# *National Provider Call:*

## Physician Quality Reporting System

**(Physician Quality Reporting, previously known as PQRI)**

## and

## Electronic Prescribing (eRx) Incentive Program

January 27, 2011

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# Agenda

- CMS Updates/Announcements
- Presentation
  - eRx Payment Adjustment
  - CMS Incentive Program Differences
  - EHR Submission
  - EHR Incentive Program
- Question and Answer Session

eRx Incentive Program –

# Future Payment Adjustments

# Outline

- What is eRx?
- What is eRx Incentive Program?
- eRx Payment Adjustments Planned for Future
  - 2012 Payment Adjustment
  - 2013 Payment Adjustment
- Where to Call for Help
- Resources

# What is eRx?

- eRx is the transmission of prescriptions or prescription-related information through electronic media
- eRx takes place between a prescriber, dispenser, pharmacy benefit manager, or health plan
  - Can take place directly or through an intermediary (eRx network)

# What is the Medicare eRx Incentive Program?

- The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorized the Medicare eRx Incentive Program to promote adoption/use of eRx systems
- Provides a combination of incentives and payment adjustments for individual eligible professionals and group practices to encourage successful electronic prescribing
- See http://www.cms.gov/ERXincentive

# eRx Payment Adjustments Planned for Future

- Per legislation, payment adjustments may occur for not being a successful electronic prescriber
  - Applies whether or not eligible professional is planning to participate in eRx Incentive Program
  - Requirements to determine if payment adjustment will or will not be levied, not to determine incentive eligibility
    - 2012 – receive 99% of eligible professional's (or group practice's) Part B covered professional services
    - 2013 – receive 98.5%

# 2012 eRx Payment Adjustment

- The PFS amount for covered professional services furnished by an eligible professional (or group practice) who is not a successful electronic prescriber will be reduced by 1% in 2012 (or receive 99%)
- Reporting Period: January 1 – June 30, 2011
- Reporting Mechanism: Claims
  - Payment adjustment does not necessarily apply if <10% of an eligible professional's (or group practice's) allowed charges for the January 1 – June 30, 2011 reporting period are comprised of codes in the denominator of 2011 eRx measure
- Earning an eRx incentive (25 unique eRx events for between January 1 and December 31, 2011) for 2011 will not exempt an eligible professional or group practice from the payment adjustment (must have 10 unique eRx events between January 1 and June 30, 2011)

# How an Individual Eligible Professional Can Avoid 2012 eRx Payment Adjustment

- The eligible professional:
  - is not a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of June 30, 2011
    - Based on primary taxonomy code in NPPES or
    - The eligible professional reports the G-code indicating that (s)he does not have prescribing privileges at least once **on a claim(s)** prior to June 30, 2011 (G8644)
  - does not have at least 100 cases containing an encounter code in the measure denominator
  - does not meet the 10% denominator threshold
  - becomes a successful electronic prescriber
    - Report the eRx measure for at least 10 unique eRx events for patients in the denominator of the measure

# How a Group Practice Can Avoid 2012 eRx Payment Adjustment

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

# Hardship Exemption for eRx Payment Adjustment

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

# Hardship Exemption for eRx Payment Adjustment (cont.)

- G-codes have been created to address two hardship circumstances (G8642 and G8643)
- To request a hardship exemption for 2012 payment adjustment:
  - An eligible professional must report the appropriate G-code **on at least 1 claim** for a service that appears in the denominator of the measure prior to June 30, 2011
  - A group practice must submit this request at the time it self-nominates to participate in eRx GPRO I or GPRO II

# 2013 eRx Payment Adjustment

- The PFS amount paid in 2013 for covered professional services furnished by an eligible professional (or group practice) who is not a successful electronic prescriber will be reduced by 1.5% (in 2013); the professional or group practice will receive 98.5% of the 2013 PFS covered service amount
- The reporting period used to determine those who are subject to the payment adjustment will occur *before* 2013
- An eligible professional or group practice who is a successful electronic prescriber for the 2011 eRx incentive (i.e., 25 unique eRx events in 2011 for an individual or the requisite number of eRx events for the specific group practice size) will be considered exempt from the 2013 payment adjustment

