Category: MU Modified Stage 2 (5 questions)

1. How do I comply with 2016 MU reporting requirements in light of the final rule?(EP/EH/CAH)
   It’s easy to meet up with the requirement as the modif of core and menu objectives of stage1 and stage 2 and even simpler with the alternate exclusion for the providers that are in stage 1.

2. I was scheduled to be in Stage 1 for 2015. Do the modifications affect me?(EP/EH/CAH)
   Yes. Eligible Professionals (EPs) and an eligible hospital or CAH scheduled to be in Stage 1 in 2015 and Stage 2 have a new, condensed set of objectives, but there are exclusions specific for Stage 1 EPs this year for some of these new objectives since an equivalent objective was not mandatory under the original set.

3. What is modified stage 2 MU?(EP/EH/CAH)
   CMS has now standardized on 10 core objectives instead of Core + Menu objectives of both Stage 1 and Stage 2. The EPs/EH/CAH can submit under Modified stage 2 Meaningful Use until 2017. All EPs/EH/CAH would need to switch to reporting to MU Stage 3 in 2018 (mandatory)
4. Should I follow stage 1, stage 2 or modified stage 2 MU?(EP/EH/CAH)

Starting 2015 after the final rule, all EPs/EH/CAH would now conform to Modified Stage 2 Meaningful Use. Please check out alternate exclusion provision for the providers that are in stage 1.

### Stage of Meaningful Use by 1st Payment Year

<table>
<thead>
<tr>
<th>If my first payment year was/is/will be</th>
<th>The following Meaningful Use stage applies to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2016</td>
</tr>
<tr>
<td>2011 Modified Stage 2</td>
<td>Modified Stage 2</td>
</tr>
<tr>
<td>2012 Modified Stage 2</td>
<td>Modified Stage 2</td>
</tr>
<tr>
<td>2013 Modified Stage 2</td>
<td>Modified Stage 2</td>
</tr>
<tr>
<td>2014 Modified Stage 2*</td>
<td>Modified Stage 2</td>
</tr>
<tr>
<td>2015 Modified Stage 2*</td>
<td>Modified Stage 2</td>
</tr>
<tr>
<td>2016 Not Applicable</td>
<td>Modified Stage 2</td>
</tr>
</tbody>
</table>

* There are alternate exclusions and specifications within individual objectives for providers who were previously scheduled to be in Stage 1 of meaningful use
5. What are the modified MU objectives?(EP/EH/CAH)

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>EP</th>
<th>EH/CAH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1: Protect Patient Health Information</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Objective 2: Clinical Decision Support</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Objective 3: Computerized Provider Order Entry CPOE</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Objective 4: Electronic Prescribing</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Objective 5: Health Information Exchange</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Objective 6: Patient-Specific Education</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Objective 7: Medication Reconciliation</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Objective 8: Patient Electronic Access (VDT)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Objective 9: Secure Messaging</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Objective 10: Public Health Reporting</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Category: Reporting Period (2 questions)

6. What is the deadline for active engagement for 2016?(EP/EH/CAH)

The EP/EH/CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration to be completed within 60 days after the start of the EHR reporting period i.e. **February 29 2016** is the deadline for active engagement for 2016.
7. Is it reporting for 90 days or full calendar year for 2015, 2016 and 2017? (EP/EH/CAH)

EHR Reporting Period Information Matrix

| Category: Objective 10 (8 questions) |

8. How do I get credit for Objective 10 - Public Health Reporting of Modified Stage 2 MU?

**EPs** - At a minimum, you need to show active engagement with PHA for Immunization, syndromic surveillance reporting (1 credit each). If you need support for data submission to these, ELIXIR can help you with the submission.

You can show active engagement to submit data to up to two specialized registries (possibly through ELIXIR for up to 2 credits). There are exclusion criteria available.

**EHs/CAH** - At a minimum, you need to show active engagement with PHA for Immunization, syndromic surveillance reporting, reporting OR Electronic Reportable Laboratory Result (1 credit each). If you need support for data submission to these registries, ELIXIR can help you with the submission.
You can show active engagement to submit data to up to 3 specialized registries (possibly through ELIXIR for up to 3 credits). There are exclusion criteria available.

