User Guide

2013 Electronic Prescribing (eRx) Incentive Program Feedback Reports

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User Guide

2013 Electronic Prescribing (eRx) Incentive Program Feedback Reports

Purpose

The *Electronic Prescribing (eRx) Incentive Program Feedback Report User Guide* is designed to assist eligible professionals (EPs), group practices, and their authorized users in accessing and interpreting the 2013 eRx Incentive Program feedback reports. For the 2013 eRx Incentive Program, the feedback reports reflect data from the Medicare Part B Physician Fee Schedule (PFS) claims received for the dates of service January 1, 2013 – December 31, 2013 that were processed into National Claims History (NCH) by February 28, 2014. Additionally in 2013, quality data was received from qualified registries and EHR systems for purposes of the eRx Incentive Program. The 2013 eRx incentive payment is scheduled to be distributed in the fall of 2014.

The *2013 eRx Incentive Program Feedback Report* does not indicate subjectivity to past eRx payment adjustments. See the CMS website for information on eRx payment adjustments, and the *eRx Payment Adjustment Feedback Reports*. 2013 was the last reporting year for the eRx Incentive Program, but electronic prescribing continues with Meaningful Use. See the CMS website for more information.

2013 eRx Incentive Program Overview

Section 132 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorized a separate incentive program for EPs who are successful electronic prescribers as defined by MIPPA. This new incentive program, which began January 1, 2009, is separate from and is in addition to the quality reporting incentive program authorized by Division B of the Tax Relief and Health Care Act of 2006 - Medicare Improvements and Extension Act of 2006 (MIEA-TRHCA) and originally known as the Physician Quality Reporting Initiative (PQRI). EPs were not required to participate in PQRI to participate in the eRx Incentive Program. Note: In 2011 the PQRI program name changed to Physician Quality Reporting System (PQRS). Beginning in 2012, the eRx program also applied a payment adjustment to those EPs who are not successful electronic prescribers on their Medicare Part B services.

EPs who meet the criteria for successful submission of eRx data for services furnished during the reporting period, January 1, 2013 – December 31, 2013, may earn an incentive payment equal to 0.5% of their total estimated allowed charges for Medicare Part B PFS covered professional services furnished during that same period (the 2013 calendar year).

Participation in the 2013 eRx Incentive Program was defined as individual EPs or group practices participating via eRx GPRO submitting at least one eRx quality-data code (QDC) via claims or quality data via qualified registry, or qualified EHR submission methods. Valid submissions were counted when 2013 eRx QDCs were correctly submitted and all measure-eligibility criteria were met (i.e., correct Current Procedural Terminology, or CPT). To be considered a successful 2013 electronic prescriber, individual EPs had to report at least 25 valid eRx events. Group practices consisting of a single Tax Identification Number (TIN) with 100 or more individual EPs, or individual national provider identifiers (NPIs), were required to report at least 2,500 valid eRx events, while groups of 25-99 NPIs were required to report at least 625 unique eRx events to be considered successful under 2013 eRx GPRO. Group practices of 2-24 NPIs were required to report at least 75 valid eRx events. In addition, at least 10% of all allowable Medicare Part B PFS charges must have been composed of codes in the denominator of the 2013 eRx Incentive Program measure in order for the individual EPs or group practice to be incentive eligible.

Participation in the 2013 eRx Incentive Program is analyzed at the individual-National Provider Identifier (NPI) level within a Tax ID (TIN) so each individual EP is analyzed at the TIN/NPI level, or at the TIN level for the group practices. All Medicare Part B PFS claims submitted with the applicable eRx QDCs via claims, processed into the NCH file by February 28, 2014, or quality data submitted via qualified registry or EHR for services furnished from January 1, 2013 – December 31, 2013 and submitted during the specified data submission timeframe were analyzed to determine whether the EP earned an eRx incentive payment. During the 2013 eRx Incentive Program reporting periods, the eRx QDC G8553 indicated that at least one prescription was created and was transmitted electronically using a qualified eRx system. For

more information on the 2013 eRx Incentive Program, please visit the CMS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive.

2013 eRx Incentive Program Report Overview

2013 eRx Incentive Program feedback reports are packaged at the TIN level. Reports include information on valid QDCs reported (via claims) or quality data submitted (via qualified Registry or EHR) indicating that eRx events occurred and incentives earned by individuals or individuals in the group practice, with summary information on reporting success and incentives earned at the practice (TIN) level.

- EPs who participated in the 2013 eRx Incentive Program as an individual NPI sole proprietor (submitted claims under a Social Security Number, SSN) will be able to access their individual reports by two methods: 1) TIN/SSN level report via the Physician and Other Health Care Professionals Quality Reporting Portal, or Portal, (will show only their data), or 2) NPI-level report requested via the Quality Reporting Communication Support Page, or Communication Support Page, (will receive NPI report via email that also shows only their data) at https://www.qualitynet.org/pqrs.

- EPs who participated in the 2013 eRx Incentive Program as an individual NPI under a Tax ID practice (assigned benefits to a TIN or Employer ID Number, EIN) will be able to access their individual reports by two methods: 1) TIN-level report via the Portal (will show Table 1 TIN summary as well as all of the NPI-level reports for that TIN), or 2) NPI-level report requested via the Communication Support Page.

- Groups who participated as 2013 eRx GPROs will be able to access TIN-level reports through the Portal. EPs participating in a group practice via GPRO who reported at least one valid eRx QDC on a claim, or eRx data through a qualified registry or EHR system will have a TIN-Level feedback report available for each TIN under which they submitted services furnished during the 2013 reporting period.

CMS aims to distribute feedback reports as closely as possible to the incentive payment timeframe. 2013 eRx Incentive Program feedback reports are scheduled to be distributed in the fall of 2014. For more information on that process, see: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013_PQRS_IACS-Organizations_12192012.pdf.

The 2013 eRx Incentive Program's reporting period was from January 1, 2013 – December 31, 2013. EPs who submitted claims or reported under multiple TINs may have earned an incentive either under one or more than one TIN.

Note: *This 2013 eRx Incentive Program feedback report may contain a partial or "masked" Social Security Number/Social Security Account Number (SSN/SSAN) as part of the TIN field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner with which the SSN is potentially associated. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk*.

System Requirements

Minimum hardware and software requirements to effectively access and view the feedback reports are listed below.

Hardware

- 233 MHz Pentium processor with a minimum of 150 MB free disk space
- 64 MB Ram (128 MB recommended)

Software

- Microsoft® Internet Explorer version 8.0 and above, or Mozilla Firefox®
- Adobe® Acrobat® Reader version 5.0 and above, or Microsoft® 2007 Excel
- JRE is 1.6.0 or higher (software available for download on the Portal)
- Windows® XP operating system

Internet Connection

The Portal will be accessible via any Internet connection running on a minimum of 33.6k or high-speed Internet.

Participant Feedback Report Content and Appearance

The *2013 eRx Incentive Program Feedback Reports* will be generated for each TIN with at least one EP reporting an eRx QDC (G8553) via claims or submitting quality data via qualified registry or EHR. The TIN-level feedback report is only accessible by the TIN. It is up to the health care facility to distribute the information in Tables 2 to the individual EPs. The NPI reports contain breakdown of each individual EP's earned incentive amount calculated at the individual TIN/NPI-level. The length of the feedback report for individual EPs will depend on how many individual providers (NPIs) under the same Tax ID Number (TIN) participated in the 2013 eRx Incentive Program. For EPs reporting as a group via eRx GPRO, a total incentive payment amount will be calculated for the primary GPRO TIN, no individual reports are available to the NPIs under the GPRO TIN.

Table 1: TIN-Level Feedback Report with NPI Detail (Individuals)

Each TIN will have only one report available via the Portal.

Individual EPs will see the following information in Table 1: Earned Incentive Summary for TIN of the feedback report, see Figure 1.1:

- **Total Tax ID Earned Incentive Amount for NPIs:** The total incentive amount earned by the Tax ID/TIN. The actual incentive payment may vary slightly from this amount due to rounding. The total incentive amount earned per each Carrier or A/B MAC that processes payment is also reported.
- **Total Estimated Allowed Medicare Part B PFS Charges:** The total estimated amount of Medicare Part B PFS allowed charges associated with covered professional services rendered during the 12-month reporting period.
- **NPI Total Earned Incentive Amount:** The total 0.5% incentive amount earned for each TIN/NPI based on the total estimated amount of Medicare Part B PFS charges per NPI is displayed. This field will display "N/A" if the EP is not incentive eligible, or $0 if the NPI is incentive eligible but does not have any Part B PFS allowed charges.

For definition of terms related to 2013 eRx Incentive Program feedback reports see **Appendix A**. Also refer to the footnotes within each table of the feedback report for additional content detail.

The screenshots are provided for examples only and are subject to change. Minor changes in language and/or format should be expected.

