Disclaimer: The answers to these Frequently Asked Questions are provided by the Stage 2 MU PH Reporting Requirements Task Force and are based on the understanding of the Task Force members. They do not necessarily represent the official positions of public health associations, public health agencies, and federal agencies involved in the Task Force including, but not limited to: the Centers for Medicare & Medicaid Services (CMS), the Office of the National Coordinator for Health Information Technology (ONC), and the Centers for Disease Control and Prevention (CDC).

Questions Related to Declaration of Capacity

1. When will public health agencies be apprised of how to declare readiness to CMS for the centralized repository? Will instructions be provided by CMS?
   Answer: CMS is currently seeking with Office of Management and Budget (OMB) waiver or approval of the first data collection tool (an email) that would allow public health agencies (PHAs) to send data to CMS for the central repository. Once a waiver is granted or approval given, CMS will roll out the tool and provide PHAs with instruction on using the tool to submit their readiness information. The central repository will not be available in a definitive form for Oct 1, 2013 for hospitals, therefore hospitals will have to check directly with their PHAs and registries as is the case today under MU Stage 1. CMS is expecting that the central repository will be available prior to 1/1/2014.

2. At what point can a PHA change its readiness status in the CMS centralized repository? For example, if its Immunization Information System (IIS) won’t be ready for HL7 v2.5.1 until February 1, 2014. Can the agency change its status when it’s fully ready, on a quarterly or some other periodic basis, or will no changes be allowed within a given year?
   Answer: CMS will accept updates to the CMS central repository at any time – once the repository has been established. Whether an update is in time for a given reporting period is provider specific. The limitation is that providers are only responsible for checking readiness at the beginning of their EHR reporting period each year.

3. Are PHAs expected to be ready for all objectives in order to declare or is declaration allowable by individual objectives?
   Answer: PHA readiness is objective specific; therefore PHAs will declare readiness for each individual objective.

4. If a PHA declares readiness for syndromic surveillance for eligible professionals (EPs), then after 6 months doesn’t have capacity to onboard any additional EPs, can the PHA withdraw readiness for this objective?
   Answer: Yes, PHAs can update their readiness capacity at any time. However, a PHA would not want to withdraw its declaration if it plans to onboard as resources allow. PHAs can allow providers to register and place them in a queue for onboarding. The providers could attest to meeting the objective and not take an exclusion. This approach will reduce the number of exclusions taken by providers for the public health objectives.
5. A public health agency used the infrastructure currently supporting its immunization registry to build other registries (e.g., vision/hearing screening, BMI). Can the PHA declare these other registries as specialized registries for Stage 2 MU?
   Answer: If the other registries are distinct from the immunization registry, then they could be specialized registries. The CMS Stage 2 final rule does not go into the level of details such as addressing or restricting how registries are implemented or whether two registries can share the same infrastructure. The stage 2 Final Rule states the specialized registry cannot be duplicative of any other registries included in other meaningful use objectives. This means an EP cannot meet the immunization, syndromic surveillance or cancer objective and the specialized registry objective by reporting to the same registry.

6. If a public health agency can declare readiness later in Stage 2, what are the requirements for the EHs and EPs to adjust?
   Answer: If the PHA chooses a date after the start of Stage 2 then providers, with an EHR reporting period that starts prior to the date specified by the PHA in their declaration, could take an exclusion for the objective.
Questions Related to Registration of Intent

7. **For stage 2, is the registration of intent required for both years 1 and 2?**
   Answer: No, if the eligible professional (EP)/eligible hospital (EH) registers their intent to submit data with the PHA in Stage 2 Year 1, they would not need to register again with the PHA in Stage 2 Year 2 for the same objective. Once the process starts, the provider is good until the PHA or registry, through the two communications, indicates they have dropped out of the process.

8. **Are providers (EPs/EHs) that achieved ongoing submission in Stage 1, required to register their intent with the PHA in Stage 2 Year 1?**
   Answer: No, any example or evidence of an ongoing submission in the EHR reporting period covers that provider.

