Program Year 2014 Meaningful Use Guidance for Kentucky Public Health Reporting and Attestation: Stage 1

The state of Kentucky is making changes to the meaningful use onboarding and attestation process in order to align with the 2014 EHR Incentive Program rules. The specific rules that have prompted changes to these processes are as follows:

> **Program Rule #1:** EPs, eligible hospitals, and CAHs that attest to meaningful use must use 2014 certified EHR technology (CEHRT) to meet the core and menu objectives that they have selected for attestation.
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> **Program Rule #2:** The menu objectives that EPs, eligible hospitals, and CAHs select for attestation must include at least one public health objective.
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> **Program Rule #3:** EPs, eligible hospitals, and CAHs are no longer permitted to count an exclusion toward the menu objectives of which they must report if there are other menu objectives which they can select.
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> **Program Rule #4:** All of the Stage 1 public health objectives require that participants perform at least one test of their CEHRT capability to send data to public health agencies. If the test of submission is successful, the program participant should institute regular reporting with the entity with whom the successful test was conducted.
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> **Program Rule #5:** In order for data to flow to public health authorities, vendors must support the transport mechanism utilized by the public health authority to which the EP, hospital, or CAH reports.

The 2014 onboarding and attestation guidance outlined below supersedes previous guidance that was issued on July 9, 2013.

General Attestation Guidance

The Kentucky Health Information Exchange (KHIE) is the designated public health authority (PHA) for the state of Kentucky. KHIE provides support for the following Stage 1 meaningful use public health objectives:

- Capability to submit electronic data to the Kentucky Immunization Registry
- Capability to submit electronic data on reportable lab results to the Kentucky Department of Public Health (DPH)
- Capability to submit electronic syndromic surveillance data to CDC's cloud-based model, BioSense 2.0

Given Program Rules #2 and #3 above, providers who claim an exclusion during their 2014 reporting period are required to select a different public health objective for attestation.

The most frequently asked question is whether syndromic surveillance is applicable to all providers. After analyzing the 2014 certification test procedures for syndromic surveillance and the required data elements to be included in a syndromic surveillance message, Kentucky has determined that syndromic surveillance is applicable to all providers. Providers who deem the other public health objectives not relevant to their care must select syndromic surveillance as their public health measure. In terms of onboarding priorities, Kentucky eligible hospitals and CAHs will be onboarded before EPs. EPs will be prioritized based on guidance issued by CMS, CDC, and/or Kentucky DPH. EPs can attest while they wait for an invitation from KHIE to start syndromic surveillance onboarding, provided they meet the below attestation criteria.

In order to meet Program Rules #1, #4, and #5, the EHR Incentive program participant must upgrade to 2014 certified technology that supports electronic submission in accordance with KHIE's public health transport standards, which include: 1) Virtual Private Network (VPN), or 2) web service connection. Transport standards are independent of the EHR certification criteria, and so it is imperative that EHR Incentive program participants verify that their vendor possesses the capability to transmit data to KHIE using one of these two connection methods.

Onboarding and Attestation Process and Criteria

Effective immediately, the following criteria must be met prior to attestation:

1. All EPs, eligible hospitals, and CAHs must have a signed Participation Agreement on file with KHIE. This includes providers that attest YES to a public health measure and claim an exclusion.
2. Participants must also have a signed addendum on file with KHIE for each public health objective selected for attestation. Your signed legal agreement(s) represent your registration with the PHA. The addendums include: Immunization Registry Authorization, Syndromic Surveillance Authorization, and Disease Surveillance Authorization.
3. Participants must either be live on KHIE, completed or actively engaged in testing, or be in KHIE's onboarding queue and awaiting an invitation to test. The revised criteria for entering KHIE's onboarding queue are as follows:
    i) Signed Participation Agreement on file with KHIE
    ii) Completed intake call with the KHIE team
    iii) Verification that the participant has upgraded or is in the process of upgrading to 2014 CEHRT
    iv) Verification that the 2014 CEHRT used by the participant contains the transport technology required to submit public health data electronically to KHIE

Note the revised criteria for KHIE's onboarding queue applies to all KHIE participants, regardless of their meaningful use status or dates when the Participation Agreement was signed and intake call was completed. Participants who have a signed PA on file with KHIE but who are using CEHRT that do not meet iii) and iv) above will receive written notification of their status. The participant is responsible for following up with their CEHRT vendor. Vendors who have not yet established connectivity will need to undergo preliminary connectivity testing with KHIE before the participant is accepted into the onboarding queue.

Participants who meet the attestation criteria but are not yet live on KHIE can request a Meaningful Use Confirmation form that indicates their status. At the time of attestation, participants who are awaiting an invitation to test must select YES to the public health objective, select Exclusion 2, and upload the Meaningful Use Confirmation form as proof of status. Contact your onboarding analyst or outreach coordinator if you need a Meaningful Use confirmation form.

Participants who are live on KHIE for the selected public health measures will receive a signed Go-Live Approval form when their data feed transitions from test to production. The form itself indicates the type of feed (immunizations, syndromic surveillance, reportable diseases) that is live with ongoing submission. At the time of attestation, participants must select YES to the public health measure and upload the Go-Live Approval form as proof of status. Note that if you attest to more than one public health objective and the data feeds go live on different dates, you will receive more than one Go-Live approval form from KHIE. Each form will need to be uploaded to the attestation as proof of status.

Contact your outreach coordinator if you need additional assistance.