9. What are the requirements for Public Health Reporting – Objective 10 in CMS final rule?

**EPs - Objective:** The EP, eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

- **Measure 1 – Immunization Registry Reporting:** The EP, eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.
  - It can count maximum 1 time towards the objective
- **Measure 2– Syndromic Surveillance Reporting:** The EP, eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.
  - It can count maximum 1 time towards the objective
- **Measure 3– Specialized Registry Reporting:** The EP, eligible hospital or CAH is in active engagement to submit data to a specialized registry.
  - It can count maximum 2 times towards the objective

Stage 1 EPs in 2015 must meet at least 1 measure in 2015, Stage 2 EPs must meet at least 2 measures in 2015, and all EPs must meet at least 2 measures in 2016 and 2017.

**EHs/CAH-**

**Objective:** The EP, eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.
• **Measure 1 – Immunization Registry Reporting:** The EP, eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.
  - It can count maximum 1 time towards the objective

• **Measure 2– Syndromic Surveillance Reporting:** The EP, eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.
  - It can count maximum 1 time towards the objective

• **Measure 3– Specialized Registry Reporting:** The EP, eligible hospital or CAH is in active engagement to submit data to a specialized registry.
  - It can count maximum 3 times towards the objective

• **Measure 4- Electronic Reportable Laboratory Result Reporting:** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.
  - It can count maximum 1 time towards the objective

Stage 1 eligible hospitals and CAHs must meet at least 2 measures in 2015,

Stage 2 eligible hospitals and CAHs must meet at least 3 measures in 2015, all eligible hospitals and CAHs must meet at least 3 measures in 2016 and 2017.

10. What are the requirements and exclusions for Measure Immunization Registry Reporting?(EP/EH/CAH)

The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.

Exclusion: Any EP, eligible hospital, or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP, eligible hospital, or CAH--

- Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period;
• Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

• Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP, eligible hospital, or CAH at the start of the EHR reporting period.

11. What are the requirements and exclusions for Measure 2 – Syndromic Surveillance Reporting?(EP/EH/CAH)
The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

Exclusion for EPs: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP--

• is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;

• Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

• Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

12. What are the requirements and exclusions for Measure 3 – Specialized Registry Reporting?(EP/EH/CAH)
The EP, eligible hospital, or CAH is in active engagement to submit data to a specialized registry.

Exclusions: Any EP, eligible hospital, or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP, eligible hospital, or CAH--
• Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period;

• Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

• Operates in a jurisdiction where no specialized registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

13. What are the requirements and exclusions for Measure 4 - Electronic Reportable Laboratory Result Reporting? (EH/CAH)

The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results (ELR).

Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH-

• Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;

• Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or

• Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.

14. What Maximum times measure can count towards objective for EP/EH/CAH for Modified stage 2 through 2015-2017?

Maximum time’s measure can count towards the objective -

EPs -

Measure 1- Immunization Registry Reporting can count maximum 1 time
Measure 2- Syndromic Surveillance Reporting can count maximum 1 time
Measure 3- Specialized Registry Reporting can count maximum 2 times.
EH/CAH -
Measure 1- Immunization Registry Reporting can count maximum 1 time
Measure 2- Syndromic Surveillance Reporting can count maximum 1 time
Measure 3- Specialized Registry Reporting can count maximum 3 times.
Measure 4- Electronic Reportable Laboratory Result Reporting: can count maximum 1 time

<table>
<thead>
<tr>
<th>Measure Number and Name</th>
<th>Maximum times measure can count towards the objective for EPs</th>
<th>Maximum times measure can count towards the objective for EH/CAH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure 1 – Immunization Registry Reporting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Measure 2 – Syndromic Surveillance Reporting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Measure 3 – Specialize Registry Reporting</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Measure 4 – Electronic Reportable Laboratory Result Reporting</td>
<td>N/A</td>
<td>1</td>
</tr>
</tbody>
</table>

15. What Maximum times measure can count towards objective for EP/EH/CAH for stage 3 2017 onwards?

Stage 3 is intended to bring about advancements in care delivery by requiring more advanced EHR functionality and standards for structuring data, increasing thresholds compared to Stage 1 and 2 measures, and requiring more coordinated care and patient engagement. All providers will be required to meet the Stage 3 objectives in 2018 for the entire calendar year, but providers will be encouraged and able to begin attesting to Stage 3 in 2017 (optional year).

