



User Guide

2012 Electronic Prescribing (eRx) Incentive Program Feedback Reports

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User Guide

2012 Electronic Prescribing (eRx) Incentive Program Feedback Reports

Purpose

The *Electronic Prescribing (eRx) Incentive Program Feedback Report User Guide* is designed to assist eligible professionals, CMS-selected group practices, and their authorized users in accessing and interpreting the 2012 eRx Incentive Program feedback reports. For the 2012 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, 2012 – December 31, 2012 that were processed into National Claims History (NCH) by February 22, 2013. Additionally in 2012, quality data was received from qualified registries and EHR systems for purposes of the eRx Incentive Program. The 2012 eRx incentive payment is scheduled to be distributed in the fall of 2013.

The *2012 eRx Incentive Program Feedback Report* does not indicate subjectivity to future eRx payment adjustments. See the CMS website for information on eRx payment adjustments, and the *eRx Payment Adjustment Feedback Reports*.

2012 eRx Incentive Program Overview

Section 132 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorized a new and separate incentive program for eligible professionals 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). Eligible professionals 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).

Eligible professionals who meet the criteria for successful submission of eRx data for services furnished during the reporting period, January 1, 2012 – December 31, 2012, may earn an incentive payment equal to 1.0% of their total estimated allowed charges for Medicare Part B PFS covered professional services furnished during that same period (the 2012 calendar year), and may avoid the 2014 eRx payment adjustment. Selected group practices who self-nominated to participate in the eRx Group Practice Reporting Option (GPRO) could also qualify to earn a 2012 eRx incentive and avoid the 2014 eRx payment adjustment if it was determined that the group was a successful electronic prescriber. Only group practices that self-nominated and were selected to participate in the 2012 PQRS GPRO were eligible to participate in the 2012 eRx Incentive Program as an eRx GPRO.

Participation in the 2012 eRx Incentive Program was defined as individual eligible professionals or CMS-selected eRx GPROs 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 2012 eRx quality data code was correctly submitted and all measure-eligibility criteria were met (i.e., correct Current Procedural Terminology, or CPT). To be considered a successful 2012 electronic prescriber, individual eligible professionals had to report at least 25 valid eRx events. GPROs consisting of a single Tax Identification Number (TIN) with 100 or more individual eligible professionals, or individual national provider identifiers (NPIs), were required to report at least 2,500 valid eRx events, while GPROs of 25-99 NPIs were required to report at least 625 eRx events to be considered a successful 2012 group practice electronic prescriber. In addition, at least 10% of all allowable Medicare Part B PFS charges must have been composed of codes in the denominator of the 2012 eRx Incentive Program measure in order for the individual eligible professionals or the CMS-selected eRx GPRO to be incentive eligible.

Participation in the 2012 eRx Incentive Program is analyzed at the individual-National Provider Identifier (NPI) level within a Tax ID (TIN) so each individual eligible professional is analyzed at the TIN/NPI level, or at the TIN level for the CMS-selected eRx GPROs. All Medicare Part B PFS claims submitted with the applicable eRx QDCs via claims, processed into the NCH file by February 22, 2013, or quality data submitted via qualified registry or EHR for services furnished from January 1, 2012 – December 31, 2012 and submitted during the specified data submission timeframe were analyzed to determine whether the eligible professional earned an eRx incentive payment. During the 2012 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 2012 eRx Incentive Program, please visit the CMS website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive>.

2012 eRx Incentive Program Report Overview

2012 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 CMS-selected eRx GPRO, with summary information on reporting success and incentives earned at the practice (TIN) level.

- Eligible professionals who participated in the 2012 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>.
- Eligible professionals who participated in the 2012 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.
- 2012 eRx GPROs will be able to access TIN-level reports through the Portal. Eligible professionals participating in the CMS-selected eRx 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 2012 reporting period.

