STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Dear Eligible Professionals:

This letter is an update regarding public health reporting for Eligible Professionals (EPs) attesting to the **Merit-Based Incentive Payment System (MIPS)**, and for Eligible Hospitals (EHs) and critical access hospitals (CAHs) participating in the **Medicare Promoting Interoperability Program (PIP)** for **Calendar Year 2023**.

For Calendar Year (CY) 2023, CMS is requiring **EPs** participating in MIPS to report two measures associated with the Public Health and Clinical Data Exchange Objective: (1) Immunization Registry/Immunization Information System Reporting, and (2) Electronic Case Reporting. In CY 2023, **EHs or CAHs** are required to report on four measures associated with Public Health and Clinical Data Exchange Objectives: (1) Syndromic Surveillance Reporting, (2) Immunization Registry/Immunization Information System Reporting, (3) Electronic Case Reporting, and (4) Electronic Laboratory Result Reporting. EPs, EHs, or CAHs may claim an exclusion if certain criteria are met.

In CY 2023, the reporting period for new and returning participants attesting to CMS is a minimum of any continuous, self-selected, 90-day period. To be considered a meaningful user and avoid a downward payment adjustment, EPs 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 has revised the active engagement criteria for CY 2023. The past three options (Registration, Testing/Validation, Production) have been reduced to two options: Option 1 Pre-production and Validation that is a combination of the previous Option 1 and 2; and Option 2 Validated Data Production (the previous Option 3). All EPs, EHs, and CAHs, are now considered to be in the new Option 1 or Option 2 based on the current engagement option you were in at the start of CY 2023. EP/EH/CAH who are newly engaged in CY 2023 will go into the new Option 1.

The CMS public health reporting requirements are described in the following final rules published in the Federal Register 83 FR 41144, 86 FR 44774 with the new engagement options described in 87 FR 48780. 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 2023.

Immunization Information System (IIS)

The CMS Immunization-Registry Measure Rules revised public health reporting requirements for EPs participating in the 2023 MIPS and for EHs and CAHs participating in the 2023 PIP. **For CY 2023, 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)."** For more information, please review the 2023: Medicare Promoting Interoperability Program Specification

Sheets in the CMS Promoting Interoperability Resource Library.

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 2023, 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 2023 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.

EPs and EHs mandated to report immunizations who registered with CT WiZ between September 2018 and prior to CY 2023 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 2023. Note that EPs and EHs will automatically move to the new Option 1 or Option 2 in CY 2023.

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 Care Hospitals (CAHs): DPH declared readiness for EHs and CAHs syndromic surveillance reporting in 2021. For CY 2023, EHs and CAHs that have met the active engagement requirements for PIP "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 to request documentation for the EHR Incentive Program attestation.

Eligible Professionals (EPs): DPH does not have the capability to accept syndromic surveillance data in a promoting interoperability 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." Required reporting from urgent care centers is not included in the current CMS final rules, however, DPH frequently reaches out to health system-based licensed urgent care centers to discuss the feasibility of setting up syndromic surveillance reporting with DPH**.** Currently in 2023, 40 licensed urgent care centers are reporting to DPH. Please contact dph.syndromic@ct.gov for more information. See final rules published in the Federal Register 83 FR 41144, 86 FR 44774, and 87 FR 48780.

Electronic Laboratory Reporting (ELR)

DPH declared readiness for electronic laboratory reporting (ELR) for **Eligible Hospitals (EHs)** in 2016. For CY 2023, 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.

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 to receive information for CY 2023 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 2023 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. See final rules published in the Federal Register 83 FR 41144, 86 FR 44774, and 87 FR 48780.

Electronic Case Reporting (eCR)

Eligible Hospitals (EHs) or Critical Care Hospitals (CAHs) and Eligible Professionals (EPs): DPH declared readiness for eCR as of January 1, 2022, when electronic case reporting became a CMS reporting requirement (87 FR 48780). For EHs/CAHs/EPs wishing to engage in eCR, DPH will refer EHs and EPs to enroll in the eCR NOW project eCR - Electronic Case Reporting (aimsplatform.org).

A Certified Health IT Developer may certify to transmission to public health agencies for electronic case reporting as defined by providing documentation of electronic case reporting implementation using the eCR Now FHIR application implementation guide to its ONC-Authorized Certification Body. For further information, see https://www.healthit.gov/test-method/transmission-public-health-agencies-electronic-case-reporting. EHs and CAHs must demonstrate they are in active engagement for eCR with DPH to meet the measure for CY 2023.

DPH requires that EHRs import the Connecticut authored 'trigger codes' published in the Association of Public Health Laboratories Information Messaging System (AIMS) Reportable Conditions Knowledge Management System (RCKMS). EHR vendors must register to access these trigger codes via the Electronic Reporting and Surveillance Distribution (eRSD) system. Information can be found at eCR EHR Implementers – EHR Triggering.

For CY 2023, DPH will accept eCR messages based on either the HL7 CDA® R2 Implementation Guide: Public Health Case Report Release 2: the Electronic Initial Case Report (eICR) Release 1, STU Release 1.1 - US Realm or the HL7 CDA® R2 Implementation Guide: Public Health Case Report - the Electronic Initial Case Report (eICR) Release 2, STU Release 3.1 - US Realm. These implementation guides outline the standards for the electronic initial case report (eICR) and the reportability response (RR) messages. We encourage EHR vendors to adopt the later standard (R3.1) as the newer standard allows public health to collect more complete provider case reporting information. DPH will only validate eICRs/RRs in accordance with these standards.

It should be noted that EHs or EPs working with the CDC and APHL in the technical onboarding as part of the eCR NOW project does not mean that the EH/EP is in 'production' with DPH for eCR. Providers will need to meet reporting obligations as defined in Connecticut General Statutes Section 19a- 215(c) and Section 19a-36-A2 of the Public Health Code to meet CY 2023 Option 2.

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. Please review the promoting interoperability specifications in the CMS Resource Library.

To engage in eCR, please email DPH.ECRInformatics@ct.gov and we will send you the appropriate information to register for active engagement and the DPH testing and validation requirements.

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. For CY 2023, reporters in Option 1 can stay in Option 1 for 2024 but must progress to Option 2 in 2025. This will be in rule making this year for CY 2024, so may change.

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.

Sincerely,

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Commissioner
Connecticut Department of Public Health