



User Guide

2010

Electronic Prescribing (eRx) Incentive Program Feedback Reports

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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, group practices, and their authorized users in accessing and interpreting the 2010 eRx Incentive Program feedback reports. For the 2010 eRx Incentive Program, the feedback reports reflect data from the Medicare Part B claims received for the dates of service January 1, 2010 – December 31, 2010 that were processed into National Claims History (NCH) by February 25, 2011. Additionally in 2010, quality data was received from qualified registries and EHR systems for purposes of the eRx Incentive Program. The 2010 eRx incentive payment will occur in approximately August-September 2011.

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 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 did not need to participate in PQRI to participate in the eRx Incentive Program.

Eligible professionals who meet the criteria for successful submission of eRx data for services furnished during the reporting period, January 1, 2010 – December 31, 2010, 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 2010 calendar year). Beginning with the 2010 eRx program year, selected group practices under the Group Practice Reporting Option (GPRO) could qualify to earn a 2010 eRx incentive if it was determined that the GPRO was a successful electronic prescriber. GPRO consist of a single tax identification number (TIN) with 200 or more individual eligible professionals or individual national provider identifiers (NPIs). Only group practices that self-nominated and participated in the 2010 PQRI GPRO were eligible to participate in the 2010 eRx Incentive Program as a GPRO. Participation in the 2010 eRx Incentive Program is optional for all PQRI participants.

Participation in the 2010 eRx Incentive Program is analyzed at the individual-NPI level within a Tax ID (TIN/NPI) for individual eligible professionals, or at the TIN level for the GPRO. eRx submissions were submitted through one of three reporting methods (claims, qualified registries, or qualified EHR systems) for the 12-month reporting period. All Medicare Part B PFS claims submitted with the applicable eRx quality-data codes (QDCs) via claims or quality data submitted via qualified Registry or EHR for services furnished from January 1, 2010 to December 31, 2010 were analyzed to determine whether the eligible professional earned an eRx incentive payment. During the 2010 eRx program year, the G8553 eRx QDC indicated that at least one prescription was created during an eRx denominator-eligible encounter and was transmitted electronically using a qualified eRx system. For more information on the 2010 eRx Incentive Program, please visit the CMS website at <http://www.cms.gov/ERXincentive>.

All eligible professionals had the opportunity to participate in the 2010 eRx Incentive Program. Participation was defined as individual eligible professionals or GPROs submitting at least one valid eRx QDC via claims or quality data via qualified registry, or qualified EHR submission methods. Valid submissions were counted when a 2010 eRx QDC or quality data was submitted and all measure-eligibility criteria was met (i.e., correct Current Procedural Terminology, or CPT). At least 25 eligible events for individual eligible professionals or at least 2,500 unique eligible events for eligible professionals under the GPRO must have been reported during the reporting year, and at least 10% of allowable charges must have met the denominator criteria of the 2010 eRx measure in order for the individual eligible professionals or eligible professionals under the GPRO to be incentive eligible.

2010 eRx Report Overview

2010 eRx feedback reports are packaged at the Taxpayer Identification Number (Tax ID Number, or TIN) level. Reports include information on valid QDCs reported (via claims) or quality data submitted (via qualified Registry or EHR) and incentives earned by individuals or individuals under a GPRO, with summary information on reporting success and incentives earned at the practice (TIN) level.

- Eligible professionals who participated in the 2010 eRx Incentive Program as an individual NPI solo proprietor (submitted claims under a SSN) will be able to access their individual reports by three methods: 1) TIN/SSN level report via the Portal (will show only their data), or 2) NPI-level report via their Part B Carrier/MAC (will receive NPI report via email that also shows only their data), or 3) a web-based support page (when available, additional information on this new request method will be provided through the usual CMS communication channels).
- Eligible professionals who participated in the 2010 eRx Incentive Program as an individual NPI under a Tax ID practice (assigned benefits to a TIN) will be able to access their individual reports by three 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 via their Part B Carrier/MAC (will receive NPI report via email that shows only the data of that one NPI), or 3) another web-based support page (when available, additional information on this new request method will be provided through the usual CMS communication channels).
- Eligible professionals who participated in the 2010 eRx Incentive Program under the GPRO will receive TIN-level based reports through the Portal. Eligible professionals under the GPRO who reported at least one valid eRx QDC on a claim, or eRx data through a qualified registry or EHR system will have available to them a feedback report for each TIN under which they submitted services furnished during the reporting period.

CMS aims to distribute feedback reports as closely as possible to the incentive payment timeframe. 2010 eRx feedback reports will be distributed in approximately August-September 2011. For more information on that process, see: <http://www.cms.gov/MLN MattersArticles/downloads/SE0922.pdf>.

The 2010 eRx Incentive Program included one reporting period from January 1, 2010 – December 31, 2010. 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 2010 eRx 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

- 166 MHZ Pentium processor with a minimum of 125 MB free disk space
- 32 MB Ram

Software

- Microsoft® Internet Explorer version 7.0
- Adobe® Acrobat® Reader version 5.0 and above
- JRE 6 or higher
- Windows® XP operating system
- WinZip version 7.0 or greater (or compatible zip programs using default compression settings) for Zip file creation to upload data

Internet Connection

- The Physician Quality Reporting System Submission Portlet will be accessible via any Internet connection running on a minimum of 33.6k or high-speed Internet.

Participant Feedback Report Content and Appearance

Three tables may be included in the 2010 eRx feedback reports. 2010 eRx feedback reports will be generated for each TIN with at least one eligible professional reporting a valid, applicable eRx G-code 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 2-3 to the individual eligible professionals or eligible professionals under the GPRO. Individual eligible professionals will receive a 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) from that place of service (TIN) participated in the 2010 eRx Incentive Program. For eligible professionals reporting under the GPRO, a total incentive payment amount will be calculated for the primary GPRO TIN.

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

Each TIN will receive only one report.

