

Meaningful Use – Public Health Reporting  
Syndromic Surveillance and Immunization Registries

<http://mcir.org/meaningfuluse.html>

**[EHR Incentive Program] To meet the public health meaningful use objectives, does a provider have to send information directly from their certified EHR technology to the appropriate receiving entity.....**

Published 07/28/2011 10:00 AM | Updated 07/29/2011 11:29 AM | Answer ID 10764

To meet the public health meaningful use objectives (submitting information to an immunization registry, reporting lab results to a public health agency, or reporting **syndromic** surveillance information) for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, does a provider have to send information directly from their certified EHR technology to the appropriate receiving entity or can they use an intermediary such as a health information exchange (HIE) or another third-party software vendor?

CMS recognizes that there are a variety of methods in which the exchange of public health information could take place. In order to promote the submission of public health information to appropriate entities, we do not seek to limit or define the receiving capacities of said entities. In order to satisfy the public health meaningful use objectives, a provider must conduct one test of information exchange according to the following criteria:

The information required for the public health meaningful use objective must originate from the provider's certified EHR technology; and

The information sent from the provider's certified EHR technology must be formatted according to the standards and implementation specifications associated with the public health meaningful use objective. If an intermediary performs a capability specified in an adopted certification criterion and a provider intends to use the capability the intermediary provides to satisfy a correlated meaningful use requirement (submission to public health according to adopted standards), the capability provided by the intermediary would need to be certified as an EHR Module (see [ONC FAQ 18](#) for more information).

**[EHR Incentive Programs] If my certified EHR technology only includes the capability to submit information to an immunization registry using the HL7 2.3.1 standard.....**

If my certified EHR technology only includes the capability to submit information to an immunization registry using the HL7 2.3.1 standard but the immunization registry only accepts information formatted in the HL7 2.5.1 or some other standard, will I qualify for an exclusion because the immunization registry does not have the capacity to receive the information electronically? What if the immunization registry has a waiting list or is unable to test for other reasons but can accept information formatted in HL7 2.3.1, is that still a valid exclusion?

If the immunization registry does not accept information in the standard to which your EHR technology has been certified-that is, if your EHR is certified to the HL7 2.3.1 standard and the immunization registry only accepts HL7 2.5.1, or vice versa-and if the immunization registry is the only immunization registry to which you can submit such information, then you can claim an exclusion to this Meaningful Use objective because the immunization registry does not have the capacity to receive the information electronically. The capacity of the immunization registry is determined by the ability of the immunization registry to test with an individual EP or eligible hospital. An immunization registry may have the capacity to accept immunization data from another EP or hospital, but if for any reason (e.g. waiting list, on-boarding process, other requirements, etc) the registry cannot test with a specific EP or hospital, that EP or hospital can exclude the objective. It is the responsibility of the EP or hospital to document the justification for their exclusion (including making clear that the immunization registry in question is the only one it can submit information to). If the immunization registry, due to State law or policy, would not accept immunization data from you (e.g., not a lifespan registry, etc), you can also claim the exclusion for this objective.

Please note, this FAQ applies in principle to all of the Stage 1 public health meaningful use measures (**syndromic** surveillance and reportable lab conditions).

**[EHR Incentive Programs] Where can I find a list of public health agencies and immunization registries to submit my data as required by the public health objectives for the EHR Incentive Programs?**

Where can I find a list of public health agencies and immunization registries to submit my data as required by the public health objectives for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs?

For information and/or instructions on where to submit your public health-related data, please contact your local or state public health agencies and immunization registries. The EHR Incentive Programs include public health objectives for

submitting electronic data to immunization registries or immunization information systems, submitting electronic **syndromic** surveillance data to public health agencies, and (for eligible hospitals and CAHs only) submitting electronic data on reportable lab results to public health agencies.

**[EHR Incentive Programs] If my certified EHR technology is capable of submitting batch files to an immunization registry .....**

Published 07/11/2011 10:04 AM | Updated 07/12/2011 10:40 AM | Answer ID 10713

If my certified electronic health record (EHR) technology is capable of submitting batch files to an immunization registry using the standards adopted by the Office of the National Coordinator of Health Information Technology (HL7 2.3.1 or 2.5.1, and CVX), is that sufficient to meet the Meaningful Use objective "submit electronic data to immunization registries" for the Medicare and Medicaid EHR Incentive Programs?

Submitting batch files to an immunization registry, provided that they are formatted according to the standards adopted by the Office of the National Coordinator of Health Information Technology, is sufficient to meet the Meaningful Use objective "submit electronic data to immunization registries."