

Meaningful Use for Radiology

Frequently Asked Questions

What is “Meaningful Use”?

“Meaningful Use” is broad terminology that refers to a government-sponsored initiative that has been designed to encourage providers to use healthcare IT solutions to improve the quality of care while lowering costs. The initiative rewards providers who use a certified electronic health record (EHR) solution in a *meaningful way*.

How does this relate to ARRA or “the stimulus”?

The HITECH provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), also known as the “economic stimulus plan,” define the specific legislative action that provides significant financial incentives to assist providers in the purchase, implementation and meaningful use of a certified electronic health records (EHR) system.

Who is eligible to receive stimulus dollars under ARRA/HITECH?

The ARRA outlines two separate EHR incentive programs— a Medicare program and a Medicaid program. Each has its own set of eligibility requirements and eligible professionals (EPs) may only participate in one. In each case, EHR incentive payments will be available for EPs that demonstrate meaningful use of an EHR.

The Medicaid program provides for up to \$63,750 in incentives per EP that meets Meaningful Use criteria. EPs in the Medicaid program must be physicians, nurse practitioners, certified nurse-midwives, dentists or physician assistants that meet one of the following criteria:

- Practicing at predominantly in a federally qualified health centers or rural health center and have a minimum of 30 percent patient volume attributable to needy individuals
- Have more than 30 percent of patients paying with Medicaid (more than 20 percent for pediatricians) for 90 continuous days in the year prior to eligibility

The Medicare program provides for up to \$44,000 in incentives per EP that meets Meaningful Use criteria and accepts Medicare payments. EPs in the Medicare program must be doctors of medicine, osteopathy, dental surgery, dental medicine, podiatry, optometry or chiropractors.

Hospital-based EPs are not eligible for incentive payments. An EP is considered hospital based if 90 percent or more of his or her services are performed in a hospital inpatient or emergency room setting.

According to *Diagnostic Imaging*, 90% of radiologists qualify as eligible providers for Meaningful Use. However, the determination of eligibility can be somewhat complicated. We encourage all radiologists to assess eligibility through online tools such as www.radmu.org.

How many times can I qualify for Meaningful Use?

Each EP is only eligible for one incentive payment per year, regardless of how many practices or location at which he or she provides services.

What are the requirements for “Meaningful Use”?

Meaningful use is a central concept under ARRA/HITECH. Purchasing an EHR does not, on its own, qualify a provider to receive stimulus dollars. A provider must actually make “meaningful use” of this technology.

There are three fundamental requirements for meaningful use:

- Connect certified EHR technology in a manner that provides for the electronic exchange of health information to improve the quality of care
 - Use certified EHR technology in a meaningful manner
 - Submit to CMS information on clinical quality measures and other measures
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What is “certified EHR technology”?

The government has defined a set of core functionality that must be present in healthcare IT applications in order to be considered compliant. If an EHR has that set of functionality, it can be validated by a certified testing group that can give EHR solutions the “stamp of approval” for certification.

What Merge products “certified” for Meaningful Use?

Merge OrthoEMR™4.0 and Merge RIS™7.0 are certified through the Drummond Group, an Office of the National Coordinator Authorized Testing and Certification Body (ONC-ATCB). In the future, we will analyze products in lab, cardiology and perioperative space for Meaningful Use.

How does Meaningful Use affect current Merge radiology customers?

Customers will need to upgrade to Merge RIS 7.0 with the Meaningful Use module in order to gain full benefits. The Merge RIS 7.0 Meaningful Use module integrates the Meaningful Use requirements into radiology workflow. Physicians can earn extra reimbursement, without jeopardizing their current workflow and efficiencies.

What is changing in Merge RIS to make it a certified EHR?

- Core Meaningful Use functionality – we are enhancing the Merge RIS to capture all of the relevant information and enhance current functionality to meet the guidelines of Meaningful Use. Much of this is extending patient data collection fields to include Meaningful Use required data.
 - ePrescribing – We are developing a Merge eRx module, which allows physicians access to pertinent patient information such as previous prescribed medications.
 - Reporting – Physicians can automatically trend clinical data and report on patient Meaningful Use measures easily and efficiently. This functionality will be built into the Merge Dashboards product.
 - Patient portal – Physicians can now empower patients to access their records at their convenience.
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What technology is being used as the foundation for Merge RIS 7.0?

As we evaluated the path to Meaningful Use that offered the most value and least risk, we saw a critical need to ensure the underlying technology platform was modern and extensible. After a thorough review of architecture, data structure and technology components, we determined that the AMICAS RIS platform represents the best platform to market, help our clients run their businesses most effectively and achieve Meaningful Use.

What is so great about the new platform?