9. **Can PHAs register providers prior to the start of MU Stage 2 (register EHs prior to 10/1/2013 and register EPs prior to 1/1/2014)?**
   Answer: Yes, if the PHA is prepared to accept registration of intent from providers prior to the start of MU Stage 2.
Questions Related to Onboarding

10. When on-boarding a multiple-provider practice, does the PHA or registry, have to confirm successful receipt of at least one data submission from each provider before sending an acknowledgement? Or can the receipt of relevant data from the practice (without regard to which provider’s data is included) represent successful transmission by all providers in the practice?
   Answer: Onboarding can be done at the practice level. Refer to the guidance CMS provides in FAQ #3819 (https://questions.cms.gov/faq.php?id=5005&faqId=3819) regarding multiple EPs using the same certified EHR technology.

11. How does CMS define "testing and validation"? If a provider is in a step in the on-boarding process that comes before the actual exchange of a test message, would that provider be in "testing and validation?"
   Answer: The jurisdiction can define the onboarding process. As long as the provider is actively participating in onboarding, they have met the objective for MU Stage 2.

12. How much attention does a PHA need to pay to the certification status of the EHR platform a provider is using for MU Stage 2
   Answer: None, this is the provider’s responsibility.

13. If a provider registers their intent with the PHA, but the PHA does not get to them until after the provider’s EHR reporting period ends, are the providers required to respond to a PHAs written requests for action? Can the provider fail to meet the objective for lack of response if it is outside the provider’s EHR reporting period?
   Answer: The provider cannot fail the objective for failing to respond outside of their reporting period. After 2014, the EHR reporting period for MU Stage 2 is the entire year.

14. Regarding the 30 day rule, where a PHA has the capability to send a written request to the provider if they have not responded to our emails about their HL7 transition, will CMS be auditing PHAs that we are tracking that level of detail? I could see a PHA using the 30 day rule to their advantage for a high priority provider, but it’s a lot of administrative overhead to track every single email to every provider, to keep track of when 30 days has passed, etc. Or if the intent is that PHA can use this to our advantage, then is it okay if the PHA utilizes it only when they need to?
   Answer: Use of this (the requirement for providers to respond within 30 days to a PHA’s written request for action) is completely at the PHA’s discretion. The PHA and providers are the only sources of these communications and providers probably will not be “telling on themselves.” Therefore, every provider for whom the PHA does not have a record of this communication essentially would meet the objective. Providers may ask the PHA for something for audit purposes once their EHR reporting period is over to show they responded timely to PHA written requests for action during their reporting period.
15. If an EP registers intent to submit data for a PH MU objective by deadline and the PHA invited the EP to on-board on two separate occasions (30-day cycles) but the EP fails to respond, the EP FAILS to meet the objective, correct? Are there any responsibilities of the PHA to communicate that an EP failed an objective? Or, is the attestation process purely the responsibility of the EP? Is there an audit process involved and what are the responsibilities of the PHA other than documenting all communications related to acknowledgement of registration, invitation (up to two) to on-board, and acknowledgement of achievement of on-going submissions?

Answer: In Stage 2 the EP must determine the PHA’s readiness and then initiate the process or meet the exclusion of not having data. Once the process is initiated then if EP doesn’t participate in the process they can fail the objective. A failure only occurs when they fail to respond to the two written requests for action from the PHA. It is the responsibility of the EP to make a truthful attestation; however, PHAs should keep in mind that they and the provider have the only auditable documentation and that the presumption is that a provider who registers meets the measure (i.e., the auditor is not going to ask the provider to prove that they didn’t receive the two communications.)
Questions Related to Ongoing Submission and Acknowledgement of Ongoing Submission

16. Please clarify what is meant by successful ongoing submission. When a provider submits data to public health, what is the CMS requirement or mechanism to ensure the usefulness of the data by the PHA? Are EPs penalized if the data are not usable?

   Answer: A PHA/registry has at their option the ability to send the two communications to providers who are failing out of the onboarding process. Absent that communication it is assumed that the provider is successfully engaged in one of the four criteria to meet the objective if they have registered their intent with the PHA.

   CMS really does not have a mechanism to address the usefulness of the data being submitted by providers that are in ongoing submission. The EHR Incentive Program is a program to incentivize providers to participate - it gets the providers to the PHA’s door. The submission of data from providers to PHAs is a partnership and it is really up to the PHA to help make that partnership work.