



Office of Medical Assistance Programs

Electronic Health Record (EHR) Incentive Program

**2015-2017 Modification Rule
Public Health Objective
Webinar**

▶ Agenda

- Welcome
- Program Year 2016
- CMS Attestation to Avoid Medicare Payment Reduction
- Pre-Payment Documentation
- 2015-2017 Modification Rule Key Changes
- 2015 Modification Rule Supporting Documentation
- Sample MAPIR Screens
- General Measure
- Public Health Measure
- Public Health Measure Scenarios

Program Year 2016

Program Year 2016

- As you are aware, Program Year 2014 was the last year EPs or EHS could 'begin' their participation in the Medicare EHR Incentive program.
- For the Medicaid EHR Incentive Program, Program Year 2016 is the last year EPs or EHS will be able to attest for the very first year.
- As long as a provider attests for the first time in Program Year 2016, the provider would still have the opportunity to receive all 6 payments or could still skip years and just not receive all 6 payments

CMS Attestation to Avoid Medicare Payment Reduction

▶ CMS Attestation to Avoid Payment Reduction

- Reminder, you can no longer switch between programs (Medicare & Medicaid)
- If you have a provider who is registered in the Medicaid EHR Incentive program but can not meet the 30% patient volume requirement, you can go to CMS at attest to MU and not receive a payment, but will avoid the payment reduction in 2015 if you pass the MU requirements
- **IMPORTANT:** The deadline to do this to avoid the 2017 Medicare Payment Reduction is **Feb. 29, 2016**
- **NOTE:** If after the EP attests at CMS, the EP is able to meet the 30% patient volume, the EP can attest through PA Medicaid prior to July 31, 2016 and still qualify to receive a payment for program year 2015

Pre-Payment Documentation

▶ Pre-Payment Documentation

- Documentation required pre-payment – Prior to Nov 1, 2015
 - CEHRT Validation
 - Patient Volume – with some exceptions
 - Meaningful Use – depending on the application
- Documentation required pre-payment now
 - CEHRT Validation
 - Patient Volume – will be on an as-needed basis
 - Meaningful Use
 - All Numerical
 - Non-Numerical (Clinical Decision Support, Patient List (de-identified), and Public Health Measures (if an exclusion is taken))
 - Clinical Quality Measures

PA Grace Period Deadlines

▶ PA Grace Period Deadlines

- **Dually-Eligible Hospitals:** These hospitals have until **March 31, 2016** to submit Program Year 2015 applications. **NOTE:** These hospitals must first attest at CMS and the **CMS deadline** to attest to Program Year 2015 is February 29, 2016.
- **Eligible Professionals:** EPs have until **July 31, 2016** to submit Program Year 2015 applications.
- **Children's Hospitals and Medicaid Only Hospitals attesting in Pennsylvania:** These hospitals have until **December 31, 2016** to submit Program Year 2015 applications. The MAPIR system upgrade with the 2015-2017 Modification Rule changes is targeted to be available by October 2016.



2015-2017 Modification Rule Key Changes

2015-2017 Modification Rule Key Changes

- Moving from Core & Menu Measures to 10 Objectives with Measures within the Objectives
- Instead of referencing Stage 1 and Stage 2, the MU measures are referred to as Modified Stage 2 with alternates available for those scheduled to attest to Stage 1
- Providers Eligible for Stage 1 in 2015 will have Alternate Measures and Alternate Exclusions available to them. But you are not required to attest to the Alternates and may choose to attest to the Modified Stage 2 measures.

▶ Difference Between PY 2015 and 2016

Majority of Alternate Measures & Exclusions go away

Objective 3 – CPOE

- The Alternate Measure 1 goes away
- Alternate Exclusion for Measure 2 in 2016 EP may claim an exclusion for measure 2 (lab orders) of the Stage 2 CPOE objective
- Alternate Exclusion for Measure 3 in 2016 EP may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective

Objective 8 – Patient Electronic Access (VDT)

- The EP Measure 2 is different for program year 2017

Objective 9 – Secure Messaging

- This measure changes in 2016 and then again in 2017
 - In 2016, for at least 1 patient seen by the EP during the reporting period, a secure message was sent using CEHRT (in 2015, the functionality has to be enabled)



2015 Modification Measures Supporting Documentation/2016 Requirements

Eligible Professional EHR Incentive Program Objectives and Measures for 2015 Table of Contents

Date issued: October 6, 2015

Eligible Professional Objectives and Measures

(1)	Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
(2)	Use clinical decision support to improve performance on high-priority health conditions.
(3)	Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
(4)	Generate and transmit permissible prescriptions electronically (eRx) .
(5)	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
(6)	Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.
(7)	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation .
(8)	Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.
(9)	Use secure electronic messaging to communicate with patients on relevant health information.
(10)	The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

[View or download](#) all of the EP modified objectives and measures for meaningful use in 2015.

