

Guidance to Eligible Hospitals (EHs) on the Public Health Specialized Case Registry Option for Medicaid EHR Incentive Program Meaningful Use Applications Program Years 2015 and 2016 –[UPDATED on 3/3/16](#)

Purpose of Communication: Inform EHs of the steps to attest or appropriately exclude from the Meaningful Use Specialized Case Registry Option for the Medicaid EHR Incentive Program in Program Years 2015 and 2016.

Target Audience: EHs scheduled to attest to Meaningful Use in Program Year 2015 and/or 2016

In order to meet the “Specialized Case Registry” option of the Meaningful Use Public Health Measure, an EH must demonstrate “active engagement to submit data to a specialized registry, or appropriately claim an exclusion from the measure” (see 42 CFR 495.22 (e)(10)(B)(3)). Currently, the State of Connecticut’s public health agency, the Department of Public Health, does not operate any specialized case registries. EHs are required, however, to determine if there is another specialized registry available to them, or if they meet exclusion criteria for this measure.

For the purposes of the Electronic Health Record Incentive Program, **a specialized case registry can count towards the public health option if the registry has the following qualities:**

1. Has **declared that it is ready to accept data as a specialized registry** and will be using data to improve population health outcomes. (CMS FAQ 13653)
2. **Is able to receive electronic data generated from Certified Electronic Health Record Technology (CEHRT)**. Per CMS, “Manual data entry into a web portal would not qualify for submission to a specialized registry. The electronic file can be sent through any appropriately secure mechanism including, but not limited to, a secure upload function on a web portal, sFTP, or Direct. (CMS FAQ 13653)
3. **Must be able to provide supporting documentation to EPs** that is related to demonstrating how the EP actively engaged with the specialized case registry. (CMS FAQ 13653)
4. ***UPDATED** For qualified clinical data registries, reporting to a QCDR may count for the public health specialized registry measure **as long as the submission to the registry is not only for the purposes of meeting CQM requirements for PQRS or the EHR Incentive Programs**. In other words, the submission may count if the registry is also using the data for a public health purpose. Many QCDRs use the data for a public health purpose beyond CQM reporting to CMS. A submission to such a registry would meet the requirement for the measure if the submission data is derived from CEHRT and transmitted electronically.

Steps EHs need to take to determine if a Specialized Case Registry is Available to Them or If They Should Claim Exclusion:

***UPDATED** Per CMS, “...we note that eligible hospitals or CAHs do not need to explore every specialty society with which their hospital-based specialists may be affiliated. The hospital may simply check with their State and any such organization with which it is affiliated, and if no registries exist, they may simply exclude from the measure.” (CMS FAQ 14117)

Step 1: An EH must check with any specialty society with which the hospital is affiliated to determine if the society maintains or endorses a specialized registry.

If there is no specialized registry endorsed by their specialty society, the EH may exclude from the measure. The EH should save any documentation of their affiliation with the specialty society for pre and post payment audit purposes. DSS may examine if the specialty society does or does not maintain or endorse a specialized case registry to determine the appropriateness of the exclusion taken.

Step 2: If the specialty society maintains or endorses a specialized registry, the EH needs to determine if it meets three qualities of a specialized registry.

If the specialized case registry does not meet the three qualities of a specialized case registry listed above, the EH may exclude from the measure. The EH should save any documentation of their affiliation with the specialty society and any information

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regarding the specialized case registry. DSS may examine if the specialty society's registry does or does not meet the three qualities of a specialized case registry.

Step 3: If the specialty society maintains or endorses a specialized registry which meets the three qualities of a specialized registry, the EH is required to demonstrate active engagement with the registry. EHs may demonstrate active engagement by completing any of the following options:

1. **Completed Registration to Submit Data:** The EH registered to submit data. Registration was completed within 60 days after the start of the EHR reporting period; and the EH is awaiting an invitation to begin testing and validation.
2. **Testing and Validation:** The EH is in the process of testing and validation of the electronic submission of data. EHs must respond to requests from the clinical data registry (CDR) within 30 days; failure to respond twice within an EHR reporting period would result in that the provider not meeting the measure.
3. **Production:** The EH has completed testing and validation of the electronic submission and is electronically submitting production data to the CDR.

The EH will need to upload any supporting documents into the CT Medical Assistance Provider Incentive Repository (MAPIR) attestation verifying their active engagement with the specialized case registry during the EHR Reporting Period.

Eligible Hospitals do not need to engage in any additional search and review of registries outside the hospital's membership in a specialty society. However, if the EH chooses to look for and actively engage with other specialized registries, please know it is the responsibility of the EH to ensure it meets the definitions of a specialized case registry.

Guidance for Program Year 2015

In addition to the steps EHs take to determine if exclusion is appropriate for Program Year 2015, EHs can claim an alternate exclusion for the specialized case registry measure option. The alternate exclusion is available if the EH did not intend to attest to this prior menu objective before the new regulations took effect on December 15, 2015.

Guidance for Program Year 2016

***UPDATED** EHs can now take an alternate exclusion for the specialized case registry measure option. The alternate exclusion is available if the EH did not previously intend to report to the Stage 2 menu measure. (CMS FAQ 14397)

For more information on alternative measures and exclusions, please visit:

***UPDATED** What steps do EHs need to take to meet the specialized case registry objective? Is it different from EPs?
<https://questions.cms.gov/faq.php?faqId=14117&id=5005>

***UPDATED** What alternate exclusions are available for the public health reporting objective in 2016?
<https://questions.cms.gov/faq.php?faqId=14401&id=5005>

What Can Count as a Specialized Registry?

FAQ #13653 - <https://questions.cms.gov/faq.php?faqId=13653&id=5005>

Steps Providers Take to determine if there is a Specialized Registry Available to Them

FAQ #13657 - <https://questions.cms.gov/faq.php?faqId=13657&id=5005>

Alternate Exclusions

FAQ # 12985 - <https://questions.cms.gov/faq.php?id=5005&faqId=12985>