UNDERSTANDING THE VARYING MEANINGFUL USE REQUIREMENTS IN 2017 & 2018 – Updated November 2017

What's NEW? Taken together, there are three different sets of requirements involving MU. This is due to the passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which went into effect for Medicare physicians and clinicians starting in 2017, and separate Meaningful Use changes finalized for Medicare hospitals and Medicaid hospitals and providers. Since we first published this chart in October 2016, the policy landscape around Meaningful Use (MU) has shifted more. Notably, the Centers for Medicare and Medicaid Services (CMS) published in August 2017 their final Inpatient Prospective Payment System (IPPS) rule for policies in 2018. CMS also published a final rule for year 2 (2018) of the Quality Payment Program (QPP) for Medicare clinicians on November 2nd. The Advancing Care Information (ACI) performance category of the Medicare Incentive-based Program (MIPS) contains similar measures to those in the Meaningful Use program, though there are differences. Notably, under both Meaningful Use and the MIPS ACI category, Stage 3 and the use of 2015 Edition CEHRT is not required for use until 2019 for any providers. The different sets of program requirements are briefly described below. These are followed by the specific requirements that must be met in the below table. Under MIPS eligible clinicians can receive an additional 10 bonus points for using the 2015 Edition CERHT (does not apply for meeting transition measures though). NOTE: There continues to be a two-year lag between the reporting year and payment years under both Meaningful Use and MIPS. For the purpose of this document we focus on the reporting year requirements.

- **Medicare physicians and clinicians:** The Advancing Care Information (ACI) piece of MIPS replaces MU. The reporting period is 90 days for 2017 and 2018 for ACI under MIPS.
  - **NEW:** In the proposed QPP rule for 2018, CMS has proposed to allow Medicare clinicians to continue meeting "Transition" measures (comparable to Modified Stage 2) and continue using 2014 Edition CEHRT throughout 2018. This is just a proposal; the final rule is not expected until this fall. We anticipate CMS will finalize these changes.
- **Medicare hospitals:** In late 2016, CMS finalized policies that lowered the number of requirements and thresholds and shortened the reporting period. The reporting period for 2017 is 90 days. These changes are outlined in the hospital outpatient prospective payment (OPPS) final rule for 2017. Dual-eligible hospitals attesting to CMS via such systems as the Hospital Inpatient Quality Reporting Program reporting portal will attest based on the changes that are effective with the final Outpatient Prospective Payment System rule. State Medicaid agencies will be able to rely on these Medicare attestations to determine whether these hospitals qualify for incentive payments under the Medicaid EHR Incentive Program.
  - **NEW:** In the final IPPS rule for 2018, CMS has offered Medicare hospitals and critical access hospitals (CAHs) the option to continue meeting Modified Stage 2-like measures and the continued use of 2014 Edition CEHRT in 2018. Meeting Stage 3 and use of 2015 Edition CERHT is not mandatory until 2019. The reporting period for 2018 is also 90 days.
- **Medicaid providers:** Providers not impacted by MIPS (i.e. Medicaid clinicians and certain Medicaid hospitals) will continue with the original Meaningful Use requirements (original Modified Stage 2 and Stage 3 rules). The reporting period is 90 days in 2017. Medicaid hospitals and CAHs that attest to a State's Medicaid EHR Incentive will continue to have to abide by the original Meaningful Use thresholds and requirements, which in many cases are higher than those for Medicare providers.
  - **NEW:** In the final IPPS rule for 2018, CMS says Medicaid providers will also be allowed to continue using Modified Stage 2 measures and using 2014 Edition CEHRT in 2018 and will not have to meet Stage 3 or use of 2015 Edition CEHRT until 2019. However, CMS has not proposed lowering any measure thresholds for Medicaid providers. The thresholds for Medicaid providers still remains the highest among all three sets of requirements. The reporting period for 2018 is now 90 days.