Example 1.1: TIN-Level Report with Individual NPIs

2013 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT
(TIN-LEVEL REPORT WITH INDIVIDUAL NPIs)

Eligible professionals may participate in the Electronic Prescribing (eRx) Incentive Program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, registries, or EHR systems for services furnished between January 1, 2013 and December 31, 2013. All reporting methods were reviewed to evaluate whether an eligible professional successfully reported for the eRx Incentive Program. Group practices participating through the GPRO were analyzed using the method they self-nominated with CMS. Participation by an eligible professional or a GPRO is defined as submitting at least one valid quality-data code (QDC) or quality action data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The amounts earned for each TIN/NPI are summarized below. More information regarding the eRx program and the eRx Incentive Program Measure Specification is available on the CMS website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/.

Table 1: Earned Incentive Summary for Taxpayer Identification Number (T
Sorted by NPI Number and sub-sorted by NPI Total Earned Incentive Amount

Tax ID Name*: John Q. Public Clinic
Tax ID Number: XXXXX2345

Total incentive amount earned for all NPIs reporting under one TIN

Total incentive amount earned for TIN under each Carrier or A/B MAC

Total 0.5% incentive amount earned by each individual NPI

Estimated total amount of 2013 Medicare Part B PFS charges per individual NPI

Total Tax ID Earned Incentive Amount for NPIs (listed below)	$2490.83

Distribution of Total Incentive Earned Among A/B MACs and Carriers That Processed Payments	
A/B MAC and Carrier Identification #	Tax ID Earned Incentive Amount Under A/B MAC and Carrier
12345	$544.33
67890	$1,334.00

Eligible professionals that did not earn an incenti… …reason they were not incentive-eligible.

NPI	NPI Name*	Method of Reporting[1]	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges[2]	NPI Total Earned Incentive Amount[3]
1000000001	Not Available	Data Submission Vendor	Reporting Requirements Met	$150,000.00	$735.00
1000000002	Susie Smith	Claims	Reporting Requirements Met	$100,000.00	$490.00
1000000002	Susie Smith	Direct EHR	Insufficient number of eRx instances reported (at least 25 required)	$100,000.00	N/A
1000000003	John Doe	Registry	Reporting Requirements Met	$133,333.33	$653.33
1000000004	Jack Jacobs	Direct EHR	Reporting Requirements Met; NPI ineligible due to earning Medicare EHR Incentive	$245,800.00	NA

Figure 1.1 Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

Example 1.1 TIN-Level Report with Individual NPIs (continued)

NPI	NPI Name*	Method of Reporting[1]	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges[2]	NPI Total Earned Incentive Amount[3]
1000000009	Not Available	Data Submission Vendor	Reporting Requirements Met; NPI ineligible due to earning Medicare EHR Incentive	$217,500.00	N/A
1000000010	Tom Tenor	Direct EHR	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$333,000.00	N/A
1000000010	Tom Tenor	Data Submission Vendor	Insufficient number of eRx instances reported (at least 25 required) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$129,650.00	N/A
1000000010	Tom Tenor	Claims	Insufficient number of eRx instances reported (at least 25 required)	$210,000.00	N/A
1000000011	Patrick Ewing	Registry	Insufficient number of eRx instances reported (at least 25 required) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$145,000.00	N/A
1000000012	Not Available	Direct EHR	Insufficient number of eRx instances reported (at least 25 required) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$320,000.00	N/A
1000000013	Bob Brown	Data Submission Vendor	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$139,000.00	N/A
1000000014	Not Available	Registry	Insufficient number of eRx instances reported (at least 25 required)	$256,125.00	N/A
				Total:	$1,878.33

As shown in this example, NPIs who received Medicare EHR Incentive Program incentive payment will be excluded from eRx Incentive Program payment distribution. See footnote below.

Total incentive amount earned for all NPIs reporting under this TIN

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2013 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

[1]Indicates the method of data submission. For the EHR submission method, there are two submission options: 1) a data submission vendor, which obtains its data from an eligible professional's EHR system, and 2) direct EHR submission, which represents submitting data directly from his or her EHR system.

[2]The total estimated amount of Medicare Part B PFS charges associated with services rendered during the reporting period. The PFS claims included were based on the twelve month reporting period.

[3]The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the reporting period for which a TIN/NPI was eligible. If N/A, the NPI was not eligible to receive an incentive or received the incentive through another reporting method.

Note: The eRx incentive payments are subject to offsets. Payments are made to the first NPI associated with the Tax ID. If the first NPI associated with the Tax ID has an offset, A/B MACs and Carriers will apply the lump sum and/or sanction.

Note: NPIs within a Tax ID who have received an incentive payment from the Medicare EHR Incentive Program should be excluded from the eRx Incentive distribution.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 1.1 Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

Table 1: eRx GPRO TIN-Level Feedback Report

Each TIN will have only one report available via the Portal.

Group practices participating via eRx GPRO will see the following information in Table 1: Earned Incentive Summary for TIN of the feedback report, see Figure 1.2:

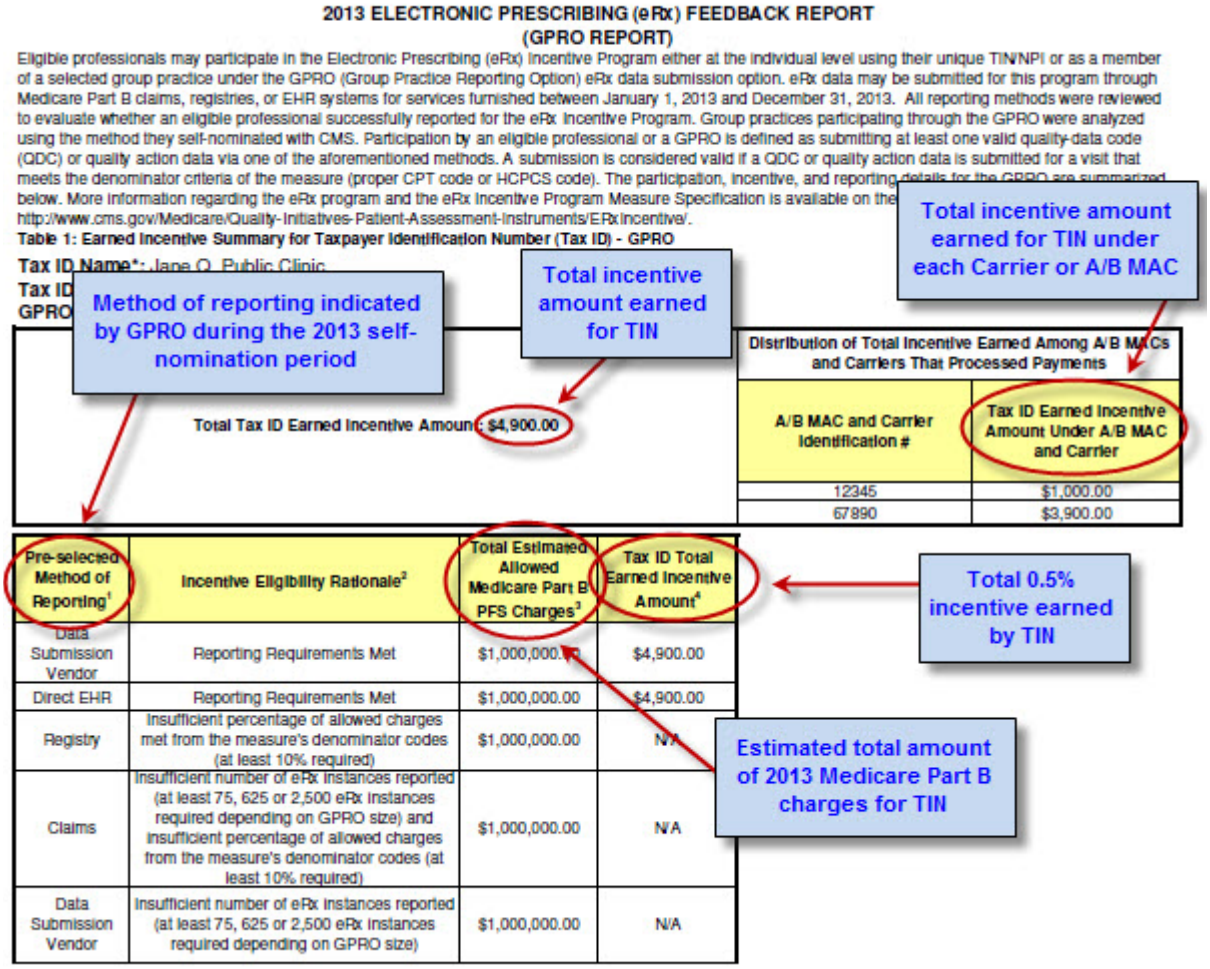
Total Tax ID Earned Incentive Amount: The total incentive amount earned by the group TIN. The actual incentive payment may vary slightly from this amount due to rounding. The total incentive amount earned per each Carrier or A/B MAC that processes payment is also reported.

Tax ID Total Earned Incentive Amount: The total 0.5% incentive amount earned for the specific group TIN based on the total estimated amount of Medicare Part B PFS charges for that group TIN is displayed. This field will display "N/A" if the TIN is not incentive eligible. The Total Earned Incentive Amount excludes those NPIs who earned incentive payments under the Medicare EHR Incentive Program.

