



# **User Guide**

## **2013 Electronic Prescribing (eRx) Payment Adjustment Feedback Report**

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# Table of Contents

Purpose.....	4
2013 eRx Payment Adjustment Overview .....	4
2013 eRx Payment Adjustment Report Overview.....	6
System Requirements for the Portal .....	6
<i>Hardware</i> .....	6
<i>Software</i> .....	6
<i>Internet Connection</i> .....	6
Payment Adjustment Feedback Report Content and Appearance.....	7
<i>Table 1: Reporting Detail for the Taxpayer Identification Number (Tax ID or TIN)</i> .....	7
<i>Table 2: NPI Reporting Detail (Individuals Only)</i> .....	11
Accessing Feedback Reports.....	13
Key Facts about the 2013 eRx Payment Adjustment .....	15
Help/Troubleshooting.....	16
Copyright, Trademark, and Code-Set Maintenance Information .....	16
Appendix A: 2013 eRx Payment Adjustment Feedback Report Definitions .....	17
<i>Table 1: Reporting Detail for the Taxpayer Identification Number (Tax ID or TIN)</i> .....	17
<i>Table 2: NPI Reporting Detail (Individuals Only)</i> .....	18

# User Guide

## 2013 Electronic Prescribing (eRx) Payment Adjustment Feedback Report

### Purpose

The *2013 Electronic Prescribing (eRx) Payment Adjustment Feedback Report User Guide* is designed to assist eligible professionals, group practices, and their authorized users in accessing and interpreting the 2013 eRx payment adjustment feedback report. The 2013 eRx payment adjustment feedback report reflects partial reporting year data from the Medicare Part B claims with dates of service of January 1–October 31, 2011 that were processed into the National Claims History (NCH) by December 30, 2011.

The 2013 eRx payment adjustment feedback report is an interim report based on partial year reporting that allows providers to determine their status in meeting the 2011 eRx Incentive Program requirements for being a successful electronic prescriber. Eligible professionals, and selected group practices participating in the Group Practice Reporting Option (GPRO) for eRx, who are deemed successful electronic prescribers for the 2011 eRx Incentive Program will be automatically exempt from the 2013 eRx payment adjustment for that Taxpayer Identification Number (Tax ID Number, or TIN). Eligible professionals and group practices participating in eRx GPRO deemed unsuccessful at meeting the 2011 eRx Incentive Program requirements based on partial year reporting, allows those eligible professionals to work toward avoiding the 2013 eRx payment adjustment by meeting the 2012 eRx 6-month (January 1–June 30, 2012) reporting requirements. Additional information is available on the CMS website at <http://www.cms.gov/ERXincentive>.

**Note:** This report does **not** provide final determination on whether or not the eligible professional has met the satisfactory reporting criteria for the 2011 eRx Incentive Program. Additionally, 2011 eRx program data submitted via registry reporting, or qualified EHR systems will **not** be included in this report; rather, that information will be available for review in the fall of 2012 through the *2011 eRx Final Feedback Report*.

### 2013 eRx Payment Adjustment Overview

Section 1848(m) of the Social Security Act authorizes the Centers for Medicare & Medicaid Services (CMS) to subject eligible professionals who are not successful electronic prescribers under the eRx Incentive Program to future payment adjustments. All eligible professionals had the opportunity to avoid the 2013 eRx payment adjustment by meeting the criteria for becoming a successful electronic prescriber in 2011 during the eRx 12-month reporting period (January 1–December 31, 2011), and again in 2012 during the eRx 6-month reporting period (January 1–June 30, 2012). To avoid the 2013 eRx payment adjustment, an eligible professional had to submit valid eRx Incentive Program quality-data codes (QDCs) for Medicare Part B PFS services, as defined by the eRx measure specification.

Valid eRx QDC submissions are counted when the eRx QDC (G8553) was submitted via claims, registry reporting, or qualified EHR system, and all measure-eligibility criteria was met (i.e., correct Current Procedural Terminology, or CPT code).

- QDC G8553 indicated that at least one prescription was created during an eRx measure-eligible visit, or eRx denominator-eligible event (as defined in the *eRx Incentive Program Measure Specification*), and was transmitted electronically using a CMS qualified eRx system.
- Eligible professionals could have submitted eRx QDCs as an individual, or as a group practice participating in the eRx Group Practice Reporting Option (or eRx GPRO).
- Only group practices that self-nominated, indicated the intent of reporting eRx as a 2011 GPRO during the self-nomination period, and participated in the 2011 Physician Quality Reporting System (Physician Quality Reporting) GPRO I or II were eligible to submit eRx QDCs during the reporting period as an eRx GPRO.

### 2013 eRx Payment Adjustment – Eligibility Criteria

The 2013 eRx payment adjustment will **only apply** to those individual eligible professionals who meet all of the following criteria:

- Have more than 10% of an individual eligible professional's allowed charges for the 2012 eRx 6-month reporting period (January 1–June 30, 2012) comprised of codes in the denominator of the 2012 eRx measure;

- Meet the aforementioned taxonomy criteria (doctor of medicine, doctor of osteopathy, doctor of podiatric medicine, nurse practitioner, or physician assistant) based on NPPES primary specialty taxonomy criterion for the 2012 eRx 6-month reporting period; **AND**
- Have more than 100 cases containing an encounter code in the measure's denominator during the 2012 eRx 6-month reporting period.

