

Program Year 2017 Need to Know

The following highlights are intended to help providers understand Program Year 2017 requirements. If you have questions about any aspect of the program, please do not hesitate to contact us through the medicaidhit@ahca.myflorida.com or the EHR Call Center at 1.855.231.5472.

- All providers will attest using a 90-day reporting period for the meaningful use objectives and clinical quality measures in 2017.
- Meaningful use actions must take place during the program year (January 1 – December 31) to count in numerators. This includes conducting the Security Risk Analysis (or review) during the program year.
- There is no longer an alternate exclusion available for Specialized Registry reporting.
- If you are attesting to active engagement with EFORSCE, there must be at least one query of the database during the EHR reporting period.
- Do not always rely on an earlier version of the CMS specification sheet – they are updated periodically with new information. Below are the links for the CMS Specification Sheets:
 - Modified Stage 2: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medic_aid_ModifiedStage2.pdf
 - Stage 3: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medic_aid_Stage3.pdf

NOTE: Program Year 2016 was the last year for new providers to begin the program. In order to apply in Program Year 2017 and the remaining years of the Medicaid EHR Incentive Program, the provider must have previously received an EHR incentive payment.