



User Guide

2009

Electronic Prescribing (eRx) Incentive Program Feedback Reports

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Table of Contents

Purpose.....	4
eRx Program Overview.....	4
Report Overview	4
System Requirements	5
<i>Compatible Operating System</i>	5
<i>Software</i>	5
<i>Internet Connection and Download Time</i>	5
Participant Feedback Report Content and Appearance	6
<i>Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)</i>	6
<i>Table 2: NPI Reporting Detail</i>	7
<i>Table 3: NPI QDC Submission Error Detail</i>	8
Accessing Feedback Reports from the Physician and Other Health Care Professionals Quality Reporting Portal.....	9
Key Facts about eRx Incentive Eligibility and Amount Calculation	10
<i>Lump-Sum Incentive Payment</i>	10
Help/Troubleshooting	11
Copyright, Trademark, and Code-Set Maintenance Information	11
Appendix A: 2009 eRx Feedback Report Definitions	12
<i>Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)</i>	12
<i>Table 2: NPI Participation Detail</i>	13
<i>Table 3: NPI QDC Submission Error Detail</i>	14

User Guide

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Electronic Prescribing (eRx) Incentive Program Feedback Reports

Purpose

The *Electronic Prescribing (eRx) Incentive Program Feedback Report User Guide* is designed to assist eligible professionals (EPs) and their authorized users in accessing and interpreting the 2009 eRx feedback reports. For the 2009 eRx, feedback reports reflect data from the Medicare Part B claims received for the dates of service January 1, 2009 – December 31, 2009 that were processed into National Claims History (NCH) by February 28, 2010. The 2009 eRx incentive payment will occur in September/October 2010.

eRx Program Overview

Section 132 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorizes a new and separate incentive program for eligible professionals (EPs) who are successful electronic prescribers as defined by MIPPA. This new incentive program, which began on 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 known as the Physician Quality Reporting Initiative (PQRI). Eligible professionals do not need to participate in PQRI to participate in the eRx Incentive Program.

EPs who met the criteria for successful submission of eRx data for services furnished during the reporting period, January 1, 2009 – December 31, 2009, will earn an incentive payment equal to 2.0% of their total estimated allowed charges for Medicare Part B Physician Fee Schedule (PFS) covered professional services furnished during that same period (the 2009 calendar year).

Participation in the eRx Incentive Program is at the individual National Provider Identifier (NPI) level within a Tax ID (TIN/NPI). The 2009 eRx included one claims-based reporting method for the 12-month reporting period. All Medicare Part B claims submitted with eRx quality-data codes (QDCs) for services furnished from January 1, 2009 to December 31, 2009 were analyzed to determine whether the EP earned an eRx incentive payment. For more information on the 2009 eRx, please visit the CMS website at <http://www.cms.gov/ERXincentive>.

Report Overview

2009 eRx feedback reports are packaged at the Taxpayer Identification Number (Tax ID Number, or TIN) level, with individual-level reporting (by National Provider Identifier or NPI-level) information for each EP who reported at least one valid eRx QDC on a claim submitted under that TIN for services furnished during the reporting period. Reports include information on reporting rates and incentives earned by individual professionals, with summary information on reporting success and incentives earned at the practice (TIN) level.

The 2009 eRx included one reporting period for claims-based measures submitted under that TIN for services furnished from January 1, 2009 – December 31, 2009. EPs who are considered solo practitioners, as well as the TIN organization, may access their feedback reports through the Physician and Other Health Care Professionals Quality Reporting Portal at <https://www.qualitynet.org/portal/server.pt>. EPs who submitted under multiple TINs may have earned an incentive either under one or more than one TIN. Individual EPs may also contact their Carrier/Medicare Administrative Contractors (MACs) to request their specific NPI-level eRx feedback report. See <http://www.cms.gov/MLN MattersArticles/downloads/SE0922.pdf>.

All Medicare Part B claims submitted with eRx QDCs for services furnished from January 1, 2009 – December 31, 2009 (for the 12-month reporting period) were analyzed to determine whether the EP earned an eRx incentive payment. Each TIN/NPI had the opportunity to participate in eRx. Participation is defined as EPs submitting at least one valid eRx QDC via claims. Valid submissions were where a QDC was submitted and all measure-eligibility criteria was met (i.e., correct CPT or HCPCS). At least 50% of eligible events must have been reported, and at least 10% of allowable charges must have met the denominator criteria.

