User Guide

2012 Electronic Prescribing (eRx) Payment Adjustment Feedback Report

Disclaimer

This information was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This document was prepared as a tool to assist eligible professionals and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services. The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide. This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

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User Guide

2012
Electronic Prescribing (eRx) Payment Adjustment Feedback Reports

Purpose

The *2012 Electronic Prescribing (eRx) Payment Adjustment Feedback Report User Guide* is designed to assist eligible professionals, group practices, and their authorized users in accessing and interpreting the 2012 eRx payment adjustment feedback report. For the 2012 eRx payment adjustment, the feedback reports reflect data from the Medicare Part B claims received for January 1–June 30, 2011 dates of service that were processed into the National Claims History (NCH) by July 29, 2011. The 2012 eRx payment adjustment will be applied only to those eligible professionals who do *not* either (1) meet the 2011 eRx Incentive Program reporting requirements during the 6-month reporting period of January 1–June 30, 2011 or (2) qualify for a significant hardship exemption. Eligible professionals who are subject to the 2012 eRx payment adjustment will receive 99% (or 1% less) of their Part B covered professional allowed charges under the Medicare Physician Fee Schedule (PFS) for claims submitted for reimbursement with a January 1–December 31, 2012 date of service.

2012 eRx Payment Adjustment Overview

Section 132 of the Medicare Improvements for Patients and Providers Act of 2008 (P.L.110-275) (MIPPA) requires Centers for Medicare & Medicaid Services (CMS) to subject eligible professionals who are not successful electronic prescribers under the 2011 eRx Incentive Program to a payment adjustment in 2012. All eligible professionals had the opportunity to avoid the 2012 eRx payment adjustment by meeting the criteria for becoming a successful electronic prescriber for purposes of the 2012 eRx payment adjustment. To avoid the 2012 eRx payment adjustment, an eligible professional had to submit valid 2011 eRx G-codes (also known as quality-data codes or QDCs) for Medicare Part B PFS services via a CMS-1500 type claim form. Valid 2011 eRx QDCs indicated that the eligible professional submitted a valid electronic prescription, met criteria for a hardship exemption, or did not have prescribing privileges.

A valid eRx submission was counted when a 2011 eRx QDC (G8553) was submitted via claims with a date of service from January 1–June 30, 2011, and all measure-eligibility criteria were met (i.e., correct Current Procedural Terminology, or CPT code). During the 2011 eRx program year, G8553 indicated that at least one prescription was created during an eRx measure-eligible visit, or eRx denominator-eligible event (as defined in the 2011 eRx Incentive Program measure specification), and was transmitted electronically using a CMS qualified eRx system. A valid hardship exemption QDC submission was counted when a 2011 eRx hardship QDC (G8642 or G8643) was submitted via claims with a date of service from January 1–June 30, 2011. A valid exemption due to no prescribing privileges was counted when a 2011 eRx QDC (G8644) was submitted via claims with a January 1–June 30, 2011 date of service.

Eligible professionals could have submitted 2011 eRx QDCs as an individual reporting through claims, or as a Physician Quality Reporting System self-nominated group practice under the Group Practice Reporting Option I or II (GPRO I or II) reporting through claims. Only group practices who self-nominated, indicated the intent of reporting eRx as a GPRO during the self-nomination period, and participated in the 2011 Physician Quality Reporting System GPRO I or II were eligible to submit 2011 eRx QDCs during the 6-month reporting period as a GPRO.

Individual eligible professionals were required to submit at least 10 eligible eRx events, or submit one of the hardship or lack of prescribing privileges G-codes during the 6-month reporting period to avoid the 2012 eRx payment adjustment. Analysis of the 6-month reporting period to determine eligibility for the 2012 eRx payment adjustment for individual eligible professionals is at the individual-NPI level within a Tax ID (TIN/NPI). An eligible professional needed to have met the reporting criteria for each TIN under which (s)he worked for the first six months of 2011 to avoid the 2012 eRx payment adjustment. If an individual eligible professional did not become a successful electronic prescriber during the 6-month reporting period, (s)he will receive 99% (or 1% less) of the PFS amount for covered professional services rendered from January 1–December 31, 2011.

GPRO Is participating in eRx as a group (Physician Quality Reporting participants who self-nominated to participate in the 2011 eRx Incentive Program as a GPRO I) were required to submit at least 2,500 unique eligible electronic prescribing

events, or a hardship or lack of prescribing privileges G-code as a group during the 6-month reporting period to avoid the 2012 eRx payment adjustment. GPRO IIs participating in eRx as a group (Physician Quality Reporting participants who self-nominated to participate in the 2011 eRx Incentive Program as a GPRO II) were required to submit a specific number of unique eligible electronic prescribing events dependant on group size, or a hardship or lack of prescribing privileges G-code as a group during the 6-month reporting period to avoid the 2012 eRx payment adjustment. The required number of eRx eligible events by group size for GPRO IIs participating in eRx as a group can be found in the footnotes of the *2012 eRx Payment Adjustment Feedback Report*.

