



MU Public Health Objective 10: Specialized Registries

EP's attesting to MU in 2016 must have active engagement with a public health agency to submit electronic health data.

Have you thought about which registries you will use to meet the Specialized Registry measure? Here is a list of commonly used registries:

- [North Carolina Central Cancer Registry \(NCCR\)](#)
- [The American College of Physicians Genesis Registry](#)
- [The Diabetes Collaborative Registry](#) – registration deadline 2/12/16
- [Pinnacle Registry](#) - registration deadline 2/12/16
- [The CCNC Informatics Center](#)

More information: [EHR Incentive Program: Public Health Objective](#)

Your Practice Support Consultants are here to help!

Contact us with any questions or concerns you may have.

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2015 Attestation Information

- In 2015, all providers will attest to the same set of MU objectives for any 90 day reporting period. Providers attesting to Stage 1 in 2015 may exclude several objectives
- The Medicare MU portal is open for attestations now through February 29, 2016.
- The Medicaid MU portal is scheduled to open on February 8, 2016.
- Medicaid providers who are unable to meet the 30% patient volume requirement may do an Alternate Attestation with CMS to avoid the negative payment adjustment to their Medicare PFS amount
- All Public Health Measures can be excluded.

2016 Meaningful Use Information

- All providers attest to the same set of MU objectives for an entire calendar year
- Providers must attest to **active engagement** with 2 specialized registries. To count for PY 2016, this must be done by **February 29, 2016**. This is a very important and time-sensitive change we want you to be aware of. Many EHR's vendors have partnered with registries and provide options for you. **Contact your consultant ASAP to get this completed!**

Helpful Meaningful Use Links

- [EHR Incentive Program: Measure Specification Sheets](#)
- [EHR Incentive Program: 2015-2017 What You Need to Know](#)

Is Meaningful Use Going Away?
[EHR Incentive Programs – Where We Go Next](#)

CMS Announces Submission Timeframes for 2015 Physician Quality Reporting System (PQRS) Data



40th Annual Internal Medicine Conference

The 2015 PQRS data submission deadlines are:

- **EHR Direct or Data Submission Vendor (QRDA I or III) - 2/29/16**
- **Qualified clinical data registries (QCDRs) (QRDA III) - 2/29/16**
- **Group practice reporting option (GPRO) Web Interface - 3/11/16**
- **Qualified registries (Registry XML) - 3/31/16**
- **QCDRs (QCDR XML) - 3/31/16**

An Enterprise Identity Management (EIDM) account with the “Submitter Role” is required for these PQRS data submission methods.

CMS provides funding to Alliant Health to provide assistance and education to practices about PQRS! Please email Donna Cohen for more information: Donna.cohen@alliantquality.org

Eligible Professionals who do not satisfactorily report PQRS quality measure data will be subject to a negative payment adjustment on all Medicare Part B Physician Fee Schedule (PFS) services rendered in 2017.

For questions, please contact the Quality Net Help Desk [1-866-288-8912](tel:1-866-288-8912) or Qnetsupport@hccjis.org.

[Click here for complete information about PQRS.](#)

Click [here](#) to register!

Charlotte AHEC and The Department of Medicine of the University of North Carolina at Chapel Hill School of Medicine Present:

40TH ANNUAL INTERNAL MEDICINE CONFERENCE

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MU: A Look at Direct Trust Address

One of the more recent requirements of meaningful use is to provide a **transition of care summary** to assist with continuity of care when patients receive care in multiple settings. Part of this measure requires **more than 10%** of the care summaries be sent electronically using secure email capability built into the EMR, called **Direct Email Address**.

We have created a directory of these addresses, so please email us if you would like a copy or if you would like your address to be added to it.

Note: Providers with less than 100 referrals during the EHR reporting period may exclude this measure.