CMS aims to distribute feedback reports as closely as possible to the incentive payment timeframe. 2012 eRx Incentive Program feedback reports are scheduled to be distributed in the fall of 2013. For more information on that process, see: <http://www.cms.gov/MLN MattersArticles/downloads/SE0922.pdf>.

The 2012 eRx Incentive Program's reporting period was from January 1, 2012 – December 31, 2012. Eligible professionals who submitted claims or reported under multiple TINs may have earned an incentive either under one or more than one TIN.

Note: *This 2012 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 7.0 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 2012 eRx Incentive Program Feedback Reports will be generated for each TIN with at least one eligible professional 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 eligible professionals. The NPI reports contain breakdown of each individual eligible professional's earned incentive amount calculated at the individual TIN/NPI-level. The length of the feedback report for individual eligible professionals will depend on how many individual providers (NPIs) under the same Tax ID Number (TIN) participated in the 2012 eRx Incentive Program. For eligible professionals reporting in 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 eligible professionals 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 1.0% 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 eligible professional 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 2012 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

2012 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT (TIN-LEVEL REPORT WITH INDIVIDUAL NPIs)

Eligible professionals may participate in the eRx 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, qualified registries or qualified EHR systems for services furnished between January 1, 2012 and December 31, 2012. All reporting methods were reviewed to evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. 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 Measure Specification is available on the CMS website, www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/.

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)
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 Tax ID Earned Incentive Amount for NPIs (listed below): \$5083.33				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	\$2,499.33
				67890	\$2,584.00

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	\$1,500.00
1000000002	Susie Smith	Claims	Reporting Requirements Met	\$100,000.00	\$1,000.00
1000000002	Susie Smith	Direct EHR	Insufficient number of eRx events reported (at least 25 required)	\$100,000.00	N/A
1000000003	John Doe	Registry	Reporting Requirements Met	\$133,333.33	\$1,333.33
1000000004	Jack Jacobs	Direct EHR	Reporting Requirements Met; NPI ineligible due to earning Medicare EHR Incentive	\$245,800.00	NA
1000000005	Not Available	Claims	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	\$354,250.00	N/A
1000000006	Jane Doe	Claims	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)	\$390,000.00	N/A
1000000006	Jane Doe	Data Submission Vendor	Insufficient number of eRx events reported (at least 25 required)	\$278,125.00	N/A
1000000007	John Thomas	Registry	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	\$100,000.00	N/A
1000000008	Aliceanne Alto	Direct EHR	Reporting Requirements Met	\$125,000.00	\$1,250.00

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

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

100000009	Not Available	Data Submission Vendor	Reporting Requirements Met; NPI ineligible due to earning Medicare EHR Incentive	\$217,500.00	N/A
100000010	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
100000010	Tom Tenor	Data Submission Vendor	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)	\$129,650.00	N/A
100000010	Tom Tenor	Claims	Insufficient number of eRx events reported (at least 25 required)	\$210,000.00	N/A
100000011	Not Available	Registry	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)	\$145,000.00	N/A
100000012	Not Available	Direct EHR	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)	\$320,000.00	N/A
100000013	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
100000014	Not Available	Registry	Insufficient number of eRx events reported (at least 25 required)	\$256,125.00	N/A
Total:				\$5,083.33	

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 2012 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

¹Indicates the method of data submission. For the EHR submission method, there are two submission options: 1) a qualified 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 qualified EHR system.

²The 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.

³The 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.

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.