Individual eligible professionals will receive the following information in Table 1 of the feedback report, see Example 1.1:

- **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. The total incentive amount earned per each Carriers/MACs that process payment is also reported.
- **NPI Total Earned Incentive Amount:** The estimated total amount of Medicare Part B PFS charges per NPI and the 2.0% incentive amount earned for each TIN/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 allowed charges.

GPROs will receive the following information in Table 1 of the feedback report, see Example 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/MAC that process payment is also reported.
- **TIN Total Earned Incentive Amount:** The estimated total amount of Medicare Part B PFS charges per GPRO and the 2.0% incentive amount earned for each TIN is displayed.

For definition of terms related to 2010 eRx feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail.

Example 1.1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

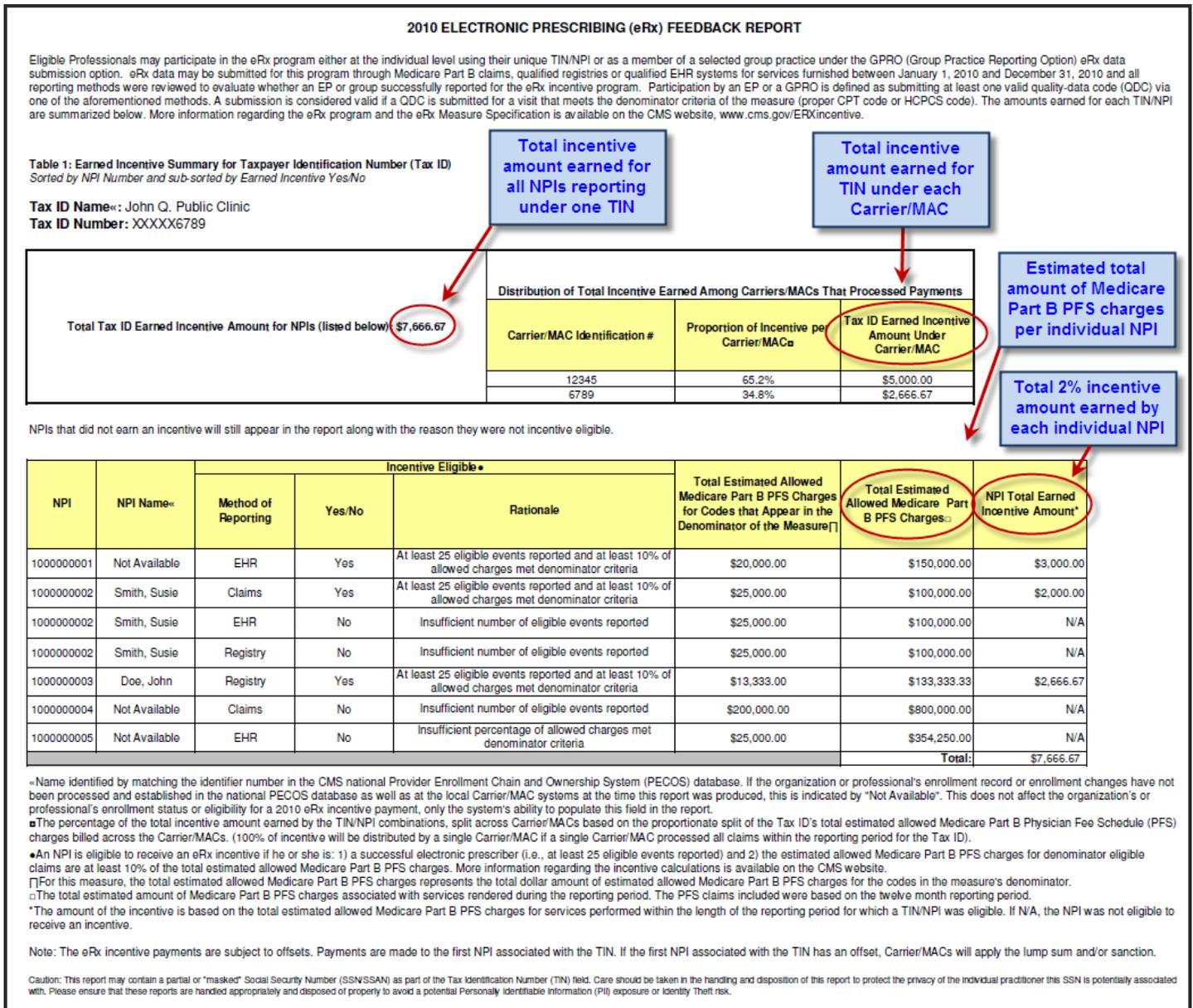


Figure 1.1 Screenshot of Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

Example 1.2: Earned Incentive Summary for Taxpayer Identification Number (Tax ID) – GPRO