The 2013 eRx payment adjustment will **only apply** to those group practices participating in 2012 eRx GPRO that meet all of the following criteria:

- Have more than 10% of the eRx GPRO's allowed charges for the 2012 eRx 6-month reporting period (January 1–June 30, 2012) comprised of codes in the denominator of the 2012 eRx measure.

Individual eligible professionals, and group practices participating in eRx GPRO, who meet the above criteria, but did not become successful electronic prescribers during the 2011 eRx 12-month reporting period (January 1, 2011–December 31, 2011), or during the 2012 eRx 6-month reporting period (January 1, 2012–June 30, 2012), and did not submit a 2012 significant hardship exemption or lack of prescribing privileges G-code will receive 98.5% (or 1.5% less) of the PFS amount for covered professional services rendered from January 1–December 31, 2013.

If a group practice participating in eRx GPRO did not become successful electronic prescribers during the 2011 eRx 12-month reporting period, or during the 2012 6-month reporting period, did not submit a 2012 significant hardship exemption, and meets the previously mentioned eligibility criteria, the group will receive 98.5% (or 1.5% less) of the PFS amount for covered professional services rendered from January 1–December 31, 2013.

For more information on the eRx Incentive Program or the 2013 eRx payment adjustment, please visit the CMS website at <http://www.cms.gov/ERxIncentive>.

### **2011 eRx Incentive Program – Avoiding the 2013 eRx Payment Adjustment**

Individual eligible professionals were required to submit at least 25 valid eRx events during the 2011 eRx 12-month reporting period to be automatically exempt from the 2013 eRx payment adjustment. Final analysis of all 2011 eRx data will be completed in the fall of 2012 for a final determination of whether or not eligible professionals will be automatically exempt from the 2013 eRx payment adjustment. An eligible professional needed to have met the reporting criteria for each TIN under which (s)he worked during 2011 to be automatically exempt from the 2013 eRx payment adjustment for each TIN.

During the 2011 eRx 12-month reporting period, practices participating in eRx GPRO (Physician Quality Reporting participants who self-nominated to participate in the 2011 eRx Incentive Program as a GPRO) were required to submit at least 2,500 unique valid electronic prescribing events during the 12-month reporting period to be automatically exempt from the 2013 eRx payment adjustment. GPRO IIs participating in eRx as a group (Physician Quality Reporting participants who self-nominated to participate in the 2011 eRx Incentive Program as a GPRO II) were required to submit a specific number of unique valid eligible electronic prescribing events dependent on group size, during the 12-month reporting period, to be automatically exempt from the 2013 eRx payment adjustment. The required number of eRx eligible events by group size for group practices participating in eRx GPRO II can be found in the footnotes of the *2013 eRx Payment Adjustment Feedback Report*.

### **2012 eRx Incentive Program – Avoiding the 2013 eRx Payment Adjustment**

As previously mentioned, eligible professionals have a second chance to avoid the 2013 eRx payment adjustment during the 2012 eRx 6-month reporting period (January 1–June 30, 2012). Individual eligible professionals are required to submit **at least 10 eRx events** on any billable PFS claim during the 2012 eRx 6-month reporting period to be automatically exempt from the 2013 eRx payment adjustment. An eligible professional needs to meet the reporting criteria for each TIN under which (s)he worked during 2012 to be automatically exempt from the 2013 eRx payment adjustment for each TIN. Analysis of the eRx 6-month reporting period to determine subjectivity of the 2013 eRx payment adjustment is at the TIN/National Provider Identifier (NPI) level for individual eligible professionals and TIN level for group practices participating in eRx GPRO. Eligible professionals within the eRx GPRO need to meet the reporting criteria for the GPRO TIN participating in eRx as a group under which (s)he worked under for the first 6 months of 2012 to avoid the 2013 eRx payment adjustment. Additional information on 2012 eRx reporting is available on the CMS website at <http://www.cms.gov/ERxIncentive>.

**Also, during the 2012 eRx 6-month reporting period (January 1–June 30, 2012), individual eligible professionals and group practices participating in eRx GPRO have the opportunity to report the significant hardship exemption G-codes (G8642 and G8643), or lack of prescribing privileges G-code (G8644) via claims to avoid the 2013 eRx payment adjustment. Individual eligible professionals and group practices participating in eRx GPRO are also**

able to submit hardship exemption requests via the **Quality Reporting Communication Support Page (Communication Support Page)**, which will be available March 1, 2012-June 30, 2012 under the **Related Links** section (upper left frame) at <http://www.qualitynet.org/pqrs>. **2013 eRx Payment Adjustment Report**

## Overview

The 2013 eRx payment adjustment feedback report provides interim analysis of partial year data from Medicare Part B claims received for services rendered January 1–October 31, 2011 that were processed into the National Claims History (NCH) by December 30, 2011. The 2013 eRx payment adjustment feedback report is an interim report that provides a status check on where the eligible professional is in meeting the 2011 eRx Incentive Program requirements for being a successful electronic prescriber, and; therefore, automatically exempt from the 2013 eRx payment adjustment. Eligible professionals deemed unsuccessful at meeting the 2011 eRx Incentive Program requirements have a second chance to avoid the 2013 eRx payment adjustment by meeting the 2012 eRx 6-month reporting requirements (January 1–June 30, 2012).