# eRx Payment Adjustment (cont.)

- Summary
  - Beginning in 2012, those identified as not "successful electronic prescribers" may be subject to a payment adjustment
    - Ensure submission of required number of eRxs (10 for individual, varies for GPROs) before June 30, 2011 OR one of the hardship G-codes to avoid payment adjustment in 2012
    - Ensure specialty information is correct in NPPES
    - Need a "qualified" eRx system to participate (see http://www.cms.gov/ERXincentive)
    - Only way to report eRx to avoid the payment adjustment is *claims* but to be incentive eligible you can use claims, a qualified EHR or registry
    - Check for state-specific eRx requirements; all states allow eRx, but some have certain regulatory requirements
    - It is possible to receive an eRx incentive payment for 2011 AND also an eRx payment adjustment for 2012

# Where to Call for Help

- Contact the **QualityNet Help Desk** for:
  - Portal password issues
  - Feedback report availability and access
  - PQRI-IACS registration questions
  - PQRI-IACS login issues
  - Program and measure-specific questions

**866-288-8912** (7:00 a.m. – 7:00 p.m. CST M-F)
or **qnetsupport@sdps.org**
(TTY 877-715-6222)

# eRx Resources

- Visit the *How to Get Started* section of the CMS eRx Incentive Program website at http://www.cms.gov/ERXincentive for documents with additional information regarding getting started with electronic prescribing
  - *2011 eRx Measure Specification*
  - *2011 eRx Incentive Program Made Simple Fact Sheet*
  - *What's New for 2011 eRx Incentive Program*
  - Link to Frequently Asked Questions

CMS Incentive Program Differences –

# Physician Quality Reporting System, Electronic Prescribing Incentive Program, EHR Incentive Program (Meaningful Use)

# Outline

- Three Separate Programs
  - 2011 Physician Quality Reporting System
  - eRx Incentive Program
  - EHR Incentive Program (Meaningful Use)
- Recap of Dates
- Who to Contact for Help