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
Protect Patient Information	Security risk analysis: Required	Security risk analysis: Required	Security risk analysis: Required	Security risk analysis: Required	Security risk analysis: Required Base score only	Security risk analysis: Required Base score only	UNCHANGED Security risk analysis: Required Base score only	UNCHANGED Security risk analysis: Required Base score only
eRx	EP: >50% EH: >10%	EP: >60% EH: >25%	>10%	>25%	Required Base score only	Required Base score only	CHANGED	CHANGED

[1] NOTE about exclusions finalized in QPP: For 2017 and 2018 they apply only to the base measures. Also, groups may apply for them. If a MIPS Eligible Clinician qualifies for an exclusion to exclude a measure the data can be excluded from the calculation of that particular measure only.

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
					At least one script is queried for a drug formulary and transmitted electronically using CEHRT.	At least one script, is queried for a drug formulary and transmitted electronically using CEHRT.	Required Base score only **NEW: Exclusion Retroactive to 2017:** Any clinician who writes fewer than 100 permissible prescriptions during the performance period.	Required Base score only **NEW:** Any clinician who writes fewer than 100 permissible prescriptions during the performance period.
CDS	1. 5 CDS 2. Enabled drug/drug & drug/allergy	1. 5 CDS related to 4 or more CQMs 2. Enabled drug/drug & drug/allergy	Not required	Not required	Not required	Not required	Not required	Not required

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
CPOE	1. >60% meds 2. >30% lab 3. >30% rad. orders	1. >60% meds 2. >60% lab 3. >60% diag. images	Not required	Not required	Not required.	Not required	UNCHANGED Not required	UNCHANGED Not required
Patient Electronic	1. >50% patients have timely access to VD &T	1. Patients have timely access to VD&T and info available	1. >50% of patients have timely access	1. >50% of patients have timely access to VD&T and	For at least one patient:	For at least one patient:	Minor CHANGE[2] For at least one patient:	CHANGED For at least one patient:

[2] Effective with the 2017 performance period CMS removes the word "electronic" from the description of the objective which previously read, "The MIPS eligible clinician provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education."

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
Access to Health Information	their info; AND 2. >5% patient use VD OR T	using app of choice using API: >80% 2. Identify and use resources via CEHRT for patients: >35%	to VD&T their info; AND 2. At least one patient VD OR T's their info	info available using app of patient's choice using API 2. Identify and use resources via CEHRT for patients for >10% discharged patients	1. Timely access to info via VD&T - Required for Base score; - Counts up to 20% of Performance score; AND 2. Patient uses VD or T - Not required for Base score; - Up to 10% for Performance score	1. Access to info via VD&T and available for access thru app of their choice via API - Required for Base score; - Counts up to 10% of Performance score; AND 2. Identify and use resources via CEHRT.	1. Timely access to info via VD&T - Required for Base score; - Counts up to 20% of Performance score; AND 2. Patient uses VD or T - Not required for Base score; - Up to 10% for Performance score	1. Timely access to info via VD&T and available for access thru app of their choice via API - Required for Base score; - Counts up to 10% of Performance score; AND 2. Identify and use resources via CEHRT.

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
						- Not required under Base score; - Up to 10% for Performance score		- Not required under Base score; - Up to 10% for Performance score **NEW for 2018:** Timely = within 4 business days of info being available to clinician
Coordination of Care through	N/A	1. Patients VD OR T their info; OR Access their	N/A	1. At least one patient VD OR T their information;	N/A	Not required for Base score. Only	N/A	Minor CHANGE[3] Not required for Base score. Only

[3] CMS made a minor technical correction to apply starting in 2017 that amends language that calls for the clinician to use the API to access a patient's information rather than the patient.

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
Patient Engagement		info app of their choice via API; OR Combo of both; - 2017: >5% - 2018: >10% 2. Send or receive secure message to patients; - 2017: >5%		2. Secure messaging: >5% 3. Patient generated health data: >5%		counts for Performance score. Each measure counts up to 10% of Performance score. For at least one patient: 1. Patient VD OR T their info; access their info via API using app of their choice; or does combo of both; 2. Sends or receives secure		counts for Performance score. Each measure counts up to 10% of Performance score. For at least one patient: 1. Patient VD OR T their info; or accesses their info via API using app of their choice; or does combo of both;

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
		- 2018: >25% 3. Incorporate PGD from non-clinical setting for patients - 2017 & 2018: >5% NOTE: Providers must attest to the numerators and denominators of all three				message from patient; 3. PGD sent from non-clinical setting incorporated into CEHRT.		2. Sends or receives secure message from patient; 3. PGD sent from non-clinical setting incorporated into CEHRT.

