



# Public Health and Clinical Data Registry Reporting

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# Public Health and Clinical Data Registry Reporting Learning Objectives

- Understand the Public Health and Clinical Data Registry Reporting requirements for the Medicaid Promoting Interoperability (PI) program.
- Understand the differences in objective 8 Public Health and Clinical Data Registry Reporting between Program Year (PY) 2018 and PY 2019.
- Learn about the Arizona's Public Health and Clinical Data Registry Reporting documentation requirements.

# Public Health and Clinical Data Registry Reporting

- **Objective:** The eligible professional (EP) is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified electronic health record technology (CEHRT), except where prohibited, and in accordance with applicable law and practice.
- An EP must satisfy 2 of the 5 available measures for this objective. If the EP cannot satisfy at least two measures, the EP may still meet the objective if the EP qualifies for exclusions from all measures the EP cannot meet.

# Public Health and Clinical Data Registry Reporting

- An exclusion for a measure does not count toward the total of two measures.
- In order to meet this objective, an EP needs to meet 2 of the 5 measures available.
- If the EP qualifies for multiple exclusions and there is only one available measure remaining, the EP can meet the objective by meeting the remaining available measure or meeting the applicable exclusions.
  - Available measures are measures for which the EP does not qualify for an exclusion.
- An exclusion for a public health or CDR reporting objective does not require the EP to submit data to the registry; however, the EP must have a qualifying reason for taking the exclusion as shown on the [CMS specification sheet](#) and referenced in this presentation.

# Definitions

- **Jurisdiction:** The definition of jurisdiction is general, and the scope may be at the local, state, regional, or national level. The definition will be dependent on the type of registry to which the EP is reporting.
  - A registry that is “borderless” would be considered a registry at the national level and would be included for purposes of this objective.
- **Production Data:** Data generated through clinical processes involving patient care. This term is used to distinguish between data and “test data,” which may be submitted to test electronic data transfers.
- **Bi-directional** (*Only relates to measure 1*): The EP is able to receive and display a consolidated immunization history and forecast in addition to sending the immunization record.
- **Active Engagement:** The EP is in the process of moving towards sending "production data" to a PHA or CDR, or is sending production data to a PHA or CDR. There are three levels of active engagement that are outlined on the following slides.

# Active Engagement Option 1

- **Completed Registration to Submit Data:** The EP registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted.
  - Register no later than 60 days from the start of the PI (EHR) reporting period\*;
    - Registration allowed prior to the PI (EHR) reporting period
  - The EP is awaiting an invitation from the PHA or CDR to begin testing and validation.
- This option allows EPs to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process.
- EPs that have registered in previous years do not need to submit an additional registration\*\* to meet this requirement for each PI (EHR) reporting period.
  - If the EP plans to attest to a new public health measure, the EP will need to register with the registry.

\*The 60-day period includes the first day of the reporting period.

\*\*See slide 19 for additional information if the EP is active engagement option 1 with the Arizona immunization registry.

# Active Engagement Option 1: Registration Completion Date Examples

PI (EHR) Reporting Period	Deadline to Complete*	Registration Completed	# of Days From Start of PI (EHR) Reporting Period	Registration Requirement Met?
01.01.2019 – 03.31.2019	03.01.2019	01.02.2019	2 Days	✓
01.01.2019 – 03.31.2019	03.01.2019	03.05.2019	64 Days	✗
10.01.2019 – 12.29.2019	11.29.2019	04.10.2019	174 Days Before PI (EHR) Reporting Period	✓
10.01.2019 – 12.29.2019	11.29.2019	11.01.2019	32 Days	✓

\*Register no later than 60 days from the start of the PI (EHR) reporting period. The 60-day period includes the first day of the reporting period.

# Active Engagement Option 2

- **Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data.
  - EPs must respond to requests from the PHA or, where applicable, the CDR within 30 days;
  - Failure to respond twice within a PI (EHR) reporting period would result in that EP not meeting the measure.

## Active Engagement Option 3

- **Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

# General Information

- EPs who have previously registered, tested, or begun ongoing data submission to a registry do not need to “restart” (for example registering again) the process beginning at active engagement option 1.
- The EP may simply attest to the active engagement option which most closely reflects their current status.