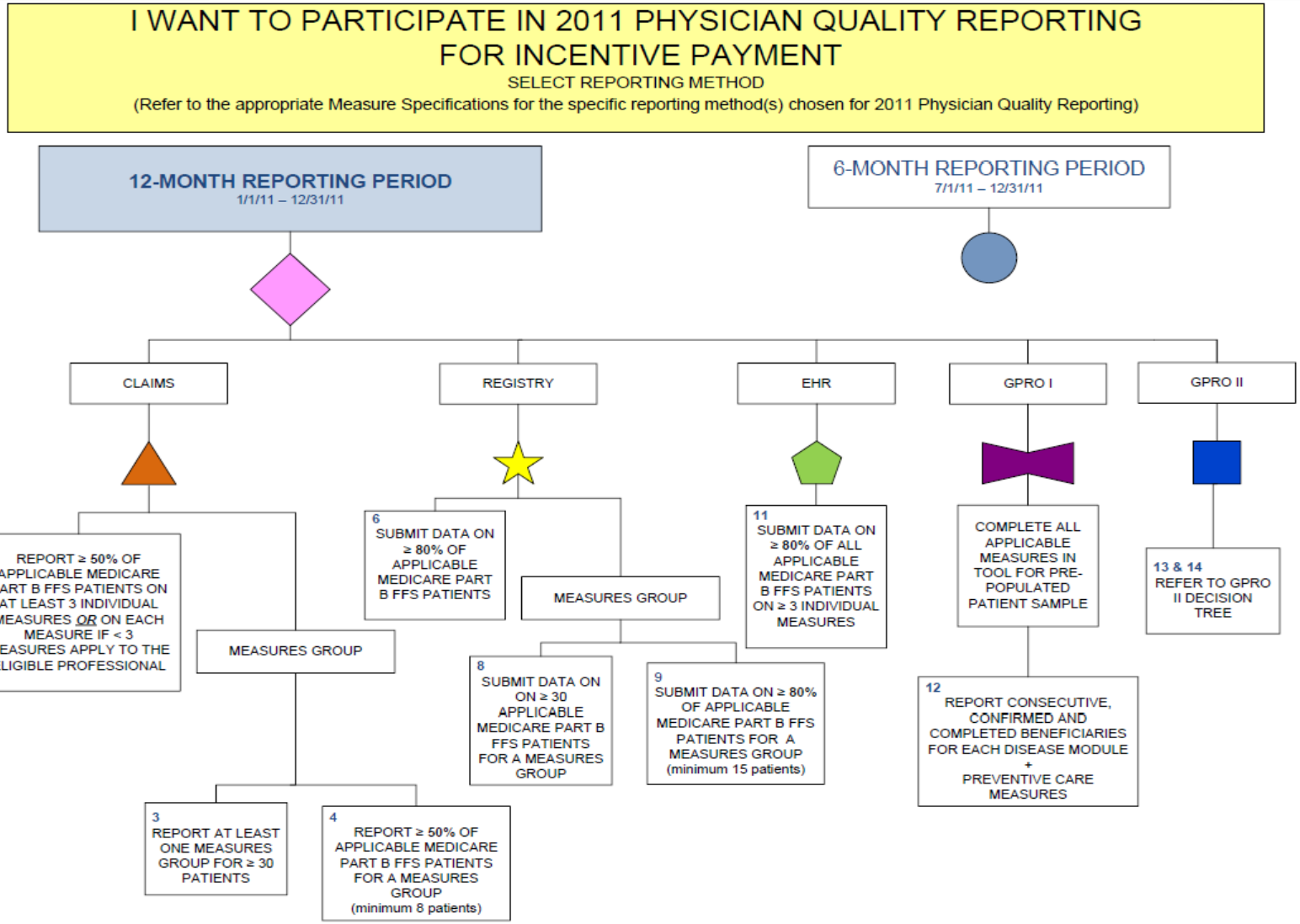
# Three Separate Programs

- Physician Quality Reporting (formerly PQRI)
  - 1% incentive for satisfactory reporting in 2011
  - Payment adjustments begin in 2015
- eRx Incentive Program
  - 1% incentive for successful electronic prescribers in 2011
  - Payment adjustments begin in 2012
- EHR Incentive Program (Meaningful Use)
  - Incentives dependent on registration category
  - Payment adjustments begin 2015

