



Electronic Prescribing (eRx) Incentive Program: 2013 eRx Incentive Program Informal Review Made Simple

Background

What is the eRx Incentive Program?	What does it do?	More information
<ul style="list-style-type: none">• The Electronic Prescribing (eRx) Incentive Program is a voluntary reporting program for identified individual eligible professionals (EPs), or group practices participating in the eRx group practice reporting option (GPRO).• <i>2013 was the final program year for participating and reporting in the program.</i>	<ul style="list-style-type: none">• The eRx Incentive Program provides an incentive payment to those who satisfactorily report data on the eRx measure for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries.• The program also applied a payment adjustment on Part B services to those who were not successful electronic prescribers.	<ul style="list-style-type: none">• EPs or eRx GPROs who did not successfully report the required number of eRx events may be subject to a payment adjustment.• View the Centers for Medicare & Medicaid Services (CMS) eRx Incentive Program website.

Purpose

This Fact Sheet provides step-by-step guidance for requesting an informal review of 2013 eRx Incentive Program results during the informal review period, **January 1, 2015 through February 28, 2015**.

Informal Review – Quick Facts

- An informal review is a process that allows EPs and group practices participating in the eRx GPRO to request a review of their incentive eligibility determination. By informal review request, CMS will reanalyze the determination that the EP or group practice did not satisfactorily submit data on the quality measure under the eRx Incentive Program.
- EPs or group practices can request a review of their 2013 eRx Incentive Program incentive payment determination.
- The informal review will be for **all reporting transmission methods**, including:
 - Claims
 - Qualified registry

- Qualified electronic health record (EHR) product – via EHR Data Submission Vendor (DSV) or EHR direct
- Informal review will cover data submitted for dates of service from **January 1, 2013 through December 31, 2013**.
- Those eligible professionals who reported via claims for the 2013 eRx Incentive Program can request an informal review of quality-data codes (QDCs) submitted and processed into the National Claims History (NCH) file by **February 28, 2014** for inclusion in 2013 eRx Incentive Program incentive eligibility analysis.
- CMS will utilize information in the Provider Enrollment Chain Ownership System (PECOS) for informal review processes. Eligible professionals or group practices must ensure organization and provider information is accurate in PECOS.

How to Request an Informal Review of the 2013 eRx Incentive Program

Use the following steps to request an informal review of the 2013 eRx Incentive Program:

Step 1:
Identify **WHO**
will submit
the request

Individual eligible professionals or designated support staff will need to email a request with the following information:

- Organization's legal business name as enrolled in PECOS
- Individual Rendering National Provider Identifier (NPI) (must be a 10-digit number, do **not** send a Group NPI)
- Eligible professional's name as enrolled in PECOS
- Eligible professional's complete mailing address
- Eligible professional's phone number and extension if applicable
- Eligible professional's email address
- The requestor relationship to the eligible professional (i.e., self, support staff, vendor)
- Provide justification as to why the eligible professional believes his/her 2013 eRx Incentive Program incentive payment determination should be reviewed

OR

The eRx GPRO contact person will need to email a request with the following information:

- Organization's legal business name as enrolled in PECOS
- Organization's complete mailing address
- Contact person's phone number and extension if applicable
- Contact person's email address
- Provide justification as to why the group believes their 2013 eRx Incentive Program incentive payment determination should be reviewed

Step 2:
Understand
WHERE to
submit

Note: To avoid security violations, do **not** include the full TIN in the email request to CMS.

To submit an eRx informal review request, email CMS at eRxInformalReview@cms.hhs.gov. Do **not** include the full TIN in the email request. EPs and group practices **should not** submit a request for an informal review of 2013 eRx incentive eligibility by U.S. mail to CMS.

Step 3: Know
HOW and
take action to
submit

The above information must be emailed with the request to CMS. CMS must receive the informal review request during the informal review period, **January 1, 2015 through February 28, 2015**.

Informal Review Decision

EPs, group practices, support staff, or eRx vendors and registries who submit valid requests for an informal review will be sent a confirmation email that CMS has received and will process their request. Then they will be notified via email of the decision by CMS within 90 days of the submission of the original request for an informal review. ***The informal review decision will be final, and there will be no further review or appeal.***

Additional Information

- CMS will announce the availability of the final *2013 eRx Incentive Program Feedback Reports* via the [CMS eRx Incentive Program website](#), the [Medicare Learning Network \(MLN\) Connects Provider eNews](#), and also via related CMS listserves and social media channels. Data provided in the *2013 eRx Incentive Program Feedback Report* will be eligible for analysis through the informal review process.
- View more information about [participating in the eRx Incentive Program through the GPRO reporting option](#) plus GPRO reporting requirements.
- View information about the eRx payment adjustment information, on the [CMS eRx Incentive Program payment adjustment website](#).
- Eligible professionals can contact the [QualityNet Help Desk](#) for additional assistance regarding submitting a 2013 eRx informal review request. The QualityNet Help Desk can be reached at **1-866-288-8912 (TTY 1-877-715-6222)** from 7:00 a.m. to 7:00 p.m. CST Monday through Friday, or via e-mail to Qnetsupport@hcqis.org. To avoid security violations, **do not** include personal identifying information, such as Social Security Number or TIN, in email inquiries to the QualityNet Help Desk.

*Disclaimer: This document provides information for the informal review of only the 2013 eRx Incentive Program incentive payment, and **does not** provide guidance for the [eRx payment adjustments](#) or other Medicare or Medicaid incentive programs, such as the [Maintenance of Certification Program](#) or the [Electronic Health Record \(EHR\) Incentive Program](#).*