# General Information

- A provider can meet the measure by using communications and information provided by a PHA or CDR to the EP that is reported individually or at the group level as long as the EP is contributing to the data reported by the group.
  - If an EP is part of a group that submits data to a registry, but the EP does not contribute to that data, the EP should not attest to meeting the measure, but instead should select the exclusion or select a more relevant measure to meet.
  - If in the normal course of his or her practice, an EP does the action that results in data for a registry and is in active engagement to submit to that registry, but simply has no cases for the reporting period, the EP is not required to take an exclusion and may attest to meeting the measure.

# Definitions of Documentation Terms

- EPs are required to upload documentation for each measure.
  - **Active Engagement Documentation:** The information listed on slide 15 should be included in all documentation submitted to support active engagement for applicable measures.
  - **Exclusion Documentation:** If the EP attests to meeting an exclusion, the EP should submit documentation to support the exclusion.

# Active Engagement Documentation: Public Health Measures

- Documentation to support each measure must be submitted.
- Documentation could include:
  - Screen shots from the CEHRT, registry letters, or registry emails to support the EP is in active engagement with the applicable registry.
  - Documentation submitted should:
    - Include the provider or practice name;
    - Reflect EP's level of active engagement;
    - Be clearly legible; and
    - Reflect the date the requirement was met (see next slide).

# Active Engagement Documentation: Public Health Continued

- Documentation must prove that the EP's level of active engagement was met.
- Documentation must be dated to show when the active engagement option (1, 2, or 3) milestone was achieved.
  - **Active Engagement Option 1:** The completion date can occur before calendar year 2019 if the EP has not progressed and is still in active engagement option 1, **but** no later than 60 days from the start of the PI (EHR) reporting period.
  - **Active Engagement Option 2:** The completion date can occur before calendar year 2019 if the EP has not progressed and is still in active engagement option 2.
  - **Active Engagement Option 3:** The completion date can occur before calendar year 2019 if the EP has not progressed and is still in active engagement option 3.



# Objective 8, Measure 1 Immunization Registry Reporting

# Immunization Registry Reporting

- The EP is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).
- Immunization data should now flow **bi-directionally** between the CEHRT and Arizona State Immunization Information System (ASIIS) Registry.

# Immunization Registry Reporting

- EPs must submit doses administered, and query ASIIS in real-time for consolidated records and forecasts of immunization due at the point of care.
- An EP's CEHRT may layer additional information on the immunization history, forecast, and still successfully meet this measure.
- EPs should ensure that the CEHRT has the capability to exchange data **bi-directionally** with ASIIS.
- Non-vaccinating EPs can meet the measure if they query and receive results from the ASIIS and integrate the data into their CEHRT, in accordance with HL7 Version 2.5.1.

# Immunization Registry Reporting, Continued

- An EP must have reached out to ASIIS during PY 2019 or earlier to request bi-directional data exchange.
  - **Previously Registered EPs**: EPs who have previously registered with ASIIS do not need to register again to exchange bi-directionally. Reach out to ASIIS once the EP is ready to begin bi-directional exchange and then EP will move to active engagement option 2 (testing and validation).
  - **Newly Registered EPs**: Active engagement option 1 is only available in PY 2019 for EPs who have **not** previously registered with ASIIS. There are two options for EPs registering in PY 2019.
    - The EP can register to submit data unidirectionally. However, once the EP moves through active engagement options 1 and 2, the EP must immediately request to start exchanging data bi-directionally; or
    - The EP can go ahead and request bi-directional data exchange during the initial registration process with ASIIS. **AHCCCS recommends this option.**

# Changes from Modified Stage 2 to Stage 3

Immunization	2018	2019
Meaningful Use Objective	Objective 10, Measure 1	Objective 8, Measure 1
Meaningful Use Stage	Modified Stage 2	Stage 3
Data Exchange	Unidirectionality	Bi-directionality  CEHRT must be able to receive and display a consolidated immunization history and forecast in addition to sending the immunization record.