CMS aims to distribute feedback reports as closely as possible to the incentive payment timeframe. 2009 eRx feedback reports will be distributed in approximately November 2010. TIN-level reports on the Portal require an Individuals Authorized Access to CMS Computer Services (IACS) account. Participants may contact their Carrier/MAC to request individual NPI-level reports via the alternate feedback report fulfillment process.

Note: *This 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 eRx feedback reports are listed below.

Compatible Operating System

- Any operating system, such as Microsoft® Windows XP Professional or Microsoft® Vista, should be compatible, as long as an Internet browser is available
- Recommend 166 MHZ Pentium processor with a minimum of 125 MB free disk space and 32 MB RAM

Software

- Microsoft® Internet Explorer 6.0 and above, Mozilla® Firefox 2.0 and above, or Apple® Safari 2.0 and above
- Sun® Java Runtime Environment (JRE) 1.6x or higher
- Adobe® Acrobat® Reader 5.0 and above

Internet Connection and Download Time

- Reports will be accessible via any Internet connection running on a minimum of 33.6k modem or high-speed connection. It is possible that some reports may be as large as 15MB. Downloading large report files may require additional time.

Participant Feedback Report Content and Appearance

Three tables may be included in the 2009 eRx feedback reports. eRx feedback reports will be generated for each TIN with at least one EP reporting a valid QDC. The TIN-level feedback report is only accessible by the TIN. It is up to the TIN to distribute the information in Tables 2-3 to the individual NPI. The length of the feedback report will depend on the number of TIN/NPIs participating in eRx. A total incentive payment amount will be calculated for all TIN/NPIs. A breakdown of each individual NPI and their earned incentive amount will also be included.

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

Each TIN will receive only one report.

- **Total Tax ID Earned Incentive Amount for NPIs:** The total incentive amount earned by the Tax ID. The actual incentive payment may vary slightly from this amount due to rounding.
- **NPI Total Earned Incentive Amount:** The 2.0% incentive amount earned for each TIN/NPI.

For definition of terms related to 2009 eRx feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail.

Example 1.1

2009 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT

Participation in the eRx Program is at the individual National Provider Identifier level within a Tax ID (TIN/NPI). The 2009 eRx Program included one claims-based reporting method for the 12-month reporting period. All Medicare Part B claims submitted with eRx quality data codes (QDCs) for services furnished from January 1, 2009 to December 31, 2009 were analyzed to determine whether the Eligible Professional (EP) earned an eRx incentive payment. Participation is defined as Eligible Professionals (EPs) submitting at least one valid QDC via claims. Valid submissions are where a QDC is submitted and all measure-eligibility criteria are met (i.e. correct CPT or HCPCS). 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.hhs.gov/ERXIncentive.

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)
Sorted by Earned Incentive Yes/No and sub-sorted by NPI Number

Tax ID Name: John Q. Public Clinic
Tax ID Number: XXXXX6789

Total Tax ID Earned Incentive Amount for NPIs (listed below): \$4666.67	Distribution of Total Incentive Earned Among Carrier/MACs That Processed Payments		
	Carrier/MAC Identification #	Proportion of Incentive per Carrier/MACs	Tax ID Earned Incentive Amount Under Carrier/MAC
	12345	90.0%	\$4,200.00
	67890	10.0%	\$466.67

NPIs that did not earn an incentive will still appear in the report along with the reason they were not incentive eligible:

NPI	NPI Name*	Incentive Eligible*		Total Estimated Allowed Medicare Part B PFS Charges for Codes that Appear in the Denominator of the Measure†	Total Estimated Allowed Medicare Part B PFS Charges	NPI Total Earned Incentive Amount†
		Yes/No	Rationale			
1000000002	Smith, Susie	Yes	At least 50% of eligible events reported and at least 10% of allowed charges met denominator criteria	\$25,000.00	\$100,000.00	\$2,000.00
1000000003	Doe, John	Yes	At least 50% of eligible events reported and at least 10% of allowed charges met denominator criteria	\$13,333.00	\$133,333.33	\$2,666.67
1000000001	Not Available	No	Insufficient percentage of eligible events reported	\$200,000.00	\$800,000.00	N/A
1000000004	Not Available	No	Insufficient percentage of allowed charges met denominator criteria	\$25,000.00	\$354,250.00	N/A
Total:						\$4,666.67

*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 Carrier/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 2009 eRx incentive payment, only the system's ability to populate this field in the report.