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
		measures, but must only meet the thresholds for two of three measures.						
Health Information Exchange (HIE)	1. Use CEHRT to create SoC AND 2. SoC sent to receiving	1. For >50% of ToC / referrals create &	Create SoC and send electronically for >10% of patients.	1. Send SoC: >10% 2. Request / accept SoC : >10%	Required for Base score. Counts up to 20% of Performance score.	Required for Base score. Each measure counts up to 10% under Performance score.	CHANGED[4] Required for Base score. Counts up to	CHANGED[5] Required for Base score. Each measure counts up to 10%

[4] CMS made a technical correction to correct what they erroneously referred to earlier in the objective finalized last year as "health care clinician" to state "health care provider." Applies starting 2017. Also made similar change in the denominator description, as well as, replacing term "EP" with "MIPS Eligible Clinician."

[5] CMS made a technical correction effective starting 2017 to correct what they erroneously referred to earlier in the objective finalized last year as "health care clinician" to state "health care provider." They also propose to make a similar change in the terminology in the Send a Summary of Care Measure

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
	provider for >10% patients.	exchange SoC; 2. Incorporate SoC for >40% patients received; 3. Perform med., allergy & problem list reconciliation for >80% received patients		3. Clinical information reconciliation (med., allergy & problem list): >50%	Create SoC AND transmit SoC for at least one transition or referral.	For at least one transition / referral: 1. Use CEHRT to create a SoC & electronically exchange it 2. Receives or retrieves and incorporates SoC into the patient's record; 3. Perform info reconciliation for meds, allergy & problem list.	20% of Performance score. Create SoC AND transmit SoC for at least one transition or referral. **NEW: Exclusion Retroactive to 2017:** Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100	under Performance score. For at least one ToC or referral: 1. Use CEHRT to create a SoC & electronically exchange it 2. Receives or retrieves and incorporates SoC into the patient's record; 3. Perform info reconciliation for meds,

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
		NOTE: Providers must attest to the numerators and denominators of all three measures, but must only meet the thresholds for two of three measures.					times during the performance period.	allergy & problem list. **NEW: Exclusion 1 for sending SoC, CMS:** Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period; **Exclusion 2 for requesting /**

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
								accepting SoC: Any clinician who receives ToC or referrals or has patient encounters in which MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period.
Patient - Specific Education	Patient-specific resources via CEHRT provided to >10% patients	See Patient Electronic Access	Patient-specific resources via CEHRT provided to >10% patients	See Patient Electronic Access	Only counts for up to 10% of Performance score.	See Patient Electronic Access	Only counts for up to 10% of Performance score.	

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
					Use CEHRT to identify & provide patient resources to at least one patient.		Use CEHRT to identify & provide patient resources to at least one patient.	
Medication Reconciliation	Perform med rec for >50% of ToC	See HIE	Perform medication reconciliation for >50%	See HIE	Only counts for up to 10% of Performance score. Perform medication reconciliation for at least one patient's ToC.	See HIE	CHANGED Only counts for up to 10% of Performance score. Perform medication reconciliation for at least one patient's ToC.	See HIE

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
							NEW Retroactive to 2017: CMS has changed the numerator by removing medication list, medication allergy list, and current problem list.	
Secure Electronic Messaging	EP: 5% a secure message sent or received EH: N/A	See Coordination of Care	N/A	See Coordination of Care	Only counts for up to 10% of Performance score. A secure message was sent to at least one patient or in response to a	See Coordination of Care	Only counts for up to 10% of Performance score. A secure message was sent to at least one patient or in response to a	See Coordination of Care

