



Meaningful Use and Public Health Reporting Frequently Asked Questions

1. FAQ-Sending a Meaningful Use Test

FAQ 1.a

In a setting where there are several EPs from an affiliated organization, implementing the same version of a certified EHR, does sending one test to the immunization registry (or any other public health registry) demonstrate meaningful use for all affiliated EPs?

Answer 1.a

Yes*, providers that use the same EHR technology and share a network for which their organization either has operational control of or license to use can conduct one test that covers all providers in the organization. For example, if a large group of EPs with multiple physical locations use the same EHR technology and those locations are connected using a network that the group has either operational control of or license to use, then a single test would cover all EPs in that group. Similarly, if a provider uses an EHR technology that is hosted (cloud-based) on the developer's network, then a single test would allow all EPs, eligible hospitals, and CAHs using the EHR technology that is hosted (cloud-based) on the developer's network to meet the measure. CMS has indicated that the following FAQ's definition of "a single test" related to a different topic will apply to public health testing as well:

For more information about the Medicare and Medicaid EHR Incentive Program, please visit <http://www.cms.gov/EHRIncentivePrograms>.

Keywords: FAQ7729

*In a previous FAQ, CMS had said that a test is necessary at each physical location; this is no longer the case.

FAQ 1.b

If a provider has successfully sent one test message to the Michigan Care Improvement Registry meeting the stage 1, first year of meaningful use public health measure, what is required of a provider to be in compliance with stage 1, year two?

Answer 1.b

If a provider has successfully sent one test message to MCIR in the first year of meaningful use and received a confirmation letter from the Michigan Department of Community Health, the provider must begin the follow up submission process by following the steps documented in the [Michigan Care Improvement Registry \(MCIR\) Meaningful Use Follow Up Submission/Quality Assurance Testing Guide](#). The provider must notify the MCIR Meaningful Use staff of their intent to follow the process outlined in the document listed above by sending an email message to MU_MCIRHelp@MPHI.org or by calling the MCIR Help Desk at 1-888-243-6652. Notifying the MCIR Meaningful Use staff ensures the appropriate information is recorded in the State of Michigan's public health registration and tracking database in the event of an audit from CMS or the Medicaid EHR Incentive Program.

2. FAQ- Meaningful Use & Reporting Period

FAQ 2.a

Under the Medicaid Electronic Health Record (EHR) Incentive Program, if a provider adopts, implements or upgrades (AIU) certified EHR technology in their first year, the provider will not have to demonstrate meaningful use in order to receive payment; in the second year they will have to demonstrate MU for a 90 day period only. Whereas a provider that is already a meaningful user would have to demonstrate for a 90 day period the first year and subsequent years they would have to demonstrate it for the full year. Is this correct?

<http://www.cms.gov/EHRIncentivePrograms>.

Answer 2.a

This is correct.

FAQ 2.b

Can an eligible professional (EP) implement an electronic health record (EHR) system and satisfy *meaningful* use requirements at any time within the calendar year for the Medicare and Medicaid EHR Incentive Program?

Answer 2.b

For a Medicare EP's first payment year, the EHR reporting period is a continuous 90-day period within a calendar year, so an EP must satisfy the **meaningful** use

requirements for 90 consecutive days within their first year of participating in the program to qualify for an EHR incentive payment. In subsequent years, the EHR reporting period for EPs will be the entire calendar year. With regard to the Medicaid EHR Incentive program, EPs must have adopted, implemented, upgraded, or **meaningfully** used certified EHR technology during the first calendar year. If the Medicaid EP adopts, implements or upgrades in the first year of payment, and demonstrates **meaningful** use in the second year of payment, then the EHR reporting period in the second year is a continuous 90-day period within the calendar year; subsequent to that, the EHR reporting period is then the entire calendar year.

<http://www.cms.gov/EHRIncentivePrograms>

FAQ 2.c

If my organization performed a meaningful use test with a public health agency prior to my reporting period, do I need to send another test message within the reporting period I am going to attest under? Do I need another letter of confirmation from the State of Michigan?

Answer 2.c

According to the CMS Final Rule Paragraph Citation 75 FR 44367, “The testing could occur prior to the beginning of the EHR reporting period, but must occur prior to the end of the EHR reporting period”. Therefore, if your organization had previously tested with one of the public health agencies to fulfill Stage 1 Meaningful Use and your organization pushed your reporting period to a later date, then that one test and one letter of confirmation will fulfill your testing requirement.