# Immunization Registry Reporting Exclusions

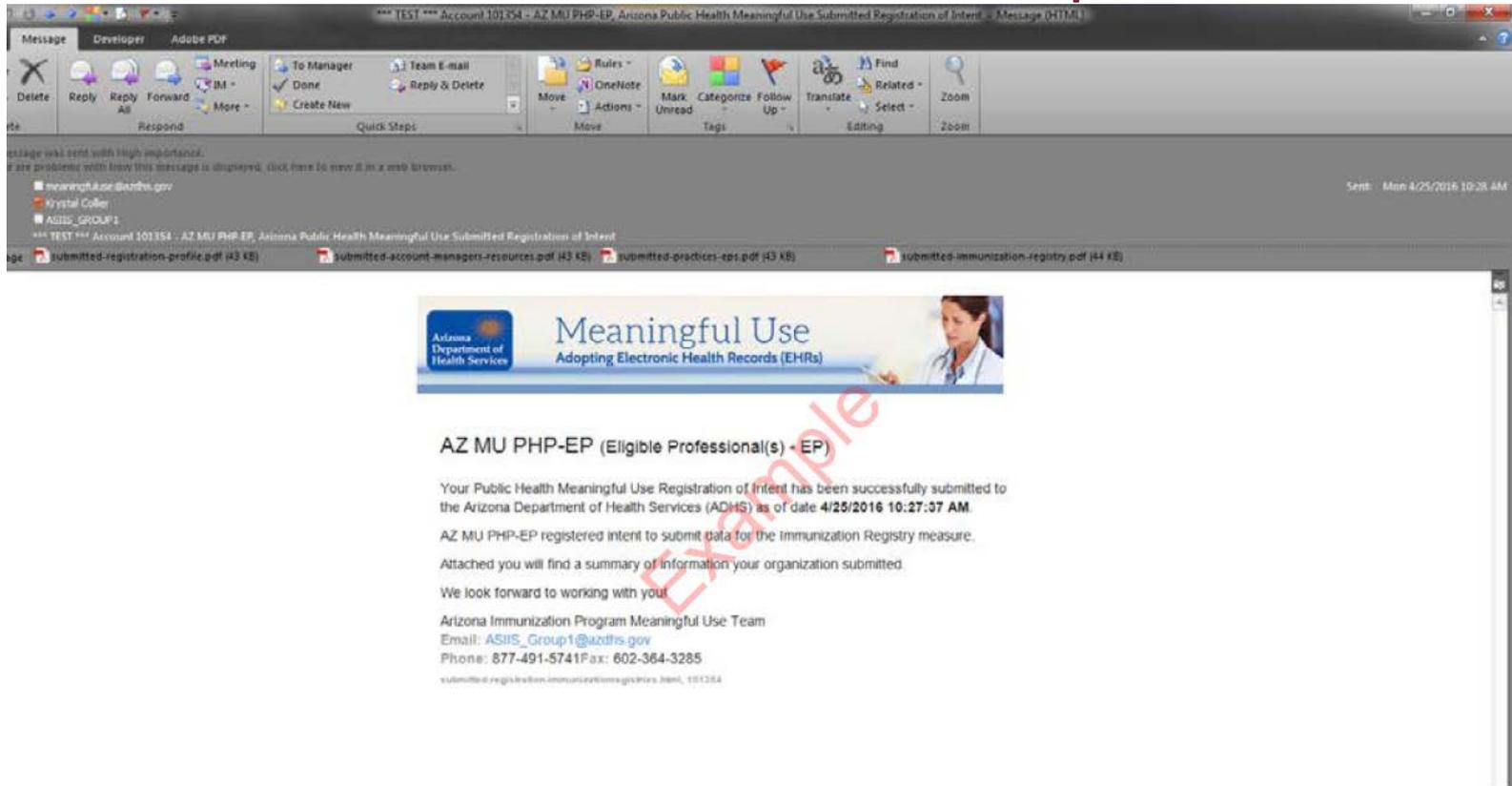
- An EP may take an exclusion for measure 1 if any of the following apply:
  - **Exclusion 1:** He or she does not administer immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the PI (EHR) reporting period;
  - **Exclusion 2:** He or she practices in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the PI (EHR) reporting period; or
    - **ASiIS has the capability to accept the specific standards required to meet the CEHRT definition; therefore, an EP in Arizona is not able to meet this exclusion.**
  - **Exclusion 3:** He or she practices in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of six months prior to the start of the PI (EHR) reporting period.
    - **ASiIS has declared readiness; therefore, an EP in Arizona is not able to meet this exclusion.**

# Documentation for Immunization Registry Reporting

- **Active engagement documentation** (see slide 14)
  - Documentation submitted should:
    - Include the provider or practice name;
    - Reflect EP's level of active engagement;
    - Be clearly legible; and
    - Reflect the date the requirement was met (see slide 15).
  - Example of supporting documentation to meet this measure is on the upcoming slides.
- **Exclusion\* documentation for exclusion 1:** Explain and document why the EP does not or is not required to provide immunizations in his or her jurisdiction.
  - For example, an EP submits a signed letter on the practice letterhead explaining why he/she does not administer any immunizations.