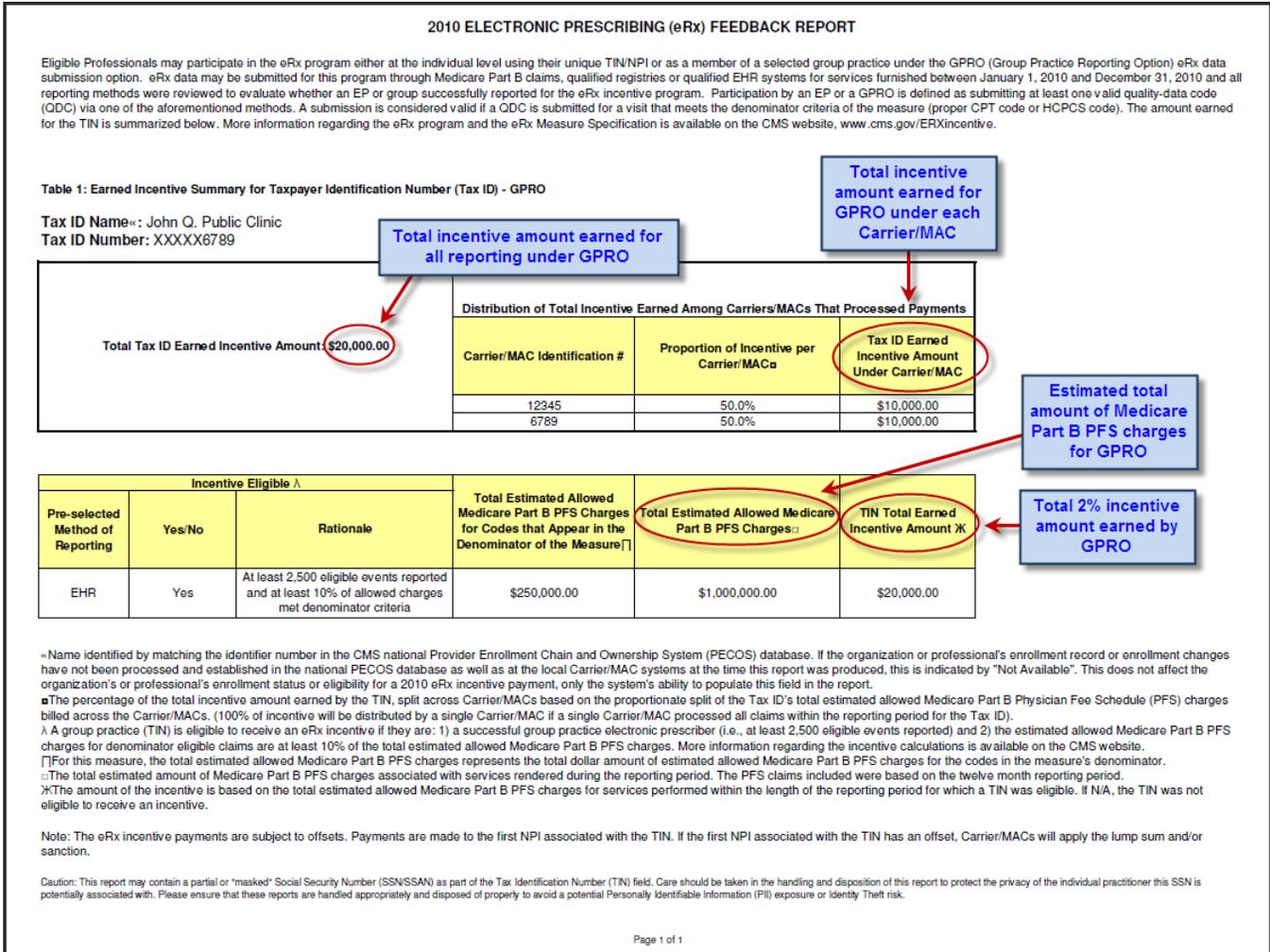


Figure 1.2 Screenshot of Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID) – GPRO

Table 2: NPI or TIN Reporting Detail

Each individual eligible professional or eligible professionals under the GPRO who submitted one or more Medicare Part B PFS covered professional service with the valid, applicable eRx G-code via claims or quality data submitted via qualified registry or EHR will receive Table 2 in the 2010 eRx feedback report. Table 2 reflects 1) the eRx Incentive Detail listing the total earned incentive amount by NPI for individuals or by TIN for GPROs and 2) an eRx Reporting Detail listing the number of valid QDCs or quality data submitted and the % of total estimated allowed Medicare Part B PFS charges.

Individual eligible professionals will receive the following information in Table 2 of the feedback report, see Examples 2.1 (Claims), 2.2 (Registry) and 2.3 (EHR):

- **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 by which the NPI was incentive eligible.
- **NPI Total Earned Incentive Amount:** The 2.0% incentive for each incentive-eligible professional's TIN/NPI.
- **Reporting Numerator: Valid QDCs Reported:** (claims or EHR only) 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 2010 eRx measure has a reporting numerator of at least 25 unique events.
- **% 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, qualified registries, or qualified EHR systems method by which the NPI was incentive eligible.

GPROs will receive the following information in Table 2 of the feedback report, see Examples 2.4 (Claims-GPRO), 2.5 (Registry-GPRO) and 2.6 (EHR-GPRO):

- **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, qualified registries or qualified EHR systems by which the GPRO was incentive eligible.
- **NPI Total Earned Incentive Amount:** The 2.0% incentive for each GPRO TIN.
- **Reporting Numerator: Valid QDCs Reported:** (GPRO-claims or GPRO-EHR only) 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 2,500 unique visits for GPROs.
- **% 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, qualified registries, or qualified EHR systems method by which the GPRO was incentive eligible.

For definition of terms related to 2010 eRx feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail. All eligible TIN/NPIs or GPROs will have detailed reports generated for them.

Example 2.1: NPI Reporting Detail – Claims (Individual)

2010 ELECTRONIC PRESCRIBING (eRx) FEEDBACK 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, 2010 and December 31, 2010 and all reporting methods were reviewed to evaluate whether an EP or group successfully reported for the eRx incentive program. Participation by an EP or a GPRO is defined as submitting at least one valid quality-data code (QDC) via one of the aforementioned methods. A submission is considered valid if a QDC is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The results below include: a Participation Summary table listing all of the individual NPI's reporting methods attempted, an Incentive Detail table listing the NPI's total earned incentive amount and a Reporting Detail table listing the individual NPI's reporting denominator and numerator. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERXIncentive.

Table 2: NPI Reporting Detail - Claims

Tax ID Name: John Q. Public Clinic
 Tax ID Number: XXXX6789
 NPI Number: 1000000002

Participation Summary			
All Methods Reported	Registry/EHR Associated	Qualified for Incentive	Reporting Method Used for Incentive ⁽¹⁾
Claims	N/A	Yes	Yes
Registry	ICLOPS	No	N/A
EHR	Epic	No	N/A

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

Incentive Detail for eRx Measure Reporting via Claims							
NPI	NPI Name ⁽¹⁾	Incentive Eligible ⁽²⁾			Total Estimated Allowed Medicare Part B PFS Charges for Codes that Appear in the Denominator of the Measure ⁽³⁾	Total Estimated Allowed Medicare Part B PFS Charges ⁽⁴⁾	NPI Total Earned Incentive Amount ⁽⁵⁾
		Method of Reporting	Yes/No	Rationale			
1000000002	Smith, Susie	Claims	Yes	At least 25 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 for 2010

Reporting Detail			
Measure Title	Reporting Denominator: Applicable Cases ⁽⁶⁾	Reporting Numerator: Valid QDCs Reported ⁽⁷⁾	% of Total Estimated Allowed Medicare Part B PFS Charges ⁽⁸⁾
Adoption/Use of Medication Electronic Prescribing Measure	200	180	25.0%

25% is the calculation of these two fields

The reporting detail shows the measure reported and that the NPI successfully reported 180 valid QDCs out of 200 applicable cases. A minimum of 25 eRx events and meeting the 10% denominator threshold are needed for successful reporting. In this example, the NPI met both requirements.