Please note the hardship or lack of prescribing privileges G-codes could not be submitted via claims during the January 1 –June 30, 2011 reporting period. Rather, a GPRO's indication of a hardship or lack of prescribing privileges must have been reported directly to CMS during the GPRO self-nomination or vetting time periods. Analysis of the 6-month reporting period to determine eligibility for the 2012 eRx payment adjustment is at the TIN level for the GPROs participating in eRx as a group. Eligible professionals within the GPRO participating in eRx as a group needed to have met the reporting criteria for the GPRO TIN participating in eRx as a group under which (s)he worked under for the first 6 months of 2011 to avoid the 2012 eRx payment adjustment. If a GPRO I or II participating in eRx as a group did not become successful electronic prescribers during the 6-month reporting period, the group will be paid 1.0% less than the PFS amount for services rendered January 1–December 31, 2012.

The 2012 eRx payment adjustment will *not* apply if less than 10% of an individual eligible professional's or GPRO's (participating in eRx as a group) allowed charges for the January 1–June 30, 2011 reporting period are comprised of codes in the denominator of the 2011 eRx measure. As outlined in the 2011 eRx program documentation, those individual eligible professionals who are not a doctor of medicine, doctor of osteopathy, doctor of podiatric medicine, nurse practitioner, or physician assistant (based on NPPES primary specialty taxonomy criterion) should be automatically excluded from the 2012 eRx payment adjustment analysis as their rate of reporting denominator-eligible claims will fall below the 10% threshold. The payment adjustment also will not apply if the individual eligible professional has less than 100 cases containing an encounter code in the measure's denominator for the same January 1–June 30, 2011 reporting period. For more information on the eRx Incentive Program or the 2012 eRx payment adjustment, please visit the CMS website at http://www.cms.gov/ERxIncentive.

2012 eRx Payment Adjustment Report Overview

The 2012 eRx payment adjustment feedback report will be accessible for all individual eligible professionals and GPROs participating in eRx as a group who submitted at least one Medicare Part B claim containing an eRx denominator-eligible visit with a date of service during the 6-month reporting period, January 1–June 30, 2011, that was processed into the NCH by July 29, 2011. Please note: the 2012 eRx payment adjustment feedback report will not reflect hardship exemptions requested through the Quality Reporting Communication Support Page or via letter to CMS.

2012 eRx payment adjustment feedback reports are packaged at the Taxpayer Identification Number (Tax ID Number, or TIN) level. Individual eligible professionals who submitted Part B claims containing an eRx denominator-eligible visit will be able to access reports on QDC submissions (reported via claims) at the individual or NPI-level.

CMS anticipates a high volume of inquiries regarding the 2012 eRx payment adjustment; therefore, a Quality Reporting Communication Support Page is being made available through which individual eligible professionals can request NPI-level feedback reports regarding their 6-month eRx claims reporting payment adjustment status. GPROs participating in eRx as a group who submitted Part B claims containing an eRx denominator-eligible visit will be able to access reports on QDC submissions (reported via claims) at the facility or TIN-level.

- Individual eligible professionals who submitted at least one denominator-eligible claim during the 6-month reporting period as an individual NPI solo proprietor (submitted claims under a SSN), or as an individual NPI under a Tax ID practice (assigned benefits to a TIN) can access their individual NPI-level reports through the Quality Reporting Communication Support Page, the Portal and IACS login, or their Part B Carrier/MAC. Individuals can access TIN-level reports (which include NPI data) through the Portal and IACS login.
- GPROs participating in eRx as a group who submitted at least one denominator-eligible claim during the 6-month reporting period under the GPRO will receive TIN-level based reports through the Portal and IACS login.

2012 eRx payment adjustment feedback reports will be made available in approximately October–November 2011. For more information on that process, see http://www.cms.gov/MLNMattersArticles/downloads/SE1107.pdf.

The 2012 eRx payment adjustment is based on one reporting period from January 1–June 30, 2011. Eligible professionals who submitted claims or reported under multiple TINs may be subject to a payment adjustment under one or more than one TIN.

Note: *This 2012 eRx Payment Adjustment 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 for the Portal

Minimum hardware and software requirements to effectively access and view the feedback reports on the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) 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, or Microsoft® 2007 Excel
- JRE 6 or higher
- Windows® XP operating system

Internet Connection

- The Portal will be accessible via any Internet connection running on a minimum of 33.6k or high-speed Internet.

Payment Adjustment Feedback Report Content and Appearance

2012 eRx payment adjustment feedback reports will be available for all individual eligible professionals and GPROs participating in eRx as a group who submitted at least one denominator-eligible Medicare Part B claim with a date of service during the 6-month reporting period of January 1-June 30, 2011. Individuals and GPROs participating in eRx as a group will be able to access a TIN-level report. The TIN-level feedback report is only accessible by the TIN.

Table 1: Reporting Detail for the Taxpayer Identification Number (Tax ID or TIN)

Each TIN will receive only one report.