†The percentage of the total incentive amount earned by the TIN/NPI combinations, split across Carrier/MACs based on the proportionate split of the Tax ID's total estimated allowed Medicare Part B Physician Fee Schedule (PFS) charges billed across Carrier/MACs. (100% of incentive will be distributed by a single Carrier/MAC if a single Carrier/MAC processed all claims within the reporting period for the Tax ID).

•An NPI is eligible to receive an eRx incentive if he or she is: 1) a successful electronic prescriber (i.e., at least 50% of eligible events reported) and 2) the estimated allowed Medicare Part B PFS charges for denominator eligible claims are at least 10% of the total estimated allowed Medicare Part B PFS charges. More information regarding the incentive calculations is available on the CMS website.

[†] For this measure, the 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 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 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 TIN. If the first NPI associated with the TIN has an offset, Carrier/MACs will apply the lump sum and/or sanction.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual prior "masked" Social Security Number (SSN/SSAN). 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.

Page 1 of 1

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

Table 2: NPI Reporting Detail

Each TIN/NPI who submitted any claims for Medicare Part B PFS covered professional services for which the eRx measure applied will receive Table 2. This report reflects 1) the eRx Incentive Detail listing the NPI's total earned incentive amount and 2) an eRx Reporting Detail listing the individual NPI's reporting rate.

- **Total Estimated Allowed Medicare Part B PFS Charges for Codes that Appear in the Denominator of the Measure:** The total estimated amount of Medicare Part B Physician Fee Schedule (PFS) allowed charges associated with covered professional services rendered during the reporting period. The PFS claims included were based on the 12-month reporting period for the claims method by which the NPI was incentive eligible. Note: Claims-based reporting was the only method for 2009 eRx reporting.
- **NPI Total Earned Incentive Amount:** The 2.0% incentive for each incentive-eligible professional's TIN/NPI.
- **Reporting Rate:** The TIN/NPI's reporting rate is calculated by finding the quotient of the number of numerator-eligible reporting instances divided by the number of denominator-eligible instances. *(For those interested in what the performance rate would be, it is the same as the reporting rate as there is no code to indicate failure for this measure.)*
- **% of Total Estimated Allowed Medicare Part B PFS Charges:** Percentage of the total estimated amount of Medicare Part B PFS allowed charges associated with covered professional services rendered during the reporting period. The PFS claims included were based on the 12-month reporting period for the claims method by which the NPI was incentive eligible.

For definition of terms related to 2009 eRx feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail. All eligible TIN/NPIs will have detailed reports generated for them.

Example 2.1

2009 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT

Participation in the eRx Program is at the Individual National Provider Identifier level within a Tax ID (TIN/NPI). The 2009 eRx Program included one claims-based reporting method for the 12-month reporting period. All Medicare Part B claims submitted with eRx quality-data codes (QDCs) for services furnished from January 1, 2009 to December 31, 2009 were analyzed to determine whether the Eligible Professional (EP) earned an eRx incentive payment. Participation is defined as Eligible Professionals (EPs) submitting at least one valid QDC via claims. Valid submissions are where a QDC is submitted and all measure-eligibility criteria are met (i.e. correct CPT or HCPCS). The results below include an Incentive Detail table listing the NPI's total earned incentive amount and a Reporting Detail table listing the individual NPI's reporting rate. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website: www.cms.hhs.gov/ERXincentive.

Table 2: NPI Reporting Detail

Tax ID Name: John Q. Public Clinic
 Tax ID Number: XXXXX6789
 NPI Number: 1000000002

Detail from Table 1 for the reporting method in which the NPI earned an incentive.

Claims-based reporting was the only 2009 method.

Incentive Detail for eRx Measure Reporting via Claims						
NPI	NPI Name*	Yes/No	Rationale	Total Estimated Allowed Medicare Part B PFS Charges for Codes that Appear in the Denominator of the Measure†	Total Estimated Allowed Medicare Part B PFS Charges-	NPI Total Earned Incentive Amount‡
1000000002	Smith, Susie	Yes	At least 50% of eligible events reported and at least 10% of allowed charges met denominator criteria	\$25,000.00	\$100,000.00	\$2,000.00

Total amount earned by each NPI based on the 2.0% incentive.