\*An EP in the state of Arizona is not able to meet exclusions 2 and 3 for this measure.

# Documentation Examples



\*Ensure documentation includes the items listed on slide 14 and is dated appropriately.

# Documentation Examples

Provider HL7 Live Interface >

Inbox x



**Roger Aikin**

to me ▾

1:59 PM (35 minutes ago)



**Provider**

**DATE**

Dear **Provider**,

**Provider** registered intent with Arizona State Immunization Information System to provide ongoing submission of immunization data on **registration date**. **Provider** have been continuously providing Immunization messages to ASIIS via an HL7 2.5.1 Interface since **Go-live Date**. **Provider** has been actively engaged and continued to report during **year**.

Roger Aikin

ASIIS Interoperability Coordinator

Arizona Department of Health Services

150 N. 18th Ave., Suite 120

Phoenix, AZ 85007

(602) 542-8901

*Health and Wellness for all Arizonans*

Example

\*Ensure documentation includes the items listed on slide 14 and is dated appropriately.



# Objective 8, Measure 2 Syndromic Surveillance Reporting

# Syndromic Surveillance Reporting

- The EP is in active engagement with a PHA to submit syndromic surveillance data.
- Syndromic surveillance consists of receiving inpatient and emergency department data in a timely manner so that public health can use pre-diagnostic clinical data to understand what is happening in the community.

# Syndromic Surveillance Reporting

- Syndromic surveillance is a public health measure available for hospitals in Arizona.
  - **ADHS is not accepting syndromic surveillance messages from EPs.**
  - If the EP works at a hospital, he/she is able to contribute to the Syndromic Surveillance Reporting Registry.
  - If the EP does not work at a hospital he/she is not able to contribute data.

# Changes from Modified Stage 2 to Stage 3

Syndromic Surveillance	2018	2019
Meaningful Use Objective	Objective 10, Measure 1	Objective 8, Measure 2
Meaningful Use Stage	Modified Stage 2	Stage 3

# Syndromic Surveillance Reporting Exclusions

- An EP may take an exclusion for measure 2 if any of the following apply:
- **The Arizona Syndromic Surveillance Reporting Registry only accepts data from EHs, not EPs.**
  - **Exclusion 1:** He or she is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;
    - **An EP in the state of Arizona is able to meet this exclusion.**
  - **Exclusion 2:** He or she practices in a jurisdiction for which no PHA 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 PI (EHR) reporting period; or
    - **An EP in the state of Arizona is able to meet this exclusion.**
  - **Exclusion 3:** He or she practices in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from EPs as of six months prior to the start of the PI (EHR) reporting period.
    - **An EP in the state of Arizona is able to meet this exclusion.**

# Documentation for Syndromic Surveillance Reporting

- **Active engagement documentation** (see slide 14).
  - Documentation submitted should (only applicable to EHs):
    - Include the provider or practice name;
    - Reflect EP's level of active engagement;
    - Be clearly legible; and
    - Reflect the date the requirement was met (see slide 15).
  - Example of supporting documentation to meet this measure is on the next slide.
- **Exclusion documentation for exclusions 1-3:**
  - All EPs in the state of AZ are able to meet exclusions 1-3.
  - No documentation required.

# Documentation Examples



|  
April 02, 2020

Name  
Title  
Organization  
Address  
City, State, Zip Code

Dear Partner:

We are pleased to inform you that **Hospital Name** continues sending syndromic surveillance data to Arizona's Production System and currently meets Option 3 of Active Engagement for Promoting Interoperability in accordance with the below objective and measure as of **Date**.

Per Guidelines from the Final Rule, Public Health Reporting:

- **Objective:** The EP, eligible hospital, or CAH is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.
- **Measure 2—Syndromic Surveillance Reporting:** The Eligible Professional (EP), eligible hospital, or Critical Access Hospital (CAH) is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

Douglas A. Ducey, J. Governor | Cara M. Christ, MD, MS | Director

\*Ensure documentation includes the items listed on slide 14 and is dated appropriately.



# Objective 8, Measure 3 Electronic Case Reporting

# Electronic Case Reporting

- The EP is in active engagement with a PHA to submit case reporting of reportable conditions.
- Electronic Case Reporting is the automated generation and transmission of case reports from the electronic health record (EHR) to public health agencies for review and action.