Individual eligible professional's TIN will receive the following information for each NPI in Table 1 of the feedback report (see Example 1.1):

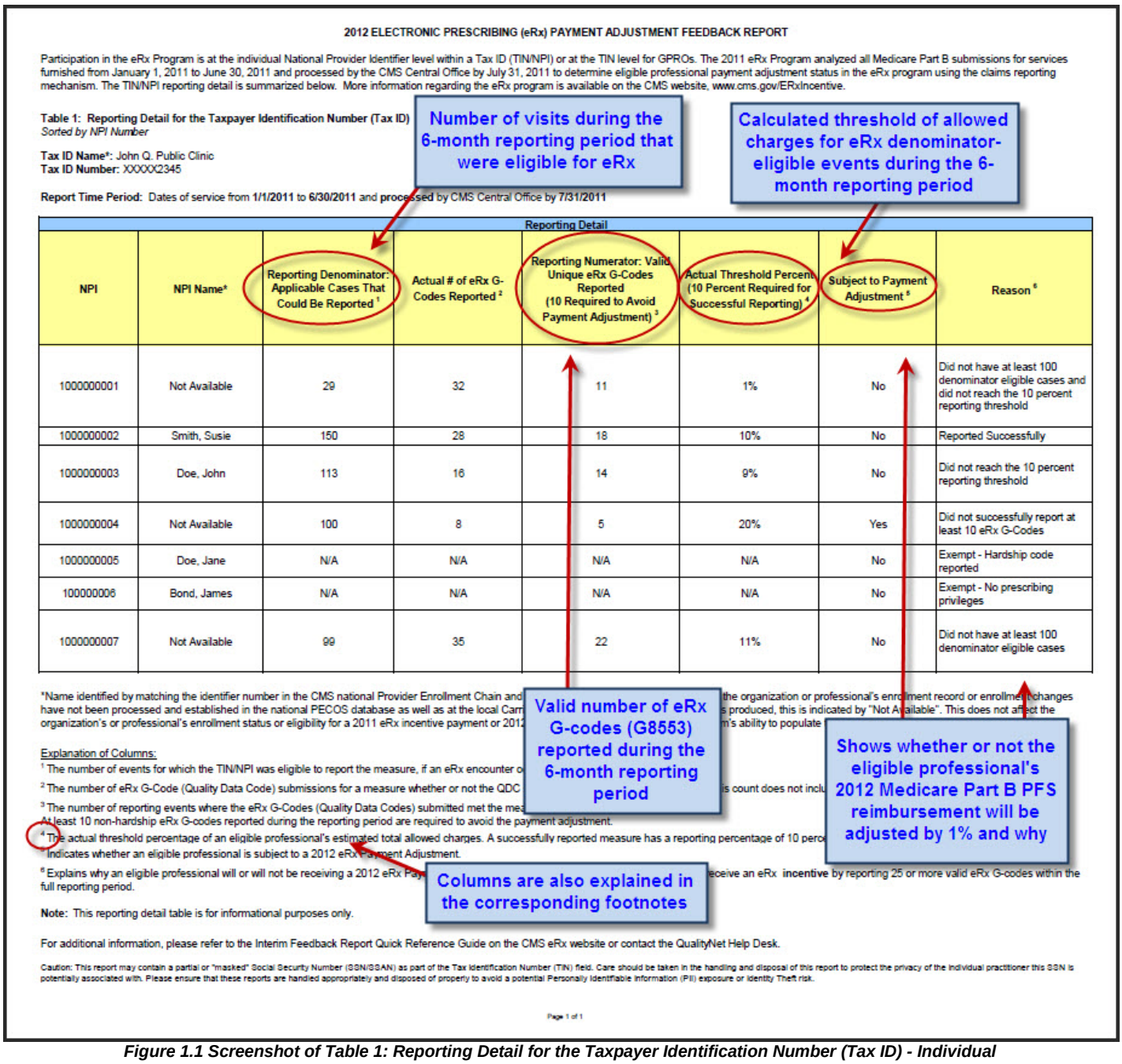
- **Reporting Denominator: Applicable Cases that Could be Reported:** the number of events for which the TIN/NPI was eligible to report the measure, if an eRx encounter occurred. Individuals are automatically excluded from the 2012 eRx payment adjustment if the reporting denominator number is less than 100.
- **Reporting Numerator: Valid Unique eRx G-codes Reported:** the number of reporting events where the eRx QDCs submitted met the measure-specific reporting criteria. At least 10 non-hardship eRx G-codes (G8553) reported during the reporting period are required to avoid the payment adjustment.
- **Actual Threshold Percent:** each NPI's percent of allowed charges during the 6-month reporting period that contained codes in the denominator of the 2011 eRx measure. The 2012 eRx payment adjustment will not apply if the NPI has less than 10%. This percentage is based on Medicare Part B allowed charges (money), not the number of cases reported.
- **Subject to the 2012 eRx Payment Adjustment:** whether or not the eRx payment adjustment will be applied to individual's 2012 Medicare Part B PFS reimbursements.

GPROs participating in eRx as a group will receive the following information in Table 1 of the feedback report (see Example 1.2-GPRO I and Example 1.3-GPRO II):

- **Reporting Denominator: Applicable Cases that Could be Reported:** the number of events for which the GPRO was eligible to report the measure, if an eRx encounter occurred.
- **Reporting Numerator: Valid Unique eRx G-codes Reported:** the number of reporting events where the eRx QDCs submitted met the measure-specific reporting criteria for GPRO I or II participating in eRx as a group. A successful GPRO I participating in eRx as a group was required to submit at least 2,500 eRx QDCs (G8553) during the reporting period to avoid the payment adjustment. A successful GPRO II participating in eRx as a group was required to report the following number of eRx QDCs during the reporting period:
  2-10 NPIs = 75 eligible unique visits
  11-25 NPIs = 225 eligible unique visits
  26-50 NPIs = 475 eligible unique visits
  51-100 NPIs = 925 eligible unique visits
  101-199 NPIs = 1,875 eligible unique visits
- **Actual Threshold Percent:** the percent of allowed charges during the 6-month reporting period that contained codes in the denominator of the 2011 eRx measure. The 2012 eRx payment adjustment will not apply if the TIN has less than 10%. This percentage is based on the group's Medicare Part B allowed charges (money), not the number of cases reported.
- **Subject to the 2012 eRx Payment Adjustment:** whether or not the 2012 eRx payment adjustment will be applied to group's 2012 Medicare Part B PFS reimbursements.

