

Centers for Medicare & Medicaid Services

Vermont Information Technology Leaders

Electronic Prescribing (eRx) Incentive Program

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eRx

How to Get Started

eRx Incentive Program



eRx

- 1% incentive payment
- Reporting mechanisms: Claims, Qualified* registry, Qualified* EHR
- Reporting period: January 1-December 31, 2011
- No need to register for eRx Incentive Program
- For successful reporting under the 2011 eRx Incentive Program, a single quality-data code (G8553) should be reported for denominator eligible visits

eRx

Participating in eRx

Steps to follow to determine eligibility and reporting the eRx measure

Additional information is available on the How to Get Started section of the eRx page on the CMS website at <http://www.cms.gov/ERxIncentive/>

eRx

Determining Participation: Step 1

Determine whether or not you are eligible to participate in the program. A list of professionals who are eligible and able to receive an incentive for participating in the eRx Incentive Program is available on the CMS eRx website at:

<http://www.cms.gov/ERxIncentive>

eRx

Determining Participation: Step 2

Review the *2011 eRx Measure Specification*, which is available as a download in the *E-Prescribing Measure* section of the *CMS eRx website*, to determine if this measure applies to your practice

eRx

- **Determining Participation: Step 3**
 - Determine if your practice has the resources needed to participate:
 - Do you have a “qualified” eRx system/program that is being used routinely?

eRx

- Generates a complete active medication list incorporating electronic data received from applicable pharmacies and pharmacy benefit managers (PBMs), if available
- Selects medications, prints prescriptions, electronically transmits prescriptions, and conducts all alerts
- Provides information related to lower-cost, therapeutically appropriate alternatives, if any (the availability of an eRx system to receive tiered formulary information would meet this requirement for 2011)
- Provides information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan, if available

eRx

- **Determining Participation: Step 3 (cont.)**
- Do you expect your Medicare Part B PFS charges for the codes in the denominator of the measure (listed below) to make up at least 10% of your total Medicare Part B PFS allowed charges for 2011*? Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) G-codes:
 - 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90862, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0109

- *This will not preclude you from participating but would preclude you from receiving an incentive

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Reporting eRx

Once you have decided to participate in the 2011 eRx Incentive Program, follow these steps when reporting the measure

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Reporting eRx: Step 1

You must bill one of the CPT or HCPCS G-codes listed in the measure for the patient you are seeing

eRx

Reporting eRx: Step 2

If appropriate, report the following G-code (or numerator code) on the claim form that is submitted for the Medicare patient visit:
G8553 -At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system.

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Reporting eRx: Step 3

A “successful electronic prescriber”, eligible to receive an incentive payment, must generate and report one or more electronic prescriptions associated with a patient visit. A minimum of 25 unique visits per year is required.

Reporting Step 3

Each visit must be accompanied by the eRx G-code attesting that during the patient visit at least one prescription was electronically prescribed. Electronically generated refills without a patient visit do not count and faxes do not qualify as eRx.

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Reporting Step 3

New prescriptions not associated with a code in the denominator of the measure specification are not accepted as an eligible patient visit and do not count towards the minimum 25 unique eRx events

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Reporting eRx: Step 4

10% of an eligible professional's Medicare Part B PFS charges must be comprised of the codes in the denominator of the measure to be eligible for an incentive

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How Group Practices Can Qualify for the 2011 eRx Incentive

Participate in the 2011 Physician Quality Reporting System under GPRO I or GPRO II

Become a successful electronic prescriber Depending on the group's size, report the eRx measure for 75-2,500 unique eRx events for patients in the denominator of the measure

At least 10% of eligible professional's charges based on codes in the denominator of the measure

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Feedback Reports

Feedback reports and incentive (if eligible) will be made available during the following year

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eRx Resources

Visit the Educational Resources section of the eRx webpage on the CMS website at <http://www.cms.gov/ERxIncentive/> for documents with additional information regarding getting started with eRx2011 eRx *Incentive Program Made Simple Fact Sheet* *What's New for 2011 eRx Incentive Program (coming soon)*
Link to Frequently Asked Questions

eRX

- **Need Help?**
- Please contact the **QualityNet Help Desk** at **866-288-8912** (available 7:00 a.m. to 7:00 p.m. CST Monday through Friday) or via e-mail at **qnetsupport@sdps.org**(or TTY 1-877-715-6222)

Avoiding eRx Adjustments

- **Eligible professionals** - An eligible professional can avoid the 2012 eRx Payment Adjustment if (s)he:
 - Is not a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of Jun 30, 2011 based on primary taxonomy code in NPES;
 - Does not have prescribing privileges. Note: (S)he must report (G8644) at least one time on an eligible claim prior to June 30, 2011;
 - Does not have at least 100 cases containing an encounter code in the measure denominator;
 - Becomes a successful e-prescriber; and
 - Reports the eRx measure for at least 10 unique eRx events for patients in the denominator of the measure.

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- Beginning in 2012, payment adjustments may occur for not being a successful electronic prescriber Applies whether or not eligible professional is planning to participate in EHR Incentive Program
 - Payment adjustment amounts:2012 –receive 99% of eligible professional's (or group practice's) Part B covered professional services
 - 2013 –receive 98.5%

eRx

- **Reporting Period: January 1 –June 30, 2011**

Reporting Mechanism: Claims only

Note: Earning an eRx incentive (25 unique eRx events between January 1 and December 31, 2011) for 2011 will not exempt an eligible professional from the payment adjustment (must have 10 unique eRx events between January 1 and June 30, 2011)

eRx

- For group practices participating in eRx GPRO I or GPRO II during 2011, the group practice must become a successful electronic prescriber
- Depending on the group's size, report the eRx measure on 75-2,500 unique eRx events for patients in the denominator of the measure for services occurring between January 1 and June 30, 2011

eRx

- For additional information, please visit the "Getting Started" webpage at <http://www.cms.gov/erxincentive> on the CMS website for more information; or download the Medicare's Practical Guide to the Electronic Prescribing (eRx) Incentive Program under Educational Resources.

eRx

- **CMS may, on a case-by-case basis, exempt an eligible professional from the application of the eRx payment adjustment**
- **This exemption is subject to annual renewal**
- **For the 2012 eRx payment adjustment, the following circumstances would constitute a hardship: The eligible professional practices in rural area with limited high-speed internet access, or**
- **The eligible professional practices in an area with limited available pharmacies that can receive electronic prescriptions**

eRx Summary

- Summary Beginning in 2012, those identified as not “successful electronic prescribers” may be subject to a payment adjustment **Ensure submission of required number of eRx (10 for individual, varies for GPROs) before June 30, 2011 OR one of the hardship G-codes to avoid payment adjustment in 2012**
- Ensure specialty information is correct in NPPES
- Need a “qualified” eRx system to participate (see <http://www.cms.gov/ERXincentive>)

eRx Summary

- Only way to report eRx measure to avoid the payment adjustment is **claims - but to be incentive eligible you can use claims, a qualified EHR, or qualified registry**
- Check for state-specific eRx requirements; all states allow eRx, but some have certain regulatory requirements
- It is possible to receive an eRx incentive payment for 2011 AND also an eRx payment adjustment for 2012

eRx Resources

- QualityNet Help Desk:866-288-8912
- (7:00 a.m. –7:00 p.m. CST M-F) or **qnetsupport@sdps.org(TTY 877-715-6222)**
 - Also see the:Physician Quality Reporting website <http://www.cms.gov/PQRS/>or
 - eRx Incentive Program website <http://www.cms.gov/ERxIncentive>

Questions?

eRx

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