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
					patient message received.		patient message received.	
Public Health	EPs: Meet 2 EHs: Meet 3 • Immunization Registry reporting • Syndromic Surveillance reporting • Specialized registry reporting Lab result reporting	EPs: Meet 2 measures from 1-5 EHs: Meet 4 from 1-6 1. Immunization Registry Reporting 2. Syndromic Surveillance Reporting	Public Health Reporting to 3 Registries. 1. Immunization Reporting; 2. Syndromic Surveillance Reporting; 3. Specialized Registry Reporting; 4. Electronic Reportable	Report to 3 Registries or claim exclusions. 1. Immunization Registry 2. Syndromic Surveillance Reporting; 3. Case Reporting; 4. Public Health Registry Reporting;	Immunization Registry Reporting: 0%-10% 5% extra points for reporting 1+ public health / registries beyond immunization including: • Syndromic Surveillance Reporting;	Immunization Registry Reporting: 0%-10% 5% extra points for reporting 1+ public health / registries beyond immunization including: • Syndromic Surveillance Reporting:	CHANGED Immunization Registry Reporting: 0%-10% **NEW:** Get 10 percentage points for reporting to any single public health agency or clinical data registry to meet any of the measures associated	CHANGED Immunization registry reporting: 0%-10% **NEW:** Get 10 percentage points for reporting to any single public health agency or clinical data registry to meet any of the measures

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇓	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
		3. Electronic Case Reporting 4. Public Health Registry Reporting 5. Clinical Data Registry Reporting: Electronic Reportable Laboratory Result Reporting	Laboratory Result Reporting	5. Clinical Data Registry Reporting; 6. Electronic Reportable Laboratory Result Reporting.	• Specialized Registry Reporting. For up to additional 15% bonus report: • Report to 1+ additional public health and clinical data	• Electronic Case Reporting; • Public Health Registry Reporting; • Clinical Data Registry Reporting: Bonus For up to additional 15% bonus report: • Report to 1+ additional public health and clinical data	with Public Health and Clinical Data Registry Reporting Objective regardless of whether an immunization registry is available to the clinician.	associated with Public Health and Clinical Data Registry Reporting Objective regardless of whether an immunization registry is available to the clinician.

	Meaningful Use Measures				QPP Rule Finalized in 2017		QPP Final Changes for 2018 in QPP reg for Year 2[1]	
	Modified Stage 2 **2017 and 2018**	**Stage 3** **2018 (optional) & 2019**	**Modified Stage 2** **2017 & 2018**	**Stage 3** **2019 (voluntary for 2018)**	**MIPS ACI Transition Measures** **2017 ONLY**	**MIPS ACI Stage 3-like measures** **2018 (optional for 2017)**	**MIPS ACI in 2018** **2nd year at transition measures**	**MIPS ACI in 2018 and 2019** **Optional for 2018; required 2019**
Applies to: ⟹ **Reporting Period:** ⟹ **Objectives:** ⇩	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 90 days	*Medicaid EPs and EHs and CAHs attesting under state Medicaid MU* 2017: 90 days 2018: Full year	*Medicare EHs and CAHs* 90 days	*Medicare EHs and CAHs* 2017: 90 days. 2018: Full year.	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days	*MIPS eligible clinicians* 90 days
					registries beyond the Immunization Registry Reporting measure: 5%; • Report improvement activities using CEHRT: 10%	registries beyond the Immunization Registry Reporting measure: 5%; • Report improvement activities using CEHRT: 10%.		

Eligibility Definitions

MIPS Eligible clinicians: For years 1 and 2 (2017-8) it includes physicians, physician assistants, nurse practitioners, clinician nurse specialists, and certified registered nurse anesthetists.

Medicare Eligible Professionals under Meaningful Use: A physician, dentist, certified nurse mid-wife, nurse practitioner, and physician assistants who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.

Medicaid Eligible Professionals under Meaningful Use: Physicians (primarily doctors of medicine and doctors of osteopathy), nurse practitioners, certified nurse-midwifes, dentists, physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.

Medicare Eligible hospitals under Meaningful Use: "Subsection (d) hospitals" in the 50 states or DC that are paid under the Inpatient Prospective Payment System (IPPS), Critical Access Hospitals (CAHs), Medicare Advantage (MA-Affiliated) Hospitals

Medicare Eligible hospitals under Meaningful Use: Acute care hospitals (including CAHs and cancer hospitals) with at least 10% Medicaid patient volume and children's hospitals (no Medicaid patient volume requirements)

Important Links

- Modified Stage 2 / Stage 3 Final Rule can be found here.
- OPPS final rule for 2017 can be found here.
- QPP final rule for 2017 can be found here.
- QPP final rule for 2018 can be found here.
- IPPS final rule for 2018 can be found here.