For definition of terms related to 2012 eRx payment adjustment feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail.

Example 1.1: Reporting Detail for the Taxpayer Identification Number (Tax ID) – Individual



2012 ELECTRONIC PRESCRIBING (eRx) PAYMENT ADJUSTMENT FEEDBACK REPORT

Participation in the eRx Program is at the individual National Provider Identifier level within a Tax ID (TIN/NPI) or at the TIN level for GPROs. The 2011 eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to June 30, 2011 and processed by the CMS Central Office by July 31, 2011 to determine eligible professional payment adjustment status in the eRx program using the claims reporting mechanism. The TIN/NPI reporting detail is summarized below. More information regarding the eRx program is available on the CMS website, www.cms.gov/ERxIncentive.

Table 1: Reporting Detail for the Taxpayer Identification Number (Tax ID)
Sorted by NPI Number

Tax ID Name*: John Q. Public Clinic
Tax ID Number: XXXXX2345

Report Time Period: Dates of service from **1/1/2011** to **6/30/2011** and **processed** by CMS Central Office by **7/31/2011**

Number of visits during the 6-month reporting period that were eligible for eRx

Calculated threshold of allowed charges for eRx denominator-eligible events during the 6-month reporting period

Reporting Detail							
NPI	NPI Name*	Reporting Denominator: Applicable Cases That Could Be Reported [1]	Actual # of eRx G-Codes Reported [2]	Reporting Numerator: Valid Unique eRx G-Codes Reported (10 Required to Avoid Payment Adjustment) [3]	Actual Threshold Percent (10 Percent Required for Successful Reporting) [4]	Subject to Payment Adjustment [5]	Reason [6]
1000000001	Not Available	29	32	11	1%	No	Did not have at least 100 denominator eligible cases and did not reach the 10 percent reporting threshold
1000000002	Smith, Susie	150	28	18	10%	No	Reported Successfully
1000000003	Doe, John	113	16	14	9%	No	Did not reach the 10 percent reporting threshold
1000000004	Not Available	100	8	5	20%	Yes	Did not successfully report at least 10 eRx G-Codes
1000000005	Doe, Jane	N/A	N/A	N/A	N/A	No	Exempt - Hardship code reported
1000000006	Bond, James	N/A	N/A	N/A	N/A	No	Exempt - No prescribing privileges
1000000007	Not Available	99	35	22	11%	No	Did not have at least 100 denominator eligible cases

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and ... 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 Carr... s produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2011 eRx incentive payment or 201... m's ability to populate

Valid number of eRx G-codes (G8553) reported during the 6-month reporting period

Shows whether or not the eligible professional's 2012 Medicare Part B PFS reimbursement will be adjusted by 1% and why

Explanation of Columns:

[1] The number of events for which the TIN/NPI was eligible to report the measure, if an eRx encounter o...

[2] The number of eRx G-Code (Quality Data Code) submissions for a measure whether or not the QDC ... s count does not inclu...

[3] The number of reporting events where the eRx G-Codes (Quality Data Codes) submitted met the mea... At least 10 non-hardship eRx G-codes reported during the reporting period are required to avoid the payment adjustment.

[4] The actual threshold percentage of an eligible professional's estimated total allowed charges. A successfully reported measure has a reporting percentage of 10 perc...

[5] Indicates whether an eligible professional is subject to a 2012 eRx Payment Adjustment.

[6] Explains why an eligible professional will or will not be receiving a 2012 eRx Pay... eceive an eRx **incentive** by reporting 25 or more valid eRx G-codes within the full reporting period.

Columns are also explained in the corresponding footnotes

Note: This reporting detail table is for informational purposes only.

For additional information, please refer to the Interim Feedback Report Quick Reference Guide on the CMS eRx website or contact the QualityNet Help Desk.

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 disposal 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.