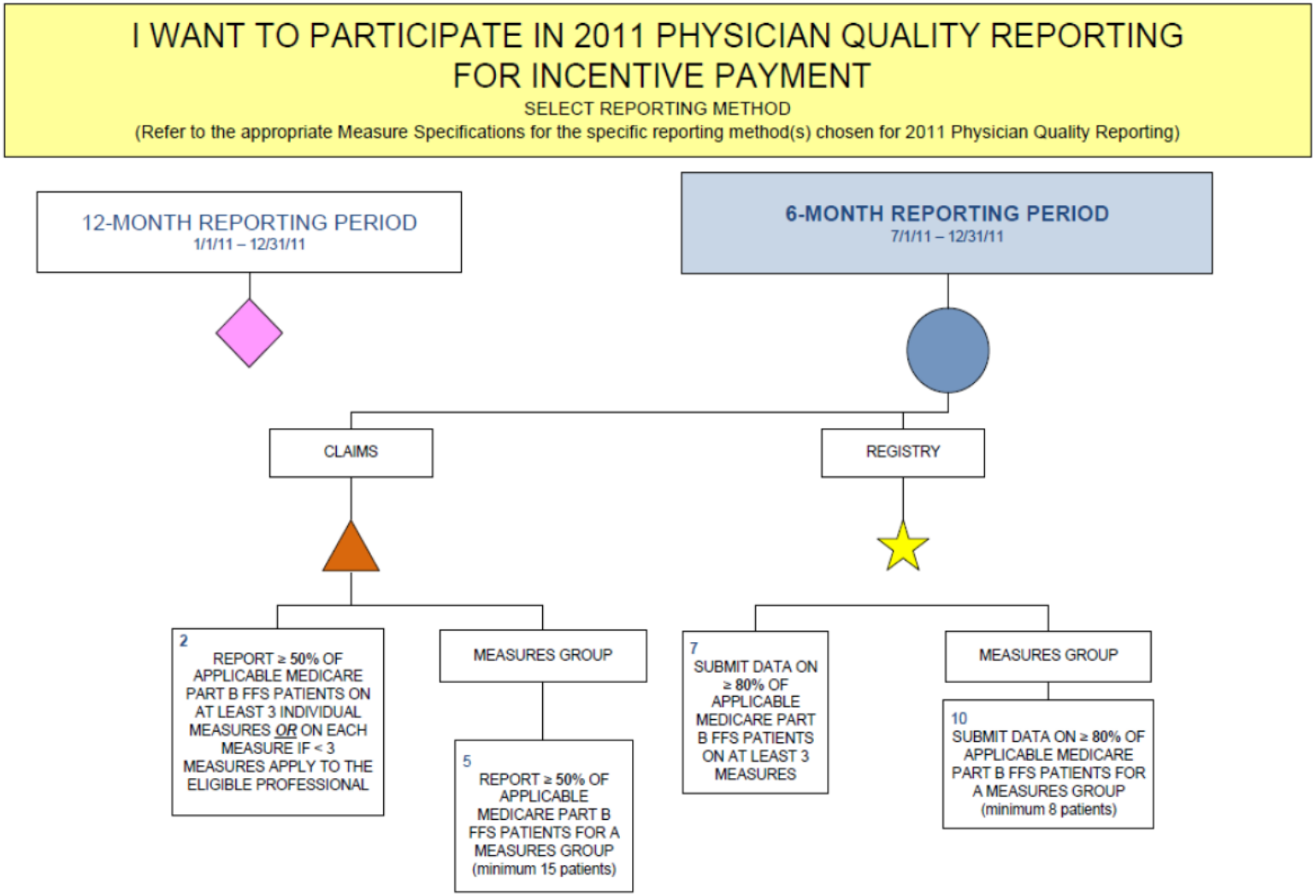
# 2011 Physician Quality Reporting

- Report quality measures
  - Large selection of measures from which to choose
  - Individual measures, measures groups
  - Participate as individual, large group, small group
  - Additional incentive (0.5%) for Maintenance of Certification Program
  - Report through qualified EHR, qualified registry, claims, GPRO I measure data submission method
- Incentives independent of participation in other programs

# 2011 Decision Tree



# 2011 Decision Tree (cont.)



# 2011 Physician Quality Reporting

- Satisfactory reporting
  - No registration for individual participants
  - Large groups (GPRO I) and small groups (GPRO II) who wish to report as a group must self-nominate and be selected
  - Those reporting through registry or EHR methods must use qualified registry or EHR software
  - Claims reporting – 50% reporting rate
  - Registry or EHR reporting – 80% reporting rate
  - GPRO I reporting – complete patient sample in 4 disease modules and all preventive care measures

# 2011 Physician Quality Reporting
**(cont.)**

- Deadlines
  - GPRO I and GPRO II must self-nominate by January 31, 2011
  - All claims must be received by end of February 2012
  - Registry, EHR, and GPRO I must submit all data by end of March 2012
  - Maintenance of Certification information must be received by end of March 2012
  - Qualified registries/EHR software, and Maintenance of Certification entities will be listed on the CMS web site

# 2011 Physician Quality Reporting
**(cont.)**

- Reference information regarding participation – http://www.cms.gov/pqri
  - *Measure Specifications* for individual measure reporting
  - *Measures Groups Specifications*
  - *EHR Specifications*
  - *GPRO I Specifications*
  - Supplemental education materials
  - National Provider Calls
  - Special Open Door Forums
  - QualityNet Help Desk