Reporting Detail				
Measure Title	Reporting Denominator: Applicable Cases‡	Reporting Numerator: Valid QDCs Reported‡	Reporting Rate§	% of Total Estimated Allowed Medicare Part B PFS Charges¶
Adoption/Use of Medication Electronic Prescribing Measure	200	180	90%	25%

The reporting detail shows the measure reported and that the NPI successfully reported at a 90.0% reporting rate.

*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 Carrier/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 its 2009 eRx incentive payment; only the system's ability to populate this field in the report.

†An NPI is eligible to receive an eRx incentive if he or she is: 1) a successful electronic prescriber (i.e., at least 50% of eligible events reported) and 2) the estimated allowed Medicare Part B Physician Fee Schedule (PFS) charges for denominator eligible claims are at least 10% of the total estimated allowed Medicare Part B PFS charges. More information regarding the incentive calculations is available on the CMS website.

‡For this measure, the 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 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 TIN/NPI was eligible.

§§The number of events the TIN/NPI was eligible to report the measure.

§§§The number of reporting events where the quality-data codes (QDCs) submitted met the measure-specific reporting criteria.

§§§§A successfully-reported measure has a reporting rate of 50% or greater.

§§§§§A successfully-reported measure has denominator codes on at least 10% of 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 (TIN) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual security Number (SSN/SSAN) as part of the Tax Identification Number that these reports are handled appropriately and disposed of properly to avoid potential Personally Identifiable Information (PII) exposure or identity theft risk.

Page 1 of 1

Figure 2.1 Screenshot of Table 2 for NPI Reporting Detail

Table 3: NPI QDC Submission Error Detail

For the 2009 eRx, only NPIs participating through claims-based measure reporting with QDC submission errors will receive Table 3. This will only apply to EPs who are submitting at least one insufficient QDC. There is one NPI detail report for each TIN/NPI participating in eRx.

- o **QDC Exceptions (Denominator Mismatches):**
 - **Only Incorrect CPT:** Number of invalid QDC submissions resulting from an incorrect CPT code.
 - **Only QDC on Claim (no CPT/HCPCS):** Number of invalid QDC submissions due to a missing qualifying denominator code since all lines were QDCs.

For definition of terms related to 2009 eRx feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail.

Example 3.1

2009 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT

Participation in the eRx Program is at the individual National Provider Identifier level within a TaxID (TIN/NPI). The 2009 eRx Program included one claims-based reporting method for the 12-month reporting period. All Medicare Part B claims submitted with eRx quality-data codes (QDCs) for services furnished from January 1, 2009 to December 31, 2009 were analyzed to determine whether the Eligible Professional (EP) earned an eRx incentive payment. Participation is defined as Eligible Professionals (EPs) submitting at least one valid QDC via claims. Valid submissions are where a QDC is submitted and all measure-eligibility criteria are met (i.e. correct CPT or HCPCS). The individual NPI's quality-data code (QDC) submission error results are below. There is one NPI detail report for each TIN/NPI participating in eRx. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website. www.cms.hhs.gov/ERX/incentive.

Table 3: NPI QDC Submission Error Detail

Tax ID Name: John Q. Public Clinic
 NPI Name: Smith, Susie
 NPI Number: 1000000002

NPIs will only receive this table if they had QDC submission errors when reporting the eRx measure (or a percent of valid QDCs accepted that is less than 100%).

Measure Title	QDC Occurrences			QDC Exceptions (Denominator Mismatches)	
	Actual # Reported ^Ω	Reporting Numerator: Valid QDCs Reported ^Ω	% of Valid QDCs Accepted ^Ω	Only Incorrect CPT	Only QDC on Claim (no CPT/HCPCS) ^Ω
Adoption/Use of Medication Electronic Prescribing Measure	188	180	95.7%	7	1

Denominator mismatches are shown in the QDC Exceptions column.