EPs must attest YES to three of the following five measures and EH or CAH must attest YES to four of the following six measures.
**EPs, eligible hospitals, and CAHs may choose to report to more than one public health registry to meet the number of measures required to meet the objective.**

<table>
<thead>
<tr>
<th>Measure Number and Name</th>
<th>Maximum times measure can count towards the objective for EPs</th>
<th>Maximum times measure can count towards the objective for EH/CAH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure 1 – Immunization Registry Reporting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Measure 2 – Syndromic Surveillance Reporting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Measure 3 – Case Reporting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Measure 4 - Public Health Registry Reporting*</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Measure 5 - Clinical Data Registry Reporting**</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Measure 6 - Electronic Reportable Laboratory Results</td>
<td>N/A</td>
<td>1</td>
</tr>
</tbody>
</table>

*EPs, eligible hospitals, and CAHs may choose to report to more than one public health registry to meet the number of measures required to meet the objective.

**EPs, eligible hospitals, and CAHs may choose to report to more than one clinical data registry to meet the number of measures required to meet the objective.
Category: Registry Submission (4 questions)

16. In my state, how do I submit to a PHA for Immunization/Syndromic Surveillance?(EP/EH/CAH)

If you are eligible to submit data and if your state is accepting data for Immunization/Syndromic Surveillance, then, you may have to sign up Active Engagement with your PHA yourself to get that credit. You may also demonstrate active engagement with specialized registry. ELIXIR will then take care of submission to all the relevant registries.

17. Do I have to submit to a specialized registry?

EPs- Under Public Health Reporting, for MU stage 1 EPs have to submit one out of these 3 measures – immunization, syndromic surveillance and specialized registries including cancer. Stage 2 MU EP will have to submit 2 out of 3 measures.

In case you cannot claim exceptions for either one of the two identified in measure 1 and 2 – immunization registry and syndromic surveillance reporting; you will need to submit to at least one specialized registries in 2016 for satisfying criteria for Objective 10.

ELIXIR is your one-stop solution for all your specialized registry reporting.

ELIXIR’s data analysis and on Re Engine is try will select specialized registries according to the clinical data you have; e.g. Dr. Allen, an Ophthalmologist, may qualify to submit her data to AAO IRIS and also to ACC’s Diabetic Collaborative–getting 2 Registry counts for her data submission to 2 specialized registries.

EH/CAH- Under Public Health Reporting, for MU stage 1 EH/CAH have to submit 2 out of these 4 measures- immunization, syndromic surveillance and specialized registries including cancer and Electronic Reportable Laboratory Result. Stage 2 MU EH/CAH will have to submit 2 out of 3 measures.
In case you cannot claim exceptions for either one of the three i.e. – immunization registry and syndromic surveillance reporting or Electronic Reportable Laboratory Result identified in measure 1, 2 & 4; you will need to submit to at least two specialized registries in 2016 for satisfying criteria for Objective 10.

ELIXIR is your one-stop solution for all your specialized registry reporting.
ELIXIR’s data analysis and Registry selection engine will select specialized registries according to the clinical data you have.

18. Which specialty registries are ready to accept my data?(EP/EH/CAH)
ELIXIR’s Registry Compatibility Matching Engine will find registries for your clinical data.

When you sign up with ELIXIR, you get consultation on your best options for Active Engagement with Specialized as well as public health agency that will get you credit for meaningful use – Objective 10 – measure 3. Once you sign up for Active Engagement with the PHA and the specialized registries yourself, ELIXIR will take over the task of your on-going data submissions with your chosen registries. You will need to show Active Engagement with the PHA independently for measure 1 and 2 for EPs and measure 1, 2 & 4 for EH/CAHs.

19. How do I sign up to submit data to specialized registries for 2016 since many have stopped taking on new members? (EP/EH/CAH)
When you sign up with ELIXIR, you get consultation on your best options for Active Engagement with Specialized as well as public health registries that will get you credit for meaningful use – Objective 10 – measure 3. ELIXIR will be able to suggest registries that are accepting new members and also will try to fast-track your enrollment with FIGmd operated specialized registries.
Category: Active Engagement (5 questions)

20. What is the minimum level to show active engagement?(EP/EH/CAH)

Option 1 – Completed Registration to Submit Data: The EP, eligible hospital, or CAH registered to submit data with the public health agency or, where applicable, the clinical data registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the public health agency or clinical data registry to begin testing and validation.

This option allows providers to meet the measure when the public health agency or the clinical data registry has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

21. What is intermediate level of Active Engagement? (EP/EH/CAH)

Active Engagement Option 2 - Testing and Validation: The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data.

