

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

March 31, 2024

Dear Eligible Professionals:

This letter is an update regarding public health reporting to the Connecticut Department of Public Health (DPH) for Eligible Clinicians attesting to the **Merit-Based Incentive Payment System (MIPS)**, and for Eligible Hospitals and Critical Access Hospitals participating in the **Medicare Promoting Interoperability Program (PIP)** for **Calendar Year (CY) 2024**. This letter will summarize the Connecticut Department of Public Health (DPH) Promoting Interoperability status for the MIPS and Medicare PIP public health measures for CY 2024.

For CY 2024, CMS is requiring Eligible Clinicians (**ECs**) participating in MIPS to report two measures associated with the Public Health and Clinical Data Exchange Objective to DPH: (1) Immunization Registry/Immunization Information System Reporting, and (2) Electronic Case Reporting. EC's can receive bonus points if they participate in Syndromic Surveillance Reporting and that is available for ECs. In CY 2024, Eligible Hospitals (**EHS**) and critical access hospitals (**CAHs**) are required to report on five measures associated with Public Health and Clinical Data Exchange Objectives to DPH: (1) Syndromic Surveillance Reporting, (2) Immunization Registry/Immunization Information System Reporting, (3) Electronic Case Reporting, (4) Electronic Laboratory Result Reporting, and (5) Antimicrobial Use and Resistance Surveillance. ECs, EHS, or CAHs may claim an exclusion if certain criteria are met as defined below.

In CY 2024, the reporting period for new and returning participants attesting to CMS is a minimum of any continuous, self-selected, 180-day period. To avoid a downward payment adjustment, ECs and EHS will be required to use Certified EHR Technology (CEHRT) that meet the [2015 Edition Health IT Certification Criteria](#). The [2015 Edition Cures Update](#) includes criteria for electronic case reporting.

CMS active engagement criteria for CY 2024 includes two options: Option 1 Pre-production and Validation; and Option 2 Validated Data Production. All ECs, EHS, and CAHs will automatically move to Option 1 or Option 2 in CY 2024 and should review the Option criteria. Additional information for ECs can be found in the CMS Quality Payment [Program Requirements](#). Additional information for EHS and CAHs can be found on the [Promoting Interoperability Programs](#) website.



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### **Immunization Information System (IIS)**

The CMS Immunization-Registry Measure Rules revised public health reporting requirements for ECs participating in the 2024 MIPS and for EHs and CAHs participating in the 2024 PIP. **For CY 2024, both the MIPS and PIP now require participants to demonstrate they are “in active engagement with a public health agency (PHA) to submit immunization data and receive immunization forecasts and histories from immunization registry/immunization information systems (IIS).”**

The DPH public health immunization registry/immunization information system (IIS) is [called CT WiZ](#). EPs and EHs who administer immunizations in Connecticut are [mandated by state law](#) to report all immunizations for all ages to CT WiZ.

Any EP and EH seeking to attest to the public health immunization registry reporting option for promoting interoperability for CY 2024, should complete and submit the online [CT WiZ Application for Electronic to CT WiZ](#). DPH will send email notifications as evidence of active engagement for each phase of the Electronic Health Record (EHR) onboarding process (CY 2024 Option 1 and Option 2).

These emails should be used as supporting documentation for EPs and EHs attesting to the PIP to meet the objective for public health and clinical data exchange immunization registry reporting and should be kept for further reference.

EPs and EHs mandated to report immunizations who registered with CT WiZ between September 2018 and prior to CY 2024 are not required to register again for active engagement. Those EPs and EHs can resubmit their email from DPH to satisfy the public health and clinical data exchange immunization registry reporting objective for CY 2024.

In Connecticut, an EP or EH who does not administer immunizations **may claim an exclusion from the measure** for public health immunization registry reporting during the EHR reporting period.

### **Syndromic Surveillance System**

**Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs):** DPH declared readiness for EHs and CAHs syndromic surveillance reporting in 2021, and reporting is required from EHs/CAHs in [Connecticut](#). For CY 2024, EHs and CAHs that have met the [active engagement requirements for PIP](#), i.e., “is in active engagement with a public health agency (PHA) to submit syndromic surveillance data from an emergency department (Place of Service [POS] 23)” will need to email [dph.syndromic@ct.gov](mailto:dph.syndromic@ct.gov) to request documentation for the EHR Incentive Program attestation.

**Eligible Clinicians:** Syndromic Surveillance System reporting is considered as a possible bonus option for ECs under MIPS. DPH does not have the capability to accept syndromic surveillance data in a promoting interoperability compliant manner for ECs. There are no listed exclusion criteria for this bonus option. However, DPH does accept syndromic surveillance data from licensed urgent care centers. Please contact [dph.syndromic@ct.gov](mailto:dph.syndromic@ct.gov) for more information.



