

Meaningful Use Public Health Reporting Requirements Task Force Guidance
MACRA Quality Payment Program (MIPS)/Meaningful Use/OPPS/IPPS: Four federal rules

| | Prior Final Rules for All Providers | | | New Rules for 2018 | |
|--|---|--|--|--|--|
| | | | | Current Final Rule | <i>Proposed (Comments Periods closes August 21, 2017)</i> |
| Federal rule | EHR Incentive Program/Stage 3 Meaningful Use | MACRA, Quality Payment Program (MIPS) (Medicare Eligible Clinicians) | OPPS Rule, Medicare Hospitals (and dual-eligible hospitals) | IPPS Proposed Rule for 2018 (Medicaid and Medicare Eligible Hospitals and Medicaid EPs) | QPP Proposed Rule for 2018 (Medicare Eligible Clinicians) Comment period closes August 21st |
| Eligible provider types | Medicaid clinicians and hospitals who bill either Medicare or Medicaid | Medicare part B clinicians | Hospitals that attest to Medicare EHR incentive program or both Medicaid and Medicare (dual-eligible) | Medicare and Medicaid EH and Medicaid EP | Medicare eligible clinicians |
| How rule impacts meaningful use public health reporting | No more required vs. optional public health reporting options but eligible providers must choose a set number (2 for EPs and 4 for EHs and CAHs) of measures from all that are available (from public health agency). Note: see OPPS rule column for note on number of measures for Medicare and dual-eligible hospitals. | Reduces the overall meaningful use reporting requirements including making all public health reporting optional. The options are the same as in meaningful use. All of the public health measures are yes/no vs. numerator/denominator. | Revises some MU requirements for hospitals only. Resets number of required public health options to report on at 3 for EH and CAH. | No more required vs. optional public health reporting options but eligible providers must choose a set number (2 for EPs and 3 for EHs and CAHs) of measures from all that are available (from public health agency). [Medicaid only EHs need to still meet 4 measures.] Note: see OPPS rule column for note on number of measures for Medicare and dual-eligible hospitals. | Revise requirements for Eligible Clinicians (previously referred to as Eligible Clinicians) |

Meaningful Use Public Health Reporting Requirements Task Force Guidance
MACRA Quality Payment Program (MIPS)/Meaningful Use/OPPS/IPPS: Four federal rules

| | | | | | |
|--|---|--|---|--|--|
| <p>What does this mean for public health agencies?</p> | <p>Electronic case reporting is a new option starting in 2018; specialized registries must have a balloted standard for Stage 3 reporting; 90-day reporting period in 2017.</p> | <p>Same active engagement status requirements as meaningful use (registration and communications); 90-day reporting period in 2017 and 2018.</p> | <p>Same active engagement status requirements as meaningful use (registration and communications); 90-day reporting period in 2017.</p> | <ul style="list-style-type: none"> • Electronic case reporting is a new option starting in 2018 • specialized registries must have a balloted standard for Stage 3 reporting; no standard acceptable during 2018 with option for 2014 edition CEHRT • 90-day reporting period in CY 2017. • In 2018, per the IPPS final Rule any continuous 90 day reporting period. • Same requirement for active engagement | <p>Same active engagement status requirements as meaningful use (registration and communications); 90-day reporting period in 2017 and 2018.</p> |
| <p>Public health reporting details</p> | <p>Pages: 62862-62889,62949-62954</p> | <p>Pages: 77219 -77238</p> | <p>Pages: 79836 - 79892</p> | <p>Refer to prior program policy.</p> <p>IPPS final rule incorporates by reference the requirements from Modified Stage 2 MU (if using 2014 CEHRT) and Stage 3 MU (if using a combination of 2014+2015 or 2015 CEHRT only).</p> | <p>Pages 173-174</p> |

Meaningful Use Public Health Reporting Requirements Task Force Guidance
MACRA Quality Payment Program (MIPS)/Meaningful Use/OPPS/IPPS: Four federal rules