For definition of terms related to 2013 eRx Incentive Program feedback reports see **Appendix A**. Also refer to the footnotes within each table of the feedback report for additional content detail.

The following figures are provided for examples only and are subject to change. Minor changes in language and/or format should be expected.

Example 1.2: eRx GPRO Report



2013 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT
(GPRO REPORT)

Eligible professionals may participate in the Electronic Prescribing (eRx) Incentive Program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, registries, or EHR systems for services furnished between January 1, 2013 and December 31, 2013. All reporting methods were reviewed to evaluate whether an eligible professional successfully reported for the eRx Incentive Program. Group practices participating through the GPRO were analyzed using the method they self-nominated with CMS. Participation by an eligible professional or a GPRO is defined as submitting at least one valid quality data code (QDC) or quality action data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The participation, incentive, and reporting details for the GPRO are summarized below. More information regarding the eRx program and the eRx Incentive Program Measure Specification is available on the http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/.

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID) - GPRO

Tax ID Name*: Jane Q. Public Clinic

Tax ID

GPRO

Total Tax ID Earned Incentive Amount: $4,900.00

Distribution of Total Incentive Earned Among A/B MACs and Carriers That Processed Payments	
A/B MAC and Carrier Identification #	Tax ID Earned Incentive Amount Under A/B MAC and Carrier
12345	$1,000.00
67890	$3,900.00

Pre-selected Method of Reporting[1]	Incentive Eligibility Rationale[2]	Total Estimated Allowed Medicare Part B PFS Charges[3]	Tax ID Total Earned Incentive Amount[4]
Data Submission Vendor	Reporting Requirements Met	$1,000,000.00	$4,900.00
Direct EHR	Reporting Requirements Met	$1,000,000.00	$4,900.00
Registry	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$1,000,000.00	N/A
Claims	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 eRx instances required depending on GPRO size) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$1,000,000.00	N/A
Data Submission Vendor	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 eRx instances required depending on GPRO size)	$1,000,000.00	N/A

Figure 1.2 Screenshot of Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID) – eRx GPRO

Example 1.2 GPRO Report (continued)

Pre-selected Method of Reporting[1]	Incentive Eligibility Rationale[2]	Total Estimated Allowed Medicare Part B PFS Charges[3]	Tax ID Total Earned Incentive Amount[4]
Direct EHR	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 eRx instances required depending on GPRO size)	$1,000,000.00	N/A
Registry	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 eRx instances required depending on GPRO size)	$1,000,000.00	N/A
Claims	Reporting Requirements Met	$1,000,000.00	$4,900.00
Direct EHR	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 eRx instances required depending on GPRO size) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$1,000,000.00	N/A
Registry	Reporting Requirements Met	$1,000,000.00	$4,900.00
Claims	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$1,000,000.00	N/A

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2013 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

[1]Indicates the method of data submission. For the EHR submission method, there are two submission options: 1) a data submission vendor, which obtains its data from an eligible professional's EHR system, and 2) direct EH
data directly from his or her EHR system.

[2]Explains why a group practice will or will not receive an eRx incentive payment by reporting
with 2-24 NPIs, at least 625 eRx instances for group practices with 25-99 NPIs and at least
100 or more NPIs within the full reporting period.

[3]The total estimated amount of Medicare Part B PFS charges associated with services rend
claims included were based on the twelve month reporting period.

[4]The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the reporting period for which a Tax ID was eligible. If N/A, the Tax ID was not eligible to receive an incentive.

Note: The eRx incentive payments are subject to offsets. Payments are made to the first NPI associated with the Tax ID. If the first NPI associated with the Tax ID has an offset, A/B MACs and Carriers will apply the lump sum and/or sanction.

Note: NPIs within a Tax ID who have received an incentive payment from the Medicare EHR Incentive Program should be excluded from the eRx GPRO incentive distribution.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Note: NPIs who received Medicare EHR Incentive Program incentive payment will be excluded from the 2013 eRx Incentive Program payment distribution.

Figure 1.2 Screenshot of Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID) – eRx GPRO

Table 2: NPI Reporting Detail (Individuals)

Each individual EP who submitted one or more Medicare Part B PFS covered professional services with the valid, applicable eRx G-code via claims or quality data submitted via qualified registry or EHR will see Table 2 in the *2013 eRx Feedback Report*. Table 2 reflects 1) the eRx Incentive Detail listing the total earned incentive amount by NPI for individuals and 2) an eRx Reporting Detail listing the number of valid QDCs or quality data submitted and the percent of total estimated allowed Medicare Part B PFS charges.

Individual EPs will see the following information in Table 2 of the feedback report, see Figure 2.1:

- **Total Estimated Allowed Medicare Part B PFS Charges:** The total estimated amount of Medicare Part B PFS allowed charges associated with covered professional services rendered during the 12-month reporting period.
- **NPI Total Earned Incentive Amount:** The 0.5% incentive for each EP's TIN/NPI based on the total estimated amount of Medicare Part B PFS allowed charges per NPI is displayed. This field will display "N/A" if the EP is not incentive eligible, or $0 if the NPI is incentive eligible but does not have any Part B PFS allowed charges.
- **Reporting Numerator:** eRx Instances Reported (≥ 25 required): The number of reporting events where the QDC or quality action data submitted met the measure-specific reporting criteria. A successfully electronic prescriber was required to report at least 25 valid instances of the 2013 eRx Incentive Program measure numerator.
- **% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required):** Percentage of the total estimated amount of Medicare Part B PFS allowed charges associated with the NPI's covered professional services that were composed of codes in the denominator of the 2013 eRx Incentive Program measure. The estimated allowed Medicare Part B PFS charges were based on the 12-month reporting period.

For definition of terms related to 2013 eRx Incentive Program feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail.

The following figures are provided for examples only and are subject to change. Minor changes in language and/or format should be expected.

Example 2.1: Individual NPI Reporting Detail

2013 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT
(INDIVIDUAL NPI REPORT)

Eligible professionals may participate in the Electronic Prescribing (eRx) Incentive Program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, registries, or EHR systems for services furnished between January 1, 2013 and December 31, 2013. All reporting methods were reviewed to evaluate whether an eligible professional successfully reported for the eRx Incentive Program. Group practices participating through the GPRO were analyzed using the method they self-nominated with CMS. Participation by an eligible professional or a GPRO is defined as submitting at least one valid quality-data code (QDC) or quality action data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The participation, incentive, and reporting details for the TIN/NPI are summarized below. More information regarding the eRx program and the eRx Incentive Program Measure Specification is available on the CMS website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/.

Table 2: NPI Reporting Detail
Sorted by Method of Reporting
Tax ID Name*: John Q. Public Clinic
Tax ID Number: XXXXX2345
NPI Name*: John Doe
NPI Number: 1000000003

Participation Summary

Method of Reporting[1]	Registry/EHR Name (If Applicable)	Qualified for Incentive	Reporting Method Used for Incentive[2]
Direct EHR	Epic	No	No
Data Submission Vendor	Epic	No	No
Registry	ICLOPS	Yes	Yes
Claims	N/A	No	No

Incentive Detail for eRx Measure

Method of Reporting[1]	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges[3]	NPI Total Earned Incentive Amount[4]
Direct EHR	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$100,000.00	N/A
Data Submission Vendor	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$170,000.00	N/A
Claims	Insufficient number of eRx instances reported (at least 25 required)	$100,000.00	N/A
Registry	Reporting Requirements Met	$100,000.00	$490.00
Data Submission Vendor	Insufficient number of eRx instances reported (at least 25 required)	$110,000.00	N/A
Claims	Reporting Requirements Met	$100,000.00	N/A
Registry	Insufficient number of eRx instances reported (at least 25 required)	$100,000.00	N/A
Direct EHR	Reporting Requirements Met	$100,000.00	N/A

Expanded detail of the reporting method(s) used by the NPI to submit 2013 eRx Incentive Program data

The total amount earned by the NPI to equal 0.5% of 2013 total allowed Medicare Part B PFS charges

In this example, the NPI successfully reported via Registry and is incentive eligible