⁽¹⁾Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the NPI is not 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 "N/A".
⁽²⁾The method of reporting deemed most advantageous will be indicated with a "Yes". If the NPI did not qualify for incentive through any reporting method, this is indicated by "No".
⁽³⁾An NPI is eligible to receive an eRx incentive if he or she is: 1) a successful electronic prescriber (i.e., at least 25 eligible events reported) and 2) the NPI's eligible claims are at least 10% of the total estimated allowed Medicare Part B PFS charges. More information regarding the incentive calculations is available in the eRx Measure Specification.
⁽⁴⁾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 services rendered during the reporting period. The PFS claims included are those for which the TIN/NPI was eligible to report the measure.
⁽⁵⁾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 two-year reporting period.
⁽⁶⁾The number of events for which the TIN/NPI was eligible to report the measure.
⁽⁷⁾The number of reporting events where the quality-data codes (QDCs) or quality action data submitted met the measure specific reporting criteria. A submission is considered valid if a QDC is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code).
⁽⁸⁾A successfully-reported measure has denominator eligible 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 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: NPI Reporting Detail – Claims

Example 2.2: NPI Reporting Detail – Registry (Individual)

2010 ELECTRONIC PRESCRIBING (eRx) FEEDBACK 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, 2010 and December 31, 2010 and all reporting methods were reviewed to evaluate whether an EP or group successfully reported for the eRx incentive program. Participation by an EP or a GPRO is defined as submitting at least one valid quality-data code (QDC) via one of the aforementioned methods. A submission is considered valid if a QDC is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The results below include: a Participation Summary table listing all of the individual NPI's reporting methods attempted, an Incentive Detail table listing the NPI's total earned incentive amount and a Reporting Detail table listing the individual NPI's reporting denominator and numerator. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERXincentive.

Table 2: NPI Reporting Detail - Registry

Tax ID Name: John Q. Public Clinic
 Tax ID Number: XXXX6789
 NPI Number: 1000000003

Participation Summary			
All Methods Reported	Registry/EHR Associated	Qualified for Incentive	Reporting Method Used for Incentive ⁰⁰
Registry	ICLOPS	Yes	Yes
Claims	N/A	No	N/A
EHR	Epic	No	N/A

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

Incentive Detail for eRx Measure Reporting via Registry							
NPI	NPI Name ⁰¹	Method of Reporting	Incentive Eligible ⁰²		Total Estimated Allowed Medicare Part B PFS Charges for Codes that Appear in the Denominator of the Measure ⁰³	Total Estimated Allowed Medicare Part B PFS Charges ⁰⁴	NPI Total Earned Incentive Amount ⁰⁵
			Yes/No	Rationale			
1000000003	Doe, John	Registry	Yes	At least 25 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 for 2010

Reporting Detail		
Measure Title	Eligible Events Reported ⁰⁶	% of Total Estimated Allowed Medicare Part B PFS Charges ⁰⁷
Adoption/Use of Medication Electronic Prescribing Measure	180	25.0%

The reporting detail shows the measure reported and that the NPI successfully reported 180 valid events via registry. This percentage needs to be 10% or greater to also be incentive eligible. In this example, the NPI met both criteria for successful reporting - 25 eligible eRx events AND the 10% denominator threshold.

25.0% is the calculation of these two fields

⁰¹Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System and established in the national PECOS database as well as at the local Carrier/MAC systems at the time this report was generated. If a name is not identified, the system will populate the field with "N/A".

⁰²The method of reporting deemed most advantageous will be indicated with a "Yes". If the NPI did not qualify for incentive, the field will be populated with "No".

⁰³An NPI is eligible to receive an eRx incentive if he or she is: 1) a successful electronic prescriber (i.e., at least 25 eligible eRx events reported and at least 10% of the total estimated allowed Medicare Part B PFS charges. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERXincentive.

⁰⁴For 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.

⁰⁵The 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.

⁰⁶The 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.

⁰⁷The 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.

⁰⁸A successfully-reported measure has denominator eligible 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 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: NPI Reporting Detail – Registry

Example 2.3: NPI Reporting Detail – EHR (Individual)