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_TableofContents.pdf



2015 Supporting Documentation Resource Tool

Supporting Documentaton

Example from Program Year 2014

Protect Electronic Health Information

Required Documentation

A copy of the conducted or reviewed security risk analysis and corrective action plan (if negative findings are identified) that ensures that you are protecting private health information. Report should be dated or updated prior to the end of the reporting period and should include evidence to support that it was generated for that provider's system (e.g., identified by National Provider Identifier (NPI), CMS Certification Number (CCN), provider name, practice name, etc.) A single report submitted for Group of applying providers can be used, however, report needs to be broken down by provider name and NPI.

*Security Risk Assessment Tool can be found at <http://www.healthit.gov/providers-professionals/security-risk-assessment>.

Additional Recommended Documentation

N/A

Documentation to Support an Exclusion

No exclusion available for this measure.

Sample MAPIR Screens

Sample MAPIR Screens

Attestation Meaningful Use Objectives

Objective 1 - Protect Patient Health Information

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.

*Did you meet this measure?

Yes No

If 'Yes', please enter the following information:

Date (MM/DD/YYYY):

Name and Title (Person who conducted or reviewed the security risk analysis):

Sample MAPIR Screens

Attestation Meaningful Use Objectives

Objective 2 - Clinical Decision Support (CDS)

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(* Red asterisk indicates a required field.)

*Select from the following options:

Modified Stage 2

Measure 1 - Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

Measure 2 - The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Modified Stage 2 Alternate Measure 1

Measure 1 - Implement one clinical decision support rule.

Measure 2 - The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Previous

Continue

Attestation Meaningful Use Objectives

Objective 2 - Clinical Decision Support (CDS)

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Use clinical decision support to improve performance on high-priority health conditions.

Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

*Did you meet this measure?

Yes No

Measure 2 Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

*Does this exclusion apply to you? If 'No', complete Measure 2.

Yes No

Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Did you meet this measure?

Yes No

Get Started

R&A/Contact Info Eligibility Patient Volumes Attestation

Review

Submit

Attestation Meaningful Use Objectives

Objective 2 Alternate - Clinical Decision Support (CDS)

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule.

Measure 1: Implement one clinical decision support rule.

*Did you meet this measure?

Yes No

Measure 2 Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

*Does this exclusion apply to you? If 'No', complete Measure 2.

Yes No

Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Did you meet this measure?

Yes No

Sample MAPIR Screens

Attestation Meaningful Use Objectives

Required Public Health Objectives Reporting Options

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(*) Red asterisk indicates a required field.

*Select from the following options:

Modified Stage 2

Select 2 Options and attest without taking an exclusion or Select 1 Option without taking an exclusion and taking an exclusion on the remaining Options or take an exclusion on each Option. Option 3 may be used twice.

Modified Stage 2 Alternate Exclusion

Select 1 Option without taking an exclusion or take an exclusion on each option. Alternate exclusions are available for EPs scheduled for Stage 1 in Program Year 2015.

Previous

Continue

Sample MAPIR Screens

Objective 10 Option 1 - Immunization Registry Reporting

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

*Does this option apply to you?

Yes No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

EXCLUSION: If Option 1 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

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 EHR reporting period.

Yes No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

Yes No

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 EHR reporting period.

Yes No

Sample MAPIR Screens

Objective 10 Option 2 - Syndromic Surveillance Reporting

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

*Does this option apply to you?

Yes No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

EXCLUSION: If Option 2 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.

Yes No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

Yes No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

Yes No

The EP did not plan to report on syndromic surveillance data, therefore the EP is able to claim an exclusion.

Yes No

Sample MAPIR Screens

Objective 10 Option 3A - Specialized Registry Reporting

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

*Does this option apply to you?

Yes No

If 'Yes', enter the name of the specialized registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data

Testing and validation

Production

EXCLUSION: If Option 3 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period.

Yes No

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

Yes No

Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

Yes No

The EP did not plan to report on a specialized registry, therefore the EP is able to claim an exclusion.