The 2013 eRx payment adjustment feedback report will be accessible to individual eligible professionals, who met the aforementioned taxonomy criteria, and group practices participating in eRx GPRO, who submitted at least one Medicare Part B claim containing an eRx denominator-eligible service rendered January 1–October 31, 2011 that was processed into the National Claims History by December 30, 2011. The 2013 eRx payment adjustment feedback report will **not** reflect the following:

- Data analysis of the full 2011 eRx 12-month reporting period and claims run-out processing period (claims with dates of service January 1–December 31, 2011, with a processing period through February 24, 2012)
- 2011 eRx QDCs submitted via registry reporting, or qualified EHR systems
- 2013 Significant Hardship G-codes submitted via claims during the 2012 eRx 6-month reporting period (January 1-June 30, 2012)
- 2013 Significant Hardship exemptions requested through the Quality Reporting Communication Support Page (Communication Support Page), available March 1–June 30, 2012

2013 eRx payment adjustment feedback reports are available at both the individual NPI and TIN level. Individual eligible professionals who met the taxonomy eligibility criteria, and submitted Part B claims containing an eRx denominator-eligible visit will be able to request NPI-level, in addition to viewing their NPI data within the TIN-level report. TIN level reports summarize the reporting of many individual NPIs within one practice, and also include NPI level data. Group practices participating in eRx GPRO will only have TIN-level reports available.

2013 eRx payment adjustment feedback reports will be made available in spring 2012. For more information on future eRx payment adjustments, see <http://www.cms.gov/MLN Matters Articles/downloads/SE1107.pdf>.

## System Requirements for the Portal

Minimum hardware and software requirements to effectively access and view the feedback reports on the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) are listed below.

### Hardware

- 233 MHZ Pentium processor with a minimum of 150 MB free disk space
- 64 MB RAM (128 MB is recommended)

### Software

- Microsoft® Internet Explorer version 7.0
- Adobe® Acrobat® Reader version 5.0 and above, or Microsoft® 2007 Excel
- JRE is 1.6.0\_21, software is available for download on the Portal
- Windows® XP operating system
- WinZip version 7.0 or greater (or compatible zip programs using default compression settings) for Zip file creation to upload data

### Internet Connection

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

## Payment Adjustment Feedback Report Content and Appearance

2013 eRx payment adjustment feedback reports will be available for all individual eligible professionals who met the aforementioned taxonomy eligibility criteria and group practices participating in eRx GPRO who submitted at least one denominator-eligible Medicare Part B claim with a date of service during the 2011 eRx partial year reporting period (January 1–October 31, 2011). Individuals and group practices participating in eRx GPRO will be able to access a TIN-level report. The TIN-level feedback report is only accessible by the TIN.

**Table 1: Reporting Summary for the Tax ID or TIN**

Individual eligible professional's TIN-level report will receive the following information for each NPI in Table 1 of the feedback report (see Example 1.1):

- **Reporting Denominator: Applicable Cases that Could be Reported:** The number of events for which the TIN/NPI was eligible to report the measure.
- **Reporting Numerator: Valid Unique eRx G-Codes Reported:** The number of reporting events where the eRx QDCs submitted met the measure specific reporting criteria. At least 25 valid non-hardship eRx G-codes reported during the 12-month reporting period are required to avoid the payment adjustment.
- **Currently Subject to the 2013 eRx Payment Adjustment:** Indicates whether an eligible professional **may be** subject to the 2013 eRx Payment Adjustment based on preliminary analysis. The eligible professional may still be able to avoid the 2013 payment adjustment if the eligible professional became a successful electronic prescriber in 2011, by submitting additional QDCs after the October 31, 2011 preliminary analysis, or by meeting the 2012 eRx 6-month reporting criteria.

Group practices participating in eRx GPRO will receive the following information in Table 1 of the feedback report (see Example 1.2-GPRO I and Example 1.3-GPRO II):

- **Reporting Denominator: Applicable Cases that Could be Reported:** the number of events for which the GPRO was eligible to report the measure.
- **Reporting Numerator: Valid Unique eRx G-codes Reported:** the number of reporting events where the eRx QDCs submitted met the measure-specific reporting criteria for group practices participating in eRx GPRO I or II. A successful eRx GPRO I was required to submit at least 2,500 eRx QDCs (G8553) during the reporting period to avoid the payment adjustment. A successful eRx GPRO II was required to report the following number of eRx QDCs during the reporting period:
  - 2-10 NPIs = 75 eligible unique visits
  - 11-25 NPIs = 225 eligible unique visits
  - 26-50 NPIs = 475 eligible unique visits
  - 51-100 NPIs = 925 eligible unique visits
  - 101-199 NPIs = 1,875 eligible unique visits
- **Currently Subject to the 2013 eRx Payment Adjustment:** Indicates whether group practice participating in eRx GPRO may be subject to the 2013 eRx payment adjustment based on preliminary analysis. The group practice participating in eRx GPRO may still be able to avoid the 2013 payment adjustment if the eRx GPRO I became a successful electronic prescriber in 2011, by submitting additional QDCs after the October 31, 2011 preliminary analysis, or by meeting the 2012 eRx 6-month reporting criteria.

For definition of terms related to 2012 eRx payment adjustment feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail.