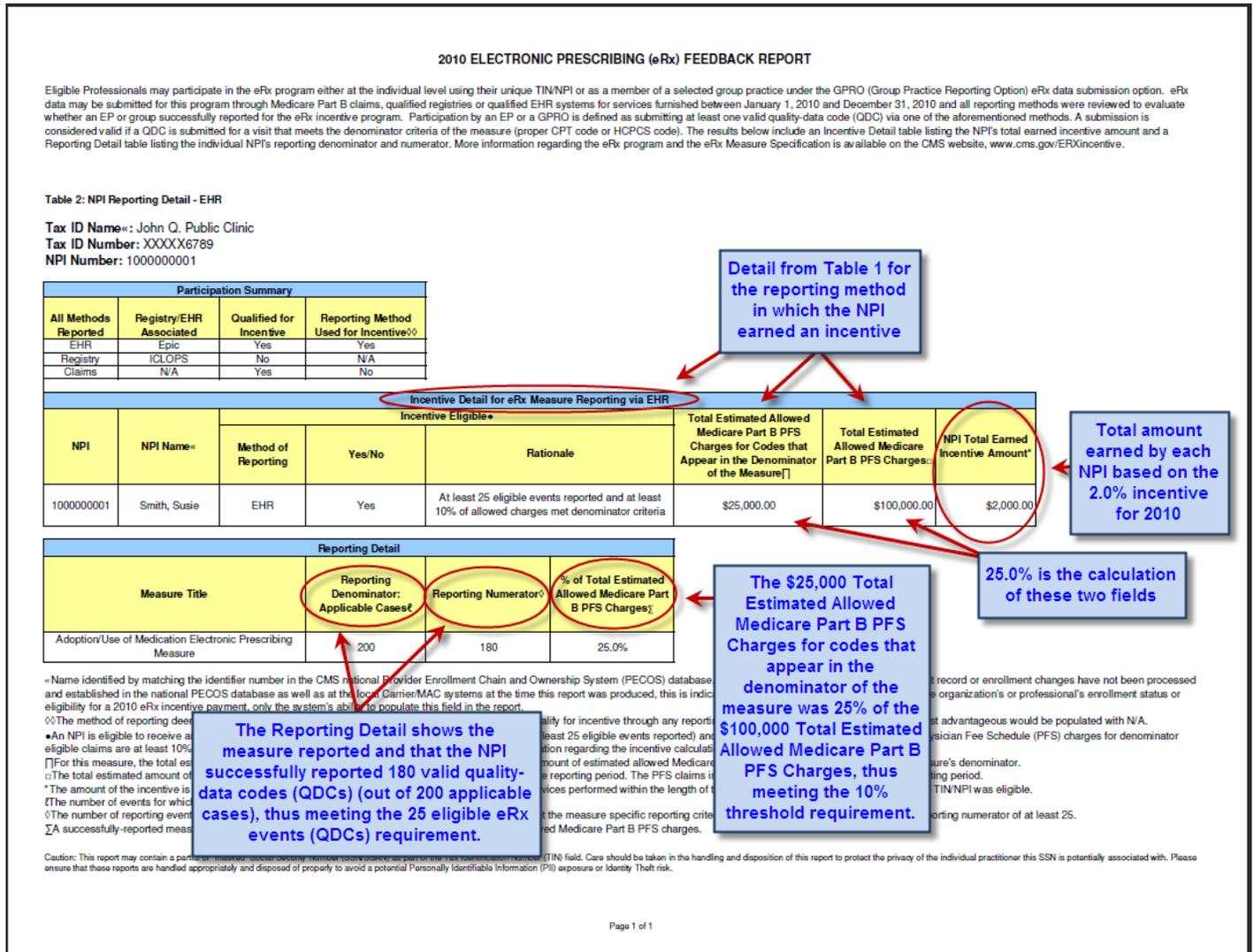


Figure 2.3 Screenshot of Table 2: NPI Reporting Detail – EHR

Example 2.5: TIN Reporting Detail – Registry (GPRO)

2010 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT

Eligible P... eRx data... evaluate... is consid... a Report... their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. Registries or qualified EHR systems for services furnished between January 1, 2010 and December 31, 2010 and all reporting methods were reviewed to Participation by an EP or a GPRO is defined as submitting at least one valid quality-data code (QDC) via one of the aforementioned methods. A submission of the measure (proper CPT code or HCPCS code). The results below include an Incentive Detail table listing the GPRO's total earned incentive amount and information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERXincentive.

In this example, the GPRO met the reporting criteria: at least 2,500 eligible eRx events reported and at least 10% of allowed charges met the denominator criteria.

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

Table 2: TIN Reporting Detail - Registry (GPRO)

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

Incentive Detail for eRx Measure Reporting via Registry					
Incentive Eligible					
Pre-selected Method of Reporting	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	TIN Total Earned Incentive Amount
Registry	Yes	At least 2,500 eligible events reported and at least 10% of allowed charges met denominator criteria	\$250,000.00	\$1,000,000.00	\$20,000.00

Total amount earned by GPRO based on the 2.0% incentive for 2010

Reporting Detail		
Measure Title	Eligible Events Reported	% of Total Estimated Allowed Medicare Part B PFS Charges
Adoption/Use of Medication Electronic Prescribing Measure	2,500	25.0%

The \$250,000 Total Estimated Allowed Medicare Part B PFS Charges for Codes that Appear in the Denominator of the Measure was 25% of the \$1,000,000 Total Estimated Allowed Medicare part B PFS Charges, thus meeting the 10% threshold requirement.