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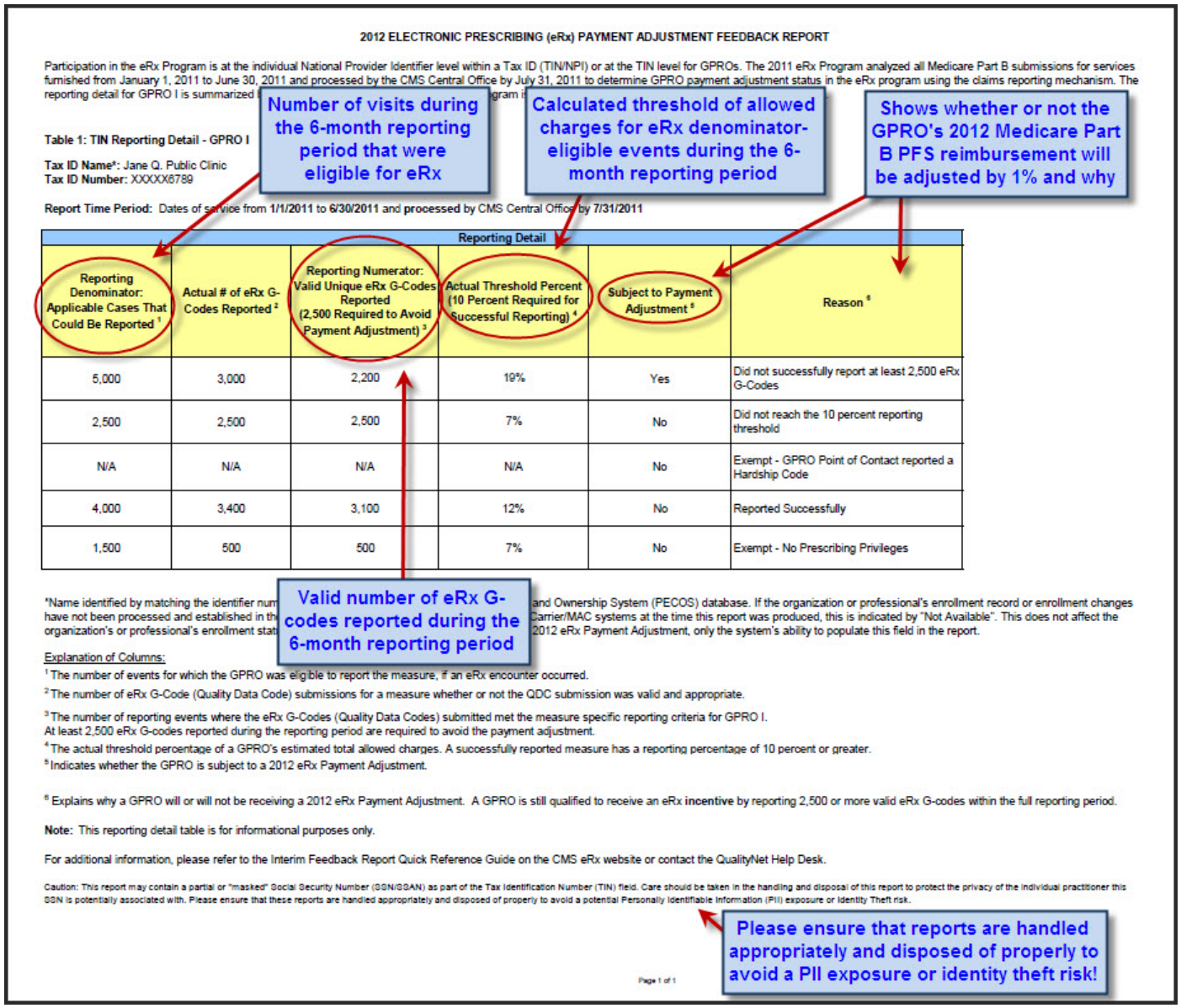
Figure 1.1 Screenshot of Table 1: Reporting Detail for the Taxpayer Identification Number (Tax ID) - Individual

Example 1.2: Reporting Detail for the Taxpayer Identification Number (Tax ID) – GPRO I



2012 ELECTRONIC PRESCRIBING (eRx) PAYMENT ADJUSTMENT FEEDBACK REPORT

Participation in the eRx Program is at the individual National Provider Identifier level within a Tax ID (TIN/NPI) or at the TIN level for GPROs. The 2011 eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to June 30, 2011 and processed by the CMS Central Office by July 31, 2011 to determine GPRO payment adjustment status in the eRx program using the claims reporting mechanism. The reporting detail for GPRO I is summarized

Number of visits during the 6-month reporting period that were eligible for eRx

Calculated threshold of allowed charges for eRx denominator-eligible events during the 6-month reporting period

Shows whether or not the GPRO's 2012 Medicare Part B PFS reimbursement will be adjusted by 1% and why

Table 1: TIN Reporting Detail - GPRO I

Tax ID Name*: Jane Q. Public Clinic
Tax ID Number: XXXXX6789

Report Time Period: Dates of service from **1/1/2011** to **6/30/2011** and **processed** by CMS Central Office by **7/31/2011**

Reporting Detail					
Reporting Denominator: Applicable Cases That Could Be Reported [1]	Actual # of eRx G-Codes Reported [2]	Reporting Numerator: Valid Unique eRx G-Codes Reported (2,500 Required to Avoid Payment Adjustment) [3]	Actual Threshold Percent (10 Percent Required for Successful Reporting) [4]	Subject to Payment Adjustment [5]	Reason [6]
5,000	3,000	2,200	19%	Yes	Did not successfully report at least 2,500 eRx G-Codes
2,500	2,500	2,500	7%	No	Did not reach the 10 percent reporting threshold
N/A	N/A	N/A	N/A	No	Exempt - GPRO Point of Contact reported a Hardship Code
4,000	3,400	3,100	12%	No	Reported Successfully
1,500	500	500	7%	No	Exempt - No Prescribing Privileges

Valid number of eRx G-codes reported during the 6-month reporting period

*Name identified by matching the identifier num and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in th 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 stat 2012 eRx Payment Adjustment, only the system's ability to populate this field in the report.

Explanation of Columns:

[1] The number of events for which the GPRO was eligible to report the measure, if an eRx encounter occurred.

[2] The number of eRx G-Code (Quality Data Code) submissions for a measure whether or not the QDC submission was valid and appropriate.