| | | | | | |
|-------------------------------|---|--|--|---|--|
| <p>Public health measures</p> | <ul style="list-style-type: none"> • Immunizations • Electronic Laboratory Reporting • Syndromic Surveillance • Electronic Case Reporting • Public Health Registries (including cancer registry and other specialized registries) • Clinical Data Registries (non-public health registries) | <ul style="list-style-type: none"> • Immunizations (could earn the eligible clinician a 10% performance score, yes = 10%/ no = 0%) <p>In 2017, the following options could earn the eligible clinician a bonus score worth 5% (regardless of how many options below are chosen, yes = 5%/ no = 0%):</p> <p><i>But only if</i> (Immunization Information Systems) <i>IIS is done</i></p> <ul style="list-style-type: none"> • Public Health Registries (including cancer registry) • Syndromic Surveillance • Electronic Case Reporting (starting in 2018) • Clinical Data Registries (non-public health registries) | <ul style="list-style-type: none"> • Immunizations • Electronic Laboratory Reporting • Syndromic Surveillance • Public Health Registries (including any specialized registries) • Clinical Data Registries (non-public health registries) • Specialized Registries (2017 only) | <ul style="list-style-type: none"> • Immunizations • Electronic Laboratory Reporting • Syndromic Surveillance • Electronic Case Reporting • Public Health Registries • Clinical Data Registries | <ul style="list-style-type: none"> • Immunizations (could earn the eligible clinician a 10% performance score, yes = 10%/ no = 0%) • Allow a MIPS eligible clinician to not report on the Immunization Registry Reporting measure and potentially earn 5% each for reporting any of the Public Health and Clinical Data Registry Reporting measures as part of the performance score, up to 10%, and awarding an additional 5% bonus for reporting to an additional registry not reported under the performance score. <p>In 2017 AND 2018, the following options could earn the eligible clinician a bonus score worth 5% EACH UP TO TOTAL OF 15 INCLUDING ISS (regardless of how many options below are chosen, yes = 5%/ no = 0%): <i>But only if IIS is done or excluded</i></p> <ul style="list-style-type: none"> • Public Registries (including cancer registry) • Syndromic Surveillance • Electronic Case Reporting (starting in 2018) • Clinical Data Registries (non-public health registries) • Specialized Registries (2017 and 2018) |
|-------------------------------|---|--|--|---|--|

Meaningful Use Public Health Reporting Requirements Task Force Guidance
 MACRA Quality Payment Program (MIPS)/Meaningful Use/OPPS/IPPS: Four federal rules

| | | | | | |
|--|---|---|--|--|--|
| <p>Version of EHR software allowed</p> | <p>2015 ed CEHRT</p> <p>In 2017 only: 2014 Edition CEHRT or combination of 2014 and 2015 Edition CEHRT; beginning in 2018, providers must use 2015 Edition including for bi-directional immunizations reporting</p> | <p>2015 ed CEHRT</p> <p>For 2017-(NOTE not 2018): 2014 Edition CEHRT or combination of 2014 and 2015 Edition CEHRT, use of 2015 CEHRT is encouraged</p> | <p>2015 ed CEHRT</p> <p>In 2017 only: 2014 Edition CEHRT or combination of 2014 and 2015 Edition CEHRT; beginning in 2018, providers must use 2015 Edition including for bi-directional immunizations reporting.</p> | <p>2015 Edition CEHRT</p> <p>IPPS final rule notes that for CY2018, health care providers will have the option to attest to the Modified Stage 2 objectives and measures using 2014 Edition CEHRT, 2015 Edition CEHRT, or a combination of 2014 and 2015 Edition CEHRT, as long as the EHR technology they possess can support the objectives and measures to which they plan to attest.</p> <p>Similarly, health care providers will have the option to attest to the Stage 3 objectives and measures using 2015 Edition CEHRT or a combination of 2014 and 2015 Edition CEHRT, as long as their EHR technology can support the functionalities, objectives and measures for Stage 3. 2014 Edition CEHRT</p> <p>IPPS final rule incorporates by reference the public health measures from Modified Stage 2 MU and Stage 3 MU.</p> | <p>Proposed: 2015 ed CEHRT</p> <p>For 2017- 2018): 2014 Edition CEHRT or combination of 2014 and 2015 Edition CEHRT, use of 2015 CEHRT is encouraged</p> <p>Additional Bonus of 10% if all performance measures use 2015 ed CEHRT</p> |
|--|---|---|--|--|--|

Meaningful Use Public Health Reporting Requirements Task Force Guidance
MACRA Quality Payment Program (MIPS)/Meaningful Use/OPPS/IPPS: Four federal rules

| | | | | | |
|--|--|-----------------------|-----------------------|--|--|
| <p>Resources (need links and updated titles if needed)</p> | <p>CMS fact sheet ONC fact sheet</p> | <p>CMS fact sheet</p> | <p>CMS fact sheet</p> | <p><i>None – prior fact sheets still applicable</i></p> <p>For More Information:</p> <ul style="list-style-type: none"> • Final Rule • Fact Sheet <p>See the full text of this excerpted Press Release (issued August 2).</p> | |
|--|--|-----------------------|-----------------------|--|--|