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Connecticut Eligible Professionals and Hospitals:

This is an update regarding public health reporting for Meaningful Use (MU) for Eligible Hospitals (EHs) and Eligible Professionals (EPs) attesting to the Medicare and Medicaid Electronic Health Records ("EHR") Incentive Program for **Program Year 2017**.

Pursuant to CMS regulations that went into effect December 15, 2015, and as part of "Modified Stage 2," EPs or EHs must demonstrate "active engagement" to electronically submit data pertaining to public health measures from Certified Electronic Health Record Technology (CEHRT) except where prohibited and in accordance with applicable law and practice. Under CMS regulations, "active engagement" means completion of applicable registration processes to submit such data, or testing and validation in preparation of such submission or active submission of public health production data.

For the Medicaid EHR Incentive program's Modified Stage 2 requirements, there are four public health reporting measure options for EHs, and three for EPs, with several possible exclusions.

For the Medicaid EHR Incentive program's Stage 3 requirements, there are six public health reporting measure options for EHs, and five for EPs, with several possible exclusions.

Many of the exclusions depend on whether the designated public health authorities in the EHs or EPs state have available reporting systems, as well as the level of readiness of such systems.

The following is a summary of the Department of Public Health's (DPH's) current MU status as it relates to the public health measures of the EHR Incentive Program for **Program Year 2017**:

Immunization Registry for Program Year 2017 (Modified Stage 2 and Stage 3):

Eligible Professionals: An EP who routinely administers immunizations to children ages 0-6 as part of the patient's medical home and is mandated to report to the Connecticut Immunization Registry and Tracking System (CIRTS) is required to attest to the immunization registry public health (PH) reporting option in order to meet MU Modified Stage 2 only. **DPH has not declared readiness for Stage 3.**

EPs who are mandated to report to CIRTS and have registered in 2015 or 2016 using the MUST Portal are not required to register again and can resubmit their MUST Portal Certificate to satisfy the PH Immunization Objective.

The following instructions below are for EPs who have not previously registered with DPH using the MUST Portal in 2015 or 2016. EPs can satisfy the Registration option for Active Engagement for Program Year 2017 for immunization reporting by completion and submission of the [CT DPH Immunization Registration Form](#). Please retain any confirmation material from DPH to validate the measure for Modified Stage 2.

Eligible Professionals who do not routinely administer immunizations to children ages 0-6 and are NOT required to report immunizations to the Department of Public Health CIRTS are to claim an exclusion from the measure based upon the criteria –“does not administer any immunizations to any of the populations for which data is collected by his or her jurisdiction’s immunization registry during the EHR Reporting Period”. 42 CFR § 495.22 (e)(10)(i)(C)(1)(i).

Eligible Hospitals: EHs are to claim an exclusion from the immunization registry measure. Hospitals are not the patient’s medical home and are NOT required to report immunizations to the Department of Public Health CIRTS. EHs are to claim an exclusion from the measure based upon the criteria that EHs “Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period.” 42 CFR § 495.22(e)(10)(ii)(C)(1)(iii).

Electronic Laboratory Reporting for Program Year 2017 (Modified Stage 2 and Stage 3):

Eligible Professionals: EPs are not required to report on or attest to this public health measure option.

Eligible Hospitals: DPH has declared readiness for EHs electronic laboratory reporting (ELR) for Program Year 2017. 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 using the Laboratory Results of Significant Findings form (OL15C).

EHs completion and submission of the [CT DPH ELR Registration Form](#) satisfies the Registration Active Engagement Option. Please retain any confirmation material from DPH to validate the measure. EHs with qualifying laboratories (see below) that have not registered in 2016, OR, if the EH has changed its laboratory system to a new CEHRT system, need to complete a new ELR Registration form.

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. **they are to claim an exclusion from the measure** and are not required to register for ELR.

Syndromic Surveillance System for Program Year 2017 (Modified Stage 2 and Stage 3):

Eligible Professionals: DPH does not have the capability to accept syndromic surveillance data in a MU-compliant manner for EPs. **EPs must exclude from the measure** based upon the criteria that EPs “Operate in a jurisdiction for which no public health agency 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 EHR Reporting Period.” 42 CFR 495.22(e)(10)(i)(B)(2)(ii) and 42 CFR 495.22 (e)(10)(i)(C)(2)(ii); 42 CFR 495.22 (e)(10)(ii)(C)(2)(ii).

