



Michigan Public Health and Meaningful Use Testing Capabilities:

1) Syndromic Data: MDCH has determined MSSS (Michigan Syndromic Surveillance System) has the capacity to receive syndromic data in accordance with the established meaningful use vocabulary and content exchange standards for eligible hospital emergency departments (not inpatient hospital departments), urgent care centers, and certain ambulatory care providers (Eligible Professionals or EPs). MSSS can receive syndromic data from EPs as of August 1, 2013. Therefore, **eligible professionals that are required to report syndromic data according to meaningful use objectives do not, in general, qualify for exclusion to the meaningful use objective for the reason the state does not have the capability to accept syndromic data electronically**. Furthermore, **eligible hospitals that are required to report syndromic data according to meaningful use objectives do not qualify for exclusion to the meaningful use objective for the reason the state does not have the capability to accept syndromic data electronically**.

2) Immunization Data: Michigan Department of Community Health has determined Michigan Care Improvement Registry (MCIR) has the capacity to receive immunization data in accordance with the established Meaningful Use vocabulary and content exchange standards. Therefore, **all eligible professionals and hospitals administering immunizations (Within the reporting period) in Michigan do not qualify for exclusion** to the meaningful use objective of capability to submit electronic data to immunization information systems.

3) Reportable Lab Results: Michigan Department of Community Health has determined that the Michigan Disease Surveillance System (MDSS) has the capacity to receive reportable lab results in accordance with the established Meaningful Use vocabulary and content exchange standards. MDSS has had this capacity since late 2010. Therefore, **all eligible hospitals in Michigan do not qualify for exclusion** to the meaningful use objective of the capability to submit electronic reportable lab results to public health agencies.

4) Exclusions and Public Health Reporting: According to CMS FAQ 2903, “if an EP is able to meet the measure of one of the public health menu objectives but can be excluded from the other, the EP should select and report on the public health menu objective they are able to meet. If an EP can be excluded from both public health menu objectives, the EP should claim an exclusion from only one public health objective and report on four additional menu objectives from outside the public health menu set.” Therefore:

- a. If an EP in Michigan could claim an exclusion from the Syndromic Surveillance objective (see part b.), but administers immunizations within their EHR Incentive reporting period, then that EP MUST test with MCIR. They may not choose Syndromic to exclude for their Public Health Menu Objective.
- b. The MSSS Testing and Submission Guide, available at <https://www.michiganhealthit.org/wp-content/uploads/MSSS-Testing-and-Submission-Guide.pdf>, lists those EPs from which MSSS will and will not accept electronic syndromic data.

i. If an EP is in **Stage 1 Meaningful Use**:

Only EPs from whom the State of Michigan does not accept MSSS messages (listed as “No” in the MSSS Guide) may claim exclusion from one of the Public Health Measures (Menu Measures 9 and 10 for Stage 1 of Meaningful Use) if they also do not administer immunizations. EPs listed as “No” in the MSSS Guide that do not administer immunizations should claim the exclusion for Stage 1 Menu Measure 9 (Immunizations) only.

ii. If an EP is in **Stage 2 Meaningful Use**:

In Stage 2, Immunization Reporting becomes a Core Objective, and there are no requirements surrounding the selection of Public Health Reporting Menu Objectives. Therefore, EPs listed as “No” in the Guide may claim the exclusion for Stage 2 Menu Objective 1 (Syndromic Surveillance), regardless of administration of Immunizations.

c. Since MSSS will not be receiving inpatient data, Eligible Hospitals that have no emergency department may claim an exclusion from the Syndromic Objective, ***if they do not also administer immunizations or report lab results to the Michigan Department of Community Health.***

5) Cancer Surveillance: The Michigan Department of Community Health has determined that the Michigan Cancer Surveillance Program (MCSP) has the capacity to receive cancer data in accordance with the established Meaningful Use vocabulary and content exchange standards. Therefore, **all eligible professionals treating reportable cancer cases (within the reporting period) in Michigan do not qualify for exclusion** to the Stage 2 meaningful use objective of capability to identify and electronically report cancer data to a central public health cancer registry. Recall that this menu meaningful use objective is only applicable to eligible professionals in Stage 2 of Meaningful use, and not to eligible hospitals.

6) Birth Defects: The Michigan Department of Community Health has NOT determined that the Michigan Birth Defects Registry (MBDR) has the capacity to receive birth defects case report data in accordance with the established Meaningful Use vocabulary and content exchange standards. However, due to the specifications of the Stage 2 Final Rule, eligible professionals who wish to report birth defects case report data electronically may register their intent to move to Ongoing Submission with the MBDR. Eligible Professionals who are still awaiting an invitation to begin testing with MBDR at the end of their EHR reporting period would pass this measure. Recall that this menu meaningful use objective is only applicable to eligible professionals in Stage 2 of Meaningful use, and not to eligible hospitals.

5) If you have any further Michigan Public Health and Meaningful Use questions, please contact our Meaningful Use support at: dchpublichealthmu@michigan.gov or visit our website at www.michiganhealthit.org/public-health

Thank you,

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