

# Important Message

## **Program Year 2017 Requirements**

#### What you Need to Know for Program Year 2017 Stage 2:

- The last date to attest for program year 2017 is March 31, 2018 at 11:59 pm.
- All Eligible Professionals (EPs) must attest using EHR technology certified to the 2014 or 2015 edition, or a combination of the two.
- The EHR reporting period for **Meaningful (MU) Use for all participants is 90 days** (this can be any continuous 90-day period from January 1, 2017 through December 31, 2017).
- The EHR reporting period for Clinical Quality Measures for first time providers is 90 days (this can be any continuous 90-day period from January 1, 2017 through December 31, 2017).
- The EHR reporting period for Clinical Quality Measures for returning providers is 365 days (January 1, 2017 to December 31, 2017).
- All EPs are required to attest to a single set of objectives & measures. There are 10 objectives, including one consolidated public health reporting objective. EPs must include either a certificate generated by the registry or an exclusion letter for the measure(s) they are attesting to under the public health reporting objective.

#### What you Need to Know for Program Year 2017 Stage 3:

- The last date to attest for program year 2017 is March 31, 2018 at 11:59 pm.
- All Eligible Professionals (EPs) must attest using EHR technology certified to the 2015 edition.
- The EHR reporting period for **Meaningful Use for all participants is 90 days** (this can be any continuous 90-day period from January 1, 2017 through December 31, 2017).
- The EHR reporting period for **Clinical Quality Measures for first time providers is 90 days** (this can be any continuous 90-day period from January 1, 2017 through December 31, 2017).
- The EHR reporting period for Clinical Quality Measures for returning providers is 365 days (January 1, 2017 to December 31, 2017).
- All EPs are required to attest to a single set of objectives & measures. There are 8 objectives, including one consolidated public health reporting objective. EPs must include either a certificate generated by the registry or an exclusion letter for the measure(s) they are attesting to under the public health reporting objective.



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### **Supporting Documentation for Program Year 2017**

Connecticut has specific requirements for supporting documentation. An explanation and full list is available <a href="here">here</a>.

- Security Risk Analysis (SRA)
- Patient Encounter List (PEL)
- MUST Portal Upload or equivalent from DPH
- CQM and MU printout from your EHR
- CEHRT Certification Page from the Office of the National Coordinator (ONC)
- Invoice or Purchase Order

#### For More Information

Call: 1-844-607-7455

Email: CTMedicaidEHR@uconn.edu

Visit: www.chatter.uconn.edu