ERx GPROs 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 1.0% 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 2012 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

2012 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT (GPRO REPORT)

Eligible professionals may participate in the eRx 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, qualified registries or qualified EHR systems for services furnished between January 1, 2012 and December 31, 2012. All reporting methods were reviewed to evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. 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 the GPRO is summarized below. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, 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 Number: XXXXX6789

Total Tax ID Earned Incentive Amount: \$40,000.00		Distribution of Total Incentive Earned Among A/B MACs and Carriers That Processed Payments	
Method of reporting indicated by GPRO during the 2012 self-nomination period		A/B MAC and Carrier Identification #	Tax ID Earned Incentive Amount Under A/B MAC and Carrier
		12345	\$28,000.00
		67890	\$12,000.00

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	\$10,000.00
Registry	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	\$600,000.00	N/A
Claims	Insufficient number of eRx events reported (at least 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)	\$300,000.00	N/A
Data Submission Vendor	Insufficient number of eRx events reported (at least 625 or at least 2,500 Required Depending on GPRO Size)	\$750,000.00	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)

Registry	Insufficient number of eRx events reported (at least 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)	\$600,000.00	N/A
Claims	Reporting Requirements Met	\$1,000,000.00	\$10,000.00
Data Submission Vendor	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	\$690,000.00	N/A
Registry	Reporting Requirements Met	\$1,000,000.00	\$10,000.00
Claims	Insufficient number of eRx events reported (at least 625 or at least 2,500 Required Depending on GPRO Size)	\$687,000.00	N/A
Data Submission Vendor	Insufficient number of eRx events reported (at least 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)	\$1,200,000.00	N/A
Registry	Insufficient number of eRx events reported (at least 625 or at least 2,500 Required Depending on GPRO Size)	\$600,000.00	N/A
Claims	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	\$525,000.00	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 2012 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

¹Indicates the method of data submission. For the EHR submission method, there are two submission options: 1) a qualified 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 qualified EHR system.

²Explains why a group practice will or will not receive an eRx incentive payment by reporting at least 625 eRx events for group practices with 100 or more NPIs within the full reporting period.

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

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

Note: NPIs who received Medicare EHR Incentive Program incentive payment will be excluded from the 2012 eRx Incentive Program payment distribution.

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.

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 eligible professional 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 *2012 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 eligible professionals 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 1.0% incentive for each eligible professional'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 eligible professional 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 2012 eRx Incentive Program measure numerator.
- **% of Total Estimated Allowed Medicare Part B PFS Charges ($\geq 10\%$ 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 2012 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 2012 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

2012 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT (INDIVIDUAL NPI REPORT)

Eligible professionals may participate in the eRx 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, qualified registries or qualified EHR systems for services furnished between January 1, 2012 and December 31, 2012. All reporting methods were reviewed to evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. 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 is summarized below. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, 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 Number: 1000000003

NPI Name: John Doe

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

Expanded detail of the reporting method(s) used by the NPI to submit 2012 eRx Incentive Program data

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)	\$100,000.00	N/A
Claims	Insufficient number of eRx events reported (at least 25 required)	\$100,000.00	N/A
Registry	Reporting Requirements Met	\$100,000.00	N/A
Data Submission Vendor	Insufficient number of eRx events reported (at least 25 required)	\$100,000.00	N/A
Claims	Reporting Requirements Met	\$100,000.00	N/A
Registry	Insufficient number of eRx events reported (at least 25 required)	\$100,000.00	N/A
Direct EHR	Reporting Requirements Met	\$100,000.00	\$10,000.00

The total amount earned by the NPI to equal 1.0% of 2012 total allowed Medicare Part B PFS charges

In this example, the NPI successfully reported via Direct EHR 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 events 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
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 events 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)	\$100,000.00	N/A
Data Submission Vendor	Reporting Requirements Met	\$100,000.00	N/A
Claims	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)	\$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	\$100,000.00	N/A
Direct EHR	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)	\$100,000.00	N/A
Direct EHR	Reporting Requirements Met; NPI ineligible due to earning Medicare EHR Incentive	\$100,000.00	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 (≥ 25 required) ⁵	% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required) ⁶
Direct EHR	180	25.0%
Data Submission Vendor	50	25.0%
Claims	22	25.0%
Registry	180	25.0%

Shows the number of valid eRx instances (G8553) reported for each reporting method if more than one was used

Shows the percent of 2012 total estimated allowed Medicare Part B PFS charges that contained denominator-eligible codes

In this example, the NPI met both the reporting requirement of at least 25 valid eRx instances via EHR Direct, and exceeded the 10% threshold requirement to earn incentive payment

*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 2012 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

¹Indicates the method of data submission. For the EHR submission method, there are two submission options: 1) a qualified 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 qualified EHR system.