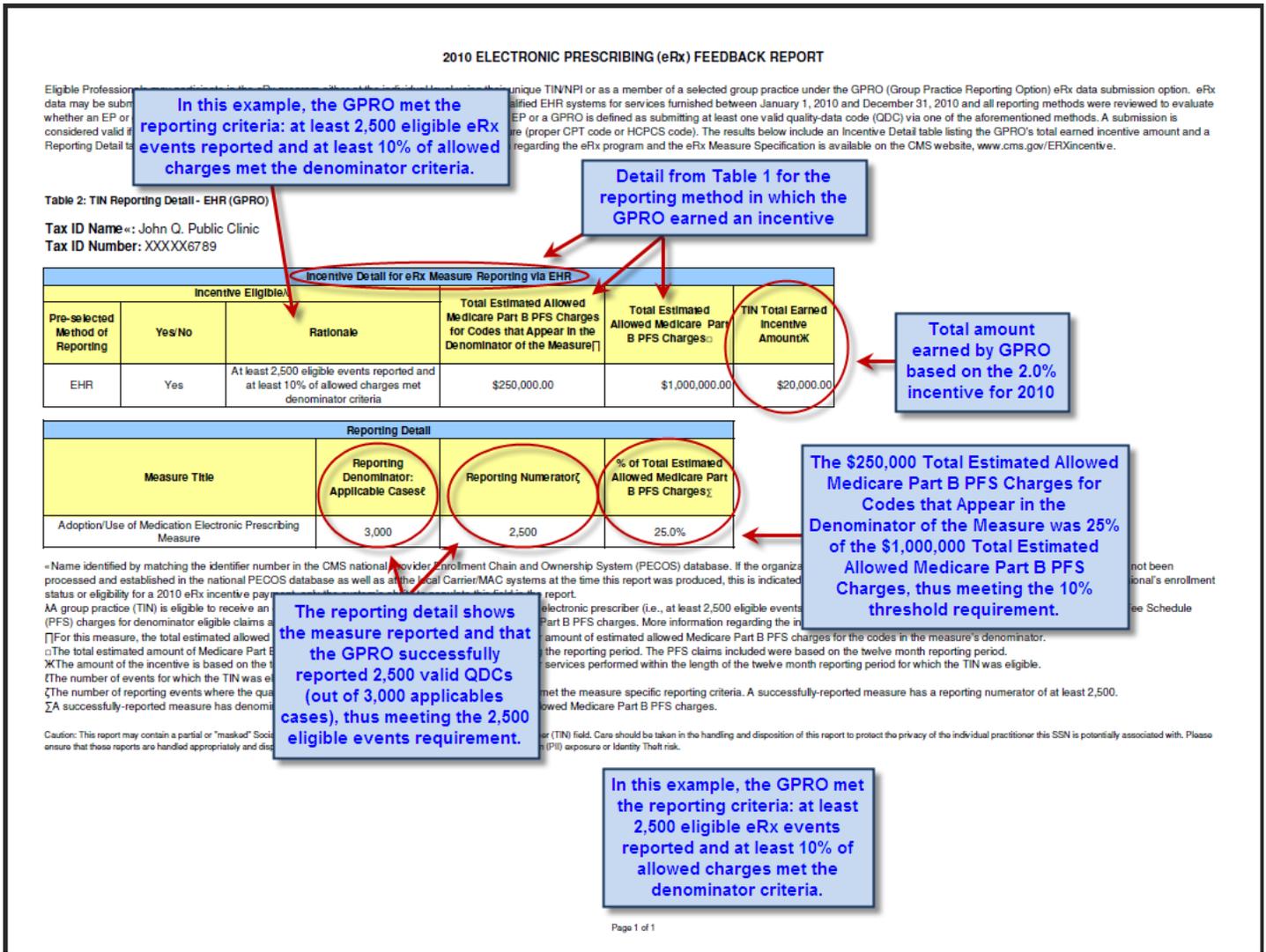
The reporting detail shows the measure reported and that the GPRO successfully reported 2,500 eligible eRx events.

«Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database as well as at the local Carrier/MAC systems at the time this report was processed and established in the national PECOS database as well as at the local Carrier/MAC systems at the time this report was processed. If the TIN is not reported, the system's ability to populate this field in the report is limited. A group practice (TIN) is eligible to receive an eRx incentive if they are: 1) a successful group practice electronic prescriber (i.e., at least 2,500 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 amount of the incentive is based on the total estimated amount of Medicare Part B PFS charges for services performed within the length of the twelve month reporting period for which the TIN was eligible. The number of reporting events which met the measure specific reporting criteria. A successfully-reported measure has a reporting numerator of at least 2,500. A successfully-reported measure has a reporting denominator of at least \$1,000,000.00.

Caution: This report may contain a partial or incomplete list of reporting events. Please ensure that these reports are handled appropriately. Tax Identification Number (TIN) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner whose SSN is potentially associated with. Please ensure that this information is not disclosed to unauthorized individuals. Identity Theft risk.

Figure 2.5 Screenshot of Table 2: TIN Reporting Detail – Registry (GPRO)

Example 2.6: TIN Reporting Detail – EHR (GPRO)



In this example, the GPRO met the reporting criteria: at least 2,500 eligible eRx events reported and at least 10% of allowed charges met the denominator criteria.

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

Total amount earned by GPRO based on the 2.0% incentive for 2010

The \$250,000 Total Estimated Allowed Medicare Part B PFS Charges for Codes that Appear in the Denominator of the Measure was 25% of the \$1,000,000 Total Estimated Allowed Medicare Part B PFS Charges, thus meeting the 10% threshold requirement.

The reporting detail shows the measure reported and that the GPRO successfully reported 2,500 valid QDCs (out of 3,000 applicable cases), thus meeting the 2,500 eligible events requirement.

In this example, the GPRO met the reporting criteria: at least 2,500 eligible eRx events reported and at least 10% of allowed charges met the denominator criteria.

Figure 2.6 Screenshot of Table 2: TIN Reporting Detail – EHR (GPRO)

Table 3: NPI QDC Submission Error Detail (Claim-Based Submission Only)

Eligible professionals participating through claims-based reporting may receive Table 3 in the 2010 eRx feedback report, only if QDCs with errors are submitted. This will only apply to individuals or GPROs who submit at least one insufficient QDC. Individual eligible professionals will be able to access NPI-level detail reports for each TIN/NPI. GPROs will be able to access a TIN-level detail report.

If applicable, individual eligible professionals will receive the following information in Table 3 of the feedback report, see Example 3.1:

- **QDC Occurrences:**
 - **Actual Reported:** # of eligible patient's claims actually submitted by NPI
 - **Reporting Numerator: Valid QDCs Reported:** # of actually reported claims that included valid QDC
 - **% of Valid QDCs Accepted:** The percentage of reported QDCs that were valid (Compare Actual Reported # on Table 3 with Eligible Events on Table 2. This may indicate NPI did not identify all eligible patients)
- **QDC Exceptions (Denominator Mismatches):**
 - **Only Incorrect CPT:** Number of invalid QDC submissions resulting from the QDC being on a claim with CPT codes that were not within the 2010 eRx Measure Specification denominator.
 - **Only QDC on Claim (no CPT/HCPCS):** Number of invalid QDC submissions due to a missing qualifying denominator code since all lines were QDCs.