# Example 1.1: Reporting Summary for the Tax ID or TIN (Non-eRx GPRO)

## 2013 ELECTRONIC PRESCRIBING (eRx) PAYMENT ADJUSTMENT FEEDBACK REPORT

Participation in the eRx Program is at the individual National Provider Identifier level within a Tax ID (TIN/NPI) or at the TIN level for GPROs. The eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to October 31, 2011 and processed by the CMS Central Office by December 30, 2011 to determine eligible professional's current 2013 payment adjustment status in the eRx program using the claims reporting mechanism. The eligible professional may still be able to avoid the 2013 payment adjustment if the eligible professional has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012. The TIN/NPI reporting detail is summarized below. More information regarding the eRx program is available on the CMS website, [www.cms.gov/EPatncentiv](http://www.cms.gov/EPatncentiv).

**Table 1: Reporting Detail for the Taxpayer Identification Number (Tax ID)**  
Sorted by NPI Number

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

Report Time Period: Dates of service from 1/1/2011 to 10/31/2011 and pro...

Note: This report includes partial year reporting for the 2011 eRx program for those professionals only

Number of visits during the 10-month reporting period that were eligible for eRx

Calculated threshold of allowed charges for eRx denominator-eligible events during the 10-month reporting period

Reporting Detail						
NPI	NPI Name*	Reporting Denominator: Applicable Cases That Could Be Reported <sup>1</sup>	Actual # of eRx G-Codes Reported <sup>2</sup>	Reporting Numerator: Valid Unique eRx G-Codes Reported (25 Required to Avoid Payment Adjustment) <sup>3</sup>	Currently Subject to 2013 Payment Adjustment Assessment <sup>4</sup>	Reason <sup>5</sup>
1000000001	Not Available	29	32	26	No	Reported Successfully
1000000002	Smith, Susie	150	28	18	Yes	Did not successfully report at least 25 valid eRx G-Codes

\*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 Carrier/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 2011 eRx incentive payment or 2013 eRx Payment Adjustment, only the system's ability to populate this field in the report.

**Explanation of Columns:**

<sup>1</sup> The number of events for which the TIN/NPI was eligible to report the measure, if an eRx encounter was reported.

<sup>2</sup> The number of eRx G-Code (Quality Data Code) submissions for a measure whether or not the encounter was reported.

<sup>3</sup> The number of reporting events where the eRx G-Codes (Quality Data Codes) submitted met the reporting requirements. At least 25 valid reports are required to avoid payment adjustment.

<sup>4</sup> Indicates whether a professional is currently subject to a 2013 eRx Payment Adjustment. Professionals who are currently subject to a 2013 eRx Payment Adjustment are listed as "Yes".

<sup>5</sup> Explains why an eligible professional is or is not currently subject to the 2013 eRx Payment Adjustment as of the time period displayed above.

Valid number of eRx G-codes (G8553) reported during the 10-month reporting period

Shows whether or not the eligible professional's 2013 Medicare Part B PFS reimbursement will be adjusted by 1% and why

Columns are also explained in the corresponding footnotes

Note: This reporting detail table is for informational purposes only.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN) field. Care should be taken in the handling and disposal of this report to protect the privacy of the individual practitioner whose 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 Screenshot of Table 1: Reporting Summary for the Taxpayer Identification Number (Tax ID) - Individual

## Example 1.2: Reporting Summary Tax ID or TIN (GPRO I)

### 2013 ELECTRONIC PRESCRIBING (eRx) PAYMENT ADJUSTMENT FEEDBACK REPORT

Participation in the eRx Program is at the individual National Provider Identifier level within a Tax ID (TIN/NPI) or at the TIN level for GPROs. The eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to October 31, 2011 and processed by the CMS Central Office by December 30, 2011 to determine the GPRO's current 2013 payment adjustment status in the eRx program using the claims reporting mechanism. The GPRO may still be able to avoid the 2013 payment adjustment if the GPRO has been a successful e- Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012. The reporting detail for GPRO I is summarized below. More information regarding the eRx program is available on the CMS website, [www.cms.gov/ERxIncentive](http://www.cms.gov/ERxIncentive).

**Table 1: TIN Reporting Detail - GPRO I**

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

**Report Time Period:** Dates of service from 1/1/2011 to 10/31/2011 and processed by CMS Central Office by 12/30/2011

**Note:** This report includes partial year reporting for the 2011 eRx Program Year based on claims data only

Reporting Detail				
Reporting Denominator: Applicable Cases That Could Be Reported <sup>1</sup>	Actual # of eRx G-Codes Reported <sup>2</sup>	Reporting Numerator: Valid Unique eRx G-Codes Reported (2,500 Required to Avoid Payment Adjustment) <sup>3</sup>	Currently Subject to 2013 Payment Adjustment Assessment <sup>4</sup>	Reason <sup>5</sup>
5,000	3,000	2,500	No	Reported Successfully
2,500	2,500	2,200	Yes	Did not successfully report at least 2,500 valid eRx G-Codes

\*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 Carrier/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 2011 eRx incentive payment or 2013 eRx Payment Adjustment, only the system's ability to populate this field in the report.

**Explanation of Columns:**

<sup>1</sup> The number of events for which the GPRO is eligible to receive an eRx incentive payment or eRx encounter occurred.

<sup>2</sup> The number of eRx G-Code (Quality Data)

<sup>3</sup> The number of reporting events where the GPRO met the measure specific reporting criteria for GPRO I. At least 2,500 valid eRx G-codes reported

<sup>4</sup> Indicates whether the GPRO is currently subject to the 2013 eRx Payment Adjustment as of the time period displayed above. The GPRO may still be able to avoid the 2013 payment adjustment if the GPRO has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012.