# Changes from Modified Stage 2 to Stage 3

Electronic Case Reporting	2018	2019
Meaningful Use Objective	N/A	Objective 8, Measure 3
Meaningful Use Stage	N/A	Stage 3

# Electronic Case Reporting Exclusions

- An EP may take an exclusion for measure 3 if any of the following apply:
- **The Arizona Electronic Case Reporting Registry is not accepting data from EHs or EPs.**
  - **Exclusion 1:** He or she does not diagnose or directly treat any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the PI (EHR) reporting period;
    - **An EP in the state of Arizona is able to meet this exclusion.**
  - **Exclusion 2:** He or she practices in a jurisdiction for which no PHA is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the PI (EHR) reporting period; or
    - **An EP in the state of Arizona is able to meet this exclusion.**
  - **Exclusion 3:** He or she practices in a jurisdiction where no PHA has declared readiness to receive electronic case reporting data as of six months prior to the start of the PI (EHR) reporting period.
    - **An EP in the state of Arizona is able to meet this exclusion.**

# Documentation for Electronic Case Reporting

- **Active engagement documentation:**
  - Not applicable for EPs or EHs in Arizona.
- **Exclusion documentation for exclusions 1-3:**
  - All EPs in the state of AZ are able to meet exclusions 1-3.
  - No documentation required.



# Objective 8, Measure 4 Public Health Registry Reporting

# Public Health Registry Reporting

- The EP is in active engagement with a PHA to submit data to public health registries.
- A public health registry is administered by, or on behalf of, a local, state, territorial, or national public health agency and which collects data for **public health purposes**.
  - The Arizona Cancer Registry is currently the only state public health registry.
  - There are multiple national registries available.
    - Contact your national specialty society.
    - Participate in the [National Health Care Survey](#).
    - List of public health registries under [National Institutes of Health](#).

# Public Health Registry Reporting

- EPs may choose to report on up to 2 public health registries and have each registry count towards the total of 2 measures required by the objective.
- An EP may count a specialized registry\* if the EP achieved active engagement option 3 in a prior year under the applicable requirements of the PI Program for that year.
  - If a specialized registry is public rather than private, it would be classified as a public health registry.
  - The Prescription Drug Monitoring Program (PDMP) was not an available registry for the state of AZ in Program Year 2019.

\*Specialized Registry definition discussed in further detail on slide 40.

# Changes from Modified Stage 2 to Stage 3

Public Health Registry	2018	2019
Meaningful Use Objective	Objective 10, Measure 3	Objective 8, Measure 4
Meaningful Use Stage	Modified Stage 2	Stage 3
Public Health*	Specialized Registry	Public Health Registry [Measure 4]

\*In 2019, the specialized registry measure was split into two separate measures under objective 8.

# Public Health Registry Exclusions

- An EP may take an exclusion for measure 4 if any of the following apply:
  - **Exclusion 1:** He or she does not diagnose or directly treat any disease or condition associated with a public health registry in his or her jurisdiction during the PI (EHR) reporting period;
  - **Exclusion 2:** He or she practices in a jurisdiction for which no PHA is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI (EHR) reporting period;
  - **Exclusion 3:** He or she practices in a jurisdiction where no PHA for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions as of six months prior to the start of the PI (EHR) reporting period.

# Documentation for Public Health Registry Reporting

- **Active engagement documentation** (see slide 14).
  - Documentation submitted should:
    - Include the provider or practice name;
    - Reflect EP's level of active engagement;
    - Be clearly legible; and
    - Reflect the date the requirement was met (see slide 15).
- **Exclusion documentation for exclusion 1:** Explain and document why the EP does not or is not required to collect public health data in his or her jurisdiction.
- **Exclusion documentation for exclusions 2 and 3:** An EP must complete two actions in order to find available public health registries or meet an exclusion:
  - Determine whether his or her jurisdiction endorses or sponsors a registry; and
  - Determine whether a national specialty society or other specialty society with which he or she is affiliated endorses or sponsors a registry.