Figure 2.1 Screenshot of Table 2: Individual NPI Reporting Detail

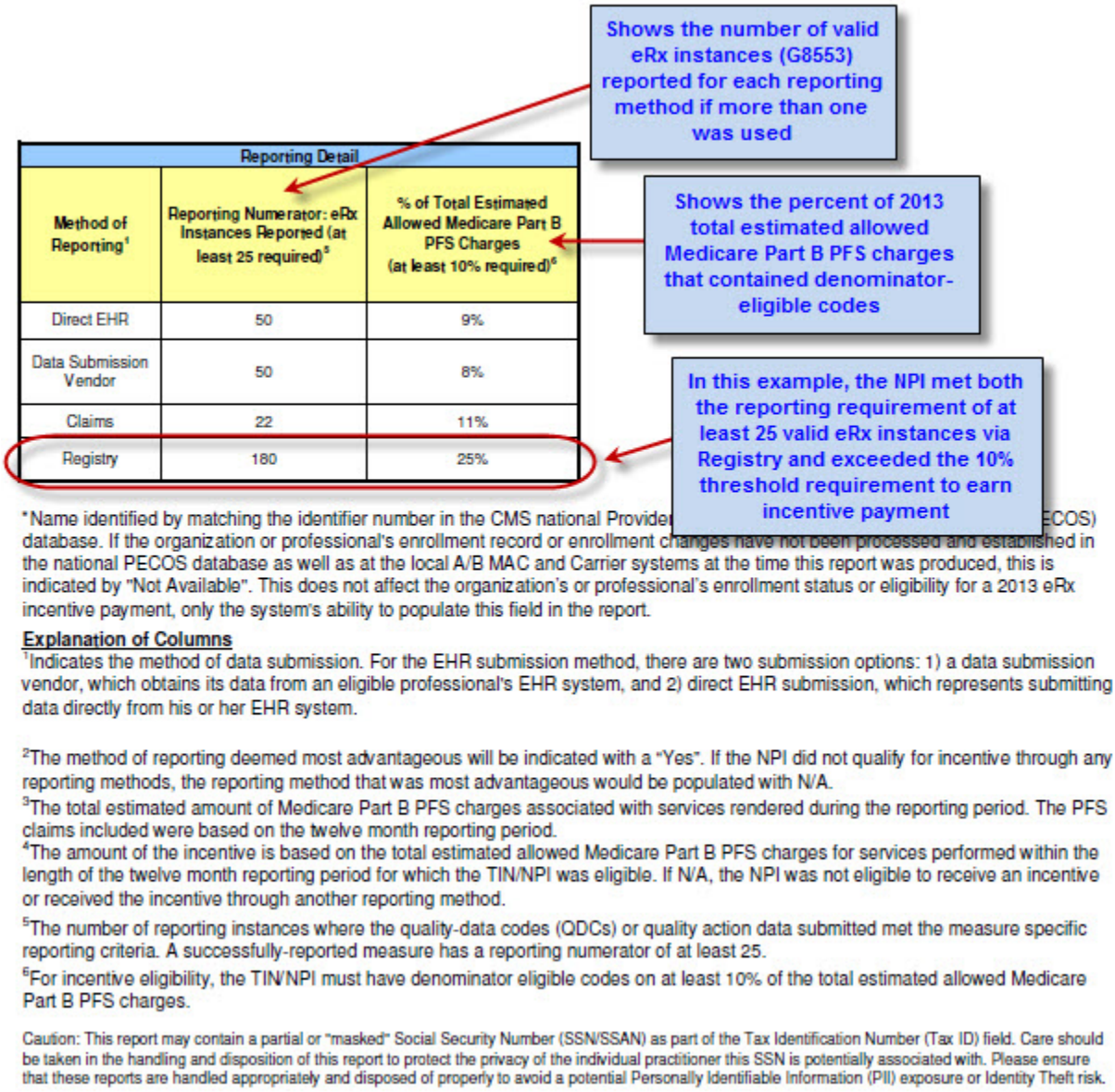
Example 2.1: Individual NPI Reporting Detail (continued)

Data Submission Vendor	Insufficient number of eRx instances reported (at least 25 required) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$90,000.00	N/A
Claims	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$100,000.00	N/A
Registry	Insufficient number of eRx instances reported (at least 25 required) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$100,000.00	N/A
Direct EHR	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$130,000.00	N/A
Data Submission Vendor	Reporting Requirements Met	$100,000.00	N/A
Claims	Insufficient number of eRx instances reported (at least 25 required) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$100,000.00	N/A
Registry	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$100,000.00	N/A
Data Submission Vendor	Reporting Requirements Met; NPI ineligible due to earning Medicare EHR Incentive	$95,000.00	N/A
Direct EHR	Insufficient number of eRx instances reported (at least 25 required) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$215,000.00	N/A
Direct EHR	Reporting Requirements Met; NPI ineligible due to earning Medicare EHR Incentive	$245,800.00	N/A

Actual reports will be specific to the NPI's reporting method(s)

Figure 2.1 Screenshot of Table 2: Individual NPI Reporting Detail

Example 2.1: Individual NPI Reporting Detail (continued)



Reporting Detail		
Method of Reporting[1]	Reporting Numerator: eRx Instances Reported (at least 25 required)[5]	% of Total Estimated Allowed Medicare Part B PFS Charges (at least 10% required)[6]
Direct EHR	50	9%
Data Submission Vendor	50	8%
Claims	22	11%
Registry	180	25%

*Name identified by matching the identifier number in the CMS national Provide ECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2013 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

[1]Indicates the method of data submission. For the EHR submission method, there are two submission options: 1) a data submission vendor, which obtains its data from an eligible professional's EHR system, and 2) direct EHR submission, which represents submitting data directly from his or her EHR system.

[2]The method of reporting deemed most advantageous will be indicated with a "Yes". If the NPI did not qualify for incentive through any reporting methods, the reporting method that was most advantageous would be populated with N/A.

[3]The total estimated amount of Medicare Part B PFS charges associated with services rendered during the reporting period. The PFS claims included were based on the twelve month reporting period.

[4]The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the twelve month reporting period for which the TIN/NPI was eligible. If N/A, the NPI was not eligible to receive an incentive or received the incentive through another reporting method.

[5]The number of reporting instances where the quality-data codes (QDCs) or quality action data submitted met the measure specific reporting criteria. A successfully-reported measure has a reporting numerator of at least 25.

[6]For incentive eligibility, the TIN/NPI must have denominator eligible codes on at least 10% of the total estimated allowed Medicare Part B PFS charges.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 2.1 Screenshot of Table 2: Individual NPI Reporting Detail

Table 2: eRx GPRO TIN Reporting Detail

Each group practice participating in eRx GPRO who reported one or more eRx events via the reporting method indicated during the self-nomination/registration period (submitted eRx QDC G8553 via claims or submitted quality data submitted via qualified registry or EHR) will see Table 2 in the *2013 eRx Incentive Program Feedback Report*. Table 2 reflects 1) the eRx Incentive Detail listing the total earned incentive amount for the eRx GPRO TIN and 2) an eRx Reporting Detail listing the number of valid QDCs or quality data submitted and the percent of total estimated allowed Medicare Part B PFS charges.

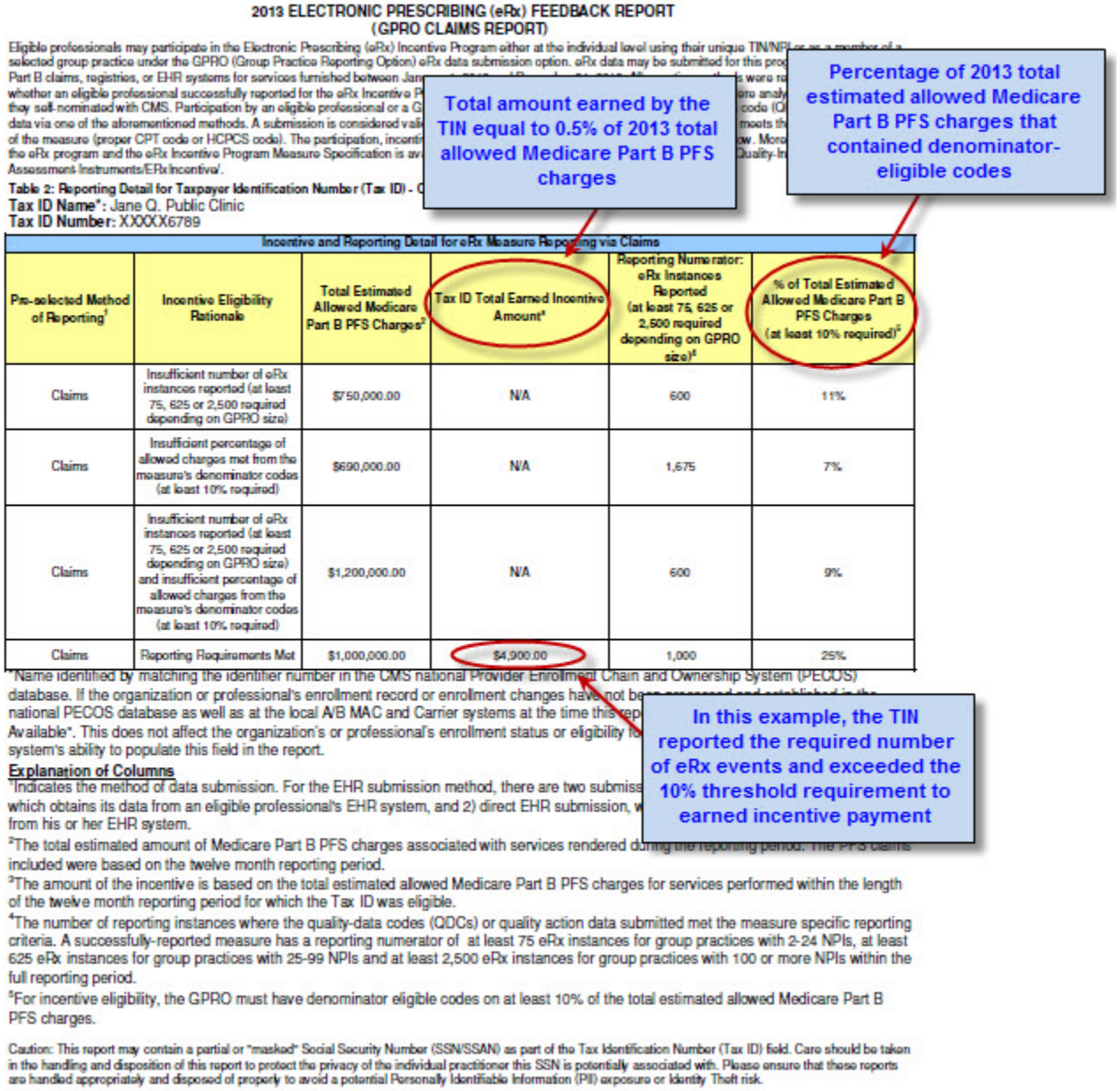
Group practices will see the following information in Table 2 of the feedback report, see Figures 2.2 (GPRO Claims), 2.3 (GPRO Registry), 2.4 (GPRO EHR Data Submission Vendor), and 2.5 (GPRO EHR Direct):