Yes No



General Measure

▶ General Measure

General Measure Question: "Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized."

The number for the denominator was coming from the Clinical Summary Measure where the EP was required to provide clinical summaries for patients after each visit.

This measure utilized encounters and was the only measure utilizing encounters. Since this is no longer a measure, you will need to determine how you will obtain this number.

In MAPIR you are required to enter a numerator and denominator for this question.



Public Health Objective

Public Health Objective

- The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.
- Measure Options
 - Measure 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.
 - Measure 2 – Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.
 - Measure 3 – Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

Public Health Objective – Alternate Exclusions

PROGRAM YEAR 2015

- Alternate Exclusions EPs scheduled to be in **Stage 1**: Must attest to at least 1 measure from the Public Health Reporting Objective Measures 1-3.
 - May claim an Alternate Exclusion for Measure 1, Measure 2, or Measure 3.
 - An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i).
- EPs scheduled to be in **Stage 2**: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.
 - May claim an alternate exclusion for Measure 2 or Measure 3 (Syndromic Surveillance Measure or Specialized Registry Reporting Measure) or both

Public Health Objective – Alternate Exclusions

PROGRAM YEAR 2016

- Alternate Exclusions EPs scheduled to be in **Stage 1**: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.
 - Alternate Exclusions are not available
 - If an EP cannot pass two of the measures, then the EP must be able to qualify for the standard exclusion for all 3 measures or pass one and take the standard exclusions on the other 2 measures
- EPs scheduled to be in **Stage 2**: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.
 - Alternate Exclusions are not available
 - If an EP cannot pass 2 measures, then the EP must take standard exclusions for all measures the EP cannot pass

Standard Exclusions

- Lab Reporting
 - Hospitals/Labs only
- Immunizations
 - Same as before
- Syndromic Surveillance
 - On Dec. 31, 2015, the Dept. of Health published a Declaration of Readiness for the current registries. This document allows all providers except Emergency Departments to take the standard exclusion. If you are already submitting data or if you have started the process to submit data, we encourage you to continue. By submitting data or starting the process, that will allow EPs to pass this measure.
 - There is still a cost for providers to participate with this registry
 - If you are interested in participating and register your intent, that is considered active engagement and will allow you to pass this measure
 - NOTE: For Program Year 2016 applications, you must register your intent by Feb. 29, 2016 in order to pass this measure

Standard Exclusions

- **Specialized Registry**
 - **Cancer Registry** – Currently, this is Pennsylvania's only specialized registry
 - You must register your intent by Feb. 29, 2016 in order to pass this measure
 - They will accept data from all provider types but EPs who do not diagnose or treat cancer patients can claim an exclusion for this part of the Specialized Registry
 - If your EHR system is not capable of submitting data to the Cancer Registry, this does not allow you to take a standard exclusion
 - **Specialized Registry**
 - Per CMS, EPs need to consider Specialized Societies they belong to and can report data for this registry option
 - If an EP does not diagnose or treat cancer patients and does not belong to a specialized society that accepts data, the EP can claim an Exclusion for this measure

Declaration of Readiness



Meaningful Use Public Health Reporting Declaration of Readiness As of 12/31/2015

Electronic Laboratory Reporting	
Program name	Pennsylvania Electronic Laboratory Reporting (PA-ELR) via Pennsylvania Electronic Disease Surveillance System (PA-NEDSS)
Readiness status	PA-ELR is currently capable of receiving electronic laboratory data from EHR systems in a manner that is consistent with the EHR incentive program requirements.
Contact information	Website: http://www.portal.state.pa.us/portal/server_pt/community/pa_national_electronic_disease_surveillance_system_%28pa-nedss%29/14215/pa-nedss_-_electronic_laboratory_reporting/557085 Email: PA-ELR@pa.gov Registration of Intent: http://webserver.health.state.pa.us/health/PA-ELR/
Transport	Secure data transport via PA-ELR designated web services and provider-hosted application Alternative reporting available via Pennsylvania Public Health Gateway in collaboration with regional health information organizations
Messaging and vocabulary standards	See PA-ELR 2.5.1 Guidelines for specific data field requirements http://apps.health.pa.gov/download/pa-elr/PA-ELR_HL7_2.5.1_v1.6_Guidelines.pdf . LOINC, SNOMED and standard national codes are required.
Provider types	Pa. hospitals/labs (may be prioritized based on monthly volume, readiness, compliance, and PADOH testing capacity.)
Additional requirements	PA-ELR team will provide PA-ELR version of National Standard HL7 2.5.1 Guidelines. Test messages must fully conform to all PADOH/ELR standards and must create complete PA-NEDSS Disease Reports to be considered compliant. All participants are expected to move to full ongoing Production reporting as soon as possible, regardless of MU Stage 1 or Stage 2 implementation.