# Electronic Prescribing (eRx)

- Report eRx events to receive incentive
  - 25 eRx events during 2011 reporting period for individual eligible professional
  - 2,500 events for GPRO I
  - Required number of events for GPRO II dependent on group size
  - To avoid the 2012 payment adjustment, any eRx submission reported via claims will not “roll over” to a new reporting method (i.e., registries or EHRs) if the GPRO I switches after June 30
    - The GPRO I will still need to meet the requirements of the 2011 eRx Measure Specification for GPRO I (the total number of required reporting instances [2,500]) under the new reporting method of eRx submission chosen to earn an incentive payment
- May not receive the incentive if also receiving the Medicare EHR Incentive

# eRx (cont.)

- Report eRx events via **claims** to avoid 2012 payment adjustment
  - Report from January 1 through June 30, 2011
  - 10 eRx events for individual participants
  - 2,500 events for GPRO I
  - Required number of events for GPRO II dependent on group size
  - Hardship for rural areas, no available access
  - Must report through claims only
- May receive the payment adjustment even if receiving the Medicare EHR or eRx incentive

# eRx (cont.)

- 2012 Payment Adjustment
  - Total allowed Medicare Part B charges reduced by 1.0% beginning January 2012
  - GPRO I and II receive payment adjustment at the group (Tax ID) level
  - If hardship G-code was reported in 2011, payment adjustment will be waived
  - Public comments will be considered during the 2012 PFS Rule comment period in summer 2011

# eRx (cont.)

- Deadlines
  - GPRO I and GPRO II must self-nominate by January 31, 2011 and indicate their reporting method
  - All claims must be received by end of February 2012 to be considered for the incentive
  - Registry, EHR, and GPRO I must submit all data by end of March 2012 for dates of service from January 1 – December 31, 2011
  - To avoid the 2012 payment adjustment, report the required number of eRx events or the hardship code on qualifying Medicare claims by June 30, 2011

# eRx Resources

- CMS eRx Incentive Program website at http://www.cms.gov/ERXincentive
  - How to Get Started section
  - Frequently Asked Questions

# Where to Call for Help

- Contact the **QualityNet Help Desk**

**866-288-8912**
(7:00 a.m. – 7:00 p.m. CST M-F)
or **qnetsupport@sdps.org**
(TTY 877-715-6222)

# Recap of Key Dates

- EHR/Meaningful Use
  - January 3, 2011: Registration began for program
- eRx Incentive Program
  - January 1-December 31, 2011: Reporting period to earn eRx incentive
- eRx Payment Adjustment
  - January 1-June 30, 2011: Reporting year begins for eligible professionals (Doctor of Medicine, Doctor of Osteopathy, Doctor of Podiatric Medicine, Physician Assistant, and Nurse Practitioner)/group practice to avoid the 2012 eRx payment adjustment
    - Individual – satisfactorily submit 10 eRx submissions via **CLAIMS**
    - Depending on GPRO's size, report the eRx measure on 75-2,500 unique eRx events via **CLAIMS**
  - January 1-December 31, 2011: Reporting year for eligible professional/group practice to avoid the 2013 eRx payment adjustment
    - Individual – satisfactorily submit 25 eRx submissions
    - GPRO – report requisite number of eRx events
- Physician Quality Reporting
  - January 1-December 31, 2011: Reporting period to earn 12-month incentive payment
  - June 1-December 31, 2011: Reporting period to earn 6-month incentive payment

## Physician Quality Reporting, eRx Incentive Program –

# EHR Submission

# Outline

- Determining Eligibility
- EHR-based Reporting Submission Process
- Who to Contact for Help

# Determining Eligibility

- Determining eligibility for 2010 EHR-based reporting:
  - Eligible professionals who choose to report on EHR measures must select **at least three (3)** EHR measures to be eligible for the incentive payment
    - Review the *2010 PQRI EHR Measure Specifications* to determine if 3 measures apply to your practice
  - Determine if your EHR product is a 2010 Physician Quality Reporting qualified EHR system
    - A list of qualified 2010 EHR vendors and their product version(s) is available as a downloadable document in the Alternative Reporting Mechanisms section of the CMS Physician Quality Reporting web page at http://www.cms.gov/PQRI