<sup>5</sup> Explains why a GPRO is or is not currently subject to the 2013 eRx Payment Adjustment as of the time period displayed above.

**Note:** This reporting detail table is for informational purposes only.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN) field. Care should be taken in the handling and disposal 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 1.2 Screenshot of Table 1: Reporting Summary for the Tax ID or TIN (GPRO I)**

# Example 1.3: Reporting Summary for the Tax ID or TIN (GPRO II)

## 2013 ELECTRONIC PRESCRIBING (eRx) PAYMENT ADJUSTMENT FEEDBACK REPORT

Participation in the eRx Program is at the individual National Provider Identifier level within a Tax ID (TIN/NPI) or at the TIN level for GPROs. The eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to October 31, 2011 and processed by the CMS Central Office by December 30, 2011 to determine the GPRO's current 2013 payment adjustment status in the eRx Program using the claims reporting mechanism. The GPRO may still be able to avoid the 2013 payment adjustment if the GPRO has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012. The reporting detail for GPRO II is summarized below. More information regarding the eRx program is available on the CMS website, [www.cms.gov/ERxIncentive](http://www.cms.gov/ERxIncentive).

**Table 1: TIN Reporting Detail - GPRO II**

**Tax ID Name\*:** Jack Q. Public Clinic  
**Tax ID Number:** XXXXX1234

**Report Time Period:** Dates of service from 1/1/2011 to 10/31/2011 and processed by CMS Central Office by 12/31/2011

**Note:** This report includes partial year reporting for the 2011 eRx Program Year based on claims data only.

Number of visits during the 10-month reporting period that were eligible for eRx

Calculated threshold of allowed charges for eRx denominator-eligible events during the 10-month reporting period

Reporting Detail					
GPRO II Group Size Tier	Reporting Denominator: Applicable Cases That Could Be Reported <sup>1</sup>	Actual # of eRx G-Codes Reported <sup>2</sup>	Reporting Numerator: Valid Unique eRx G-Codes Reported (See Footnote for Requirement to Avoid Payment Adjustment) <sup>3</sup>	Currently Subject to 2013 Payment Adjustment Assessment <sup>4</sup>	Reason <sup>5</sup>
2-10	150	110	85	No	Reported Successfully
11-25	275	250	74	Yes	Did not successfully report required number of eRx G-Codes

\*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 Carrier/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 2011 eRx incentive payment or 2013 eRx Payment Adjustment, only the system's ability to populate this field in the report.

**Explanation of Columns:**

- 1 The number of events for which the GPRO reported an eRx encounter occurred.
- 2 The number of eRx G-Code (Quality Data Codes) submitted whether or not the QDC submission was valid and the eRx encounter occurred.
- 3 The number of reporting events where the valid eRx G-Code (Quality Data Codes) submitted met the measure specific reporting requirements. A successful GPRO II will report the numerator during the reporting period to avoid the payment adjustment depending on the following:  
 • 2-10 NPIs = 75 eligible unique visits  
 • 11-25 NPIs = 225 eligible unique visits  
 • 26-50 NPIs = 475 eligible unique visits  
 • 51-100 NPIs = 925 eligible unique visits  
 • 101-199 NPIs = 1,875 eligible unique visits
- 4 Indicates whether the GPRO is currently subject to the 2013 Payment Adjustment as of the time period displayed above. The GPRO may still be able to avoid the 2013 payment adjustment if the GPRO has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012.
- 5 Explains why a GPRO is or is not currently subject to the 2013 eRx Payment Adjustment as of the time period displayed above.

Valid number of eRx G-codes reported during the 10-month reporting period

Shows whether or not the GPRO's 2013 Medicare Part B PFS reimbursement will be adjusted by 1% and why

See footnotes for additional explanations

**Note:** This reporting detail table is for informational purposes only.

**Figure 1.3 Screenshot of Table 1: Reporting Summary for the Tax ID or TIN (GPRO II)**

## Table 2: NPI Reporting Detail (Available to Non-eRx GPRO Individuals)

Individual eligible professionals who met the taxonomy eligibility criteria, and submitted at least one denominator-eligible Medicare Part B claim with a date of service during the 2011 eRx preliminary reporting period (January 1–October 31, 2011) will be able to access an NPI-level report (Table 2).

An individual eligible professional will receive the following information in Table 2 of the feedback report (see Example 2.1):

- **Reporting Denominator: Applicable Cases that Could be Reported:** the number of events for which the TIN/NPI was eligible to report the measure.
- **Reporting Numerator: Valid Unique eRx G-Codes Reported:** The number of reporting events where the eRx QDCs submitted met the measure specific reporting criteria. At least 25 valid non-hardship eRx G-codes reported during the reporting period are required during the 12-month reporting period to avoid the payment adjustment.
- **Currently Subject to the 2013 eRx Payment Adjustment:** Indicates whether an eligible professional may be subject to the 2013 eRx Payment Adjustment based on preliminary analysis. The eligible professional may still be able to avoid the 2013 payment adjustment if the eligible professional became a successful electronic prescriber in 2011, by submitting additional QDCs after the October 31, 2011 preliminary analysis, or by meeting the 2012 eRx 6-month reporting criteria.

