

# QUICK REFERENCE GUIDE

## FINAL RULE: MEDICARE PROGRAM; CHANGES TO THE ELECTRONIC PRESCRIBING (eRx) INCENTIVE PROGRAM



On August 31, 2011, the Centers for Medicare & Medicaid Services (CMS) announced changes to the Medicare Electronic Prescribing (eRx) Incentive Program for the 2011 program year. The regulation containing these changes may be viewed at <http://www.gpo.gov/fdsys/pkg/FR-2011-09-06/pdf/2011-22629.pdf>.

### BACKGROUND

In 2009, CMS implemented the eRx Incentive Program, which uses incentive payments and payment adjustments to encourage the use of electronic prescribing systems.

From calendar year (CY) 2012 through 2014, a payment adjustment that increases each CY will be applied to an eligible professional's Medicare Part B Physician Fee Schedule (PFS) covered professional services for not becoming a successful electronic prescriber.

The payment adjustment of 1.0% in 2012, 1.5% in 2013, and 2.0% in 2014 will result in an eligible professional or group practice receiving 99.0%, 98.5%, and 98.0% respectively of the fee schedule amount for their Medicare Part B PFS covered professional services. The eRx Incentive Program ends in 2014.

### CMS Finalizes Changes to 2011 eRx Incentive Program

The three main changes for the 2011 eRx Incentive Program include:

1. Modifying the eRx measure to allow for use of Certified EHR Technology for purposes of reporting for the 2011 eRx incentive and 2013 eRx payment adjustment;
2. Providing additional significant hardship exemption categories for the 2012 eRx payment adjustment; and
3. Extending the deadline for eligible professionals to request a significant hardship exemption for the 2012 eRx payment adjustment to November 1, 2011.

These changes are effective October 6, 2011. The measure will revise and CMS will be able to act on the hardship exemptions at that time. Eligible professionals can submit hardship exemption requests immediately and up until November 1, 2011

*See page 2 for additional details, including how you can submit a 2012 eRx payment adjustment significant hardship exemption request.*

Eligible professionals may begin reporting the eRx measure at any time throughout the 2011 program year (January 1-December 31, 2011) to be eligible for the 2011 incentive. Being a successful electronic prescriber for purposes of the 2011 incentive will exclude an eligible professional from being subject to the 2013 payment adjustment. See the CMS eRx website for specific reporting requirements.



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## Details of 2011 eRx Incentive Program Revisions

1. **Modifies the existing eRx measure to allow for the use of certified Electronic Health Record (EHR) technology as defined at 42 CFR 495.4 and 45 CFR 170.102.** CMS expanded the definition of a “qualified” eRx system to include Certified EHR Technology.
2. **Provides the following *additional* significant hardships to the 2012 eRx payment adjustment:**
  - a) Eligible professionals who register to participate in the 2011 Medicare or Medicaid EHR Incentive Program and adopt certified EHR technology;
  - b) Inability to electronically prescribe due to local, state, or federal law or regulation (e.g., controlled substances);
  - c) Limited prescribing activity; or
  - d) Insufficient opportunities to report the electronic prescribing measure due to limitations in the measure’s denominator.
3. **Allows eligible professionals to request a significant hardship exemption to the 2012 eRx payment adjustment by November 1, 2011.** Affected professionals and group practices (GPROs) should follow the process outlined below for requesting a significant hardship exemption for the 2012 eRx payment adjustment.

## How to Submit a 2012 eRx Payment Adjustment Significant Hardship Exemption Request

CMS is no longer accepting significant hardship exemption requests for the 2012 eRx payment adjustment via claims.

### Individual Eligible Professionals

- Use the new CMS provider website, called the **Quality Reporting Communication Support Page**, to enter the request and supporting rationale. This page will be available at <http://www.qualitynet.org/pqrs>. Please continue checking the website for updates and additional information.
- Your request must be submitted by **November 1, 2011**.

### Group Practices Participating as GPROs

- Group practices selected for and participating in the 2011 GPRO I or II reporting option wishing to submit a 2012 exemption request should submit a letter to: Significant Hardship Exemptions, Centers for Medicare & Medicaid Services, Office of Clinical Standards and Quality, Quality Measurement and Health Assessment Group, 7500 Security Boulevard, Mail Stop S3-02-01, Baltimore, MD 21244-1850.
- This letter must be postmarked no later than **November 1, 2011**.

## Other 2012 eRx Payment Adjustment Significant Hardship Exemption Categories

- a) The practice is located in a rural area without high-speed Internet access
- b) The practice is located in an area without sufficient available pharmacies for electronic prescribing

## Resources

- CMS eRx Incentive Program website: <http://www.cms.gov/ERxIncentive>
- *2011 eRx Final Rule*: <http://www.gpo.gov/fdsys/pkg/FR-2011-09-06/pdf/2011-22629.pdf>
- *2011 eRx Proposed Rule*: [http://www.cms.gov/ERxIncentive/04\\_Statute\\_Regulations.asp](http://www.cms.gov/ERxIncentive/04_Statute_Regulations.asp) > Downloads or directly at <http://www.gpo.gov/fdsys/pkg/FR-2011-06-01/pdf/2011-13463.pdf>
- *Quality Reporting Communication Support Page User Guide*: <http://qualitynet.org/pqrs>
- CMS Sponsored Calls: [http://www.cms.gov/PQRS/04\\_CMSSponsoredCalls.asp](http://www.cms.gov/PQRS/04_CMSSponsoredCalls.asp)
- Frequently Asked Questions: <http://www.cms.gov/ERxIncentive>

## Questions?

Contact the QualityNet Help Desk at 866-288-8912 (TTY 877-715-6222) from 7:00 a.m.-7:00 p.m. CST Monday-Friday or via e-mail to [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org).

*You will be asked to provide basic information such as name, practice, address, phone, and e-mail.*

*Electronic Prescribing: a prescriber's ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care, and is an important element in improving the quality of patient care*