◊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 Carrier/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 2009 eRx incentive payment, only the system's ability to populate this field in the report.
 ΩNumber of quality-data code (QDC) submissions for a measure whether or not the QDC submission was valid and appropriate.
 ΩThe number of reporting events where the quality-data codes (QDCs) submitted met the measure specific reporting criteria.
 ΩThe percentage of reported quality-data codes (QDCs) that were valid.
 ΩNumber of invalid quality-data code (QDC) submissions due to a missing qualifying denominator code since all lines were QDCs.

Note: A QDC submission attempt will be counted as an exception for only one of the following reasons: Incorrect CPT or Only QDC on Claim (no CPT/HCPCS).

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN). Care should be taken in the handling and disposition of this report to protect the privacy of the individual (social Security Number (SSN/SSAN) as part of the Tax ID) 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 3.1 Screenshot of Table 3: NPI QDC Submission Error Detail

Accessing Feedback Reports from the Physician and Other Health Care Professionals Quality Reporting Portal

2009 eRx feedback reports will be available through the Physician and Other Health Care Professionals Quality Reporting Portal on a secured website, My QualityNet (<https://www.qualitynet.org/portal/server.pt>), downloadable as an Adobe® Acrobat® PDF in the fall of 2010. The report may also be available as a Microsoft® Excel or .csv file. You will need to create an **IACS account** for a PQRI role, which is required to log on to the Portal (see <http://www.cms.gov/IACS/>). MLN articles with additional IACS information can be found on the CMS website at:

- <http://www.cms.gov/MLNMattersArticles/downloads/SE0747.pdf> – first article in this series provides an overview of the IACS-Provider Community (IACS-PC) registration process as well as registration instructions for Security Officials (SOs) and individual practitioners
- <http://www.cms.gov/MLNMattersArticles/downloads/SE0753.pdf> – second article addresses questions and gives remaining instructions for registering provider organizations including registering as a Backup Security Official (BSO), User Group Administrator (UGA), and End User (EU). It also discusses approving user requests.
- <http://www.cms.gov/MLNMattersArticles/downloads/SE0754.pdf> – third article discussing the final steps in accessing CMS enterprise applications has been released on this issue

If you have completed IACS vetting for a PQRI role and the TIN has a report, an e-mail will be sent alerting you to the report's availability. The Portal via QualityNet is the secured entry point to access the reports. Your report is safely stored online and accessible only to you (and those you specifically authorize) through the IACS web application.

Please see the *2010 Portal User Guide* (<https://www.qualitynet.org/portal/server.pt>) for detailed instructions on logging into the PQRI Portal.

QualityNet

Related Links

- CMS
- Quality Improvement Resources
- Measure Development
- Consensus Organizations for Measure Endorsement/Approval

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.

User Guides

- Submission User Guide
- PQRI Feedback Reports 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 (and those you authorize) through the web application. TIN-level reports should be shared only with others within the practice who have a vested interest in the summarized quality data. Sharing of other PQRI participants' information is acceptable only if the individual EP has authorized the TIN to do so. 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.

Physician and Other Health Care Professionals Quality Reporting Portal

to your Portal

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

[Forgot your password?](#)

Notice: If you have not used your IACS account within the past 60 days or more, your account has been temporarily disabled as required by the CMS security policy. You should have received an e-mail at the e-mail address associated with your IACS account profile instructing you how to get your account re-enabled. If you need further assistance, please contact the EUS Help Desk at 1-866-484-8049 or TTY: 1-866-523-4759.

NOTICE: The new 'PQRI Alternative Feedback Report Request Process' can be used by all EPs who participated in PQRI (for whom a feedback report is available). This process does not require an IACS user ID and password. The EP (TIN and NPI) can call their respective Carrier and A/B MAC Provider Contact Center to request an individual NPI level feedback report. Additional information about the PQRI Alternative Feedback Report Request Process can be found by accessing special edition Medicare Learning Network (MLN) article (SE0922) "Alternative Process for Individual Eligible Professionals to Access Physician Quality Reporting Initiative (PQRI) and Electronic Prescribing (E-Prescribing) Feedback Reports." Visit <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0922.pdf> on the CMS website. The TIN will not receive an aggregate report that includes all of the NPIs who have designated their billings under a TIN. This aggregated TIN level feedback report must be retrieved from the PQRI Portal, which requires an IACS user ID and password.