## Example 2.1: Reporting Detail (Non-eRx GPRO)

### 2013 ELECTRONIC PRESCRIBING (eRx) PAYMENT ADJUSTMENT FEEDBACK REPORT

Participation in the eRx Program is at the individual National Provider Identifier level within a Tax ID (TIN/NPI) or at the TIN level for GPROs. The eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to October 31, 2011 and processed by the CMS Central Office by December 30, 2011 to determine the eligible professional's current 2013 payment adjustment status in the eRx program using the claims reporting mechanism. The eligible professional may still be able to avoid the 2013 payment adjustment if the eligible professional has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012. The NPI reporting detail is summarized below. More information regarding the eRx program is available on the CMS website, [www.cms.gov/ERXincentive](http://www.cms.gov/ERXincentive).

#### Table 2: NPI Reporting Detail

Tax ID Name\*: John Q. Public Clinic  
Tax ID Number: XXXXX2345  
NPI Number: 1000000004

Report Time Period: Dates of service from 1/1/2011 to 10/31/2011 and processed by CMS Central Office by 12/30/2011

Note: This report includes partial year reporting for the 2011 eRx Program Year based on claims data only

Reporting Detail				
Reporting Denominator: Applicable Cases That Could Be Reported <sup>1</sup>	Actual # of eRx G-Codes Reported <sup>2</sup>	Reporting Numerator: Valid Unique eRx G-Codes Reported (25 Required to Avoid Payment Adjustment) <sup>3</sup>	Currently Subject to 2013 Payment Adjustment Assessment <sup>4</sup>	Reason <sup>5</sup>
100	8	5	No	Did not successfully report at least 25 valid eRx G-Codes

\*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 Carrier/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 the 2013 eRx Payment Adjustment, only the system's ability to populate this field in the report.

#### Explanation of Columns

- The number of eRx G-Codes reported.
- The number of eRx G-Codes reported.
- The number of reporting events where the eRx G-Codes (Unique eRx G-Codes) were reported. At least 25 non-hardship valid eRx G-Codes reported during the reporting period.
- Indicates whether an eligible professional is currently subject to the 2013 eRx Payment Adjustment as of the time period displayed above. If the eligible professional is currently subject to the 2013 payment adjustment if the eligible professional has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012.
- Explains why an eligible professional is or is not currently subject to the 2013 eRx Payment Adjustment as of the time period displayed above.

Note: This reporting detail table is for informational purposes only.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN) field. Care should be taken in the handling and disposal of this report to protect the privacy of the individual practitioner whose 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: Reporting Detail (Available to Non-eRx GPRO Individuals)

## Accessing Feedback Reports

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

Eligible professionals who submitted claims as an individual NPI (including sole proprietors who submitted claims under a SSN) can request their individual NPI-level feedback reports through one of the following methods:

- 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
- Part B Carrier/MAC (approximately 2-3 week processing), contact the Carrier/MAC to request report

Individuals can access the TIN-level report (which includes NPI-level data for all individual eligible professionals under that TIN) through the Portal and IACS login as discussed in the next section.

### TIN-Level Reports (Available to eRx GPROs)

TIN-level reports can be requested for individuals within the same practice or for group practices participating in eRx GPRO who submitted at least one denominator-eligible claim during the 2011 eRx 12-month reporting period will be able to access TIN-level reports through the Portal, <http://www.qualitynet.org/pqrs>, and IACS login. TIN-level reports can only be accessed via the Portal.

The Portal is the secured entry point to access the 2013 eRx payment adjustment feedback reports. The report is safely stored online and accessible only to the eligible professional (and those specifically authorized). Eligible professionals will need to obtain an IACS account for an "end user" role in order to access their 2013 eRx payment adjustment feedback reports through the Portal. As shown in Figure 3.1, the *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 payment adjustment TIN-level feedback reports will be available as an Adobe® Acrobat® PDF in the spring of 2012 via the Portal. The report will also be available as a Microsoft® Excel or .csv file.

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@sdps.org](mailto:Qnetsupport@sdps.org). Hours of operation are Monday through Friday 7:00 a.m. to 7:00 p.m. CST.

**Note:** *This 2013 eRx Payment Adjustment 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.*

The PQRs Portal User Guide (<http://www.qualitynet.org/pqrs>) provides detailed instructions for logging into the Portal.

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. Below it is a 'Related Links' sidebar with a tree view containing: CMS, Quality Improvement Resources, Measure Development, Consensus Organizations for Measure Endorsement/Approval, and Communication Support Page (circled in red). To the right is a 'Guest Announcement' box with text about confidentiality. The main content area is titled 'Physician and Other Health Care Professionals Quality Reporting Portal'. It features a 'Sign In' button, a 'Forgot your password?' link, and a 'Quick Reference Guides' link (circled in red). Below these are two notices regarding IACS accounts. At the bottom left is a 'Verify Report Portlet' with radio buttons for TIN and NPI, a 'Lookup' button, and example numbers. Three blue callout boxes with red arrows point to specific elements: 'Click here to request NPI-level reports' points to the 'Communication Support Page' link; 'See the Portal User Guide for assistance with accessing the Portal' points to the 'PQRS Portal User Guide' link; and 'Click here for step-by-step instructions on how to register for an IACS account' points to the 'Quick Reference Guides' link. The footer contains 'QualityNet Help Desk | Accessibility Statement | Privacy Policy | Terms of Use'.

