Stage 2 Meaningful Use
Improve Population and Public Health

Objective	Ambulatory Measure	Hospital measure
Immunization Registries	Ongoing Submission to Public Health Authority (Core)	Ongoing Submission to Public Health Authority (Core)
Reportable Lab Results (ELR)	N/A	Ongoing Submission to Public Health Authority (Core)
Syndromic Surveillance	Ongoing Submission to Public Health Authority (Menu)	Ongoing Submission to Public Health Authority (Core)
Cancer Registries	Ongoing Submission to Public Health Authority (Menu)	N/A
Specialized Registry	Ongoing Submission to Public Health Authority or National Specialty Society (Menu)	N/A

Public Health Domain	Exchange Standards	Vocabulary Standards
Immunization Registries (IIS)	**Standard - HL7 2.5.1** • HL7 2.5.1 Implementation Guide for Immunization Messaging Release 1.4 - Approved 7/15	HL7 Standard Code Set CVX -- Vaccines Administered, updates through July 11, 2012
Reportable Lab Results (ELR)	**Standard - HL7 2.5.1** • HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 with Errata and Clarifications - Approved 7/15	SNOMED-CT and Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.40
Syndromic Surveillance	**Standard - HL7 2.5.1** • PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Release 1.1 August 2012 (Required for Inpatient and optional for ambulatory) - Approved 7/15 *Note: Ambulatory / In-patient Guide under development*	
Cancer Registries	**CDA** • Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries, August 2012	IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release and LOINC
Specialized Registries		

Health Information Exchange

- Public Health arrangements with HIE/intermediary to transport data are acceptable to demonstrate Meaningful Use
    - No certification of HIE required
- Can also be extension of certified technology
    - Requires Certification
- EP or EH must still ensure accomplishment of ongoing submission
    - Unless PHA specifically designates intermediary as acceptable for satisfying requirement

Transport

- EP or EH required to utilize transport method supported by PHA
  - Encourages use of HIE and standardization
  - Specifically states that the requirement is independent of ONC Certification
- EHRs Direct Enabled
- NWHIN RFP

Ongoing Submission

- Must register intent to submit within 60 days of the start of EHR reporting period
  - CMS expects to maintain a repository of PHA capacity to accept MU transactions
- Must participate in on-boarding process
  - Must respond to PHA written requests for actions
  - Does not meet measure as result of failure to respond to two written requests within 30 days on two separate occasions
- A Provider submitting any reportable data during their normal course of operations is engaged in ongoing submission
  - Does not include submission to test environments

Grandfathering

- Public Heath measures may be satisfied if ongoing submission achieved in a previous year using either current or 2011 Edition EHR Certification
  - Those successfully moving into production in Stage 1 using 2.3.1 messages can continue to submit 2.3.1 messages as long as it is acceptable to the PHA

Public Health Letters

- Agreed with commenters that letters were too restrictive
- Any written communication (including electronic form) from the PHA affirming that EP, EH or CAH meet the appropriate measure

Exclusions

- PHA does not provide capacity information to central repository by beginning of EHR Reporting Period or PHA cannot accept MU transaction according to published standards(All measures)
- Immunization
  - Does not give reportable immunization
- Syndromic
  - No ED or not the provider type for which SS collected
- Cancer
  - EP does not diagnose or treat cancer

"except where prohibited, and in accordance with applicable law and practice"

- Providers must report even if not required by law
- Providers do not have to report if specifically excluded by law

Specialized Registries

- For the purpose of exclusion applies to registries maintained by National specialty societies and specialized registries maintained by PHAs.

- Can also include specialized registries operated by patient safety organizations and quality improvement organizations

Zero Paid Claims

- **The EHR Incentive Programs Stage 1 Rule stated that, in order for a Medicaid encounter to count towards the patient volume of an eligible provider, Medicaid had to either pay for all or part of the service, or pay all or part of the premium, deductible or coinsurance for that encounter. The Stage 2 Rule now states that the Medicaid encounter can be counted towards patient volume if the patient is enrolled in the state's Medicaid program (either through the state's fee-for-service programs or the state's Medicaid managed care programs) at the time of service without the requirement of Medicaid payment liability. How will this change affect patient volume calculations for Medicaid eligible providers?**

Changes to Stage 1 starting 2013

- Adds "Except where prohibited by law"
- Exclusion of menu set items does not count towards overall number of menu set items met.

EHR Certification

- Test Tools and Procedures expected for public comment late September/early October
  - Cancer
  - Immunization
  - Syndromic (Hospital Based only)
  - ELR