The Kentucky Health Information Exchange (KHIE) is the public health authority for meaningful use (MU) reporting in Kentucky. Eligible Professionals (EPs) and Eligible Hospitals/Critical Access Hospitals (EHs/CAHs) who wish to submit to any of the registries listed in the table below must do so through KHIE.

KHIE provides support for the following MU Public Health Reporting measures:

<table>
<thead>
<tr>
<th>MEASURE NUMBER AND NAME</th>
<th>MEASURE SPECIFICATION</th>
<th>MAXIMUM TIMES MEASURE CAN COUNT TOWARDS OBJECTIVE</th>
<th>HOW KHIE CAN FACILITATE</th>
<th>KHIE SUPPORTED REGISTRY(S)</th>
<th>CONSIDERATIONS</th>
</tr>
</thead>
</table>
| Measure 1: Immunization Registry Reporting | The EP, EH or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS) | EPs: 1  
EHs/CAHs: 1 | Capability to submit immunization data and receive immunization forecasts and histories from the Kentucky Immunization Registry | Kentucky Immunization Registry | Any EP or EH/CAH that administers any type of immunization (influenza, pneumococcal, HPV, chickenpox, shingles, etc.) during the EHR reporting period can attest to the immunization registry |
| Measure 2: Syndromic Surveillance Reporting | The EP, EH or CAH is in active engagement with a public health agency to submit syndromic surveillance data | EPs: 1  
EHs/CAHs: 1 | Capability to submit electronic syndromic surveillance data to Centers for Disease Control & Prevention (CDC) Program, National Syndromic Surveillance Program (NSSP) | CDC BioSense Syndromic Surveillance | Any EP or EH/CAH can attest to syndromic surveillance reporting |
| Measure 3: Electronic Case Reporting | The EP, EH or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions | EPs: 1  
EHs/CAHs: 1 | Capability to submit case reporting of reportable conditions to the Kentucky Department of Public Health (DPH) | Electronic Case Reporting Registry | Any EP or EH/CAH can attest to electronic case reporting |
<table>
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<th>MAXIMUM TIMES MEASURE CAN COUNT TOWARD OBJECTIVE</th>
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<th>KHIE SUPPORTED REGISTRY(s)</th>
<th>CONSIDERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure 4: Public Health Registry Reporting</td>
<td>The EP, EH or CAH is in active engagement with a public health agency to submit data to public health registries</td>
<td>EPs: 2 EHS/CAHs: 4</td>
<td>Capability to submit public health registry reporting</td>
<td>Kentucky Cancer Registry</td>
<td>Any EP that diagnoses and/or treats cancer patients is eligible to submit to the Kentucky Cancer Registry</td>
</tr>
<tr>
<td>Measure 5: Clinical Data Registry Reporting</td>
<td>The EP, EH or CAH is in active engagement to submit data to a clinical data registry</td>
<td>EPs: 2 EHS/CAHs: 4</td>
<td>Capability to submit data to a clinical data registry</td>
<td>KHIE Advance Directive Registry</td>
<td>In Kentucky, any EP, EH or CAH is eligible to submit an advance directive document</td>
</tr>
<tr>
<td>Measure 6: Electronic Reportable Laboratory (ELR) Results Reporting</td>
<td>The EH or CAH is in active engagement with a public health agency to submit ELR results</td>
<td>EPs: 0 EHS/CAHs: 1</td>
<td>Capability to submit electronic data on reportable lab results to the Kentucky Department of Public Health (DPH)</td>
<td>Kentucky Electronic National Disease Surveillance System (NEDSS)</td>
<td>All EHS/CAHs in Kentucky are eligible to submit to the Kentucky NEDSS</td>
</tr>
</tbody>
</table>

**Public Health Reporting Requirements**

In program year 2020, all EPs are required to successfully attest to 2 public health measures and all EHS/CAHs are required to successfully attest to 4 public health measures.

EHR Incentive Program participants that claim an exclusion for public health reporting are responsible for ensuring they meet the qualifications and retain any documentation that fully supports their attestation choice.
Attestation Guidance

This guidance is applicable only for the public health measures that are reported through KHIE. All EPs, EHs and CAHs who attest to any of the public health measures supported by KHIE must have a signed Participation Agreement (PA) and signed addendum(s) on file with KHIE for each public health measure selected for attestation. The agreements and their associated addenda must be signed within 60 days of the beginning of the EHR reporting period for the public health measures providers attest to. The addenda include: Immunization Registry Authorization, Bidirectional Immunization Registry Authorization, Syndromic Surveillance Authorization, Kentucky Cancer Registry Authorization, Disease Surveillance Authorization (electronic laboratory results reporting), KHIE Advance Directive Registry Authorization, and Exhibit B on the KHIE Participation Agreement.

In Stage 3, Objective 8, Measure 1, CMS requires the EP, EH or CAH to be in active engagement with a public health authority to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS). To assist providers who are currently unable to meet this requirement, CMS is permitting EPs, EHs and CAHs to revert to Option 1 of active engagement. However, a new Bidirectional Immunization Registry Authorization **must** be signed and submitted to KHIE within 60 days of the beginning of the EHR reporting period. If the EP, EH or CAH fails to sign and return the Bidirectional Immunization Registry Authorization, they will no longer be considered in active engagement, therefore unable to attest to Objective 8, Measure 1: Immunization Registry Reporting.

Providers have the option to submit to additional registries outside of those supported by KHIE. If you choose this option, **you are responsible for obtaining any documentation to support your attestation**. Information is available at the Centers for Disease Control and Prevention website. Visit [http://www.cdc.gov/ehrmeaningfuluse/](http://www.cdc.gov/ehrmeaningfuluse/) to learn more information.

All providers that wish to submit public health data through KHIE must demonstrate active engagement with KHIE. The Centers for Medicare & Medicaid Services (CMS), defines **active engagement** as the following:

- Option 1: Completed Registration to Submit Data
- Option 2: Testing and Validation
- Option 3: Production

The signed legal agreement(s) represent your registration to submit electronic data with the state of Kentucky and is a **requirement to attest, regardless of your status of active engagement**.

**Option 1 of Active Engagement: Completed Registration to Submit Data**

Providers who have signed PAs and relevant addenda for each public health measure who will utilize KHIE must select YES to the public health reporting measure and upload their signed legal agreements to the Kentucky Medicaid EHR Incentive Program (Promoting Interoperability) attestation website.
Option 2 of Active Engagement: Testing and Validation

In order to select option 2 of Active Engagement, providers must be connected to KHIE and in the process of testing one or more public health data feeds. Providers who meet these criteria will receive a Testing and Validation Confirmation (formerly Meaningful Use Confirmation) form from KHIE. During attestation, providers must select YES and upload the Testing and Validation Confirmation form for each public health measure.

Option 3 of Active Engagement: Production

In order to select option 3 of Active Engagement, providers must be LIVE and sending production data to KHIE. Providers who meet these criteria will receive a Go Live Approval form from KHIE. If you attest to more than one public health measure and the data feeds go live on different dates, you will receive more than one Go-Live approval form. During attestation, providers must select YES and upload the Go Live form for each public health measure.

Final Comments

Those that select YES to any of the three options of active engagement should not claim any exclusions associated with the measure(s). Program participants that claim an exclusion for public health reporting are responsible for ensuring they meet the qualifications and retain any documentation that fully supports their attestation.