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January 20, 2016

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 EHR Incentive Program for **Program Year 2016** following regulation changes made by the Centers for Medicare and Medicaid Services (CMS).

The EHR Incentive program public health reporting objectives and requirements were recently changed by CMS. There is no longer a distinction between Stage 1 and Stage 2 program status. Going forward, for 2015 through 2017 program years, all EHs and EPs will now attest based on the "Modified Stage 2" requirements. See CMS guidance [here](#).

Pursuant to new CMS regulations, and as part of "Modified Stage 2," there are new changes to public health reporting requirements. Effective December 15, 2015, 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, testing and validation in preparation of such submission or active submission of public health production data.

There are now four public health reporting measures options for EHs, and three 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 Measure of the EHR Incentive Program for **Program Year 2016**:

Immunization Registry for Program Year 2016:

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 reporting option in order to meet MU.

These EPs can satisfy the Testing and Validation definition of active engagement for immunization reporting by submitting test immunization data in the MUST Portal and generating a MUST Portal certificate during the 2016 EHR reporting period. The Certificate must be uploaded into the DSS Medicaid MAPIR Attestation System for each EP completing an attestation. One MUST Portal Certificate can be utilized per practice group if the Certificate is completed during each individual EPs EHR Reporting Period

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 2016:

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

Eligible Hospitals: DPH is declaring readiness for EHs electronic laboratory reporting (ELR) for Program Year 2016. EHs must attest to the measure if the EH has a laboratory that is reporting results as defined under Connecticut General Statutes Section 19a-2a 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.

If an EH **does not** have a laboratory that is reporting results as defined under Connecticut General Statutes Section 19a-2a and Section 19a-36-A2, et seq. of the Public Health Code using the Laboratory Results of Significant Findings form (OL15C), **they are to claim an exclusion from the measure** and are not required to register for ELR.

Syndromic Surveillance System for Program Year 2016:

Eligible Hospitals and Eligible Professionals: DPH does not have the capability to accept syndromic surveillance data in a MU-compliant manner at this time. **All EHs and EPs must exclude from the measure** based upon the criteria that EPs and EHs “Operate in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs or EHs 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).

Specialized Case Registry System for Program Year 2016:

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 and ONC have not issued additional guidance to support EHs on appropriately attesting from the measure at the time of this letter's publication. Additional guidance will be forwarded on by the Department of Social Services once it becomes available.

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](#).

For further guidance on the additional **Medicaid** MU Requirements and the **Medicaid** Attestation process, please visit the Department of Social Services' [Medicaid EHR Incentive Program](#).


EHs 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@hpe.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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