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Figure 4.1 Screenshot of Physician and Other Health Care Professionals Quality Reporting Portal

Key Facts about eRx Incentive Eligibility and Amount Calculation

Lump-Sum Incentive Payment

Payment Calculations

- The 2.0% incentive will be based on CMS' estimate of all Medicare Part B PFS allowed charges for covered professional services: 1) furnished during the applicable 2009 reporting period, 2) processed by the Carrier or MAC no more than two months past the end of the reporting period, and 3) paid under or based on the PFS. eRx incentive payments will be aggregated at the TIN level.
- For the incentive payment calculation, an EP eligible for the incentive is defined as a TIN/NPI who met the eRx criteria for successful reporting for the applicable program year.
- The analysis of successful reporting will be performed at the individual TIN/NPI level to identify each EP's services and quality data.
 - Incentive payments earned by individual EPs 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 individual EPs' incentives to the TIN level.
 - For EPs 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. The eRx financial incentive earned by any individual professional under a given TIN, based on the claims associated with that TIN, will be included in that TIN's aggregate eRx incentive payment.
- For further information related to the incentive payment, please refer to the 2009 eRx program pages on the CMS website at <http://www.cms.gov/ERXincentive>, including the *Guide for Understanding 2009 eRx Incentive Payment*.

Distribution

- Incentive payments will be issued to the TIN by the Carrier or MAC in September/October of 2010 for 2009 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 2009 eRx and PQRI will be distributed separately.
- If a TIN submits claims to multiple Medicare claims-processing contractors (Carriers or 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 2009 eRx 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 your lump-sum incentive payment doesn't arrive, contact your Carrier or MAC.
- If your incentive payment amount does not match what is reflected in your eRx feedback report, contact your Carrier or MAC. The incentive amount may differ by a penny or two from what is reflected in the feedback report due to rounding.
- The eRx incentive payment and the eRx feedback report will be issued separately. The payment, with the remittance advice, will be issued by the Carrier or MAC and identified as a lump-sum eRx incentive payment. CMS will provide the 2009 eRx 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 (RX09) to accompany the incentive payment.
- The Paper Remittance Advice states: "This is an ERx incentive payment."
- eRx participants will not receive claim-level detail in the feedback reports.
- 2009 eRx feedback reports will be available around November 2010.
- eRx 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 EP (identified by his or her NPI submitting Medicare Part B PFS claims) reported the eRx measure a minimum of once during the reporting period.
- Feedback reports for multiple years will now be accessible via the Portal and will not be archived.

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.
- 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.
- If you need assistance with the **IACS registration process** (i.e., forgot ID, password resets, etc.), contact the QualityNet Help Desk at 866-288-8912 or gnetsupport@sdps.org (Monday-Friday 7:00 a.m.-7:00 p.m. CT). You may also contact them for **eRx assistance including accessing the Portal**.
- 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: 2009 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 Taxpayer Identification Number (TIN).
Tax ID Number	The masked TIN, whether individual or corporate TIN, Employer Identification Number, or individual professional's Social Security Number.
Total Tax ID Earned Incentive Amount for NPIs	The total incentive amount earned by the TIN.
Carrier/MAC Identification #	Carrier and/or MAC number to which the TIN bills their claims.
Proportion of Incentive per Carrier/MAC	The percentage of the total incentive amount earned by the TIN/NPI, split across carriers based on the proportionate split of the TIN's total estimated allowed Physician Fee Schedule covered charges billed across the carriers (100% of incentive will be distributed by a single carrier if a single carrier processed all claims for the TIN for all dates of service for the applicable reporting period).
Tax ID Earned Incentive Amount Under Carrier/MAC	The total incentive amount earned by NPIs within the Tax ID (TIN) billing to each carrier. More information regarding incentive calculations can be found on the CMS website, http://www.cms.gov/ERXincentive .
NPI	National Provider Identifier of the eligible professional billing under the TIN.
NPI Name	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 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 2009 PQRI eRx payment; only the system's ability to populate this field in the report.
Incentive Eligible	<ul style="list-style-type: none"> • Yes/No: "Yes" if the TIN/NPI is eligible for the incentive payment and "No" if the TIN/NPI is not eligible for the incentive payment. • Rationale: The rationale for those NPIs who were or were not eligible for incentive. <ul style="list-style-type: none"> ○ At least 50% of eligible events reported and at least 10% of allowed charges met denominator criteria ○ Insufficient percentage of eligible events reported ○ Insufficient percentage of allowed charges met denominator criteria <p>More information regarding incentive calculations can be found on the CMS website, http://www.cms.gov/ERXincentive.</p>
Total Estimated Allowed Medicare Part B PFS Charges for Codes that Appear in the Denominator of the Measure	Represents the total dollar amount of estimated allowed Medicare Part B PFS charges for the codes in the measure's denominator.
Total Estimated Allowed Medicare Part B PFS Charges	The total estimated amount of Medicare Part B Physician Fee Schedule (PFS) allowed charges associated with covered professional services rendered during the reporting period. The PFS claims included were based on the 12-month reporting period.
NPI Total Earned Incentive Amount	The 2.0% 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.