[3] The number of reporting events where the eRx G-Codes (Quality Data Codes) submitted met the measure specific reporting criteria for GPRO I.
At least 2,500 eRx G-codes reported during the reporting period are required to avoid the payment adjustment.

[4] The actual threshold percentage of a GPRO's estimated total allowed charges. A successfully reported measure has a reporting percentage of 10 percent or greater.

[5] Indicates whether the GPRO is subject to a 2012 eRx Payment Adjustment.

[6] Explains why a GPRO will or will not be receiving a 2012 eRx Payment Adjustment. A GPRO is still qualified to receive an eRx **incentive** by reporting 2,500 or more valid eRx G-codes within the full reporting period.

Note: This reporting detail table is for informational purposes only.

For additional information, please refer to the Interim Feedback Report Quick Reference Guide on the CMS eRx website or contact the QualityNet Help Desk.

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 disposal 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.

Please ensure that reports are handled appropriately and disposed of properly to avoid a PII exposure or identity theft risk!

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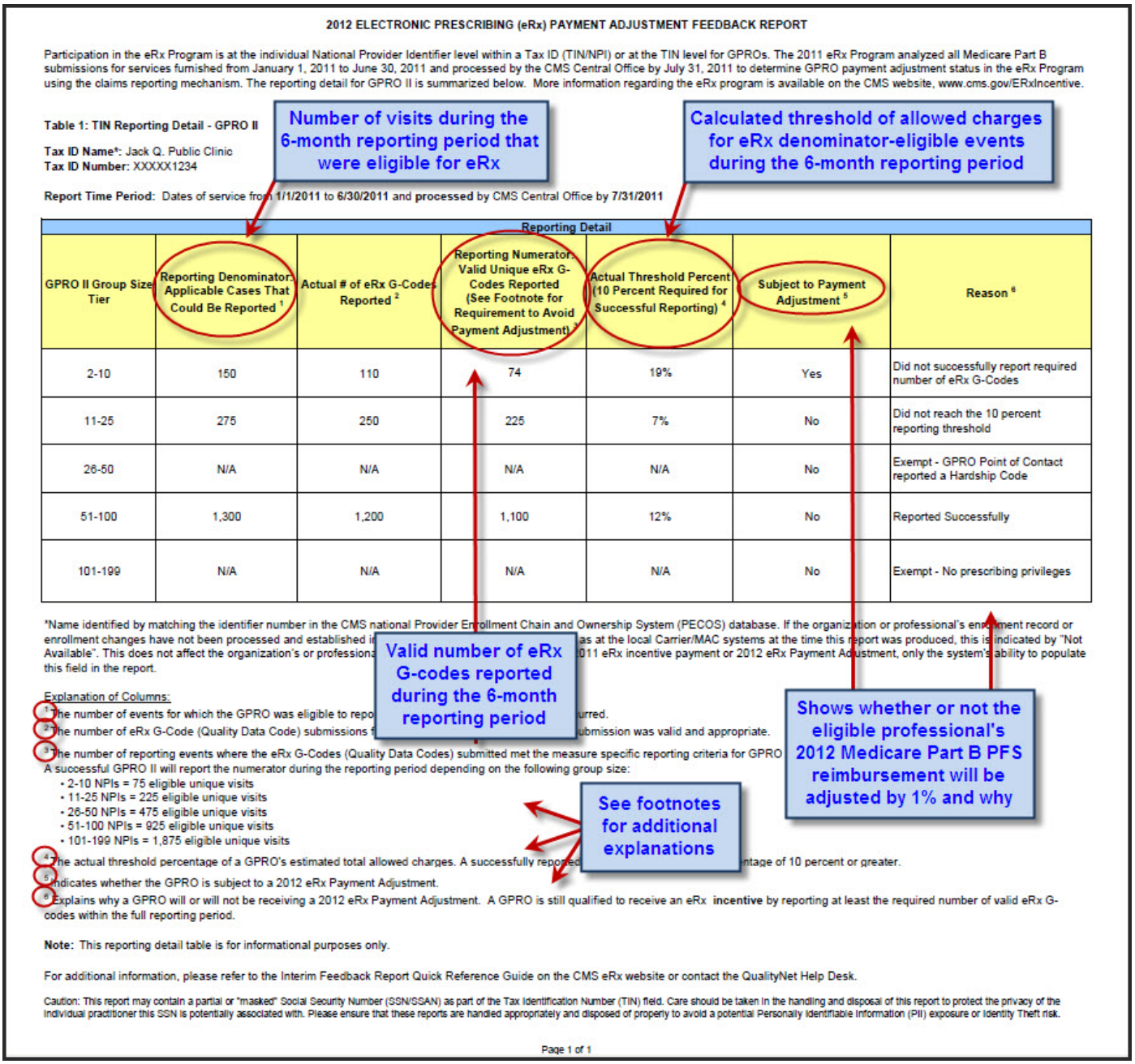
Figure 1.2 Screenshot of Table 1: Reporting Detail for the Taxpayer Identification Number (Tax ID) – GPRO I

Example 1.3: Reporting Detail for the Taxpayer Identification Number (Tax ID) – GPRO II



2012 ELECTRONIC PRESCRIBING (eRx) PAYMENT ADJUSTMENT FEEDBACK REPORT

Participation in the eRx Program is at the individual National Provider Identifier level within a Tax ID (TIN/NPI) or at the TIN level for GPROs. The 2011 eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to June 30, 2011 and processed by the CMS Central Office by July 31, 2011 to determine GPRO payment adjustment status in the eRx Program using the claims reporting mechanism. The reporting detail for GPRO II is summarized below. More information regarding the eRx program is available on the CMS website, www.cms.gov/ERxIncentive.

