance data from an urgent care setting	1
Measure 3—Electronic Case Reporting	The EP is in active engagement with a PHA to submit case reporting of reportable conditions	1
Measure 4—Public Health Registry Reporting	The EP is in active engagement with a PHA to submit data to public health registries	2 for EPs*
Measure 5—CDR	The EP is in active engagement to submit data to a clinical data registry	2 for EPs**

*\*EPs may choose to report to more than one public health registry to meet the number of measures required to meet the objective.*

*\*\*EPs may choose to report to more than one clinical data registry to meet the number of measures required to meet the objective.*

## Public Health Reporting Exclusions

There are multiple exclusions for each of the public health reporting measures. See the [Medicaid Eligible Professional Public Health Reporting specification sheet](#) for a complete list.

For eligible professionals EPs, an exclusion for a measure does not count toward the total of two measures. Instead, in order to meet this objective, an EP would need to meet two of the total number of measures available to them. (Available measures include ones for which the EP does not qualify for an exclusion.) If the EP qualifies for multiple exclusions and the remaining number of measures available to the EP is less than two, the EP can meet the objective by meeting the remaining measure available to them and claiming the applicable exclusions.

If no measures remain available, the EP can meet the objective by claiming applicable exclusions for all measures.

## Demonstrating “Active Engagement” for Public Health Reporting

EPs are required to demonstrate “active engagement” with a PHA or 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.

Active engagement may be demonstrated through the following ways:

- **Active Engagement Option 1—Completed Registration to Submit Data:** The EP 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 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 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 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 a previous stages of meaningful use could count toward option 1 of the active engagement requirement for purposes of attesting to Stage 3. 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.

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. (see FAQ 14393: <https://questions.cms.gov/faq.php?id=5005&faqId=14393>)

If public health agencies have not declared 6 months before the start of the EHR reporting period whether the registry they are offering will be ready on January 1 of the upcoming year for use by providers seeking to meet EHR reporting periods in that upcoming year, a provider can claim an exclusion.

- **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, if the organization reports at the group level, as long as the provider is contributing to the data reported by the group. If the provider does not contribute to the data, they must claim the exclusion if applicable and/or meet another public health reporting measure.
- **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.

## For More Information

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

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