Eligible Hospitals will have the option to attest to active engagement for the Syndromic Surveillance PH measure OR exclude from the measure because DPH did not declare readiness for 2017 in the required time frame. DPH declared readiness for the Syndromic Surveillance PH measure on October 31, 2016.

Specialized Case Registry System for Program Year 2017 (Modified Stage 2 Only):

Eligible Hospitals and Eligible Professionals: DPH, as the Public Health Agency, does not operate or have the capability to accept specialized case registry electronic data. However, CMS regulation states that Specialized Case Registries are not limited to endorsement by the public health agency. CMS has

released two responses to Frequently Asked Questions regarding Specialized Case Registries which can be found [here](#) and [here](#).

Eligible Professionals: Specific steps are to be utilized by EPs to determine if they need to attest or can appropriately exclude from the measure option. [Please reference DSS Guidance for EPs here.](#)

Eligible Hospitals: CMS released guidance indicating that Eligible Hospitals should follow the same process as EPs. The EH should check any such organization or specialty society with which they are affiliated to determine if that entity maintains a specialized registry that has declared readiness. EHs do not, however, need to explore every specialty society with which their hospital-based specialists may be affiliated. See [FAQ 14117](#).

Public Health Registry Reporting for Program Year 2017 (Stage 3 Only):

Eligible Hospitals and Eligible Professionals: DPH does not have the capability to accept public health registry data in a MU-compliant manner for EPs or EHs. Eligible Hospitals and Professionals are to claim an exclusion from this measure.

Electronic Case Reporting for Program Year 2017 (Stage 3 Only):

Eligible Professionals: DPH, as the Public Health Agency, does not operate or have the capability to accept electronic case reporting data. Eligible Professionals are to claim an exclusion from this measure.

Eligible Hospitals: Electronic Case Reporting is not required until program year 2018. Eligible Hospitals are to claim an exclusion from this measure.

Clinical Data Registry Reporting for Program Year 2017 (Stage 3 Only):

Eligible Hospitals and Eligible Professionals: DPH, as the Public Health Agency, does not operate or have the capability to accept clinical data registry electronic data. However, CMS regulation states that clinical data registries are not limited to endorsement by the public health agency.

Eligible Professionals: Specific steps are to be utilized by EPs to determine if they need to attest or can appropriately exclude from the measure option. [Please reference DSS Guidance for EPs here.](#)

Eligible Hospitals: Eligible Hospitals should follow the same process as EPs. The EH should check any such organization or specialty society with which they are affiliated to determine if that entity maintains a clinical data registry that has declared readiness. EHs do not, however, need to explore every specialty society with which their hospital-based specialists may be affiliated.

The Department of Public Health encourages you to frequently check its Meaningful Use Website link to obtain timely updates and learn more about DPH's public health reporting statuses applicable to MU. Please visit the [Department of Public Health's Meaningful Use Website](#).

Please note that CMS has published final regulations supporting MACRA (the Medicare Access and CHIP Reauthorization Act) which replace the current Medicare MU program for Eligible Providers and transition key portions of Medicare MU into the Medicare MIPS payment system for eligible clinicians. The new EHR measures and objectives under MACRA will be known as "Advancing Care Information." The information in this notice regarding public health reporting readiness is directed at

the Medicaid EHR incentive program reporting categories and does not cover all public health reporting categories set forth in the ACI regulations. Relevant information about the ACI categories will be published separately as it becomes available.

For further guidance on the additional **Medicaid** MU Requirements and the **Medicaid** Attestation process, please visit the UConn [UConn AIMS website](#).

EHRs and EPs may also call the state's toll free help line at 1-855-313-6638, or email Department of Social Services Medicaid EHR Incentive Program at ctmedicaid-ehr@dxc.com.

To receive Important Messages and Program Updates from the DSS Medicaid EHR Incentive Program, please subscribe to the EHR Incentive Program Topic at the [CT Medical Assistance Program Email Subscription Website](#).

For further guidance on the **Medicare** requirements and **Medicare** attestation process, please visit CMS at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>

Sincerely,



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Commissioner

Connecticut Department of Social Services



Raul Pino, M.D., M.P.H.
Commissioner

Connecticut Department of Public Health