

2013 Electronic Prescribing (eRx) Incentive Program Group Practice Reporting Option (GPRO): Participation for the Incentive Payment Made Simple

Background

The Group Practice Reporting Option (GPRO) is again available for the 2013 Medicare Electronic Prescribing (eRx) Incentive Program. The eRx Incentive Program is a reporting program that uses a combination of incentive payments and payment adjustments to encourage electronic prescribing by eligible professionals and group practices. The 2013 eRx Incentive Program will provide a 0.5% incentive payment to group practices participating in GPRO (identified on claims by the Tax Identification Number [TIN]) who successfully e-prescribe for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). From 2012 - 2014, the program will also apply a payment adjustment to those group practices participating in the eRx GPRO who are not successful electronic prescribers on the TIN's Medicare Part B services.

The 2013 eRx Incentive Program 12-month reporting period (1/1/2013-12/31/2013) is the final reporting period for incentive payments. The 2013 eRx Incentive Program 6-month reporting period (1/1/2013-6/30/2013) is the final reporting period to avoid the 2014 eRx payment adjustment. Additional information about reporting requirements for group practices participating in the eRx GPRO for incentive purposes, and about the 2014 eRx payment adjustments, is available on the Centers for Medicare & Medicaid Services (CMS) eRx Incentive Program website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive>.

Purpose

This Fact Sheet provides guidance for group practices wishing to participate in the 2013 eRx Incentive Program for incentive purposes through GPRO. Information on the eRx payment adjustment can be found on the CMS eRx Incentive Program website at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html>.

eRx GPRO – Quick Facts

- For the 2013 program year, a "group practice" is defined as a single TIN with 2 or more individual eligible professionals (as identified by Individual National Provider Identifier [NPI]) who have reassigned their billing rights to the TIN.
- If a group practice or eligible professional changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.
- If a group practice self-nominates to participate in eRx GPRO, this option will apply to the entire group of NPIs who bill Medicare under the group's TIN.
- CMS will determine a group practice's size based on the number of NPIs within the group.
- Incentive payment for eRx Incentive Program is based on successful reporting of the required number of eRx events for the 12-month reporting period.
- Previous program years required group practices to participate in the Physician Quality Reporting System (PQRS) under the GPRO in order to participate in eRx under the GPRO. Beginning in 2013,

groups may participate in PQRS GPRO and/or eRx GPRO, as participation in one program is no longer contingent upon the other.

- For more information on PQRS GPRO, see *2013 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO): Participation for Incentive Payment Made Simple*, available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Educational_Resources.html.

Self-Nomination for the eRx GPRO

Group practices must self-nominate in order to be considered by CMS for participation in 2013 eRx GPRO.

- If the group practice is planning to participate in eRx GPRO *and* PQRS GPRO, they must self-nominate via the Quality Reporting Communication Support Page (Communication Support Page) before **January 31, 2013**.
- If the group practice is planning to participate in only eRx GRPO, but *not* in PQRS GPRO, the group must send a self-nomination statement via email to **PQRS_Vetting@mathematica-mpr.com** before **January 31, 2013**.

Please refer to self-nomination documents on the CMS eRx Incentive Program website for details, available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Group-Practice-Reporting-Option.html>.

After self-nomination, CMS recommends that group practices begin reporting immediately in January 2013.

Note: This will be a group practice's *only* opportunity to self-nominate for participation in eRx GPRO for the 2013 program year. A second timeframe to elect to report as a PQRS GPRO will occur during summer 2013-October 2013, but does **not** apply to eRx GPRO. Once a group practice self-nominates, it will not be allowed to change the selected eRx reporting method.

How to Report for the eRx Incentive Program

To earn an incentive for 2013 eRx Incentive Program, group practices participating in eRx GPRO must submit the required number of denominator-eligible eRx events using the method indicated in their self-nomination letter. Reporting methods and requirements are outlined in Table 2, below.

Table 2:

Group Size	Reporting Period	Reporting Method	Criteria for Being a Successful Electronic Prescriber
2-24 eligible professionals	January 1, 2013 – December 31, 2013	Claims; Registry; EHR Data Submission Vendor (DSV)	Report the electronic prescribing measure's numerator for at least 75 unique denominator-eligible visits
25-99 eligible professionals	January 1, 2013 – December 31, 2013	Claims; Registry; EHR DSV	Report the electronic prescribing measure's numerator for at least 625 unique denominator-eligible visits
100+ eligible professionals	January 1, 2013 – December 31, 2013	Claims; Registry; EHR DSV	Report the electronic prescribing measure's numerator for at least 2,500 unique denominator-eligible visits

Please refer to the *2013 eRx GPRO Measure Specification* on the CMS eRx website for complete reporting requirements, available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Group-Practice-Reporting-Option.html>.

eRx GPRO – Avoiding the 2014 eRx Payment Adjustment

The following scenarios will enable an eRx GPRO to avoid the 2014 eRx Payment Adjustment of 2.0%:

- Groups who self-nominate for 2013 GPRO and also received the 2012 eRx incentive as that same GPRO (TIN).
- Groups who self nominate for 2013 GPRO and submit the required number of eRx events by June 30, 2013 through the claims reporting method.
- Groups who self-nominate for 2013 GPRO and submit an approved eRx hardship.

Additional Information

- For more information on requirements for submission of the eRx Incentive Program measure data for group practices participating in eRx GPRO, go to <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Group-Practice-Reporting-Option.html>.
- For more information on the eRx Incentive Program payment adjustment, go to https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/20_Payment_Adjustment_Information.html.
- For more information on PQRS, go to <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>.
- If you are a group practice consisting of 100 or more eligible professionals: beginning with the 2013 program year, your physicians may also be subject to the 2015 Value-Based Payment Modifier. See the CMS website at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html> for more information.
- The Communication Support Page (Portal) is available at https://www.qualitynet.org/portal/server.pt/community/pqri_home/212.