- **Total Estimated Allowed Medicare Part B PFS Charges:** The total estimated amount of Medicare Part B PFS allowed charges associated with covered professional services rendered during the 12-month reporting period.
- **Tax ID Total Earned Incentive Amount:** The 0.5% incentive amount for the specific group TIN. The Total Earned Incentive Amount excludes those NPIs who earned incentive payments under the EHR Incentive Program from PQRS incentive analysis.
- **Reporting Numerator:** eRx Instances Reported: The number of reporting events where the QDCs submitted met the measure specific reporting criteria. GPROs consisting of 2-24 NPIs were required to report at least 75 valid eRx events, while GPROs of 25-99 NPIs were required to report at least 625 valid eRx events. GPROs consisting of 100 or more NPIs were required to report at least 2,500 valid eRx events.
- **% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required):** Percentage of the total estimated amount of Medicare Part B PFS allowed charges associated with the TIN's covered professional services that were composed of codes in the denominator of the 2013 eRx Incentive Program measure. The estimated allowed Medicare Part B PFS charges were based on the 12-month reporting period.

For definition of terms related to 2013 eRx Incentive Program feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail.

The following figures are provided for examples only and are subject to change. Minor changes in language and/or format should be expected.

Example 2.2: TIN Reporting Detail – eRx GPRO Claims



2013 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT
(GPRO CLAIMS REPORT)

Eligible professionals may participate in the Electronic Prescribing (eRx) Incentive Program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this pro... Part B claims, registries, or EHR systems for services furnished between Jan... ...s were r... whether an eligible professional successfully reported for the eRx Incentive P... ...are analy... they self-nominated with CMS. Participation by an eligible professional or a G... ...codes (Q... data via one of the aforementioned methods. A submission is considered vali... ...meets th... of the measure (proper CPT codes or HCPCS codes). The participation, incenti... ...ow. More... the eRx program and the eRx Incentive Program Measure Specification is av... ...Quality-In... Assessment Instruments/ERxIncentive/.

Table 2: Reporting Detail for Taxpayer Identification Number (Tax ID) - C...

Tax ID Name*: Jane Q. Public Clinic
Tax ID Number: XXXXX6789

Incentive and Reporting Detail for eRx Measure Reporting via Claims					
Pre-selected Method of Reporting[1]	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges[2]	Tax ID Total Earned Incentive Amount[3]	Reporting Numerator: eRx Instances Reported (at least 75, 625 or 2,500 required depending on GPRO size)[4]	% of Total Estimated Allowed Medicare Part B PFS Charges (at least 10% required)[5]
Claims	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 required depending on GPRO size)	$750,000.00	N/A	600	11%
Claims	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$690,000.00	N/A	1,675	7%
Claims	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 required depending on GPRO size) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$1,200,000.00	N/A	600	9%
Claims	Reporting Requirements Met	$1,000,000.00	$4,900.00	1,000	25%

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not be... national PECOS database as well as at the local A/B MAC and Carrier systems at the time this rep... Available". This does not affect the organization's or professional's enrollment status or eligibility fo... system's ability to populate this field in the report.

Explanation of Columns

[1]Indicates the method of data submission. For the EHR submission method, there are two submiss... which obtains its data from an eligible professional's EHR system, and 2) direct EHR submission, w... from his or her EHR system.

[2]The total estimated amount of Medicare Part B PFS charges associated with services rendered d... ...The PFS claims included were based on the twelve month reporting period.

[3]The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the twelve month reporting period for which the Tax ID was eligible.

[4]The number of reporting instances where the quality-data codes (QDCs) or quality action data submitted met the measure specific reporting criteria. A successfully-reported measure has a reporting numerator of at least 75 eRx instances for group practices with 2-24 NPIs, at least 625 eRx instances for group practices with 25-99 NPIs and at least 2,500 eRx instances for group practices with 100 or more NPIs within the full reporting period.

[5]For incentive eligibility, the GPRO must have denominator eligible codes on at least 10% of the total estimated allowed Medicare Part B PFS charges.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 2.2 Screenshot of Table 2: TIN Reporting Detail – eRx GPRO Claims

Example 2.3: TIN Reporting Detail – eRx GPRO Registry

2013 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT
(GPRO REGISTRY REPORT)

Eligible professionals may participate in the Electronic Prescribing (eRx) Incentive Program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, registries, or EHR systems for services furnished between January 1, 2013 and Dece... ...aluate whether an eligible professional successfully reported for the eRx Incentive Program. Group practices partic... ...ed they self-nominated with CMS. Participation by an eligible professional or a GPRO is defined as submittin... ...tion data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is ... ...f the measure (proper CPT code or HCPCS code). The participation, incentive, and reporting details for the GP... ...he eRx program and the eRx Incentive Program Measure Specification is available on the CMS website, http://www.c... Instruments/ERxIncentive/.

Table 2: Reporting Detail for Taxpayer Identification Number (Tax ID) - Registry (GPRO)

Tax ID Name*: Jane Q. Public Clinic
Tax ID Number: XXXXX6789

Incentive and Reporting Detail for eRx Measure Reporting via Registry					
Pre-selected Method of Reporting[1]	**Incentive Eligibility Rationale**	**Total Estimated Allowed Medicare Part B PFS Charges[2]**	**Tax ID Total Earned Incentive Amount[3]**	**Reporting Numerator: eRx Instances Reported (at least 75, 625 or 2,500 required depending on GPRO size)[4]**	**% of Total Estimated Allowed Medicare Part B PFS Charges (at least 10% required)[5]**
Registry	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 required depending on GPRO size)	$750,000.00	N/A	500	11%
Registry	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$690,000.00	N/A	1,675	7%
Registry	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 required depending on GPRO size) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$1,200,000.00	N/A	600	9%
Registry	Reporting Requirements Met	$1,000,000.00	$4,900.00	1,000	25%

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 20... populate this field in the report.

Explanation of Columns

[1]Indicates the method of data submission. For the EHR submission method, there are tw... which obtains its data from an eligible professional's EHR system, and 2) direct EHR sub... his or her EHR system.

[2]The total estimated amount of Medicare Part B PFS charges associated with services re... included were based on the twelve month reporting period.

[3]The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the twelve month reporting period for which the Tax ID was eligible.

[4]The number of reporting instances where the quality-data codes (QDCs) or quality action data submitted met the measure specific reporting criteria. A successfully-reported measure has a reporting numerator of at least 75 eRx instances for group practices with 2-24 NPIs, at least 625 eRx instances for group practices with 25-99 NPIs and at least 2,500 eRx instances for group practices with 100 or more NPIs within the full reporting period.

[5]For incentive eligibility, the GPRO must have denominator eligible codes on at least 10% of the total estimated allowed Medicare Part B PFS charges.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Total amount earned by the TIN equal to 0.5% of 2013 total allowed Medicare Part B PFS charges

Percentage of 2013 total estimated allowed Medicare Part B PFS charges that contained denominator-eligible codes

In this example, the TIN reported the required number of eRx events and exceeded the 10% threshold requirement to earned incentive payment

Figure 2.3 Screenshot of Table 2: TIN Reporting Detail – eRx GPRO Registry

Example 2.4: TIN Reporting Detail – eRx GPRO EHR Data Submission Vendor

2013 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT
(GPRO DATA SUBMISSION VENDOR REPORT)

Eligible professionals may participate in the Electronic Prescribing (eRx) Incentive Program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, registries, or EHR syste… …ember 31, 2013. All reporting methods were reviewed to evaluate whether an eligible professio… …up practices participating through the GPRO were analyzed using the method they self-nominated … …D is defined as submitting at least one valid quality-data code (QDC) or quality action data via one o… …valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the r… …n, incentive, and reporting details for the GPRO are summarized below. More information regarding… …Specification is available on the CMS website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-…

Table 2: Reporting Detail for Taxpayer Identification Number (…
Tax ID Name*: Jane Q. Public Clinic
Tax ID Number: XXXXX6789

Incentive and Reporting Detail for eRx Measure Reporting via Data Submission Vendor					
Pre-selected Method of Reporting[1]	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges[2]	Tax ID Total Earned Incentive Amount[3]	Reporting Numerator: eRx Instances Reported (at least 75, 625 or 2,500 required depending on GPRO size)[4]	% of Total Estimated Allowed Medicare Part B PFS Charges (at least 10% required)[5]
Data Submission Vendor	Reporting Requirements Met	$1,000,000.00	$4,900.00	1,000	25%
Data Submission Vendor	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 required depending on GPRO size)	$750,000.00	N/A	600	11%
Data Submission Vendor	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$690,000.00	N/A	1,675	7%
Data Submission Vendor	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 required depending on GPRO size) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$1,200,000.00	N/A	600	9%

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2013 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

[1]Indicates the method of data submission. For the EHR submission method, there are two submission options: 1) a data submission vendor, which obtains its data from an eligible professional's EHR system, and 2) direct EHR submission, which represents submitting data directly from his or her EHR system.

