

ACR's Pocket Guide to Meaningful Use in 2014

The following provides basic information for radiologists interested in learning about the Medicare [EHR Incentive Program](#) for physicians in 2014. For details, readers are encouraged to review the linked external resources. This is for educational purposes only and should not be used as guidance or a legal document.

Eligibility and Registration

Radiologists are eligible for the program if they provide less than 90% of their Medicare physician fee schedule-compensated professional services in inpatient and/or emergency room settings. Services paid under a global fee are not currently used in this calculation. The Centers for Medicare and Medicaid Services (CMS) automatically calculates eligibility during [online registration](#).

Certified EHR Technology

Radiologists must have access to certified EHR technology (CEHRT) to participate in the program. CEHRT can be a single 2014 Edition certified product, or a combination of 2014 Edition certified products. To be CEHRT, the product or combination must cover the Office of the National Coordinator for HIT's (ONC) [base EHR](#) definition, plus any additional ONC certification criteria that correspond with CMS' [Stage 1](#) or [Stage 2](#) objectives/measures the radiologist must meet (note: the two linked documents show CMS objectives mapped to ONC certification criteria).

CEHRT does not have to be owned by physicians to be meaningfully used, but [other considerations](#) (e.g., self-referral/anti-kickback rules) should be reviewed for applicability.

To verify that a product or combination of products is CEHRT, radiologists must use the shopping cart-like functionality on the "2014 Edition" section of ONC's [Certified Health IT Product List \(CHPL\)](#) website to generate an "EHR certification ID." This ID number will also be needed later during the attestation process.

EHR Reporting Period

CEHRT must be meaningfully used for the duration of the EHR reporting period. For radiologists whose first year of participation is 2014, the EHR reporting period can be any consecutive 90 days within the calendar year (CY) to obtain incentive payments. However, first year participants must begin by July 1 and complete attestation by October 1 to also avoid penalties in 2015.

For prior participants, the EHR reporting period in 2014 can be any quarter of the year (i.e., January 1 through March 31, April 1 through June 30, July 1 through September 30, or October 1 through December 31).

Meaningful Use (MU)

To be meaningful EHR users, radiologists need to: 1) have CEHRT “equipped” (i.e., installed, accessed remotely, or brought in on a mobile device) in a location or combination of locations in which they have at least 50% of their outpatient encounters; 2) report [clinical quality measures](#) via one of the [reporting options](#); and, 3) satisfy the exclusions or measures of Stage-specific objectives (below).

Stage 1 Objectives

Radiologists in Stage 1 in 2014 (i.e., those who have 0 or 1 years of program participation under their belts) need to complete 13 core objectives and 5 of 9 menu objectives.

Core

CPOE	Active meds allergy list	View, download, transmit – measure 1 only
Drug-drug/drug-allergy interaction checks	Demographics	Clinical summaries
Problem list	Vital signs	Protect electronic health information
eRx	Smoking status	
Active meds list	Clinical decision support	

Menu

Drug-formulary checks	Patient reminders	Summary care record
Lab results	Patient education	Immunization registries/systems
Patient lists	Meds reconciliation	Syndromic surveillance data

Stage 2 Objectives

Radiologists moving up to Stage 2 in 2014 (i.e., those who began the program in 2011 or 2012) need to complete 17 core objectives and 3 of 6 menu objectives in 2014.

Core

CPOE	Patient view, download, transmit	Patient education
eRx	Clinical summaries	Meds reconciliation
Demographics	Protect electronic health information	Summary care record
Vital signs	Lab results	Immunization registries/systems
Smoking status	Patient lists	Secure messaging
Clinical decision support	Patient reminders	

Menu

Syndromic surveillance data	Imaging results	Cancer registries
Electronic notes	Family history	Specialized registries

Physicians are not required to personally enter data to satisfy any of the objectives/measures.

For measures that use the denominator of “unique patients seen by” the eligible professional, radiologists are [able to define what it means](#) to “see patients” as long as any face-to-face encounters and telemedicine encounters are included, the policy is consistent throughout the EHR reporting period and across all such measures, and the policy does not result in a zero denominator for those measures.

Note that the MU concept of “office visits” is unrelated to the aforementioned “seen by” concept, and many diagnostic radiologists may determine they do not have any office visits (please see the “Clinical Summaries: Determining Office Visits” section on page two of the [MU for Specialists Tipsheet](#)).

Attestation and Reporting

Following the EHR reporting period, radiologists (or their representatives) must complete the [online attestation process](#). Attestation involves logging into CMS’ [website](#) and entering various identification information and participation data.

Radiologists must also report [clinical quality measures](#) via one of the acceptable [reporting options](#). Unlike the Stage-specific objectives/measures, reported clinical quality measures can have zero denominators if calculated by CEHRT.

Documentation for Audits

Radiologists who successfully attest must keep a record proving MU compliance for six years. These records should include the attestation receipt from CMS, EHR certification ID, MU objective/measure and CQM calculations, information on objective exclusions, the “seen by” definition (if used), non-percentage-based measure satisfaction documentation per [CMS audit guidance](#) (see pages 3-5), and anything else that explains decisions and proves compliance with all requirements of the program.

Avoiding 2015 Penalties

To avoid [payment reductions](#) for noncompliance that begin in 2015, eligible radiologists must either participate on time, or obtain one of the temporary “significant hardship exception” options (see ACR’s [blog](#) for details).

Recommended Reading

The following online resources are provided by the federal government:

- [HealthIT.gov](#)
- [CMS’ MU for Specialists Tipsheet](#)
- [CMS’ EHR Incentive Program homepage](#)
- [CMS’ Attestation Guide](#)
- [Regional Extension Center \(REC\) program](#)
- [Certified Health IT Product List \(CHPL\)](#)

ACR Staff Contact

Michael Peters
Director, Regulatory and Legislative Affairs
American College of Radiology
(202) 223-1670 | mpeters@acr.org
acr.org | radiologyandhealthit.com