²The 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.

³The 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.

⁴The 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.

⁵The number of reporting events 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.

⁶For 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 period (submitted eRx QDC G8553 via claims or submitted quality data submitted via qualified registry or EHR) will see Table 2 in the *2012 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.

CMS-selected eRx GPROs will see the following information in Table 2 of the feedback report, see Figures 2.2 (GPRO Claims), 2.3 (GPRO Registry), and 2.4 (GPRO EHR Data Submission Vendor):

- **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 1.0% 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 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 2012 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 2012 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

2012 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT (GPRO CLAIMS REPORT)

Eligible professionals may participate in the eRx 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, qualified registries or qualified EHR systems for services furnished between January 1, 2012 and December 31, 2012. All reporting methods were reviewed to evaluate whether an eligible professional or a GPRO is defined as submitting at least one valid quality-data code (QDC) or quality action data is submitted for a visit that meets the denominator criteria of the measure (as summarized below). More information regarding the eRx program and the eRx Measure Specific Reporting Instruments/ERXIncentive/

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

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 (≥ 625 or ≥ 2,500 Required Depending on GPRO Size) ⁴	% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required) ⁵
Claims	Insufficient number of eRx events reported (at least 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)	\$300,000.00	N/A	2,200	7.0%
Claims	Insufficient number of eRx events reported (at least 625 or at least 2,500 Required Depending on GPRO Size)	\$687,000.00	N/A	2,000	9.0%
Claims	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	\$525,000.00	N/A	1,700	9.0%
Claims	Reporting Requirements Met	\$100,000.00	\$10,000.00	2,500	25.0%

*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 2012 eRx incentive payment, only the system's ability to populate this field.

Explanation of Columns

- ¹Indicates the method of data submission. For the EHR submission method, there are two options: 1) indirect EHR submission, which requires a submission vendor, which obtains its data from an eligible professional's EHR system, and 2) direct EHR submission, which requires the eligible professional to submit data directly to the program through their qualified EHR system.
- ²The 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.
- ³The 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.
- ⁴The number of reporting events 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 625 eRx events for group practices with 25-99 NPIs and at least 2,500 eRx events for group practices with 100 or more NPIs within the full reporting period.
- ⁵For 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

2012 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT (GPRO REGISTRY REPORT)

Eligible professionals may participate in the eRx 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, qualified registries or qualified EHR systems for services furnished between January 1, 2012 and December 31, 2012. All reporting methods were reviewed to evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. Participation by an eligible professional or a GPRO is defined as submitting at least one valid quality data via one of the following methods: 1) a qualified data submission vendor, which obtains its data from an eligible professional's EHR system, and 2) direct EHR submission. A successfully reported measure has a reporting numerator of at least 625 eRx events for group practices with 25-99 NPIs and at least 2,500 eRx events for group practices with 100 or more NPIs within the full reporting period. Details for the GPRO is summarized below. More information regarding the eRx program and the Patient-Assessment-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

Total amount earned by the TIN equal to 1.0% of 2012 total allowed Medicare Part B PFS charges

Percentage of 2012 total estimated allowed Medicare Part B PFS charges that contained denominator-eligible codes

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 (≥ 625 or ≥ 2,500 Required Depending on GPRO Size) ⁴	% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required) ⁵
Registry	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	\$600,000.00	N/A	2,250	7.0%
Registry	Insufficient number of eRx events reported (at least 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)	\$600,000.00	N/A	1,675	9.0%
Registry	Insufficient number of eRx events reported (at least 625 or at least 2,500 Required Depending on GPRO Size)	\$600,000.00	N/A	1,900	6.0%
Registry	Reporting Requirements Met	\$1,000,000.00	\$10,000.00	2,500	25.0%

*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 2012 eRx incentive payment, only the system's ability to process the data.