If applicable, GPROs will receive the following information in Table 3 of the feedback report, see Example 3.2:

- **QDC Occurrences:**
 - **Actual Reported:** # of eligible patient's claims actually submitted by NPI
 - **Reporting Numerator: Valid QDCs Reported:** # of actually reported claims that included valid QDC
 - **% of Valid QDCs:** The percentage of reported QDCs that were valid (Compare Actual Reported # on Table 3 with Eligible Events on Table 2. This may indicate NPI did not identify all eligible patients).
- **QDC Exceptions (Denominator Mismatches):**
 - **Only Incorrect CPT:** Number of invalid QDC submissions resulting from the QDC being on a claim with CPT codes that were not within the 2010 eRx Measure Specification denominator.
 - **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 2010 eRx feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail.

Example 3.1: NPI QDC Submission Error Detail

2010 ELECTRONIC PRESCRIBING (eRx) FEEDBACK 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, 2010 and December 31, 2010 and all reporting methods were reviewed to evaluate whether an EP or group successfully reported for the eRx incentive program. Participation by an EP or a GPRO is defined as submitting at least one valid quality-data code (QDC) via one of the aforementioned methods. A submission is considered valid if a QDC is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The individual NPI's quality-data code (QDC) submission error results are below. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERXincentive.

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 percentage of valid QDCs accepted that was less than 100%)

Denominator mismatches are shown in the QDC Exceptions column

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

^ΩName 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 2010 E-Prescribe 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 may 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) 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 3.1 Screenshot of Table 3: NPI QDC Submission Error Detail

Example 3.2: TIN QDC Submission Error Detail – GPRO

2010 ELECTRONIC PRESCRIBING (eRx) FEEDBACK 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, 2010 and December 31, 2010 and all reporting methods were reviewed to evaluate whether an EP or group successfully reported for the eRx incentive program. Participation by an EP or a GPRO is defined as submitting at least one valid quality-data code (QDC) via one of the aforementioned methods. A submission is considered valid if a QDC is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The GPRO's quality-data code (QDC) submission error results are below. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERXincentive.

Table 3: TIN QDC Submission Error Detail - GPRO

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

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

Denominator mismatches are shown in the QDC Exceptions column

QDC Submission Error Detail					
Measure Title	QDC Occurrences			QDC Exceptions (Denominator Mismatches)	
	Actual # Reported ^Ω	Reporting Numerator: Valid QDCs Reported [◇]	% of Valid QDCs Accepted [⊖]	Only Incorrect CPT	Only QDC on Claim (no CPT/HCPCS) [⊙]
Adoption/Use of Medication Electronic Prescribing Measure	1,880	1,800	95.7%	70	10

^ΩName 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 2010 E-Prescribe incentive payment, only the system's ability to populate this field in the report.

[◇]Number of quality-data code (QDC) submissions for a measure whether or not the QDC submission was valid and appropriate.

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

[⊙]The percentage of reported quality-data codes (QDCs) that were valid.

[⊙]Number of invalid quality-data code (QDC) submissions due to a missing qualifying denominator code since all lines were QDCs.

Note: A QDC submission attempt may 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/SSANI) 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 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 3.2 Screenshot of Table 3: TIN QDC Submission Error Detail – GPRO

Accessing Feedback Reports

Eligible professionals can request individual National Provider Identifier (NPI)-level reports through their Carrier/Medicare Administrative Contractor (MAC), or a future web-based support page. Taxpayer Identification Number (TIN)-level and GPRO reports will be available on the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) at <http://www.qualitynet.org/PQRI> and will require an Individuals Authorized Access to CMS Computer Services (IACS) account (see <https://idm.cms.hhs.gov/idm/user/newregistration.jsp>).

The Portal is the secured entry point to access the complete 2010 feedback reports. Your report is safely stored online and accessible only to you (and those you specifically authorize). Eligible professionals will need to obtain a user name, password, and appropriate role in order to access their 2010 feedback reports through the secure Portal. As shown in Figure 4.1, the Quick Reference Guides provide step-by-step instructions to request an IACS account to access the Portal, if you do not already have access. Downloadable 2010 feedback reports will be available as an Adobe® Acrobat® PDF in the fall of 2011 in the Portal. The report will also be available as a Microsoft® Excel or .csv file.

Please see the 2011 Portal User Guide (<http://www.qualitynet.org/PQRI>) for detailed instructions on logging into the 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

- PQRI Portal User Guide
- PQRI/eRx SEVT User Guide
- PQRI/eRx Submission User Guide
- PQRI/eRx Submission Report User Guide
- 2009 PQRI Feedback Report User Guide
- 2009 eRx Feedback Report 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?

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

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 QualityNet Help Desk at 1-866-288-8912, or qnetsupport@sdps.org.

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

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

QualityNet Help Desk | Accessibility Statement | Privacy Policy | Terms of Use

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 2010 eRx Incentive Payment

Payment Calculations

- The 2.0% incentive is based on CMS' estimate of all Medicare Part B PFS allowed charges for covered professional services: 1) furnished during the applicable 2010 reporting period, 2) processed by the Carrier or Medicare MAC no more than two months past the end of the reporting period, and 3) paid under or based on the PFS. 2010 eRx 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 2010 eRx Incentive program year. A GPRO eligible for the incentive is defined as a TIN who met the eRx criteria for successful reporting for the 2010 eRx Incentive program year.
- 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 under the 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. The eRx financial incentive earned by any 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 2010 eRx program pages on the CMS website at <http://www.cms.gov/ERXincentive>, including the *Guide for Understanding 2010 eRx Incentive Program Incentive Payment*.

Distribution

- 2010 eRx Incentive payments will be issued to the TIN by the Carrier or MAC in approximately August-September of 2011, 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 2010 eRx Incentive Program and 2010 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 2010 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 the lump-sum incentive payment does not arrive, contact your Carrier or MAC.
- If the incentive payment amount does not match what is reflected in the 2010 eRx Incentive Program 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 proportion of incentive amount by Carrier/MAC may not equal 100 percent due to rounding.
- The 2010 eRx incentive payment and the 2010 eRx Incentive Program feedback report will be issued at different times. The 2010 eRx payment, with the remittance advice, will be issued by the Carrier or MAC and identified as a lump-sum 2010 eRx incentive payment. CMS will provide the 2010 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 (RX10) to accompany the incentive payment.
- The Paper Remittance Advice states: "This is an ERx incentive payment."
- 2010 eRx Incentive Program participants will not receive claim-level detail in the feedback reports.
- 2010 eRx Incentive Program feedback reports will be available around August-September 2011.
- 2010 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 GPRO (identified by the TIN

submitting Medicare Part B PFS claims, registry, or EHR data) reported the eRx measure a minimum of once during the 2010 eRx Incentive reporting period.