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## **Electronic Case Reporting (eCR)**

**Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs) and Eligible Clinicians (ECs):** DPH declared readiness for eCR as of January 1, 2022, when electronic case reporting became a CMS reporting requirement. Electronic case reporting will eventually replace manual reporting requirements, saving resources for both providers and public health. Any EHs or ECs seeking to attest to Electronic Case Reporting should email [DPH.ECRInformatics@ct.gov](mailto:DPH.ECRInformatics@ct.gov) to receive information for the CY 2024 active engagement Option 1 requirements. EHs who have previously registered/engaged do not need to re-register for Option 1.

Once registered, EHs or CAHs must respond to requests from DPH to begin testing within 30 days; failure to respond twice within an EHR reporting period would result in that eligible hospital or CAH not meeting the measure.

DPH requires that EC-EH-CAH electronic health record (EHR) systems meet the CEHRT criteria. DPH will refer EHR implementers and EPs to enroll in the [eCR project](#) managed by CDC and the Association of Public Health Laboratories (APHL) for Option 1. EPs will conduct initial validation for eCR with the CDC-APHL project group and will not be considered in Option 2 until they are ready to validate eCR with DPH to complete full eCR production onboarding. The process will follow that outlined on the eCR project website which includes information on: EHR Readiness criteria; EHR triggering and enrollment in the Electronic Reporting and Surveillance Distribution system; initial eCR (eICR) creation, validation, and standards including which HL7 CDA eICR standards are accepted for eCR message creation and for DPH validation; Reportability Response Receipt and Use; and eCR Exchange and Transport. Links to additional materials are included on the eCR project website. DPH will share any other needed materials with EHR implementers on enrollment.

DPH will send email notifications as evidence of active engagement for CY 2024 Options 1 and 2. Please retain any confirmation material from DPH to validate the measure. An EH or EC that has changed, or plans to change, its electronic health record system to a new CEHRT system, will need to re-register for active engagement as additional validation may be required.

If the EH, CAH, or EC does not diagnose any reportable diseases as defined under Connecticut General Statutes § 19a-215(c) and Connecticut Agencies Regs. § 19a-36-A2, et seq. **they are to claim an exclusion from the measure** and are not required to register for eCR. A list of reportable conditions can be found on the DPH website under Reportable Disease Forms. Please note that this list is updated every January.

## **Electronic Laboratory Reporting (ELR)**

DPH declared readiness for electronic laboratory reporting (ELR) for **Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs)** in 2016. For CY 2024, EHs must attest to the measure if the EH has a laboratory that is reporting results as defined under Connecticut General Statutes Section 19a-215(c) and Section 19a-36-A2 of the Public Health Code. A list of laboratory reportable findings can be found on the DPH website under Reportable Disease Forms. This list is updated every January.

Any EHs seeking to attest to the public health and clinical data exchange measure for Electronic Reportable Laboratory (ELR) Result Reporting should email [dph.InformaticsLab@ct.gov](mailto:dph.InformaticsLab@ct.gov) to receive



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information for CY 2024 active engagement Option 1 and to receive DPH ELR testing and validation requirements. EHs who have previously registered/engaged do not need to re-register for Option 1. DPH will send email notifications as evidence of active engagement for CY 2024 Options 1 and 2.

Please retain any confirmation material from DPH to validate the measure. An EH that has changed, or plans to change, its laboratory system to a new CEHRT system, needs to re-register for active engagement as additional validation may be required. Please note the [ELR corresponding certification criteria](#) for EHR technology to support this measure.

If an EH **does not** have a laboratory that is required to report results under Connecticut General Statutes § 19a-215(c) and Connecticut Agencies Regs. § 19a-36-A2, et seq. **it is to claim an exclusion from the measure** and is not required to register for ELR.

### **MIPS Program Changes CY 2024 – Active Engagement Duration**

Please be aware that **starting in CY 2024**, eligible hospitals, CAHs and MIPS eligible professionals may spend only one EHR reporting period/performance period at the Option 1 pre-production and validation level of active engagement, per measure, and that they must progress to the Option 2 validated data production level for the next EHR reporting period/performance period for which they report a particular measure.

DPH encourages you to frequently check the [Department of Public Health's Promoting Interoperability Website](#) for updates.

For further guidance on the Promoting Interoperability attestation process, please visit: [Promoting Interoperability Programs | CMS](#). For questions about the MIPS measure, contact [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

Sincerely,



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