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In October 2015, CMS released the Meaningful Use Final Rule for years 2015-2017.

As a result of the rule making, all public health reporting objectives are consolidated under one new objective: Public Health Reporting.

Maryland requires all eligible professionals to select the public health reporting options based on order of precedence. Public health reporting options are: immunization registry reporting, syndromic surveillance reporting, and specialized registry reporting.

An eligible professional must follow the order described below and register for the first reporting option that is applicable to their scope of practice. For example, if an eligible professional does not administer vaccines or diagnose and treat cancer, but he or she dispenses controlled substances, the eligible professional will claim **exclusion** for immunization registry and register for the Prescription Drug Monitoring Program under one of the Specialized Registry options. For 2015 only, if providers have already committed to a public health reporting option that is out of sequence, the provider and hospital will be able to bypass the order.

To participate in Case Reporting or to submit Specialized Registry options other than cancer and Prescription Drug Monitoring Program, providers must sign an agreement with CRISP for their intent to test and move into production the export of a Consolidated Clinical Document Architecture (C-CDA) to the Health Information Exchange. Contact CRISP with questions about Case Reporting.

Beginning around February 1, eligible professionals can access the new Public Health Web Tool via the [Meaningful Use Public Health website](#) to register their intent to meet or be excluded from public health reporting.

Objective 10: Public Health Reporting

Objective 10 requires eligible professionals to be in "Active Engagement"* for two of the three available public health reporting options. The available options in 2015 are:

1. Immunization Registry
2. Specialized registry administered by the Public Health Agency
 - a. Cancer Registry
 - b. Prescription Drug Monitoring Program (for eligible professionals that dispense controlled substances)
 - c. Case Reporting
3. Any remaining reporting options including
 - a. Syndromic Surveillance (TBD - Maryland may start accepting data from eligible professionals in Urgent Care Centers.)
 - b. Specialized registry administered by a non-public health agency entity

Stage 1, 2015	Stage 2, 2015
Must be in active engagement with at least one reporting option and may claim alternate exclusions for up to two reporting options.	Must be in active engagement with at least two reporting options and may claim alternate exclusion for Syndromic Surveillance, or Specialized Registry, or both.
After claiming two exclusions, for the remaining one reporting option, the eligible professional must either meet the active engagement criteria or the exclusion criteria to exempt from Objective 10.	After claiming two exclusions, for the remaining one reporting option, the eligible professional must either meet the active engagement criteria or the exclusion criteria to exempt from Objective 10.

*Active Engagement can be demonstrated by either: (1) completing registration to submit data; (2) testing and validation; or (3) production.

A five-issue series will discuss the ten objectives that all eligible providers must meet for demonstrating Meaningful Use in 2015. This is the fifth of five issues.

To view more information regarding program requirements for 2015, please visit the [CMS Meaningful Use website](#).

If you have questions or concerns, please contact our Meaningful Use Support team at 877-952-7477.

You can also email support@crisphealth.org.

The Maryland Medicaid EHR Incentive Registration and Attestation System, eMIPP, is currently offline. Providers can access and submit an attestation to the website beginning February 1, 2016.

The deadline for submitting a 2015 Medicaid attestation for both eligible professionals and hospitals is April 30, 2016.