# Steps for 2010 EHR-based Reporting Submission

1. Register for an Individuals Authorized Access for CMS Computer Services (IACS) account with two-factor authentication
   - New user registration begins at https://applications.cms.hhs.gov
     - See also https://www.cms.gov/IACS/ > Provider/Supplier Community
   - Request the EHR Submitter Role when registering for the IACS account
   - If you already have an IACS account, you will need to request adding the role to your account
   - Refer to the *IACS EHR Submitter Role Quick Reference Guide* posted on the PQRI Portal home page
     - The two-factor authentication required to submit EHR data will be granted with the EHR Submitter Role

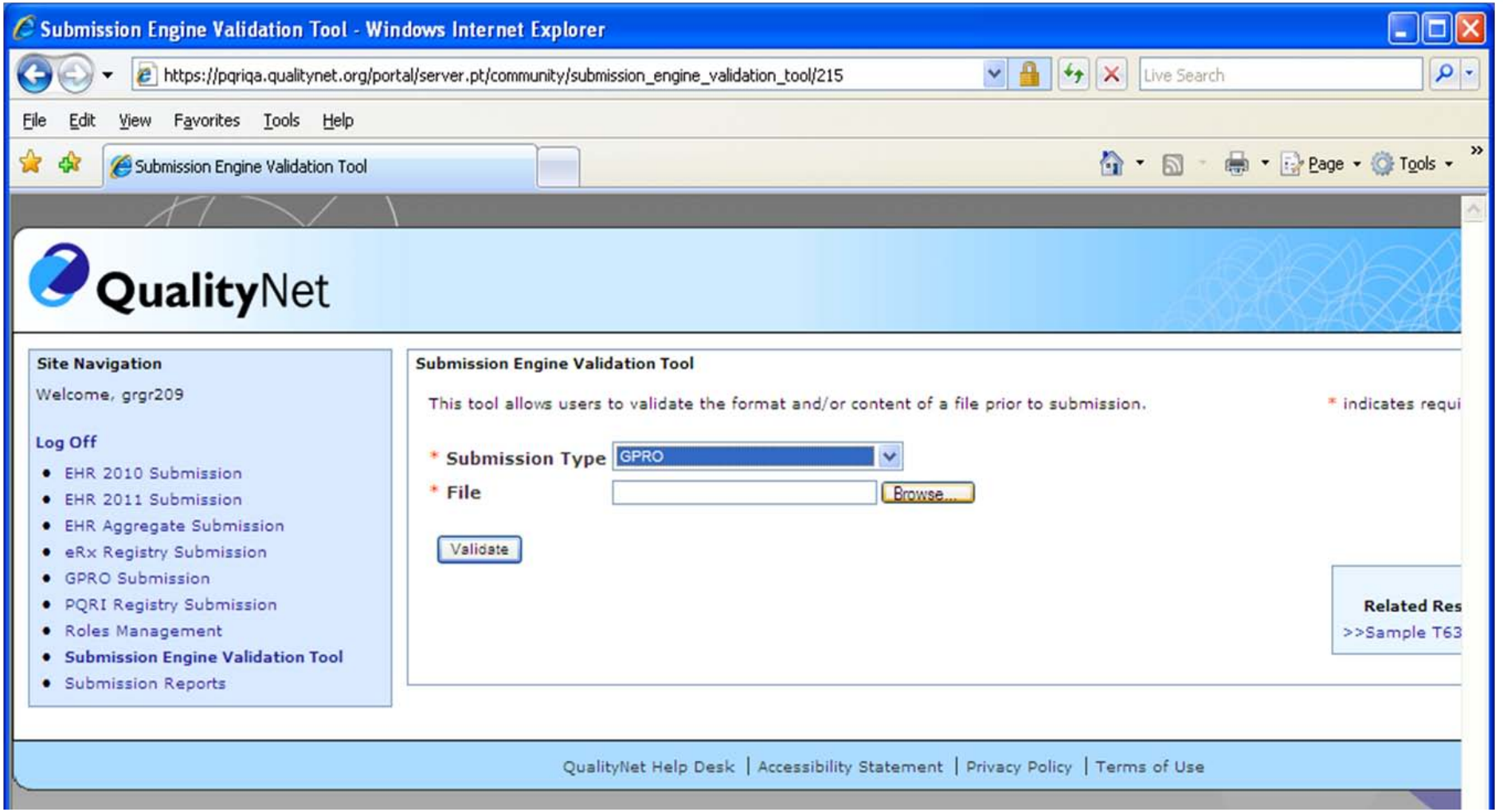
# Steps for 2010 EHR-based Reporting Submission (cont.)