Figure 3.1 Screenshot of Physician and Other Health Care Professionals Quality Reporting Portal

# Key Facts about the 2013 eRx Payment Adjustment

## 2013 eRx Payment Adjustment Calculations

- Subjectivity to receive the payment adjustment is based on CMS final analysis of the following data submissions:
  - All valid 2011 eRx denominator-eligible QDCs submitted via claims, registry reporting, or a qualified EHR system with a date of service during the 12-month reporting period (January 1–December 31, 2011), **OR**
  - If not a successful electronic prescriber in 2011, all valid 2012 eRx QDCs submitted via claims with a date of service during the 6-month reporting period (January 1–June 30, 2012), that are processed into NCH by July 27, 2012
- For individual eligible professionals, the analysis of successful reporting will be performed at the individual TIN/NPI level to identify each eligible professional's services and quality data. An individual eligible professional who would be subject to the 2013 eRx payment adjustment is defined as a TIN/individual NPI who:
  - Failed to meet the 2012 eRx 6-month reporting criteria
  - Did not request a hardship exemption, or lack of prescribing privileges during the 2012 eRx 6-month reporting period
  - Failed to meet the 2011 eRx 12-month criteria for successful reporting
- For group practices participating in eRx GPRO, the analysis of successful reporting among the group will be performed at the TIN level to identify the group's services and quality data. All NPIs under the TIN will receive the payment adjustment if the eRx GPRO fails as a group. A group practice participating in eRx GPRO that would be subject to the 2013 eRx payment adjustment is defined as a TIN who:
  - Failed to meet the 2012 reporting criteria during the 2012 eRx 6-month reporting period
  - Did not request a hardship exemption, or lack of prescribing privileges during the eRx 6-month reporting period
  - Failed to meet the 2011 criteria for successful reporting during the 12-month reporting period (January 1–December 31, 2011)
- For eligible professionals who submitted claims under multiple TINs, CMS groups claims by TIN/NPI for analysis and payment adjustment purposes. As a result, a professional who submitted claims under multiple TINs in 2011 may be subject to an eRx payment adjustment under one of the TINs and not the other(s), or may be subject to a payment adjustment under each TIN.
- For individuals, the eRx payment adjustment analysis and application is based on the TIN/individual NPI combination during the reporting period. If an individual eligible professional (individual NPI) completed his or her 2011 reporting under an old TIN, and then bills under a new TIN starting January 1, 2012, his/her 2011 reporting will not carry over to the new TIN. If the 2013 eRx payment adjustment feedback report indicates that an individual eligible professional met the 2011 eRx 12-month reporting criteria under his/her old TIN, (s)he will not be automatically exempt from the 2013 eRx payment adjustment under a new TIN. Therefore, (s)he must become a successful electronic prescriber during the 2012 6-month reporting period under the new TIN in order to avoid the 2013 eRx payment adjustment.
- For group practices participating in eRx GPRO, the eRx payment adjustment analysis and application is based on the reporting TIN. If a group practice participating in eRx GPRO changes TINs during the reporting period, CMS will group claims by TIN for analysis and payment adjustment purposes. As a result, only data submitted under the old TIN (used when self-nominating) will be analyzed as an eRx GPRO, and data submitted under the new TIN will be analyzed as individual NPIs for that reporting period. If the eRx GPRO successfully reported in 2011, those NPIs under the eRx GPRO will not be automatically exempt from the 2013 eRx payment adjustment under the new TIN. Therefore, the 2012 eRx GPRO must become successful electronic prescribers under the new TIN during the 2012 6-month reporting period in order to avoid the 2013 eRx payment adjustment.

## 2013 eRx Payment Adjustment Application

- The eRx payment adjustment for not being a successful electronic prescriber will result in an individual eligible professional, or group practice participating in an eRx GPRO, receiving 98.5% of his or her Medicare Part B PFS amount that would otherwise apply to such services (or 1.5% less TIN reimbursement) for all charges with a date of service from January 1–December 31, 2013.
- The TIN/NPI will receive adjusted Medicare Part B reimbursements as (s)he would normally receive payment for Medicare Part B PFS covered professional services furnished to Medicare beneficiaries.
- The eRx payment adjustments will be applied separately from the eRx Incentive Program or any other CMS incentive program incentive payments.
- If a TIN/NPI submits claims to multiple Medicare claims processing contractors (Carriers or MACs) and is subject to the eRx payment adjustment, each contractor will payout 1.5% less for all the Medicare Part B PFS claims the contractor processes with a date of service from January 1–December 31, 2013.

- For further information related to eRx payment adjustments, please refer to the Payment Adjustment Information section on the CMS eRx Incentive Program website at <http://www.cms.gov/ERxIncentive> and MLN document SE1107 at <http://www.cms.gov/MLNMattersArticles/downloads/SE1107.pdf>.

## Frequent Concerns

- If the TIN/NPI is not subject to the eRx payment adjustment and does see a payment adjustment, contact the QualityNet Help Desk, 1-866-288-8912 (TTY 1-877-715-6222) or by e-mail at [Qnetsupport@sdps.org](mailto:Qnetsupport@sdps.org).
- Eligible professionals will *not* receive claim-level detail in the eRx payment adjustment feedback reports.
- 2013 eRx payment adjustment feedback report availability is not based on whether or not the eligible professional will be subject to a future payment adjustment.
- Hardship exemptions or requests will not be reflected in the 2013 eRx payment adjustment feedback reports.

## 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 reports 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. The Google Docs™ program will also open Microsoft® Office.
- 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. The .csv files generated for the 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 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.), contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org) (Monday-Friday 7:00 a.m.-7:00 p.m. CT). You may also contact them for **feedback report assistance, including accessing the Portal**.
- 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](http://www.cms.gov/MLNGenInfo/01_Overview.asp).

