



Electronic Prescribing (eRx) Incentive Program  
for the  
2012 Group Practice Reporting Option (GPRO)

Kickoff Meeting March 28, 2012

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# Agenda



- ❖ Welcome
- ❖ Program Overview
- ❖ Incentive Eligibility
- ❖ Payment Adjustment
- ❖ Avoiding Payment Adjustment
- ❖ Resources

# What is eRx?



- ❖ Electronic Prescribing is a prescriber's ability to electronically send a prescription directly to a pharmacy from the point-of-care
  - Improves the accuracy of prescription process
  - Reduces errors and adverse drug events
- ❖ The Electronic Prescribing (eRx) Incentive Program is a voluntary reporting program that uses a combination of incentive payments and payment adjustments to encourage electronic prescribing by eligible professionals
  - Incentive payment to practices with eligible professionals who successfully electronically prescribe for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries
  - Payment adjustment (beginning 2012) for eligible professionals who are not successful electronic prescribers on Part B services

# 2012 eRx Basics



- ❖ Eligible professionals can participate
  - As individuals
  - As part of a group practice under the Group Practice Reporting Option (GPRO)
- ❖ 2012 GPRO participation options
  - Physician Quality Reporting only
  - Physician Quality Reporting and eRx
    - GPROs do not report eRx via the Web Interface used for Physician Quality Reporting
- ❖ 2012 GPRO categories
  - Small GPRO: 25-99 providers
  - Large GPRO: 100+ providers

# Participation Requirements



- ❖ Self-nominated by January 31, 2012
- ❖ Met technical/other requirements, including:
  - Provided the group practice's TIN, name of group practice, and contact information
  - Agreed to participate in all mandatory training sessions/support calls
  - Have billed Medicare Part B on or after January 1, 2011 and prior to October 29, 2011
- ❖ Selected to participate by CMS

# Requirements for eRx



- ❖ Reporting period
  - January 1, 2012 to December 31, 2012
- ❖ Report via claims, qualified registry or qualified electronic health record (EHR) data submission vendor per self-nomination letter
  - Cannot report GPRO eRx via EHR direct vendor
- ❖ See the separate eRx GPRO measure specification:  
[https://www.cms.gov/apps/ama/license.asp?file=/ERxIncentive/downloads/2012\\_GPROeRx\\_Measure\\_ReleaseNotes\\_Claims\\_BasedRptgPrinciples\\_111011.zip](https://www.cms.gov/apps/ama/license.asp?file=/ERxIncentive/downloads/2012_GPROeRx_Measure_ReleaseNotes_Claims_BasedRptgPrinciples_111011.zip)

# eRx Incentive



- ❖ Incentive payment of 1% of Part B PFS allowed charges for successful electronic prescribers
- ❖ Adopt a qualified eRx system
- ❖ Successfully report for eligible eRx events
  - January 1, through December 31, 2012
    - Small GPROs:  $\geq 625$  unique encounters
    - Large GPROs:  $\geq 2,500$  unique encounters
- ❖  $\geq 10\%$  of total allowed charges must be for services in the measure denominator

# Successful eRx Submission for Incentive



## ❖ Claims reporting:

- Submit denominator CPT code and numerator G-code (G8553) on the claim for requisite number of events by group size for encounters occurring between January 1 and December 31, 2012

## ❖ EHR Data Submission Vendor/Registry reporting:

- Submit denominator CPT code and electronically generated and transmitted prescription for requisite number of events by group size for encounters occurring between January 1 to December 31, 2012

## ❖ Faxes do not qualify for eRx incentives

# Successful eRx Submission for Incentive, cont.



<b>Reporting Mechanism</b>	<b>Group Size</b>	<b>Reporting Period</b>	<b>Criteria for Successful eRx Submission</b>
Claims	25-99 Eligible Professionals	January 1, 2012 – December 31, 2012	Submit both a denominator CPT code and the numerator G-code (G8553) on the same claim representing the eligible encounter for at least 625 unique MPFS encounters.
Claims	100+ Eligible Professionals	January 1, 2012 – December 31, 2012	Submit both a denominator CPT code and the numerator G-code (G8553) on the same claim representing the eligible encounter for at least 2,500 unique MPFS encounters
Registry or EHR Data Submission Vendor	25-99 Eligible Professionals	January 1, 2012 – December 31, 2012	Submit a denominator CPT code and electronically generated and transmitted prescription (not faxed) for at least 625 unique MPFS encounters
Registry or EHR Data Submission Vendor	100+ Eligible Professionals	January 1, 2012 – December 31, 2012	Submit a denominator CPT code and electronically generated and transmitted prescription (not faxed) for at least 2,500 unique MPFS encounters

# eRx Payment Adjustments



- ❖ Payment adjustments may occur for eligible professionals who are not successful electronic prescribers
  - For those who are not successful, the fee schedule for furnished services will be 98.5% of what would otherwise apply to such PFS services
    - Requirements are used to determine if payment adjustment will or will not be levied, not to determine incentive eligibility
    - Payment adjustment applies whether or not the practice participates in the eRx Incentive Program