[2]The total estimated amount of Medicare Part B PFS charges associated with services rendered during the reporting period. The PFS claims included were based on the twelve month reporting period.

[3]The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the twelve month reporting period for which the Tax ID was eligible.

[4]The number of reporting instances where the quality-data codes (QDCs) or quality action data submitted met the measure specific reporting criteria. A successfully-reported measure has a reporting numerator of at least 75 eRx instances for group practices with 2-24 NPIs, at least 625 eRx instances for group practices with 25-99 NPIs and at least 2,500 eRx instances for group practices with 100 or more NPIs within the full reporting period.

[5]For incentive eligibility, the GPRO must have denominator eligible codes on at least 10% of the total estimated allowed Medicare Part B PFS charges.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Total amount earned by the TIN equal to 0.5% of 2013 total allowed Medicare Part B PFS charges

Percentage of 2013 total estimated allowed Medicare Part B PFS charges that contained denominator-eligible codes

In this example, the TIN reported the required number of eRx events and exceeded the 10% threshold requirement to earned incentive payment

Figure 2.4 Screenshot of Table 2: TIN Reporting Detail – eRx GPRO EHR Data Submission Vendor

Example 2.5: TIN Reporting Detail – eRx GPRO EHR Direct

2013 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT
(GPRO DIRECT EHR REPORT)

Eligible professionals may participate in the Electronic Prescribing (eRx) Incentive Program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, registries, or EHR systems for services furnished be... All reporting methods were reviewed to evaluate whether an eligible professional successfully reported for the eR... through the GPRO were analyzed using the method they self-nominated with CMS. Participation by an eligible... at least one valid quality-data code (QDC) or quality action data via one of the aforementioned methods. A subm... tion data is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS... details for the GPRO are summarized below. More information regarding the eRx program and the eR... ilable on the CMS website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instrum...

Table 2: Reporting Detail for Taxpayer Identification Number (Tax ID) - D...
Tax ID Name*: Jane Q. Public Clinic
Tax ID Number: XXXXX6789

Incentive and Reporting Detail for eRx Measure Reporting via Direct EHR					
Pre-selected Method of Reporting[1]	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges[2]	Tax ID Total Earned Incentive Amount[3]	Reporting Numerator: eRx Instances Reported (at least 75, 625 or 2,500 required depending on GPRO size)[4]	% of Total Estimated Allowed Medicare Part B PFS Charges (at least 10% required)[5]
Direct EHR	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 required depending on GPRO size) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required)	$195,000.00	N/A	600	9%
Direct EHR	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	$222,000.00	N/A	1,575	7%
Direct EHR	Insufficient number of eRx instances reported (at least 75, 625 or 2,500 required depending on GPRO size)	$200,000.00	N/A	600	11%
Direct EHR	Reporting Requirements Met	$1,000,000.00	$4,000.00	1,000	25%

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2013 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

[1]Indicates the method of data submission. For the EHR submission method, there are two submission options: 1) a data submission vendor, which obtains its data from an eligible professional's EHR system, and 2) direct EHR submission, which represents submitting data directly from his or her EHR system.

[2]The total estimated amount of Medicare Part B PFS charges associated with services rendered during the reporting period. The PFS claims included were based on the twelve month reporting period.

[3]The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the twelve month reporting period for which the Tax ID was eligible.

[4]The number of reporting instances where the quality-data codes (QDCs) or quality action data submitted met the measure specific reporting criteria. A successfully-reported measure has a reporting numerator of at least 75 eRx instances for group practices with 2-24 NPIs, at least 625 eRx instances for group practices with 25-99 NPIs and at least 2,500 eRx instances for group practices with 100 or more NPIs within the full reporting period.

[5]For incentive eligibility, the GPRO must have denominator eligible codes on at least 10% of the total estimated allowed Medicare Part B PFS charges.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Total amount earned by the TIN equal to 0.5% of 2013 total allowed Medicare Part B PFS charges

Percentage of 2013 total estimated allowed Medicare Part B PFS charges that contained denominator-eligible codes

In this example, the TIN reported the required number of eRx events and exceeded the 10% threshold requirement to earned incentive payment

Figure 2.5 Screenshot of Table 2: TIN Reporting Detail – eRx GPRO EHR Direct

Accessing Feedback Reports

NPI-Level Reports (Available to Non-GPRO Individuals)

EPs who submitted data as an individual NPI (including sole proprietors who submitted under a SSN) can request their individual NPI-level feedback reports through the Communication Support Page (approximately 2-3 day processing), available at http://www.qualitynet.org/pqrs under the "Related Links" section in the upper left-hand corner of the window.

Individuals can access the TIN-level report (which includes NPI-level data for all individual EPs under that TIN) through the Portal and Individuals Authorized Access to the CMS Computer Services (IACS) login as discussed in the next section.

TIN-Level Reports (Available to TIN Practices and eRx GPROs)

TIN-level reports can be requested for individuals within the same TIN practice or for group practices participating in eRx GPRO who submitted valid eRx QDCs during the 2013 eRx 12-month reporting period. The TIN-level reports will be accessible through the Portal with IACS login at http://www.qualitynet.org/pqrs. TIN-level reports can only be accessed via the Portal.

The Portal is the secured entry point to access the 2013 eRx Incentive Program feedback reports. Your report is safely stored online and accessible only to you (and those you specifically authorize). EPs will need to obtain an IACS account for an "end user" role in order to access their 2013 eRx Incentive Program feedback reports through the secure Portal. As shown in Figure 4.1, the *IACS Quick Reference Guides* provide step-by-step instructions to request an IACS account to access the Portal, if you do not already have one.

Downloadable 2013 eRx Incentive Program feedback reports will be available as an Adobe® Acrobat® PDF in the fall of 2014 in the Portal. The report will also be available as a Microsoft® Excel or .csv file.

Assistance

Please see the *Portal User Guide* (http://www.qualitynet.org/pqrs) for detailed instructions on logging into the Portal.

CMS established the QualityNet Help Desk to support access to and registration for IACS. The QualityNet Help Desk can be reached at 1-866-288-8912 (TTY 1-877-715-6222) or by e-mail at Qnetsupport@hcqis.org. Hours of operation are Monday through Friday from 7:00 a.m. to 7:00 p.m. CST.

Note: *The 2013 eRx Incentive Program Feedback Report may contain a partial or "masked" Social Security Number/Social Security Account Number (SSN/SSAN) as part of the TIN field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner with which the SSN/SSAN is potentially associated. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.*