Number of visits during the 6-month reporting period that were eligible for eRx

Calculated threshold of allowed charges for eRx denominator-eligible events during the 6-month reporting period

Table 1: TIN Reporting Detail - GPRO II

Tax ID Name*: Jack Q. Public Clinic
Tax ID Number: XXXXX1234

Report Time Period: Dates of service from **1/1/2011** to **6/30/2011** and **processed** by CMS Central Office by **7/31/2011**

Reporting Detail						
GPRO II Group Size Tier	Reporting Denominator: Applicable Cases That Could Be Reported [1]	Actual # of eRx G-Codes Reported [2]	Reporting Numerator: Valid Unique eRx G-Codes Reported (See Footnote for Requirement to Avoid Payment Adjustment) [3]	Actual Threshold Percent (10 Percent Required for Successful Reporting) [4]	Subject to Payment Adjustment [5]	Reason [6]
2-10	150	110	74	19%	Yes	Did not successfully report required number of eRx G-Codes
11-25	275	250	225	7%	No	Did not reach the 10 percent reporting threshold
26-50	N/A	N/A	N/A	N/A	No	Exempt - GPRO Point of Contact reported a Hardship Code
51-100	1,300	1,200	1,100	12%	No	Reported Successfully
101-199	N/A	N/A	N/A	N/A	No	Exempt - No prescribing privileges

*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 PECOS 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 2011 eRx incentive payment or 2012 eRx Payment Adjustment, only the system's ability to populate this field in the report.

Valid number of eRx G-codes reported during the 6-month reporting period

Shows whether or not the eligible professional's 2012 Medicare Part B PFS reimbursement will be adjusted by 1% and why

See footnotes for additional explanations

Explanation of Columns:

1. The number of events for which the GPRO was eligible to report ... urred.
2. The number of eRx G-Code (Quality Data Code) submissions f... ubmission was valid and appropriate.
3. The number of reporting events where the eRx G-Codes (Quality Data Codes) submitted met the measure specific reporting criteria for GPRO. A successful GPRO II will report the numerator during the reporting period depending on the following group size:
   - 2-10 NPIs = 75 eligible unique visits
   - 11-25 NPIs = 225 eligible unique visits
   - 26-50 NPIs = 475 eligible unique visits
   - 51-100 NPIs = 925 eligible unique visits
   - 101-199 NPIs = 1,875 eligible unique visits
4. The actual threshold percentage of a GPRO's estimated total allowed charges. A successfully repo... ntage of 10 percent or greater.
5. Indicates whether the GPRO is subject to a 2012 eRx Payment Adjustment.
6. Explains why a GPRO will or will not be receiving a 2012 eRx Payment Adjustment. A GPRO is still qualified to receive an eRx **incentive** by reporting at least the required number of valid eRx G-codes within the full reporting period.

Note: This reporting detail table is for informational purposes only.

For additional information, please refer to the Interim Feedback Report Quick Reference Guide on the CMS eRx website or contact the QualityNet Help Desk.

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 disposal 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.

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Figure 1.3 Screenshot of Table 1: Reporting Detail for the Taxpayer Identification Number (Tax ID) – GPRO II