http://www.health.state.pa.us/pdf/Meaningful_Use_Final_Declaration_of_Readiness.pdf

Declaration of Readiness



Syndromic Surveillance	
Program name	Pennsylvania Syndromic Surveillance System (PA-EpiCenter)
Readiness status	For 2016 and forward, the Pennsylvania Department of Health can accept syndromic data from hospital emergency departments only.
Contact information	Registration of Intent: http://webserver.health.state.pa.us/health/syndromic/ Email: RA-DHMU.SYNDROMIC@pa.gov
Transport	
Messaging and vocabulary standards	Must use PHIN messaging guide to meet MU – HL7 2.5.1 – Release 1.1 and 1.2 are to be used for Stage 2 and Release 1.9 will be used for future stages – http://www.cdc.gov/nssp/mmq/index.html
Provider types	For 2016 and beyond, hospital emergency departments only. New facilities that register their intent will go into a queue until the Department is able to onboard them.
Additional requirements	
Immunization Reporting	
Program name	Pennsylvania Statewide Immunization Information System (PA-SIIS)
Readiness status	PA-SIIS is currently capable of receiving electronic data from EHR systems in manner that is consistent with the EHR incentive program requirements.
Contact information	Website: http://www.health.state.pa.us/pasiis Email: pasiis@pa.gov Telephone: 877-774-4748 Registration of intent: http://www.portal.state.pa.us/portal/server.pt/community/pa_statewide_immunization_information_system_%28pa-siis%29/14281/provider_enrollment/556458
Transport	Messages over the Internet using Secure HTTP (HTTPS) Post
Messaging and vocabulary standards	Format is consistent HL7 2.5.1; See implementation guide 2.5.1 release 1.5. http://www.cdc.gov/vaccines/programs/iis/technical-guidance/hl7.html
Provider types	Hospitals (acute care, critical and children's) and eligible professionals
Additional requirements	

Declaration of Readiness



Cancer Reporting	
Program Name	Pennsylvania Cancer Registry (PCR)
Readiness Status	PCR is currently capable of receiving electronic data from EHR systems in manner that is consistent with the EHR incentive program requirements
Contact Information	Website: http://www.portal.state.pa.us/portal/server.pt/community/pa_cancer_registry/14280 Email: pcr@pa.gov Registration of intent: http://pcr.health.pa.gov/MURegistrationOfIntent/Home.aspx
Transport	Messages over the Internet using Secure HTTP (HTTPS) Post
Messaging and Vocabulary Standards	Format is consistent with HL7 Clinical Document Architecture (CDA) as specified in Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries, August 2012 http://www.cdc.gov/ehrmmeaningfuluse/cancer.html
Provider Types	Eligible Professionals (EP) (may be prioritized based on monthly volume)
Additional Requirements	

Public Health Objective - Immunization

- **Measure 1 Exclusions:** Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP
 - 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 EHR reporting period;
 - 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 EHR reporting period; or
 - Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

Public Health Objective – Syndromic Surveillance

- **Measure 2 Exclusions:** Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP
 - Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;
 - Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
 - Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

Public Health Objective – Specialized Registry

- Measure 3 Exclusions: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP
 - Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;
 - Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
 - Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

Public Health Measure - Immunization

- **For 2015 & 2016 - Stage 2** Providers must attest to this measure
- **If the EP can take the standard exclusion**
 - In 2015, the EP can claim the Alternate Exclusion for both the Syndromic and the Specialized Registries if the EP was not planning on attesting to these measures and pass this objective
 - In 2016, the EP would need to report on both the Syndromic and the Specialized Registries to pass this objective – this could be by passing both of these, taking a standard exclusion for both of these or a combination of the two. Reminder that in 2016, the Alternate Exclusions are not available
- **If the EP can pass the measure**
 - In 2015, the EP can claim the Alternate Exclusion for both the Syndromic and the Specialized Registries if the EP was not planning on attesting to these measures and pass this objective
 - In 2016, the EP would need to pass either the Syndromic or Specialized Registry or take a standard exclusion for both