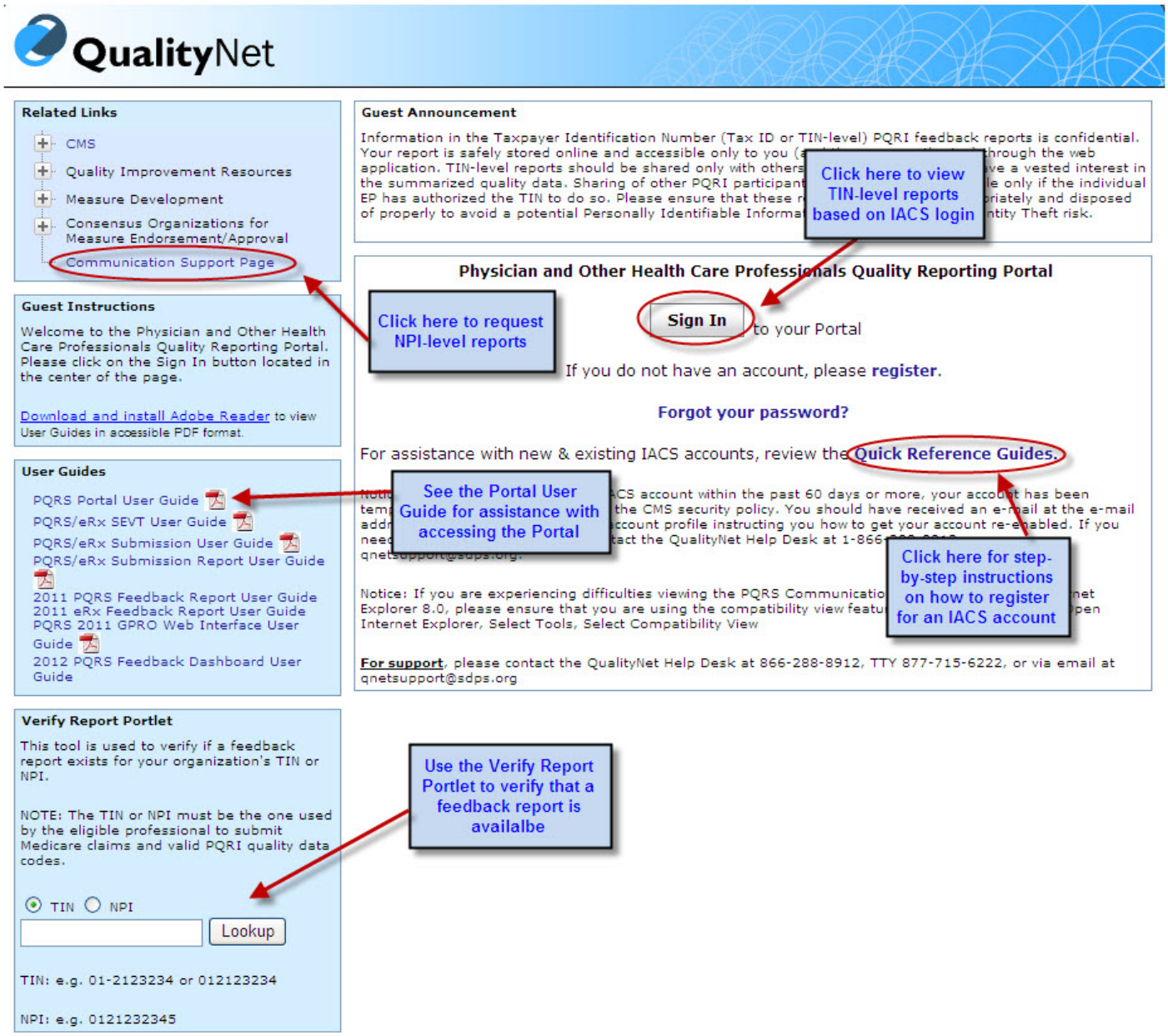


Figure 4.1 Screenshot of Physician and Other Health Care Professionals Quality Reporting Portal (Portal) at http://www.qualitynet.org/pqrs

Key Facts About eRx Incentive Eligibility and Amount Calculation

Payment Calculations

- The 0.5% incentive is based on CMS' estimate of all Medicare Part B PFS allowed charges for covered professional services: 1) furnished during the applicable 2013 reporting period, 2) processed by the Medicare Carrier or A/B MAC into the NCH by February 28, 2014, and 3) paid under or based on the PFS. 2013 eRx Incentive Program incentive payments are aggregated at the TIN level.
- For the incentive payment calculation, an EP eligible for the incentive is defined as a TIN/NPI who met the eRx criteria for successful reporting for the 2013 eRx 12-month reporting period. An eRx GPRO eligible for the incentive is defined as a TIN who met the eRx Incentive Program criteria for successful reporting for the 2013 eRx 12-month reporting period. For eRx GPRO incentive payment calculation, Medicare Part B PFS charges for those NPIs who earned an incentive from the EHR Incentive Program are not included group's total estimated charges.
- The analysis of successful reporting among individual EPs will be performed at the individual TIN/NPI level to identify each EP's services and quality data. The analysis of successful reporting among EPs in eRx GPRO will be performed at the TIN level to identify the group's services and quality data.
    - Incentive payments earned by EPs will be issued to the TIN under which he or she earned an incentive, based on the Medicare Part B PFS covered professional services claims submitted under the TIN, aggregating EPs' incentives to the TIN level.
    - For EPs who submitted claims under multiple TINs, CMS groups claims by TIN for analysis and payment purposes. As a result, a professional who submitted claims under multiple TINs may earn an eRx incentive under one of the TINs and not the other(s), or may earn an incentive under each TIN.
- For further information related to the incentive payment, please refer to the CMS eRx Incentive Program website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive, including the *Guide for Understanding 2013 eRx Incentive Program Incentive Payment.*

Distribution

- 2013 eRx Incentive Program payments are scheduled to be issued to the TIN by the Carrier or A/B MAC in the fall of 2014, electronically or via check, based on how the TIN normally receives payment for Medicare Part B PFS covered professional services furnished to Medicare beneficiaries.
- Incentive payments for the 2013 eRx Incentive Program and 2013 PQRS will be distributed separately.
- If a TIN submits claims to multiple Medicare claims-processing contractors (Carriers or A/B MACs), each contractor may be responsible for a proportion of the TIN incentive payment equivalent to the proportion of Medicare Part B PFS claims the contractor processed for the 2013 eRx 12-month reporting period. *(Note: if splitting an incentive across contractors would result in any contractor issuing an eRx incentive payment less than $20 to the TIN, the incentive will be issued by fewer contractors than may have processed PFS claims from the TIN for the reporting period).*

Frequent Concerns

- If the lump-sum incentive payment does not arrive, contact your Carrier or A/B MAC.
- If the incentive payment amount does not match what is reflected in the 2013 eRx Incentive Program feedback report, contact your Carrier or A/V MAC. The incentive amount may differ by a penny or two from what is reflected in the feedback report due to rounding. The proportion of incentive amount by Carrier or A/B MAC may not equal 100 percent due to rounding.
- The 2013 eRx incentive payment and the 2013 eRx Incentive Program feedback report will be issued at different times. The 2013 eRx payment, with the remittance advice, will be issued by the Carrier or A/B MAC and identified as a lump-sum 2013 eRx incentive payment. CMS will provide the 2013 eRx Incentive Program feedback reports through a separate process.
- The Electronic Remittance Advice sends a 2-character code (LE) to indicate incentive payments plus a 4-digit code for the type of incentive and reporting year (RX13) to accompany the incentive payment.
- The Paper Remittance Advice states: "This is an ERx incentive payment."
- 2013 eRx Incentive Program participants will not receive claim-level detail in the feedback reports.
- 2013 eRx Incentive Program feedback reports will be available in the fall of 2013.
- 2013 eRx Incentive Program feedback report availability is not based on whether or not an incentive payment was earned. Feedback reports will be available for every TIN under which at least one EP (identified by his or her NPI submitting Medicare Part B PFS claims, registry, or EHR data) or eRx GPRO (identified by the TIN submitting Medicare Part B PFS claims, registry, or quality data submitted via qualified EHR data submission vendor) reported the eRx measure a minimum of once during the 2013 eRx 12-month reporting period.
- Feedback reports for multiple years will be accessible via the Portal and will not be archived.

- If **none** of the 2013 eRx QDCs submitted via claims by individual EPs are denominator-eligible events for the 2013 eRx measure, Tables 1 and 2 of the individual EP's TIN and NPI-level reports will be populated with zeroes in most or all of the numeric fields of the tables. If **none** of the 2013 eRx QDCs submitted by EPs in the group practice via eRx GPRO are denominator-eligible events for the 2013 eRx measure, Tables 1 and 2 of the eRx GPRO's TIN-level reports will be populated with zeroes in most or all of the numeric fields of the tables.
- In some cases for EPs reporting as individuals, an individual NPI will be indicated in the feedback report as incentive eligible, but the incentive payment is determined to be zero dollars. This happens when CMS cannot find any Medicare Part B PFS allowed charges for covered professional services billed under that individual's TIN/NPI combination during the reporting period. It is important to make sure you are submitting the correct TIN/NPI number when submitting data for calculation via Registry. For EHR data submission, be sure to enter the correct TIN and NPI in the proper fields within the QRDA file. The correct TIN is the one under which the professional submitted Medicare Part B claims during 2013. The correct NPI is the professional's Individual or rendering NPI.
- 2013 eRx payments will not be earned for Individual NPI's who also earned the 2013 Medicare EHR Meaningful Use Incentive. This will be noted on the Report: Reporting Requirements Met – NPI ineligible due to earning Medicare EHR Incentive.
- 2013 eRx GPRO payments may be reduced if any participating Individual NPIs also earn the Medicare EHR Incentive for 2013. CMS will subtract those NPIs' allowed charges from the GPRO's allowed charges prior to calculation of the incentive.