2. Work with your 2010 Physician Quality Reporting qualified EHR vendor to create the required reporting file from your EHR system
   - If you are using a “qualified” system, it should already be programmed with the ability to generate this file

# Steps for 2010 EHR-based Reporting Submission (cont.)

3. The required testing submission period is from January 1 through January 31, 2011 to ensure data errors do not occur
   - Test Submissions can only be uploaded through the Portal during the testing submission period
   - The Submission Engine Validation Tool located on the Portal can be used to validate the format and/or content of the file prior to submission
   - This tool is available during the testing submission period and submission period
   - Refer to the *Submission Engine Validation Tool (SEVT) User Guide* for further information
     - www.qualitynet.org/pqri > User Guides or https://www.qualitynet.org/imageserver/pqri/documents/PUG_PQRI_eRXSEVTUserGuide.pdf

# Submission Engine Validation Tool



# Steps for 2010 EHR-based Reporting Submission (cont.)

4. Submit final EHR files with the quality measure data during the submission period of February 1 through March 31, 2011
   - PQRI Submission Portlet can be accessed via the PQRI Portal (http://qualitynet.org/pqri) to upload your file(s) created from your EHR system

# Steps for 2010 EHR-based Reporting Submission (cont.)

5. Uploading files to the PQRI Portal
   - Log-in to PQRI Portal using your IACS account log-in information
   - Choose the EHR submission link
   - Indicate if it is a test file (during the testing period) or a payment file (during the final submission period)
   - Upload your EHR files
     - File uploads are limited to 10 MB in size; therefore, complete data submission may require several files to be uploaded to the PQRI Portal
   - Following a successful file upload, notification will be sent to the IACS user's e-mail address indicating the files were submitted and received

# Steps for 2010 EHR-based Reporting Submission (cont.)

6. Refer to the *PQRI/eRx Submission User Guide* for further detailed information
   - www.qualitynet.org/pqri > User Guides or https://www.qualitynet.org/imageserver/pqri/documents/PUG_PQRI_eRxSubmissionUserGuide.pdf
7. EHR Submission Reports will be available for your review via the PQRI Portal to determine if there are any data submission issues
   - Refer to the *PQRI/eRx Submission Report User Guide* to understand how to run, view, and access these reports through the Portal
   - Review this report carefully and discuss any issues with your EHR vendor

# References

- Reference documents on CMS Physician Quality Reporting website:
  - *2010 EHR Measure Specifications* – Alternate Reporting Mechanisms page
  - *2010 PQRI EHR Reporting Made Simple* – Educational Resources page
- User Guides located on the Portal sign-in page:
  - *PQRI/eRx Submission User Guide*
  - *PQRI/eRx Submission Report User Guide*
  - *Portal User Guide*
  - *Submission Engine Validation Tool (SEVT) User Guide*
  - *EHR Submitter Role – Quick Reference Guide*

# Need Help?

- Contact your EHR vendor with technical questions and/or file submission errors
- If your vendor is unable to answer your questions, please contact the **QualityNet Help Desk** at **866-288-8912** (available 7:00 a.m. to 7:00 p.m. CST Monday through Friday) or via e-mail at **qnetsupport@sdps.org** (TTY 1-877-715-6222)

# Thank You

- Questions?