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## Appendix A: 2013 eRx Payment Adjustment Feedback Report Definitions

Table 1: Reporting Detail for the Taxpayer Identification Number (Tax ID or TIN)

Term	Definition
<b>Tax ID Name</b>	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 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 subjectivity to the 2013 eRx payment adjustment; only the system's ability to populate this field in the report.
<b>Tax ID Number</b>	The masked TIN, whether individual or corporate TIN, Employer Identification Number (EIN), or individual professional's Social Security Number (SSN).
<b>Report Time Period</b>	Data from the Medicare Part B claims received for the dates of service January 1–October 31, 2011 that were processed into NCH by December 30, 2011. <b>Note: This report includes partial year reporting for the 2011 eRx program year based on claims data only</b>
<b>NPI Number (Individuals only)</b>	National Provider Identifier of the eligible professional billing under the TIN.
<b>NPI Name (Individuals only)</b>	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 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 2012 eRx payment adjustment; only the system's ability to populate this field in the report.
<b>Reporting Denominator: Applicable Cases That Could Be Reported</b>	The number of 2011 eRx denominator-eligible visits during the preliminary reporting period (January 1–October 31, 2011) for which the NPIs were eligible to report for the measure, if an eRx encounter occurred.
<b>Actual # of eRx G-Codes Reported</b>	The number of eRx G-Code submissions for a measure whether or not the QDC was valid or appropriate. If the Actual # of eRx G-Codes Reported is larger than the Reporting Denominator number, the eligible professional submitted eRx QDCs to events that were not applicable or appropriate.
<b>Reporting Numerator: Valid Unique eRx G-codes Reported</b>	The number of <u>valid</u> eRx G-codes submitted via claims during the preliminary reporting period (January 1–October 31, 2011) for all NPIs.
<b>Currently Subject to the 2013 eRx Payment Adjustment</b>	<b>Yes/No:</b> "Yes" if the TIN/NPI or group practice participating in eRx GPRO TIN may be eligible for the payment adjustment; "No" if the TIN/NPI or eRx GPRO TIN is not eligible for the payment adjustment. More information regarding payment adjustment calculations can be found on the CMS website, <a href="http://www.cms.gov/ERXincentive">http://www.cms.gov/ERXincentive</a> .
<b>Reason</b>	Explanation why the individual eligible professional or group practice participating in eRx GPRO may or may not be eligible for the payment adjustment. <b>Rationale:</b> Why the NPI or eRx GPRO <u>may</u> be eligible for payment adjustment: <ul style="list-style-type: none"> <li>○ Did not successfully report 25 (2,500 or required amount valid for eRx GPRO) eRx G-codes</li> </ul> <b>Rationale:</b> why the NPI or eRx GPRO <u>may not</u> be eligible for payment adjustment: <ul style="list-style-type: none"> <li>○ Reported Successfully 25 (2,500 or required amount for eRx GPRO) valid eRx G-codes</li> </ul>

**Table 2: NPI Reporting Detail (Individuals Only)**

Term	Definition
<b>Tax ID Name</b>	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 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 subjectivity to the 2013 eRx payment adjustment; only the system's ability to populate this field in the report.
<b>Tax ID Number</b>	The masked TIN, whether individual or corporate TIN, Employer Identification Number (EIN), or individual professional's Social Security Number (SSN).
<b>NPI Number</b>	Individual National Provider Identifier of the eligible professional billing under the TIN.
<b>Report Time Period</b>	Data from the Medicare Part B claims received for the dates of service January 1–October 31, 2011 that were processed into NCH by December 30, 2011. <b>Note: This report includes partial year reporting for the 2011 eRx Program Year based on claims data only</b>
<b>Reporting Denominator: Applicable Cases That Could Be Reported</b>	The number of 2011 eRx denominator-eligible visits during the preliminary reporting period (January 1–October 31, 2011) for which the NPI was eligible to report for the measure, if an eRx encounter occurred.
<b>Actual # of eRx G-Codes Reported</b>	The number of eRx G-Code submissions for a measure whether or not the QDC was valid or appropriate. If the Actual # of eRx G-Codes Reported is larger than the Reporting Denominator number, the eligible professional submitted eRx QDCs to events that were not applicable or appropriate.
<b>Reporting Numerator: Valid Unique eRx G-codes Reported</b>	The number of <u>valid</u> eRx G-codes submitted via claims during the preliminary reporting period (January 1–October 31, 2011) for NPI.
<b>Currently Subject to the 2012 eRx Payment Adjustment</b>	<b>Yes/No:</b> "Yes" if the TIN/NPI may be eligible for the payment adjustment; "No" if the TIN/NPI may not be eligible for the payment adjustment. More information regarding payment adjustment calculations can be found on the CMS website, <a href="http://www.cms.gov/ERXincentive">http://www.cms.gov/ERXincentive</a> .
<b>Reason</b>	Explanation why the individual may or may not be eligible for the payment adjustment. <b>Rationale:</b> Why the NPI <u>may</u> be eligible for payment adjustment: <ul style="list-style-type: none"> <li>○ Did not successfully report 25 eRx G-codes</li> </ul> <b>Rationale:</b> why the NPI <u>may not</u> be eligible for payment adjustment: <ul style="list-style-type: none"> <li>○ Reported Successfully 25 valid eRx G-codes</li> </ul>