# Avoiding eRx 2013 Payment Adjustment



- ❖ Participate as an eRx GPRO

AND one of the following:

- ❖ Selected as 2011 eRx GPRO and successfully electronically prescribed for 2011 eRx incentive
- ❖ Report required eRx events from January 1 to June 30, 2012 via claims
- ❖ Request and receive hardship exemption by June 30, 2012

# Avoiding eRx 2013 Payment Adjustment, cont.



Group Size	Reporting Period	Reporting Mechanism	Criteria for Avoiding the 2013 eRx Payment Adjustment
25-99 Eligible Professionals	January 1, 2012 – June 30, 2012	Claims	Report G8553 for at least 625 unique MPFS encounters. The eRx G-code can be reported on any Medicare Part B claim that includes a billable Part B service, regardless of whether the claim contains coding in the eRx measure's denominator.
100+ Eligible Professionals	January 1, 2012 – June 30, 2012	Claims	Report G8553 for at least 2,500 unique MPFS encounters. The eRx G-code can be reported on any Medicare Part B claim that includes a billable Part B service, regardless of whether the claim contains coding in the eRx measure's denominator.

# Hardship Exemptions



- ❖ May be granted if CMS determines that compliance with eRx requirements would result in significant hardship
  - Reviewed on a case-by-case basis
  - Must be renewed annually
- ❖ Submit a hardship exemption request via the QNET Communications Support Page  
[https://www.qualitynet.org/portal/server.pt/community/communications\\_support\\_system/234#](https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234#)
- ❖ Deadline for hardship request is June 30, 2012

# Opting Out of GPRO



- ❖ The deadline for opting out of GPRO is April 27, 2012
- ❖ If an eligible professional decides to opt out of the group practice option, (s)he may still participate as an individual
  - See the following to help get started:  
[http://www.cms.gov/ERxIncentive/03\\_How\\_To\\_Get\\_Started.asp#TopOfPage](http://www.cms.gov/ERxIncentive/03_How_To_Get_Started.asp#TopOfPage)
- ❖ Eligible professionals who decide to opt out of GPRO should send an email to the Helpdesk: [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org)

# Resources/Where to Begin



Learn about [your healthcare options](#) Search

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## E-Prescribing Incentive Program

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## Overview

### Electronic Prescribing (eRx) Incentive Program

Click on the **"Spotlight"** link to the left to view **"What's New"** (recently posted items) for the eRx Incentive Program

**Background.** The Electronic Prescribing (eRx) Incentive Program is a reporting program that uses a combination of incentive payments and payment adjustments to encourage electronic prescribing by eligible professionals. The program provides an incentive payment to practices with eligible professionals (identified on claims by their individual National Provider Identifier [NPI] and 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). Beginning in 2012, the program also applies a payment adjustment to those eligible professionals who are not successful electronic prescribers on their Medicare Part B services. This website serves as the primary and authoritative source for all publicly available information and CMS-supported educational and implementation support materials for the eRx Incentive Program.

The eRx Incentive Program is mandated by federal legislation. CMS implements the eRx Incentive Program through regulations published in the **Federal Register**. Information regarding the relevant statutes and regulations can be found by clicking on the **"Statutes/Regulations"** section page to the left.

### No Sign Up or Pre-Registration

There is no sign-up or pre-registration for individual eligible professionals to participate in the eRx Incentive Program. However, there are certain limitations on who can qualify for an eRx incentive payment. First, an eligible professional must have and use a qualified eRx system and report on his or her adoption and use of the eRx system. Second, the eligible professional must meet the criteria for a successful electronic prescriber specified by CMS for a particular reporting period. Finally, at least 10% of a successful electronic prescriber's Medicare Part B covered services must be made up of codes that appear in the denominator of the eRx measure. A list of professionals eligible to participate in

# 2012 eRx Measure Specifications



detailed sample of an individual NPI reporting the e-prescribing eRx measure on a CMS-1500 claim for the 2009 eRx Incentive Program.

## Downloads

[2012 eRx Measure Specifications, Release Notes, and Claims-Based Reporting Principles \[ZIP 475KB\]](#) 

[2012 eRx CMS-1500 Claims Example \[PDF 354KB\]](#) 

[2011 eRx Measure Specifications, Release Notes and Claims-Based Reporting Principles \[ZIP 540KB\]](#) 

[2010 eRx Measure Specifications and Release Notes \[ZIP 79KB\]](#) 

[Claims-Based Reporting Principles for the 2010 eRx Incentive Program \[PDF 91KB\]](#) 

[2009 eRx Measure Specifications \[PDF 41KB\]](#) 

[Claims-Based Reporting Principles for the 2009 eRx Incentive Program \[PDF 27KB\]](#) 

[Sample Electronic Prescribing Claim for the 2009 eRx Incentive Program \[PDF 49KB\]](#) 

## Related Links Inside CMS

# For Remaining Questions...



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