# Documentation Examples



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics  
3311 Toledo Road  
Room 3409  
Hyattsville, MD 20782

December 31, 2018

[Redacted]

[Redacted]

## Annual Active Engagement Documentation - 2018

The provider group listed below the signature line of this e-mail registered their intent to submit National Health Care Surveys specialized registry/ public health reporting data to the National Center for Health Statistics (NCHS) before 01/01/2018. NCHS did not invite providers from this group to Testing & Validation, nor on to Production in calendar year 2018, nor did NCHS make any requests of these providers to date. Providers in this group may be invited to Testing & Validation and on to Production in 2019 or a future reporting period.

Please retain this e-mail for your records.

## Invitation to Engage in the New National Health Care Surveys Registry Portal

The National Health Care Surveys team has launched a new Registry Portal. If you have not already done so, please submit a request for an account with the National Health Care Surveys Registry Portal. You will be able to search, view and update your registration(s) as well as register new individual providers, group practices and hospitals on the Registry Portal.

Here are the steps to request an account for the Registry Portal:

1. Users can access the Registry Portal by copying and pasting or typing in the below URL into a web browser. <https://nehr.nchs.cdc.gov/providerportal/public/get-start.html>; users will be directed to the "Getting Started" page.
2. Users may request a portal account by clicking on the "Request a Portal Account" button found on the bottom of

\*Ensure documentation includes the items listed on slide 14 and is dated appropriately.



# Objective 8, Measure 5 Clinical Data Registry Reporting

# Clinical Data Registry (CDR)

- The EP is in active engagement to submit data to a CDR.
- A clinical data registry records information about the health status of patients and the health care they receive over varying periods of time.
- Clinical data registries typically focus on patients who share a common reason for needing health care.
- There are multiple clinical data registries available. There may be additional registries that are not included on this list.
  - [List of CDRs](#)

# Clinical Data Registry (CDR)

- An EP may count a specialized registry\* if the EP achieved active engagement option 3 in a prior year under the applicable requirements of the PI Program for that year.
  - If a specialized registry is private rather than public, it would be classified as a CDR.
- EPs may choose to report on up to 2 CDRs and have each registry count towards the total of 2 measures required by the objective.

\*Specialized Registry definition discussed in further detail on slide 47.

# Changes from Modified Stage 2 to Stage 3

Clinical Data Registry	2018	2019
Meaningful Use Objective	Objective 10, Measure 3	Objective 8, Measure 5
Meaningful Use Stage	Modified Stage 2	Stage 3
Clinical Data Registry*	Specialized Registry	Clinical Data Registry [Measure 5]

\*In 2019, the specialized registry measure was split into two separate measures under objective 8.

# Clinical Data Registry Reporting Exclusions

- An EP may take an exclusion for measure 5 if any of the following apply:
  - **Exclusion 1:** He or she does not diagnose or directly treat any disease or condition associated with a CDR in his or her jurisdiction during the PI (EHR) reporting period;
  - **Exclusion 2:** He or she practices in a jurisdiction for which no CDR is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI (EHR) reporting period; or
  - **Exclusion 3:** He or she practices in a jurisdiction where no CDR for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions as of six months prior to the start of the PI (EHR) reporting period.

# Documentation for Clinical Data Registry Reporting

- **Active engagement documentation** (see slide 14).
  - Documentation submitted should:
    - Include the provider or practice name;
    - Reflect EP's level of active engagement;
    - Be clearly legible; and
    - Reflect the date the requirement was met (see slide 15).
- **Exclusion documentation for exclusion 1:** Explain and document why the EP does not or is not required to collect clinical data in his or her jurisdiction.
- **Exclusion documentation for exclusions 2 and 3:** An EP must complete two actions in order to find available clinical data registries or meet an exclusion:
  - Determine whether his or her jurisdiction endorses or sponsors a registry; and
  - Determine whether a national specialty society or other specialty society with which he or she is affiliated endorses or sponsors a registry.

# Documentation Examples



The following memorandum from the DARTNet Registry is for your information and may be used for auditing purposes. At this time there is no action required. If you have any questions or concerns, please contact [DIRRegistry@DARTNet.info](mailto:DIRRegistry@DARTNet.info).