3. FAQ-Certified Technology

FAQ 3.a

If a provider purchases a certified Complete Electronic Health Record (EHR) or has a combination of certified EHR Modules that collectively satisfy the definition of certified EHR technology, but opts to use a different, uncertified EHR technology to meet certain meaningful use core or menu set objectives and measures, will that provider be able to successfully demonstrate meaningful use under the Medicare and Medicaid EHR Incentive Programs?

Answer 3.a

No, the provider would not be able to successfully demonstrate meaningful use. To successfully demonstrate meaningful use, a provider must do three things:

1. Have certified EHR technology capable of demonstrating meaningful use, either through a complete certified EHR or a combination of certified EHR modules;
2. Meet the measures or exclusions for 20 Meaningful Use objectives (19 objectives for eligible hospitals and Critical Access Hospitals (CAHs)); and
3. Meet those measures using the capabilities and standards that were certified to accomplish each objective.

A provider using uncertified EHR technology to meet one or more of the core or menu set measures would not be using the capabilities and standards that were certified to accomplish each objective. Please note that this does not apply to the use of uncertified EHR technology and/or paper-based records for purposes of reporting on certain meaningful use measures (i.e., measures other than clinical quality measures), which is addressed in FAQ #10589.

For more information about the Medicare and Medicaid EHR Incentive Program, please visit <http://www.cms.gov/EHRIncentivePrograms>.

Keywords: FAQ10979

4. FAQ-Exclusion & Public Health Reporting

Please visit: [Michigan Public Health and Meaningful Use Testing Capabilities](#) for more information.

FAQ 4.a

Does my practice qualify for exclusion to the meaningful use objective of capability to submit electronic data to **immunization** information systems?

Answer 4.a

MDCH has determined MCIR (Michigan Care Immunization Registry) 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 in Michigan do not qualify for exclusion** to the meaningful use objective of capability to submit electronic data to immunization information systems.

FAQ 4.b

Do eligible hospitals qualify for exclusion to the meaningful use objective of capability to submit **electronic lab results** to public health agencies?

Answer 4.b

MDCH has determined MDSS (Michigan Disease Surveillance System) has the capacity to receive electronic lab results in accordance with the established meaningful use vocabulary and content exchange standards. Therefore, **eligible hospitals cannot attest exclusion for the reason the state does not have the capability to accept electronic lab results.**

FAQ 4.c *UPDATED AUGUST 2013*

Does my practice qualify for exclusion to the meaningful use objective of capability to submit electronic data to **syndromic surveillance** information systems?

Answer 4.c

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, 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.** 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.**

Please note: 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.

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.

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.

FAQ 4.d *UPDATED JANUARY 2014*

Does my practice qualify for exclusion to the meaningful use objective of capability to submit electronic cancer data to a **central public health cancer registry**?

Answer 4.d

MDCH has determined MCSP (Michigan Cancer Surveillance Program) has the capacity to receive electronic cancer case report data in accordance with the established meaningful use vocabulary and content exchange standards. Therefore, **eligible professionals cannot attest exclusion for the reason the state does not have the capability to accept electronic cancer reporting. Please be advised that this measure is only available for eligible professionals in Stage 2 Meaningful Use; Eligible Hospitals do not have this measure at all.**

FAQ 4.e *UPDATED JANUARY 2014*

Does my practice qualify for exclusion to the meaningful use objective of capability to submit specific cases to a **specialized registry (other than a cancer registry)**?

Answer 4.e

MDCH has NOT determined that MBDR (Michigan Birth Defects Registry) has the capacity to receive electronic 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. Please be advised that this measure is only available for eligible professionals in Stage 2 Meaningful Use; Eligible Hospitals do not have this measure at all.**

FAQ 4.f

Does MDCH provide a letter of exemption to a provider that is going to attest exclusion for one of the public health reporting options?

Answer 4.f

No, MDCH does not provide a letter to prove exclusion. It is the responsibility of the EPs and hospitals to self-attest and provide the reason of exclusion. Please see FAQ #6, #7, #8 for further information on claiming exclusion regarding the public health system(s) capacity.

Resources

CMS FAQ page: <https://questions.cms.gov/>

Michigan EHR Incentive Program Website: <http://www.michiganhealthit.org/>

MDCH and Meaningful Use Testing: <https://www.michiganhealthit.org/public-health/>