Connecticut Department of Social Services
Making a Difference

Important Message

Medicaid EHR Incentive Program Patient Encounter List (PEL) – Template for Program Year 2016

This message only applies to eligible providers that are attesting to the Connecticut Medicaid EHR Incentive Program.

The following requirements for the Patient Encounter List (PEL) are for Program Year 2016. The PEL is used to support the number of Medicaid encounters and the total number of encounters entered into the MAPIR attestation.

Please download and use the PEL template (includes instructions) to format your patient encounters with these listed standards.

Download a PEL template here

	A	B	C	D	E	F	G	H
1	Date of Service [MM/DD/YYYY]	Patient Last Name	Patient First Name	Date of Birth [MM/DD/YYYY]	Medicaid ID [Format as text]	Payer	Alternate Payer (if Medicaid)	Service Provider NPI
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								

The PEL should include the following fields, and please use these exact heading names;

- Date of Service
- Patient Last Name
- Patient First Name
- Date of Birth
- Medicaid ID (only when applicable)*
- Payer
- Alternate Payer (Medicaid only)+
- Service Provider ID

*Medicaid ID should only be filled out for patients with Medicaid as the primary, secondary, or tertiary payer. Please do not include other insurance IDs.

+Alternate Payer: This column is only used to indicate patients that have Medicaid as either a secondary or tertiary payer and should not contain payers other than Medicaid.

Only Alternate Payer and Medicaid ID columns can have blank cells. All other columns should be filled out for each encounter.

Additionally, the document must be an Excel file (.xls or .xlsx) and should not be locked or restricted.

Please Note:
Please follow instructions that are included in the PEL template.
Please use the exact headings as pictured in the sample. A description of the headings can be found in the PEL instructions.
If the PEL is not in this format or is missing fields, the attestation will be set back to "Incomplete" status in order for corrections to be made.

For more information:
- CMS EHR website
- CHATTER EHR website
- HPE MAPIR login

Contact Information:
Call: 1-844-607-7455

Email: CTMedicaidEHR@uconn.edu