What's New for the 2010 Electronic Prescribing Incentive Program (eRx)

January 2010

This fact sheet contains information about changes to the Electronic Prescribing Incentive Program (eRx) for 2010 as authorized by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). A web page dedicated to providing all the latest news on the eRx Incentive Program is available at *http://www.cms.hhs.gov/ERxIncentive* on the Centers for Medicare & Medicaid Services (CMS) website.

Important Changes for the 2010 eRx Incentive Program

The following are key changes to the 2010 eRx Incentive Program:

- The eRx measure and its reporting requirements will be modified;
- A new reporting option is available for group practices;
- Additional reporting mechanisms will be allowed; and
- The eRx measure's denominator codes will be expanded.

Each of these changes is described in detail below.

Modified Criteria for Determination of a Successful Electronic Prescriber

The determination as to whether an eligible professional (EP) is a successful electronic prescriber will continue to be based on reporting of the eRx measure. However, in 2010, the measure and its reporting requirements will be modified. In 2009, the measure consisted of three numerator G-codes. In 2010, the measure will only have one numerator G-code, which indicates at least one prescription created during the denominator-eligible encounter was generated and transmitted electronically using a qualified eRx system.

For 2009, EPs were required to report 1 of the 3 numerator G-codes for at least 50 percent of applicable cases. For 2010, EPs must report the eRx measure a minimum of 25 times for unique visits during the reporting period indicating the appropriate Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code within the denominator of the 2010 measure specification.

New Reporting Option for Group Practices

Group practices can qualify to earn an eRx incentive if it is determined that the practice is a successful electronic prescriber. This incentive payment is equal to two percent of the total estimated Medicare Part B Physician Fee Schedule (PFS) allowed charges

processed no later than two months after the end of the applicable 2010 reporting period. Previously, the determination of a successful electronic prescriber and calculation of the incentive payment amount was determined at the individual EP level. Only group practices participating in the Physician Quality Reporting Initiative (PQRI) Group Practice Reporting Option (GPRO) are eligible to participate in the eRx Incentive Program GPRO. However, participation in the eRx Incentive Program is optional for PQRI participants. To be a successful electronic prescriber, the group practice must report the eRx measure at least 2,500 times during the reporting period.

Additional Reporting Mechanisms

In addition to the claims-based reporting mechanism, EPs and group practices can report the eRx measure through qualified registries or through a qualified electronic health record (EHR) system if there is a qualified registry or EHR system available for the eRx measure. Only registries and EHR systems that qualify for the 2010 PQRI and have the capacity to report the eRx measure will be qualified to submit data on the eRx measure for 2010.

Expansion of the eRx Measure's Denominator Codes

The incentive payment will continue to apply only to EPs or group practices whose Medicare Part B PFS allowed charges for services included in the eRx measure's denominator account for at least 10 percent of the EP's or group practice's total estimated allowed charges. However, the eRx measure's denominator codes have been expanded to broaden the applicability of the incentive payment. The following denominator codes have been added for 2010:

- Home health (99341-99345 and 99347-99350);
- Domiciliary care (99324-99328 and 99334-99337);
- Nursing home (99304-99310 and 99315-99316); and
- Psychiatric care (90862).

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ICN 902965