Providers must respond to requests from the public health agency or, where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

22. What is the end goal of the Active Engagement?(EP/EH/CAH)

Active Engagement Option 3 – Production: The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the public health agency or clinical data registry.

For option 1, for 2015, EP/EH/CAH would have to sign within 60 days of start of continuous 90-day EHR reporting period during calendar year 2016; i.e. the period
between January 1 –March 30 for 2016. The deadline for 2016 to show engagement would be Feb 29 2016.

23. Is signing up with ELIXIR guarantee me Active Engagement? (EP/EH/CAH)
   **No.** There is enough confusion at this time regarding CMS ruling about what constitutes a specialized registry. In light of the evolving change, signing up with ELIXIR would NOT qualify as Active Engagement. However, signing up with ELIXIR will give you a trusted advisor to simplify active engagement and streamline your data submission to all registries and PHA.

   Once you demonstrate Active Engagement by directly signing up with chosen specialized registries and PHA.

24. Why do I have to demonstrate Active Engagement with the state agencies separately? (EP/EH/CAH)
   CMS requires each EP/EH/CAH provider to demonstrate Active Engagement by signing up directly with the Public Health Agency for immunization, syndromic surveillance, and electronic lab results as applicable. An EP/EH/CAH may list their technology partner (e.g. ELIXIR) during the sign-up process. Once PHA is actively engaged by the EP/EH/CAH, ELIXIR will help you through data submissions.

Category: EHR Vendors (2 questions)

25. My customers are asking me about Objective 10 Public health reporting – how do I help them? (EP/EH/CAH)
   All you have to do is to guide them to register with ELIXIR (powered by FIGmd). ELIXIR will help your providers with personalized report on where to sign-up to demonstrate Active Engagement related to modified stage 2 MU Objective 10.

   The providers can sign-up and demonstrate “active engagement” with P with specialized registries independently.
Once the providers complete Active Engagement with PHA and Specialized registries, ELIXIR will then take over routine data submissions to your registries of choice.

26. Is there a company that can partner with us to solve my customers’ issue?
Yes. ELIXIR powered by FIGmd is addressing a critical issue for many of your customers related to confusion surrounding Public health Reporting related data submissions.
Category: Pricing

27. What is the pricing model for ELIXIR?(EP/EH/CAH)

ELIXIR powered by FIGmd is a service to help EP/EH/CAH navigate the complete registry reporting requirements.

**Free Sign-up:**
There no fee to sign up with ELIXIR. Based on information provided by you during sign-up process, ELIXIR will provide you a customized report of the various registries where you could send your data including the PHA for immunization, syndromic surveillance, Electronic lab reporting. It will also detail your options for exclusions if any.

**Registry Submission Fee:**

Once you have signed Active Engagement with desired specialized registries including those operated by PHA, ELIXIR will take the responsibility for your on-going data submission.

If you need to submit your data to multiple specialized registries, then, ELIXIR will model your data for multiple registry data compatibility to ensure that you sent the right data to the right registry.

The overall charges for registry submission may vary based on number of registries that you elect to submit your data, the target registries and whether it is already a FIGmd operated registry. If you are submitting data to some of the FIGmd operated registries, you may qualify for some fee waivers/discounts that may change on a case-to-case basis.

If you happened to submit your data to a registry not operated by FIGmd, there may be an annual charge by FIGmd ELIXIR for data extraction and
submission to another third party registry. The third party registry may also charge you additionally a registry submission fee.

28. I am already a member of a specialty society that has a registry operated by FIGmd. What would be my charge?(EP/EH/CAH)

Many specialty societies have FIGmd as their technology partner and FIGmd manages their registries. Some of these societies also provide registry reporting as a subsidized feature of their membership. In the event, FIGmd is managing the registry, any such discounts/subsidy provided by the society will be passed on to the EP/EH/CAH. E.g. If submission to ACC PINNACLE is part of membership benefits, since ACC PINNACLE is also managed by FIGmd, there will be no charge for submission to this registry to the EP.

29. How would I know if a specialized registry is operated by FIGmd or not?(EP/EH/CAH)

In your registry compatibility matching report by ELIXIR, you will get to see which registries you qualify to submit data and whether any of these are operated by FIGmd or not. You will also see expected charges for each registry submission including any subsidy/discount offered by the specialty society.