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

Explanation of Columns

- Indicates the method of data submission. For the EHR submission method, there are two options: 1) a qualified data submission vendor, which obtains its data from an eligible professional's EHR system, and 2) direct EHR submission.
- 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.
- 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.
- The number of reporting events 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 625 eRx events for group practices with 25-99 NPIs and at least 2,500 eRx events for group practices with 100 or more NPIs within the full reporting period.
- 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 2.3 Screenshot of Table 2: TIN Reporting Detail – eRx GPRO Registry

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

2012 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT (GPRO DATA SUBMISSION VENDOR REPORT)

Eligible professionals may participate in the eRx 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, qualified registries or qualified EHR systems for services furnished between January 1, 2012 and December 31, 2012. All reporting must be submitted through a qualified EHR system or a qualified registry. Whether an eligible professional or GPRO successfully reported quality-data code (QDC) or quality action data via one of the reporting methods, a reporting numerator criteria of the measure (proper CPT code or HCPCS code) is available for the eRx program.

Table 2: Reporting Detail for Taxpayer Identification Number (GPRO)

Tax ID Name*: Jane Q. Public Clinic

Tax ID Number: XXXXX6789

Total amount earned by the TIN equal to 1.0% of 2012 total allowed Medicare Part B PFS charges

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

Percentage of 2012 total estimated allowed Medicare Part B PFS charges that contained denominator-eligible codes

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 (≥ 625 or ≥ 2,500 Required Depending on GPRO Size) ⁴	% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required) ⁵
Data Submission Vendor	Reporting Requirements Met	\$1,000,000.00	\$10,000.00	2,500	25.0%
Data Submission Vendor	Insufficient number of eRx events reported (at least 625 or at least 2,500 Required Depending on GPRO Size)	\$750,000.00	N/A	1,675	7.0%
Data Submission Vendor	Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required)	\$690,000.00	N/A	2,400	9.0%
Data Submission Vendor	Insufficient number of eRx events reported (at least 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)	\$1,200,000.00	N/A	1,900	6.0%

*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 2012 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

¹Indicates the method of data submission. For the EHR submission method, there are two submission options: 1) a qualified 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 qualified EHR system.

²The 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.

³The 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.

⁴The number of reporting events 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 625 eRx events for group practices with 25-99 NPIs and at least 2,500 eRx events for group practices with 100 or more NPIs within the full reporting period.

⁵For 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 2.4 Screenshot of Table 2: TIN Reporting Detail – eRx GPRO EHR Data Submission Vendor

Accessing Feedback Reports

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

Eligible professionals 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 eligible professionals 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 CMS-selected group practices participating in eRx GPRO who submitted valid eRx QDCs during the 2012 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 2012 eRx Incentive Program feedback reports. Your report is safely stored online and accessible only to you (and those you specifically authorize). Eligible professionals will need to obtain an IACS account for an “end user” role in order to access their 2012 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 2012 eRx Incentive Program feedback reports will be available as an Adobe® Acrobat® PDF in the fall of 2013 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@sdps.org. Hours of operation are Monday through Friday from 7:00 a.m. to 7:00 p.m. CST.

Note: *The 2012 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.*

Related Links

- [+ CMS](#)
- [+ Quality Improvement Resources](#)
- [+ Measure Development](#)
- [+ Consensus Organizations for Measure Endorsement/Approval](#)
- [+ Communication Support Page](#)

Guest Instructions

Welcome to the Physician and Other Health Care Professionals Quality Reporting Portal. Please click on the Sign In button located in the center of the page.