Help/Troubleshooting

Following are helpful hints and troubleshooting information:

- Adobe® Acrobat® Reader is required to view the feedback report in PDF format. You can download a free copy of the latest version of Adobe® Acrobat® Reader from http://www.adobe.com/products/acrobat/readstep2.html?promoid=BUIGO.
- The report may not function optimally, correctly, or at all with some older versions of Microsoft® Windows, Microsoft® Internet Explorer, Mozilla® Firefox, or Adobe® Acrobat® Reader.
- Feedback files are generated in the 2007 version of Microsoft® Excel. Microsoft offers a free viewer application for opening Office 2007 files to users running Windows Server 2003, Windows XP, or Windows Vista Operating Systems. With Excel Viewer, you can open, view, and print Excel workbooks, even if you do not have Excel installed. You can also copy data from Excel Viewer to another program. However, you cannot edit data, save a workbook, or create a new workbook. This download is a replacement for Excel Viewer 97 and all previous Excel Viewer versions. See http://www.microsoft.com/download/en/details.aspx?DisplayLang=en&id=10 to download the free Microsoft® Excel Viewer.
- One of the format options for the feedback report is Character Separated Values (.csv) files. This is a commonly recognized delimited data format that has fields/columns separated by the comma character or other character and records/rows separated by a line feed or a carriage return and line feed pair. Csv files generated for the eRx feedback report will use the [tab] as the delimiting character. The .csv file type is generally accepted by spreadsheet programs and database management systems using the application's native features.
- Users may need to turn off their web browser's Pop-up Blocker or temporarily allow Pop-up files in order to download the eRx feedback report.
- Regardless of the format, users should preview their feedback reports prior to printing. In Microsoft® Excel, view Print Preview to ensure all worksheets show as fit to one page.
- If you need assistance with the **IACS registration process** (i.e., forgot ID, password resets, etc.) **or with questions regarding your eRx Feedback Report**, contact the QualityNet Help Desk at 866-288-8912 or qnetsupport@hcqis.org (Monday-Friday 7:00 a.m.-7:00 p.m. CT).
- Contact your Carrier or MAC with general payment questions. The *Provider Contact Center Toll-Free Numbers Directory* offers information on how to contact the appropriate provider contact center and is available for download at http://www.cms.gov/MLNGenInfo/01_Overview.asp.

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Appendix A: 2013 eRx Feedback Report Definitions

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

Term	Definition
Tax ID Name	Legal business name associated with a TIN. Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or A/B MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2013 eRx Incentive Program incentive payment; only the system's ability to populate this field in the report.
Tax ID Number	The masked TIN, whether individual or corporate TIN, Employer Identification Number (EIN), or individual professional's Social Security Number (SSN) submitted when reporting eRx data.
Total Tax ID Earned Incentive Amount for NPIs (Individuals only)	The total incentive amount earned by all NPIs under the TIN.
Total Tax ID Earned Incentive Amount (eRx GPROs only)	The total incentive amount earned by the group practice TIN participating in eRx GPRO.
A/B MAC and Carrier Identification #	A/B MAC and/or Carrier number to which the TIN bills their claims.
Tax ID Earned Incentive Amount Under A/B MAC and Carrier	The total incentive amount earned by the Tax ID (TIN) billing to each carrier. More information regarding incentive calculations can be found on the CMS website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive.
NPI (Individuals only)	National Provider Identifier of the eligible professional billing (rendering provider) under the TIN.
NPI Name (Individuals only)	Eligible professional's name identified by matching the identifier number in the CMS national PECOS database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or A/B MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2013 eRx Incentive Program payment; only the system's ability to populate this field in the report.
Method of Reporting (Individuals) or Pre-selected Method of Reporting (eRx GPRO only)	Represents how the individual NPI or the eRx GPRO submitted data for the eRx Incentive Program. The three methods include: claims, qualified registries, or qualified EHR systems. "Pre-selected" refers to the method chosen by the eRx GPRO in their Self-Nomination Statement, and this method is the only data submission method analyzed by CMS for group practices participating in eRx GPRO.

Term	Definition
Incentive Eligibility Rationale	The rationale for those NPIs or eRx GPRO TINs who were or were not eligible for incentive. **NPI** **Eligible** o Reporting Requirements Met **Not Eligible** o Insufficient number of eRx events reported (at least 25 required) o Reporting Requirements Met: NPI Ineligible due to earning Medicare EHR Incentive Program incentive payment o Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required) o Insufficient number of eRx events reported (at least 25 required) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required) **CMS-Selected eRx GPRO** **Eligible** o Reporting Requirements Met **Not Eligible** o Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required) o Insufficient number of eRx events reported (at least 75, 625, or at least 2,500 Required Depending on GPRO Size) o Insufficient number of eRx events reported (at least 75, 625, or at least 2,500 Required Depending on GPRO Size) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required) More information regarding incentive calculations can be found on the CMS website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive.
Total Estimated Allowed Medicare Part B PFS Charges	Represents the total dollar amount of estimated allowed Medicare Part B PFS charges for the codes in the measure's denominator. The PFS claims included were based on the 12-month reporting period.
NPI Total Earned Incentive Amount (Individuals only)	The 0.5% incentive for each eligible professional's TIN/NPI, based on the total estimated allowed Medicare Part B PFS charges for services rendered within the length of the reporting period for which a TIN/NPI was eligible. If N/A, the NPI was not eligible to receive an incentive.
TIN Total Earned Incentive Amount (eRx GPROs only)	The 0.5% incentive for the group practice's TIN, based on the total estimated allowed Medicare Part B PFS charges for services rendered within the length of the reporting period for which a TIN was eligible. If N/A, the group TIN was not eligible to receive an incentive.

Table 2: NPI or TIN Participation Detail

Term	Definition
Tax ID Name	Legal business name associated with a TIN. Eligible professional's name identified by matching the identifier number in the CMS national PECOS database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2013 eRx Incentive Program payment; only the system's ability to populate this field in the report.
Tax ID Number	The masked TIN, whether individual or corporate TIN, Employer Identification Number (EIN), or individual professional's Social Security Number (SSN) submitted when reporting eRx data.
NPI Number (Individuals only)	Individual National Provider Identifier of the eligible professional (rendering provider) billing under the TIN.
NPI Name (Individuals only)	Eligible professional's name identified by matching the identifier number in the CMS national PECOS database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or A/B MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2013 eRx Incentive Program payment; only the system's ability to populate this field in the report.
Participation Summary (Individuals only)	The first table section shows the following fields for the individual NPI listed: • **Method of Reporting -** Displays how the individual NPI submitted data (via claims, qualified registries, or qualified EHR systems) • **Registry/EHR Name (If Applicable)** - The name of 2013 qualified registry or EHR system that submitted data to CMS • **Qualified for Incentive** - Yes/No • **Reporting Method Used for Incentive** - Yes/No: The method of reporting deemed most advantageous will be indicated with a "Yes". If the NPI did not qualify for incentive through any reporting methods, the reporting method that was most advantageous would be populated with "N/A".
Method of Reporting (Individuals Only)	Represents how the individual NPI submitted data for the eRx Incentive Program. The three methods include: claims, qualified registries, or qualified EHR systems.
Pre-selected Method of Reporting (eRx GPROs only)	Represents how the eRx GPRO submitted data for the eRx Incentive Program. The three methods include: claims, qualified registries, or qualified EHR data submission vendor. "Pre-selected" refers to the method chosen by the eRx GPRO in their Self-Nomination/Registration Statement, and this method is the only data submission method analyzed by CMS for group practice participating in eRx GPRO.

Term	Definition
Incentive Eligibility Rationale	The rationale for those NPIs or group practices participating via eRx GPRO who were or were not eligible for incentive. **NPI** **Eligible** o Reporting Requirements Met **Not Eligible** o Insufficient number of eRx events reported (≥ 25 required) o Reporting Requirements Met: NPI Ineligible due to earning Medicare EHR Incentive Program incentive payment o Insufficient percentage of allowed charges met from the measure's denominator codes (≥ 10% required) o Insufficient number of eRx events reported (≥ 25 required) and insufficient percentage of allowed charges from the measure's denominator codes (≥ 10% required) **CMS-Selected eRx GPRO** **Eligible** o Reporting Requirements Met **Not Eligible** o Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required) o Insufficient number of eRx events reported (at least 75, 625, or 2,500 Required Depending on GPRO Size) o Insufficient number of eRx events reported (at least 75, 625, or 2,500 Required Depending on GPRO Size) and insufficient percentage of allowed charges from the measure's denominator codes (at least 10% required) More information regarding incentive calculations can be found on the CMS website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive.
Total Estimated Allowed Medicare Part B PFS Charges	The total estimated amount of Medicare Part B PFS charges associated with services rendered during the reporting period. The PFS claims included were based on the 12-month reporting period.
NPI Total Earned Incentive Amount (Individuals only)	The 0.5% incentive for each incentive-eligible professional's TIN/NPI, based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the reporting period for which a TIN/NPI was eligible. If N/A, the NPI was not eligible to receive an incentive. If $0.00, the NPI was incentive eligible but did not have any Part B PFS allowed charges.
Tax ID Total Earned Incentive Amount (eRx GPROs only)	The 0.5% incentive for the eRx GPRO TIN, based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the reporting period for which the eRx GPRO TIN was eligible. If N/A, the TIN was not eligible to receive an incentive. If $0.00, the TIN was incentive eligible but did not have any Part B PFS allowed charges.
Reporting Numerator: eRx Instances Reported	The number of reporting events where the QDCs or quality action data submitted met the measure-specific reporting criteria. Individuals should have at least 25 eligible events. GPROs consisting of 2-24 NPIs were required to report at least 75 valid eRx events. GPROs of 25-99 NPIs were required to report at least 625 valid eRx events. GPROs consisting of 100 or more NPIs were required to report at least 2,500 valid eRx events.
% of Total Estimated Allowed Medicare Part B PFS Charges (≥10% required)	For incentive eligibility, the individual eligible professional or eRx GPRO must have denominator-eligible codes on at least 10% of the total estimated allowed Medicare Part B PFS charges.