Merge RIS 7.0 offers the fastest path to help our customers qualify for stimulus funding. We're building off a solid technology base that includes some really great features and benefits, including:

- Outstanding core RIS functionality to drive revenue and results – including best-in-class charge capture, patient flow monitoring, mammography tracking, and the ability to fax and e-mail results to referring physicians
 - The industry's only comprehensive end-to-end suite of radiology software solutions — when tightly integrated with Merge PACS, Merge Financials, Merge Dashboards, Merge Documents, and Merge iConnect Kiosk
 - World-class scheduling capabilities— including “drag-and-drop”, multi-resource, bundled procedure exam, and scheduling by patient or exam type. This offers excellent staff productivity and asset utilization.
 - Native HL7 integration capabilities to ensure seamless integration with other applications — such as reporting — to provide the best overall workflow
 - As a 100 percent Web-based solution, Merge RIS requires absolutely no client installation, making deployment and support very easy
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What does this mean for Fusion RIS customers?

First and foremost, we are not announcing end-of-life for Merge Fusion RIS. We hope that Fusion RIS customers will be excited about the benefits of the new Merge RIS platform and join us in capitalizing on the Meaningful Use opportunity for radiology. If a customer is under a current maintenance agreement, they can move to a Web-based technology platform that offers interventional scheduling, custom workflow capabilities, and deep integration with revenue cycle management solutions. The licenses for this core RIS capability are included in the maintenance agreement at no additional cost. However, there will be professional services costs associated with this upgrade, as is our practice for any upgrade involving our staff time, after hours work and on-site work.

Moving to Merge RIS 7.0 means Fusion customers will also be able license our meaningful use module for radiology – if you upgrade by mid 2012, you should be able to qualify for \$44k per eligible provider through the EHR Incentive Program.

Are you still doing development on Fusion RIS?

We will develop maintenance releases for critical bug fixes. Our net new feature development will focus on the Merge RIS 7.0 platform.

What is required to upgrade?

We would welcome the opportunity to analyze each customer's current Fusion RIS installation to map out the cleanest upgrade path. This will likely vary by customer and should be done thoughtfully prior to quoting any upgrade. We believe that coordinating the upgrade around each customer's meaningful use plans and any hardware investments provides the optimal timing. In general, we'll need to map out current Fusion RIS configuration settings and support tables, arrange data migrations, and conduct training. We are developing tools to automate as much of the data conversion as possible – our goal is to deliver each Fusion customer a net improved solution that can be used to manage and grow their business while minimizing disruptions to their practice.

How much will the upgrade cost?

The core software licenses are included for any customer on a current maintenance agreement. Our meaningful use module will be licensed on a separate basis at \$5k per eligible physician plus professional services. Our analysis of the current install will allow us to scope the integration and training services work required.

How do I use EHR technology in a meaningful manner?

There are a total of 25 Meaningful Use objectives. To qualify for an incentive payment, 20 of these 25 objectives must be met. Of the 25 objectives, 15 are required core objectives and the remaining five objectives may be chosen from a list of 10 menu objectives.

Radiologists are not intuitive users of some of the objectives, and would have no ability to report results. Therefore, there are exemptions allowed for some of these. For example, a radiologist who writes less than 100 prescriptions a year would be exempt from the ePrescribing objective. It is important for each radiologist to understand how he/she will meet each objective. The complete list can be found at <https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>.

How do I submit my information to CMS?

Starting April 18, 2011, data must be submitted through the attestation system on the CMS web site at <https://ehrincentives.cms.gov>. The system requires EPs to complete sections on these topics:

- Meaningful Use Core Measures
- Meaningful Use Menu Measures
- Core Clinical Quality Measures
- Alternate Core Clinical Quality Measures (only required if any core CQM has a denominator of zero)
- Additional Clinical Quality Measures

When will the EHR stimulus funding actually come to eligible professionals, and in what form?

A consolidated incentive payment will be made on a rolling basis, as soon as CMS ascertains that a provider has demonstrated Meaningful Use for the applicable reporting period. The reporting periods are 90 days for the first year and a calendar year for subsequent years. The following diagram illustrates how payments will be distributed based on the first year of qualification.

		<i>First Year of Qualification</i>				
		CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
Payments	CY 2011	\$18,000				
	CY 2012	\$12,000	\$18,000			
	CY 2013	\$8,000	\$12,000	\$15,000		
	CY 2014	\$4,000	\$8,000	\$12,000	\$12,000	
	CY 2015	\$2,000	\$4,000	\$8,000	\$8,000	
	CY 2016		\$2,000	\$4,000	\$4,000	
	TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0

Where can I find out more information about Meaningful Use?

The Centers for Medicare and Medicaid Services Web site at <http://www.cms.gov/EHRIncentivePrograms/> provides complete information on registration, attestation and more, while <http://www.radiologymu.org> provides information specifically for radiologists, including tools, an eligibility analyzer, advocacy efforts and more.

What happens if I choose not to participate?

While participation in Meaningful Use is not required by law, late adopters or non-adopters will lose thousands of dollars in incentives and, in 2015 or later, will see Medicare payment reductions of up to 5 percent. For ePrescribing, providers who do not participate may be subject to a 1 percent decrease in Medicare reimbursements for 2012.