Public Health Measure - Immunization

- **For 2015 & 2016 - Stage 1** Providers have the option to attest to this measure
- **If the EP can take the standard exclusion**
 - In 2015, the EP can claim the Alternate Exclusion for both the Syndromic and the Specialized Registries if the EP was not planning on attesting to these measures and pass this objective
 - In 2016, the EP would need to pass both the Syndromic and the Specialized Registries OR take the standard exclusions for both to pass this objective. Reminder that in 2016, the Alternate Exclusions are not available
- **If the EP can pass the measure**
 - In 2015, this would meet the objective
 - In 2016, the EP would need to pass either the Syndromic or Specialized Registry or take a standard exclusion for both

Public Health Measure – Syndromic Surveillance

- **For 2015 & 2016 - Stage 2**
- **If the EP can take the standard exclusion**
 - In 2015, the EP can pass or claim the Alternate Exclusion for the Specialized Registry if the EP was not planning on attesting to this measure and would need to either pass or take the standard exclusion for Immunization to pass this objective
 - In 2016, the EP would need to report on both the Immunization and the Specialized Registry to pass this objective – this could be by passing both of these, taking a standard exclusion for both of these or a combination of the two. Reminder that in 2016, the Alternate Exclusions are not available
- **If the EP can pass the measure**
 - In 2015, the EP can claim the Alternate Exclusion for the Specialized Registry if the EP was not planning on attesting to this measure and pass or take the standard exclusion for the Immunization Registry to meet this objective OR pass the Specialized Registry to meet this objective
 - In 2016, the EP would need to pass either the Immunization or Specialized Registry or take a standard exclusion for both to meet the objective

Public Health Measure – Syndromic Surveillance

- **For 2015 & 2016 - Stage 1**
- **If the EP can take the standard exclusion**
 - In 2015, the EP can claim the Alternate Exclusion for both the Immunization and the Specialized Registries if the EP was not planning on attesting to this measures and pass this objective
 - In 2016, the EP would need to pass both the Immunization and the Specialized Registry OR take the standard exclusions for both to pass this objective. Reminder that in 2016, the Alternate Exclusions are not available
- **If the EP can pass the measure**
 - In 2015, this would meet the objective
 - In 2016, the EP would need to pass either the Immunization or Specialized Registry or take a standard exclusion for both to meet the objective

Public Health Measure – Specialized Registry

- **For 2015 & 2016 - Stage 2**
- **If the EP can take the standard exclusion**
 - In 2015, the EP can pass or claim the Alternate Exclusion for the Syndromic Registry if the EP was not planning on attesting to this measure and would need to either pass or take the standard exclusion for Immunization to pass this objective
 - In 2016, the EP would need to report on both the Immunization and the Syndromic Registry to pass this objective – this could be by passing both of these, taking a standard exclusion for both of these or a combination of the two. Reminder that in 2016, the Alternate Exclusions are not available
- **If the EP can pass the measure**
 - In 2015, the EP can claim the Alternate Exclusion for the Syndromic Registry if the EP was not planning on attesting to this measure and pass or take the standard exclusion for the Immunization Registry to meet this objective OR pass the Syndromic Registry to meet this objective
 - In 2016, the EP would need to pass either the Immunization or Syndromic Registry or take a standard exclusion for both to meet the objective

Public Health Measure – Specialized Registry

- **For 2015 & 2016 - Stage 1**
- **If the EP can take the standard exclusion**
 - In 2015, the EP can claim the Alternate Exclusion for both the Immunization and Syndromic Registries if the EP was not planning on attesting to these measures and pass this objective
 - In 2016, the EP would need to pass both the Immunization and the Syndromic Registry OR take the standard exclusions for both to pass this objective. Reminder that in 2016, the Alternate Exclusions are not available
- **If the EP can pass the measure**
 - In 2015, this would meet the objective
 - In 2016, the EP would need to pass either the Immunization or Syndromic Registry or take a standard exclusion for both to meet the objective



Public Health Objective Scenarios

Public Health Objective Questions

SCENARIO 1 - Program Year 2016, Stage 2

Immunization - Standard Exclusion

Syndromic - Pass

Since the provider was able to pass Syndromic and take the standard exclusion for Immunization, do they have to pass (register their intent by Feb. 29th) or take an exclusion for the Specialized Registry? So, in other words, do they pass if they don't answer this one?