- Feedback reports for multiple years will now be accessible via the Portal and will not be archived.
- If **all** of the 2010 eRx QDCs submitted via claims by individual eligible professionals are not denominator-eligible events for the 2010 eRx measure, Tables 1 and 2 of the individual eligible professional's NPI-level reports will be populated with zeroes in most or all of the numeric fields of the tables. Table 3 will give NPI-level detailed information in regards to these invalid submissions. If **all** of the 2010 eRx QDCs submitted by eligible professionals under the GPRO are not denominator-eligible events for the 2010 eRx measure, Tables 1 and 2 of the GPRO's TIN-level reports will be populated with zeroes in most or all of the numeric fields of the tables. Table 3 will give TIN-level detailed information in regards to these invalid submissions.
- 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 is due to when the incentive payment calculation for the individual NPI indicates they do not have any total estimated Medicare Part B PFS allowed charges for covered professional services billed under that individual's TIN/NPI combination.

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.), contact the QualityNet Help Desk at 866-288-8912 or qnetssupport@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: 2010 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). 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 2010 eRx 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, or individual professional's Social Security Number.
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 (GPROs only)	The total incentive amount earned by the GPRO 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 or GPRO TIN, 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 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 (Individuals only)	National Provider Identifier of the eligible professional billing under the TIN.
NPI Name (Individuals only)	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 2010 eRx payment; only the system's ability to populate this field in the report
Method of Reporting (Individuals) or Pre-selected Method of Reporting (GPRO only)	Represents how the individual NPI or the GPRO submitted data for the eRx Incentive Program. The three methods include: claims, qualified registries, or qualified EHR systems.
Incentive Eligible	<ul style="list-style-type: none"> • Yes/No: "Yes" if the TIN/NPI or GPRO TIN is eligible for the incentive payment and "No" if the TIN/NPI or GPRO TIN is not eligible for the incentive payment. • Rationale: The rationale for those NPIs or GPRO TIN who were or were not eligible for incentive. <ul style="list-style-type: none"> ○ At least 25 (Individual) or 2,500 (GPRO) eligible events reported and at least 10% of allowed charges met denominator criteria ○ Insufficient number 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.

Term	Definition
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 reporting period. The PFS claims included were based on the 12-month reporting period.
NPI Total Earned Incentive Amount (Individuals only)	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.
TIN Total Earned Incentive Amount (GPROs only)	The 2.0% incentive for incentive-eligible group TIN, 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 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 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 2010 eRx payment; only the system's ability to populate this field in the report.
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 (Individuals only)	Individual National Provider Identifier of the eligible professional billing under the TIN.
NPI Name (Individuals only)	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 2010 eRx incentive payment; only the system's ability to populate this field in the report.
Participation Summary (Individual only)	The first table section shows the following for the individual NPI (non-GPRO) listed: All Methods Reported, Registry/EHR Associated, Qualified for Incentive, and Reporting Method Used for Incentive.
Incentive Eligible	<ul style="list-style-type: none"> • Method of Reporting (Individuals) or Pre-selected Method of Reporting (GPRO): Represents how the individual NPI or the GPRO submitted data for the eRx Incentive e Program. The three methods include: claims, qualified registries, or qualified EHR systems. • Yes/No: "Yes" if the TIN/NPI or GPRO TIN is eligible for the incentive payment and "No" if the TIN/NPI or GPRO TIN 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 25 eligible events reported and at least 10% of allowed charges met denominator criteria for individual eligible professionals or at least 2,500 eligible events reported and at least 10% of allowed charges met denominator criteria for GPROs ○ Insufficient number 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.

Term	Definition
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 reporting period. The PFS claims included were based on the 12-month reporting period.
NPI Total Earned Incentive Amount (Individuals only)	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. If \$0.00, the NPI was incentive eligible but did not have any Part B allowed charges.
TIN Total Earned Incentive Amount (GPROs only)	The 2.0% incentive for the 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 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 allowed charges.
Measure Title	2010 eRx measure title.
Reporting Denominator: Applicable Cases (Claims and EHR only)	The number of events on which the TIN/NPI was eligible to report the measure.
Reporting Numerator: Valid QDCs Reported (Claims only)	The number of reporting events where the QDCs submitted met the measure-specific reporting criteria. Individuals should have at least 25 eligible events. GPROs should have at least 2,500 eligible events.
Reporting Numerator (EHR only)	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 25.
Eligible Events Reported (Registry only)	The number of reporting events where the quality data submitted met the measure-specific reporting criteria. Individuals should have at least 25 eligible events. GPROs should have at least 2,500 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 (Claims Only)

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 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 2010 eRx payment; only the system's ability to populate this field in the report.
Tax ID Number (GPROs only)	The masked TIN, whether individual or corporate TIN, Employer Identification Number, or individual professional's Social Security Number.
NPI Name (Individuals only)	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 2010 eRx payment; only the system's ability to populate this field in the report.
NPI Number (Individuals only)	Individual National Provider Identifier of the eligible professional billing under the TIN.
Measure Title	2010 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.

Term	Definition
QDC Exceptions (Denominator Mismatches)	<ul style="list-style-type: none"> <li data-bbox="537 128 1529 218">○ Only Incorrect CPT: Number of invalid QDCs submission resulting from the QDC being on a claim with CPT codes that were not within the 2010 eRx Measure Specification denominator. <li data-bbox="537 218 1529 279">● Only QDC on Claim (no CPT/HCPGS): Number of invalid QDC submissions due to a missing qualifying denominator code since all lines were QDCs.