[Download and install Adobe Reader](#) to view User Guides in accessible PDF format.

User Guides

- [PQRS Portal User Guide](#)
- [PQRS/eRx SEVT User Guide](#)
- [PQRS/eRx Submission User Guide](#)
- [PQRS/eRx Submission Report User Guide](#)
- [2011 PQRS Feedback Report User Guide](#)
- [2011 eRx Feedback Report User Guide](#)
- [PQRS 2011 GPRO Web Interface User Guide](#)
- [2012 PQRS Feedback Dashboard User Guide](#)

Verify Report Portlet

This tool is used to verify if a feedback report exists for your organization's TIN or NPI.

NOTE: The TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid PQRI quality data codes.

TIN NPI

TIN: e.g. 01-2123234 or 012123234

NPI: e.g. 0121232345

Guest Announcement

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRI feedback reports is confidential. Your report is safely stored online and accessible only to you (through the web application). TIN-level reports should be shared only with others who have a vested interest in the summarized quality data. Sharing of other PQRI participant information only if the individual EP has authorized the TIN to do so. Please ensure that these reports are stored appropriately and disposed of properly to avoid a potential Personally Identifiable Information Theft risk.

[Click here to view TIN-level reports based on IACS login](#)

Physician and Other Health Care Professionals Quality Reporting Portal

[Click here to request NPI-level reports](#) to your Portal

If you do not have an account, please [register](#).

Forgot your password?

For assistance with new & existing IACS accounts, review the [Quick Reference Guides](#).

[See the Portal User Guide for assistance with accessing the Portal](#)

[Click here for step-by-step instructions on how to register for an IACS account](#)

Notice: If you are experiencing difficulties viewing the PQRS Communication Explorer 8.0, please ensure that you are using the compatibility view feature in Internet Explorer. Select Tools, Select Compatibility View

For support, please contact the QualityNet Help Desk at 866-288-8912, TTY 877-715-6222, or via email at qnetsupport@sdps.org

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 1.0% incentive is based on CMS' estimate of all Medicare Part B PFS allowed charges for covered professional services: 1) furnished during the applicable 2012 reporting period, 2) processed by the Medicare Carrier or A/B MAC into the NCH by February 22, 2013, and 3) paid under or based on the PFS. 2012 eRx Incentive Program incentive payments are aggregated at the TIN level.
- For the incentive payment calculation, an eligible professional eligible for the incentive is defined as a TIN/NPI who met the eRx criteria for successful reporting for the 2012 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 2012 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 eligible professionals will be performed at the individual TIN/NPI level to identify each eligible professional's services and quality data. The analysis of successful reporting among eligible professionals in eRx GPRO will be performed at the TIN level to identify the group's services and quality data.
 - Incentive payments earned by eligible professionals 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 eligible professionals' incentives to the TIN level.
 - For eligible professionals 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 2012 eRx Incentive Program Incentive Payment*.

Distribution

- 2012 eRx Incentive Program payments are scheduled to be issued to the TIN by the Carrier or A/B MAC in the fall of 2013, 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 2012 eRx Incentive Program and 2012 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 2012 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 2012 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 2012 eRx incentive payment and the 2012 eRx Incentive Program feedback report will be issued at different times. The 2012 eRx payment, with the remittance advice, will be issued by the Carrier or A/B MAC and identified as a lump-sum 2012 eRx incentive payment. CMS will provide the 2012 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 (RX12) to accompany the incentive payment.
- The Paper Remittance Advice states: "This is an ERx incentive payment."
- 2012 eRx Incentive Program participants will not receive claim-level detail in the feedback reports.
- 2012 eRx Incentive Program feedback reports will be available in the fall of 2013.
- 2012 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 eligible professional (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 2012 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 2012 eRx QDCs submitted via claims by individual eligible professionals are denominator-eligible events for the 2012 eRx measure, Tables 1 and 2 of the individual eligible professional'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 2012 eRx QDCs submitted by eligible professionals in the CMS-selected eRx GPRO are denominator-eligible events for the 2012 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 eligible professionals 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 2012. The correct NPI is the professional's Individual or rendering NPI.
- 2012 eRx payments will not be earned for Individual NPI's who also earned the 2012 Medicare EHR Meaningful Use Incentive. This will be noted on the Report: Reporting Requirements Met – NPI ineligible due to earning Medicare EHR Incentive.
- 2012 eRx GPRO payments may be reduced if any participating Individual NPIs also earn the Medicare EHR Incentive for 2012. 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@sdps.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: 2012 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 2012 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 CMS-selected eRx GPRO TIN.
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 2012 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 CMS-selected eRx GPRO's.

