Electronic Case Reporting for Eligible Professionals

Public Health Objective Documentation Aid Program Year 2021, MU Stage 3: Objective 8 Option 3

- The Vermont Department of Health and the New Hampshire Department of Health and Human Services have not declared readiness to accept Electronic Case Reporting data from Eligible Professionals (EPs).
- EPs should not select Yes to Option 3 Electronic Case Reporting.
- All EPs must select *No* to Option 3.
- All EPs may select Yes to this exclusion: "Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period."
- No documentation is required to be submitted for the exclusion to Electronic Case Reporting.

Please Note: The terms "*EHR Reporting Period*," "*MU Reporting Period*", and "*Promoting Interoperability (PI) Reporting Period*" all refer to the continuous 90-day period within the Program Year in which an Eligible Professional demonstrates meaningful use of certified EHR technology.

Objective 8 Objective 8 Option 3 - Electronic Case Reporting Objective 8 Objective 8 Objective 8 Click HERE to review CMS Guidelines for this measure. Objective 8 Click the Save & Continue to proceed. Click Previous to go to Selection screen. Click Return to Maintain Science 10	fain to access the
Option 1 V Objective 8 V Option 2 V Objective 8 V	fain to access the
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main attestation tonic list. Click Clear All Entries to remove entered data	
Objective 8 Option 4A	
Objective 8 Option 5A Objective 8 (*) Red asterisk indicates a required field.	
Objective 8 Option 58	
Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a EHR Technology, except where prohibited, and in accordance with applicable law and practice.	a meaningful way using Certified
Measure: Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to surportable conditions.	submit case reporting of
*Does this option apply to you?	
O Yes 🖲 No	
If 'Yes', enter the name of the electronic case reporting registry used below.	
Active Engagement Options: If you have answered 'Yes' above, please select one of the options lis	isted below.
Completed registration to submit data	
Testing and validation	
EXCLUSION: If Option 3 is 'No', then ALL of the Exclusions listed below must be answered. You may exclusion. Any EP that meets one of the following criteria may be excluded from this objective.	y only select 'Yes' for one
Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's re the EHR reporting period.	reportable disease system during
○ Yes ● No	
Operates in a jurisdiction for which no public health agency is capable of receiving electronic case rep standards required to meet the Certified EHR Technology definition at the start of the EHR reporting p Yes No	
Operates in a jurisdiction where no public health agency has declared readiness to receive electronic of months prior to the start of the EHR reporting period.	case reporting data as of 6
• Yes O No	
Previous Return to Main Clear All Entries Save & Continue	
Previous Return to Plain Clear All Entries Save & Continue	

Screenshot from MAPIR: MU Stage 3 Objective 8 Option 3 - Electronic Case Reporting