Table 2: NPI Participation Detail

Term	Definition
Tax ID Name	Legal business name associated with a TIN.
Tax ID Number	The masked Taxpayer Identification Number, whether individual or corporate TIN, Employer Identification Number, or individual professional's Social Security Number.
NPI Number	Individual National Provider Identifier of the eligible professional billing under the TIN.
NPI	National Provider Identifier of the individual eligible professional billing under the TIN.
NPI Name	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 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 2009 eRx incentive payment; only the system's ability to populate this field in the report.
Incentive Eligible	<ul style="list-style-type: none"> • Yes/No: "Yes" if the TIN/NPI is eligible for the incentive payment and "No" if the TIN/NPI is not eligible for the incentive payment. • Rationale: The rationale for those NPIs who were or were not eligible for incentive. <ul style="list-style-type: none"> ○ At least 50% of eligible events reported and at least 10% of allowed charges met denominator criteria ○ Insufficient percentage of eligible events reported ○ Insufficient percentage of allowed charges met denominator criteria <p>More information regarding incentive calculations can be found on the CMS website, http://www.cms.gov/ERXincentive.</p>
Total Estimated Allowed Medicare Part B PFS Charges for Codes that Appear in the Denominator of the Measure	Represents the total dollar amount of estimated allowed Medicare Part B PFS charges for the codes in the measure's denominator.
Total Estimated Allowed Medicare Part B PFS Charges	The total estimated amount of Medicare Part B Physician Fee Schedule (PFS) allowed charges associated with covered professional services rendered during the reporting period. The PFS claims included were based on the 12-month reporting period.
NPI Total Earned Incentive Amount	The 2.0% 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.
Measure Title	2009 eRx measure title.
Reporting Denominator: Applicable Cases	The number of events on which the TIN/NPI was eligible to report the measure.
Reporting Numerator: Valid QDCs Reported	The number of reporting events where the quality-data codes (QDCs) submitted met the measure-specific reporting criteria.
Reporting Rate	A successfully reported measure has a reporting rate of 50% or greater. The rate for each TIN/NPI is calculated by finding the quotient of the number of numerator-eligible reporting events divided by the number of denominator-eligible events.
% of Total Estimated Allowed Medicare Part B PFS Charges	A successfully reported measure has denominator codes on at least 10% of total estimated allowed Medicare Part B PFS charges.

Table 3: NPI QDC Submission Error Detail

Term	Definition
Tax ID Name	Legal business name associated with a TIN.
NPI Name	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 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 2009 PQRI eRx payment; only the system's ability to populate this field in the report.
NPI Number	Individual National Provider Identifier of the eligible professional billing under the TIN.
Measure Title	2009 eRx measure title.
QDC Occurrences	<ul style="list-style-type: none"> • Actual # Reported: Number of QDC submissions for a measure, whether or not the QDC submission was valid and appropriate. • Reporting Numerator: Valid QDCs Reported: Number of reporting events where the QDCs submitted met the measure-specific reporting criteria. • % of Valid QDCs Accepted: The percentage of reported QDCs that were valid.
QDC Exceptions (Denominator Mismatches)	<ul style="list-style-type: none"> • Only Incorrect CPT: Number of invalid QDC submissions resulting from an incorrect CPT code. • Only QDC on Claim (no CPT/HCPCS): Number of invalid QDC submissions due to a missing qualifying denominator code since all lines were QDCs.