MACRA Quality Payment Program (MIPS)/Meaningful Use/OPPS (Medicare Hospitals): Three federal rules

Federal rule	Stage 3 Meaningful Use https://www.federalregister.gov/documents/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications	MACRA, Quality Payment Program https://www.federalregister.gov/documents/2016/11/04/2016-25240/medicare-program-merit-based-incentive-payment-system-and-alternative-payment-model-incentive-under	OPPS Rule, Medicare Hospitals (and dual- eligible hospitals) https://www.federalregister.gov/documents/2016/11/14/2016-26515/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment
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)
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 (3 for EPs and 4 for EHs and CAHs) of measures from all that are available (from public health agency)	Reduces the overall meaningful use reporting requirements including making all public health reporting optional. The options are the same as in meaningful use with the exception of syndromic surveillance is available as one of the options for eligible clinicians under MACRA All of the public health measures are yes/no vs. numerator/denominator	Tries to align MU with MIPS requirements in the Advancing Care Information category – but for hospitals only. Reduces number of required public health options to report on from 4 to 3.
What does this mean for public health agencies?	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	Same active engagement status requirements as meaningful use (registration and communications); 90-day reporting period in 2017	Same active engagement status requirements as meaningful use (registration and communications); 90-day reporting period in 2017
Public health reporting details	Pages:	Pages: 77219 -77238	Pages: 79836 - 79582
Public health measures	• 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)	• Immunizations (could earn the EC 10% bonus score, yes = 10%/ no = 0%) The following options could earn the EC a bonus score worth 5% (regardless of how many options below are chosen, yes = 5%/ no = 0%): • Specialized Registries (including cancer registry) • Syndromic Surveillance	• Immunizations • Electronic Laboratory Reporting • Syndromic Surveillance • Public Health Registries (including any specialized registries) • Clinical Data Registries (non-public health registries)

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		• Electronic Case Reporting (starting in 2018) • Clinical Data Registries (non-public health registries)	
Version of EHR software allowed	2015 ed CEHRT https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base In 2017 only: 2014 ed CEHRT or combination of 2014 and 2015 ed CEHRT; providers must use 2015 ed CEHRT for immunizations reporting	2015 ed CEHRT https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base In 2017 only: 2014 ed CEHRT or combination of 2014 and 2015 ed CEHRT; providers must use 2015 ed CEHRT for immunizations reporting	2015 ed CEHRT https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base In 2017 only: 2014 ed CEHRT or combination of 2014 and 2015 ed CEHRT; providers must use 2015 ed CEHRT for immunizations reporting

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Additional key points on MACRA/MIPS and Meaningful Use

- Meaningful use has not gone away. For clinicians who bill Medicare Part B it has evolved into a new program under MIPS (Merit-Based Incentive Program System) – the Advancing Care Information category (ACI).
- For clinicians and hospitals who bill Medicaid, the meaningful use program stays as-is.
- The ACI category in MIPS focuses on measures related to using CEHRT including the public health objective/measures.
- The other three categories in MIPS include: cost, quality and improvement activities. Each of the four categories are given a percentage weight as part of an overall score.
- There are fewer measures under ACI than under meaningful use – the overall number was reduced and some were made optional. Eligible Clinicians (EC) only have five required measures now.
- Reporting on the five required measures earns the EC 50% (of the ACI score). Reporting on optional measures allows the EC to earn a higher score.
- The public health measures are all optional under the ACI category.
- Immunizations reporting is worth 10% toward the ACI performance score. The Immunization Registry Reporting Measure is defined as, "The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS)."
- Reporting to one or more public health or clinical data registry is worth a bonus score of 5% toward the ACI performance score.
- As in meaningful use, an Eligible Clinician can report/attest individually or as part of a group.
- Clinicians participating in *Advanced* APMs (Alternative Payment Models) are exempt from the MIPS reporting. Advanced APMs are different than APMs, though, and clinicians participating in APMs must still do full MIPS reporting. CMS plans to announce new types of eligible Advanced APMs in the next year or two, which will provide opportunities for more clinicians to choose that track vs. MIPS.
- Eligible Clinicians (for MIPS) include:
  - Physicians (MD/DO/DMD/DDS)
  - Physician assistants
  - Certified registered nurse anesthetists
  - Clinical nurse specialists
  - The eligible clinicians must bill more than $30,000 to Medicare (annually) and see more than 100 Medicare patients to be eligible to participate in either MIPS or an APM.