If a standard Exclusion was taken for the Immunization Registry then the Specialized Registry would need to be completed. This could be done by either 'passing the measure' or taking the 'standard exclusion.' If the provider actually 'passed' the Immunization and Syndromic Surveillance measures then the Specialized registry would not have to be completed.

Public Health Objective Questions

SCENARIO 2 - Program Year 2016, Stage 2

Immunization - Standard Exclusion

Syndromic - Pass

The EHR vendor will allow the provider to register for 10 specialized registries (at a cost) Is the EP required to pay the vendor for this option and then register their intent in order to pass this measure?

First, CMS does not allow 'cost' to be a reason for a provider to take an exclusion.

Second, in order to attest to the Specialty Registry, the registry needs to be a 'Specialty Society' that the provider is affiliated with (a member of) and the provider is able to submit data to that registry.

Just because the vendor has this option available, if the EP is not a member of the society the vendor can submit data to, the EP is not required to consider any of these registries.

*Also, the provider is not required to go through their EHR system to submit data to the specialized registry. The data **does** need to be submitted electronically but does not have to be done through the EHR system.*

Public Health Objective Questions

SCENARIO 3 - Program Year 2016, Stage 2

Immunization - Pass

Syndromic - Pass

Specialized Registry – N/A

If a specialist starts to administer immunizations and can Pass Immunization and not take the exclusion, would the EP have to complete the Specialized Registry measure?

No, if the EP can pass both Immunization and Syndromic, then the EP would not need to attest to the Specialized Registry.

Public Health Objective Questions

SCENARIO 4 - Program Year 2016, Stage 2

Immunization - Standard Exclusion

Syndromic - Pass

Since the cancer registry is available in PA...if a provider does not diagnose or treat cancer patients, can the provider take the exclusion for the Specialized Registry? AND can they take the exclusion for the Cancer Registry if their vendor has the capability to submit to a national specialized registry but at a cost to the provider?

Providers who do not diagnose or treat cancer patients can consider that part of the exclusion for the specialized registry, but the EP must also verify that they do not belong to any Specialized Societies that will accept data in order to take the exclusion for the Specialized Registry.

The second question is similar to previous Scenario 2. Just because your vendor has the capability to submit to national specialized registries, it is not required that you participate in one of those.

Public Health Objective Questions

SCENARIO 5 – Program Year 2016, Stage 2

Immunization - Either

Syndromic - Pass

For specialists who don't currently administer immunizations, but who DO diagnose or treat cancer patients, would the EP either have to register intent with the cancer registry, or have them begin to administer immunizations, to pass this Objective?

The EP could claim a standard exclusion for the Immunization Registry and since they pass the Syndromic measure, the EP could either register their intent with the cancer registry OR pass another Specialized Registry in order to pass this objective.

Public Health Objective Questions

SCENARIO 6 – Program Year 2016, Stage 2

Immunization - Either

Syndromic - Pass

Unfortunately, our CEHRT vendor is not capable of connecting to a cancer registry yet. Can we claim a specialized registry exclusion based on that fact alone, and also claim an immunization exclusion, and pass syndromic because we have registered intent?

If the EP diagnoses and/or treats Cancer patients you are not permitted to take an exclusion for the Cancer Registry because your system is not capable of connecting to the Cancer Registry. If you had another Specialized Registry that you can report on, then that would allow you to pass the Specialized Registry measure and in this scenario, since you would also pass Syndromic, then you would meet the objective.

Public Health Objective Questions

GENERAL QUESTION 1

Is the CMS application available to accept attestations that will be submitted to avoid the Medicare payment reduction but will not receive a payment?

Yes, the CMS system was available on January 4, 2016 to accept MU applications that would not receive a payment but would be able to avoid the payment adjustments in 2017. NOTE: The deadline to complete this attestation in order to avoid the 2017 payment adjustments is Feb. 29, 2016.

Public Health Objective Questions

GENERAL QUESTION 2

For the Public Health measures, do providers still need to register their intent within 60 days of the start of their reporting period?

Yes, you are still required to 'begin' the process within 60 days of the start of the reporting period. Since most providers will be reporting on a full year in 2016, the deadline to register your intent is Feb. 29, 2016.

GENERAL QUESTION 3

What documentation is acceptable for the Specialized Registry measure?

CMS is still finalizing this guideline. ONC stated, you need a confirmation from the registry that you registered your intent. If this is asked post-pay, then you also need confirmation of the status of the active engagement.

Q & A



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