## Memorandum

To: [REDACTED]  
CC: DIRRegistry ([DIRRegistry@dartnet.info](mailto:DIRRegistry@dartnet.info))  
From: DARTNet Institute  
12635 E. Montview Blvd, Suite 127  
Aurora CO, 80045  
Date: 01/14/2019  
Re: Confirmation of Active Engagement with DARTNet Institute Practice Performance Registry – Reporting Year 2018

The DARTNet Institute Practice Performance Registry is endorsed by the American Academy of Family Physicians as a Quality Improvement Registry. Eligible Clinicians meeting criteria as outlined in the Medicare Access and CHIPS Reauthorization Act of 2015 (MACRA) Merit-based Incentive Payment System (MIPS) Advancing Care Information (ACI) Category and Medicaid EHR Incentive Program (Meaningful Use) reporting may utilize this registry for attestation. The DARTNet Institute confirms the client listed below has submitted production data to the Practice Performance Registry.

Organization Name: [REDACTED]  
Original Registration Date: 10/11/2016  
Registered Providers: 150  
Eligible Attestation Dates: 01/01/2018 - 12/31/2018

During the organization's Eligible Attestation Dates for 2018 active engagement was maintained. The practice submitted production data for each of the registered providers.

\*Ensure documentation includes the items listed on slide 14 and is dated appropriately.



## Key Takeaways

# Best Practices

- Check the following before reaching out to the ADHS contacts listed at the end of this presentation (slide 58).
  - Save documentation and communication between EP/practice and the relevant PHA or CDR registry.
    - Ensure the documentation includes the information on slide 14.
  - Review the information on the [ADHS website](#)\*.
  - Contact the appropriate registry in a timely manner. EPs may utilize the contact information on slide 58 to request confirmation of the following:
    - Level of active engagement.
    - Date the EP/practice entered applicable level of active engagement.

\*ADHS is working on updating their website for stage 3 requirements. Please contact ADHS for specific stage 3 questions.

# Summary of Appropriate Documents

Registration	Testing and Validation	Production
Email confirmation from the ADHS Public Health MU Portal	Email communications with ADHS	Email communication with ADHS when EP is in production
Email/letter from ADHS with status	Onboarding meeting notes	Production acknowledgements of messages received
	Acknowledgements of Messages received for testing	Submission report
	Email/letter from ADHS with status	Email/letter from ADHS with status

\*Examples of all the documents listed above were identified in the [ADHS Public Health Webinar](#).



# Audit Findings

# What Happens During an Audit?

- All providers that receive a Medicaid PI incentive payment could potentially be selected by AHCCCS for post-payment audit.
- If selected, AHCCCS post-payment analysts will conduct a thorough review of the documentation attached to the EP's attestation in ePIP to determine if it meets the program requirements.
- AHCCCS may have follow-up questions or make additional documentation requests.

# Common Audit Findings

- Supporting documentation does not show the EP or practice name.
- Supporting documentation does not have the appropriate dates.
- Supporting documentation for measure 1 does not show the EP was exchanging data bi-directionally (submitting and querying).
- EP attests to meeting an exclusion but does not have supporting documentation to support the exclusion.
- Not uploading the supporting documentation during attestation.

# Resources

- [CMS Objective 8 Tip Sheet](#)
- [Federal Final Rule - Modified Stage 2 and Stage 3](#)
- [ADHS Website](#)
- [National Institute of Health Registries](#)
- [CDC Public Health and Promoting Interoperability Programs](#)
- [Promoting Interoperability and ADHS Public Health Reporting Registries\\*](#)
- [AHCCCS Public Health and Clinical Data Registry Frequently Asked Questions\\*](#)

\*To access the AHCCCS Public Health and Clinical Data Registry Frequently Asked Questions click on the link above, then click the drop down arrow labeled “Educational Resources”. The FAQ link is included under the “Tip Sheets” header.

# Contact Information

Agency	Help With	Email	Phone
ADHS	Arizona State Immunization Information Systems	<a href="mailto:ASIIS_Group1@azdhs.gov">ASIIS_Group1@azdhs.gov</a>	(602) 364-3899
ADHS	Electronic Laboratory Reporting	<a href="mailto:ELR@azdhs.gov">ELR@azdhs.gov</a>	(602) 542-6002
ADHS	Syndromic Surveillance	<a href="mailto:SyndromicSurveillance@azdhs.gov">SyndromicSurveillance@azdhs.gov</a>	(602) 542-6002
ADHS	Arizona Cancer Registry	<a href="mailto:CancerRegistry@azdhs.gov">CancerRegistry@azdhs.gov</a>	(602) 542-7314
AHCCCS	PI Program	<a href="mailto:EHRIncentivePayments@azahcccs.gov">EHRIncentivePayments@azahcccs.gov</a>	(602) 417-4333

Questions?

Thank You.