Frequently Asked Questions
About Cancer Reporting for Meaningful Use

What is Meaningful Use?
Meaningful Use is a program offered by the Centers for Medicare and Medicaid Services (CMS) that provides incentives to eligible hospitals and professionals who demonstrate meaningful use of Certified Electronic Health Record Technology (CEHRT). More information can be found here: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms.

Where can I find Clinical Document Architecture (CDA) specifications for cancer reporting?

What is an Eligible Professional?
An Eligible Professional (EP) is a term defined by CMS for individual practitioners who qualify for the Meaningful Use incentive program. The criteria are published on the CMS website, link below. The UCR reporting requirements apply to private physicians who diagnosis and/or treat cancer patients. Private physicians may qualify as an Eligible Professional, but this is determined by CMS and not UCR. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms.

Can I begin cancer reporting for 2015-2017 if I have not successfully achieved MU1?

How do I register intent to submit cancer data for MU?
Visit the Utah Department of Health’s website at http://health.utah.gov/meaningfuluse/ and complete the registration form.

How does MU registration apply to individual physicians not a part of a group practice?
If you are an individual physician who is not coordinating MU reporting with a larger group practice, you will need to register through the Utah Department of Health website and indicate that you are the primary contact for whom all MU2 cancer registry communications should be directed. You will not be required to enter a group National Provider Identifier (NPI) number, but you will be required
to enter your individual NPI number as assigned from the National Plan & Provider Enumeration System (NPPES).

How does MU registration apply to group practices?

For physicians who belong to a single group practice, under which all MU2 activities are coordinated, it is recommended that a single person from the practice serve as the primary MU2 administrator and contact representative. This administrator will register all EPs under the practice name in a single registration session and will provide a single group NPI during the registration process. If your practice has more than one group NPI, please enter just one group NPI during registration.

What if I am a hospital-based physician and I want to report my cases via CDA messages?

CMS publishes strict guidelines on the MU incentive qualifications for physicians who practice in a hospital setting. While you may not qualify for CMS incentives under MU EP guidelines, the UCR will still accept CDA messages from any private physician who elects to report using this method. Please note that if you are a hospital-based physician who diagnosis and/or treats cancer patients, the hospital facility is already reporting these cases to the cancer registry.

If multiple eligible professionals (EPs) are using the same certified EHR technology across several physical locations, can a single test or onboarding effort serve to meet the measures of these objectives?

Yes. Providers that are registered under the same practice/organization from which the same EHR technology is shared can conduct on test that covers all providers registered. For example, if a large group of EPs with multiple physical locations use the same EHR technology and those locations are connected using a network that the group has either operational control of or license to use, then a single test would cover all EPs in that group.

What are the reporting periods for an EP to begin the onboarding and reporting process?