Term	Definition
Incentive Eligibility Rationale	<p>The rationale for those NPIs or eRx GPRO TINs who were or were not eligible for incentive.</p> <p>NPI</p> <p>Eligible</p> <ul style="list-style-type: none"> ○ Reporting Requirements Met <p>Not Eligible</p> <ul style="list-style-type: none"> ○ Insufficient number of eRx events reported (at least 25 required) ○ Reporting Requirements Met: NPI Ineligible due to earning Medicare EHR Incentive Program incentive payment ○ Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required) ○ 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) <p>CMS-Selected eRx GPRO</p> <p>Eligible</p> <ul style="list-style-type: none"> ○ Reporting Requirements Met <p>Not Eligible</p> <ul style="list-style-type: none"> ○ Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required) ○ Insufficient number of eRx events reported (at least 625 or at least 2,500 Required Depending on GPRO Size) ○ Insufficient number of eRx events reported (at least 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) <p>More information regarding incentive calculations can be found on the CMS website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive.</p>
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 1.0% 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 1.0% 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 2012 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 2012 eRx Incentive Program payment; only the system's ability to populate this field in the report.
Participation Summary (Individuals only)	<p>The first table section shows the following fields for the individual NPI listed:</p> <ul style="list-style-type: none"> • 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 2012 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 Statement, and this method is the only data submission method analyzed by CMS for CMS-selected eRx GPRO's.

Term	Definition
Incentive Eligibility Rationale	<p>The rationale for those NPIs or CMS-selected eRx GPROs who were or were not eligible for incentive.</p> <p>NPI</p> <p>Eligible</p> <ul style="list-style-type: none"> ○ Reporting Requirements Met <p>Not Eligible</p> <ul style="list-style-type: none"> ○ Insufficient number of eRx events reported (≥ 25 required) ○ Reporting Requirements Met: NPI Ineligible due to earning Medicare EHR Incentive Program incentive payment ○ Insufficient percentage of allowed charges met from the measure's denominator codes (≥ 10% required) ○ Insufficient number of eRx events reported (≥ 25 required) and insufficient percentage of allowed charges from the measure's denominator codes (≥ 10% required) <p>CMS-Selected eRx GPRO</p> <p>Eligible</p> <ul style="list-style-type: none"> ○ Reporting Requirements Met <p>Not Eligible</p> <ul style="list-style-type: none"> ○ Insufficient percentage of allowed charges met from the measure's denominator codes (at least 10% required) ○ Insufficient number of eRx events reported (at least 625 or at least 2,500 Required Depending on GPRO Size) ○ Insufficient number of eRx events reported (at least 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) <p>More information regarding incentive calculations can be found on the CMS website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive.</p>
Total Estimated Allowed Medicare Part B PFS Charges	<p>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.</p>
NPI Total Earned Incentive Amount (Individuals only)	<p>The 1.0% 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.</p>
Tax ID Total Earned Incentive Amount (eRx GPROs only)	<p>The 1.0% 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.</p>
Reporting Numerator: eRx Instances Reported	<p>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 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.</p>
% of Total Estimated Allowed Medicare Part B PFS Charges (≥10% required)	<p>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.</p>