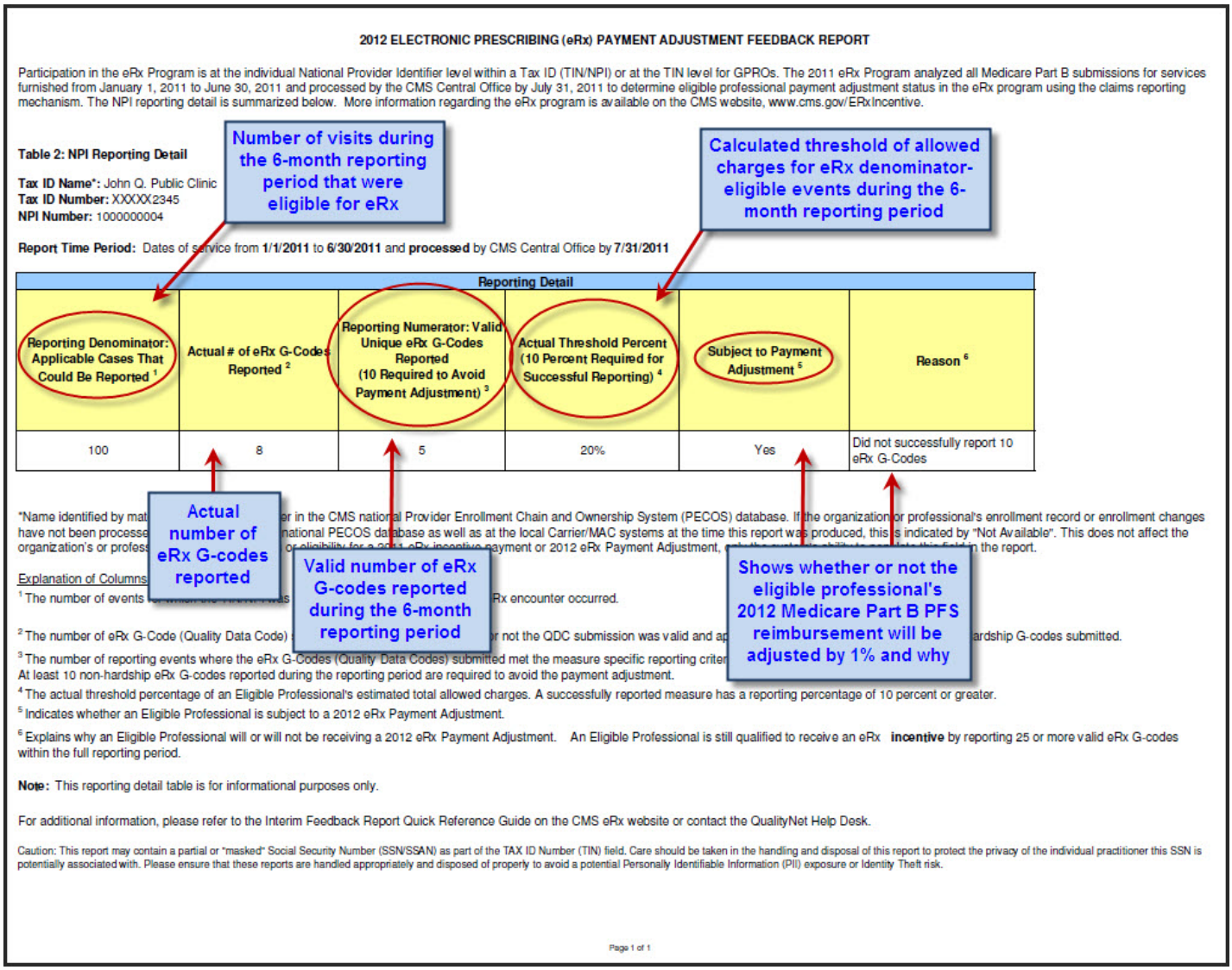
Table 2: NPI Reporting Detail (Individuals Only)

Individual eligible professionals who submitted at least one denominator-eligible Medicare Part B claim with a date of service during the 6-month reporting period will be able to access an NPI-level report (Table 2).

An individual eligible professional will receive the following information in Table 2 of the feedback report (see Example 2.1):

- **Reporting Denominator: Applicable Cases that Could be Reported:** the number of events for which the TIN/NPI was eligible to report the measure, if an eRx encounter occurred. Individuals are automatically excluded from the 2012 eRx payment adjustment if the reporting denominator number is less than 100.
- **Reporting Numerator: Valid Unique eRx G-codes Reported:** the number of reporting events where the eRx QDCs submitted met the measure-specific reporting criteria. At least 10 non-hardship eRx G-codes reported during the reporting period are required to avoid the payment adjustment.
- **Actual Threshold Percent:** the percent of allowed charges during the 6-month reporting period that contained codes in the denominator of the 2011 eRx measure. The 2012 eRx payment adjustment will not apply if the NPI has less than 10%. This percentage is based on Medicare Part B allowed charges (money), not the number of cases reported.
- **Subject to the 2012 eRx Payment Adjustment:** whether or not the 2012 eRx payment adjustment will be applied to individual's 2012 Medicare Part B PFS reimbursements.

Example 2.1: Reporting Detail – Individual



2012 ELECTRONIC PRESCRIBING (eRx) PAYMENT ADJUSTMENT FEEDBACK REPORT

Participation in the eRx Program is at the individual National Provider Identifier level within a Tax ID (TIN/NPI) or at the TIN level for GPROs. The 2011 eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to June 30, 2011 and processed by the CMS Central Office by July 31, 2011 to determine eligible professional payment adjustment status in the eRx program using the claims reporting mechanism. The NPI reporting detail is summarized below. More information regarding the eRx program is available on the CMS website, www.cms.gov/ERxIncentive.

Number of visits during the 6-month reporting period that were eligible for eRx

Calculated threshold of allowed charges for eRx denominator-eligible events during the 6-month reporting period

Table 2: NPI Reporting Detail

Tax ID Name*: John Q. Public Clinic
Tax ID Number: XXXXX2345
NPI Number: 1000000004

Report Time Period: Dates of service from **1/1/2011** to **6/30/2011** and **processed** by CMS Central Office by **7/31/2011**

Reporting Detail					
Reporting Denominator: Applicable Cases That Could Be Reported [1]	Actual # of eRx G-Codes Reported [2]	Reporting Numerator: Valid Unique eRx G-Codes Reported (10 Required to Avoid Payment Adjustment) [3]	Actual Threshold Percent (10 Percent Required for Successful Reporting) [4]	Subject to Payment Adjustment [5]	Reason [6]
100	8	5	20%	Yes	Did not successfully report 10 eRx G-Codes

Actual number of eRx G-codes reported

Valid number of eRx G-codes reported during the 6-month reporting period

Shows whether or not the eligible professional's 2012 Medicare Part B PFS reimbursement will be adjusted by 1% and why

*Name identified by mat…er 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 processe… 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 profes… or eligibility for a 2011 eRx incentive payment or 2012 eRx Payment Adjustment, or the ability to participate in the report.

Explanation of Columns:

[1] The number of events … Rx encounter occurred.

[2] The number of eRx G-Code (Quality Data Code) … or not the QDC submission was valid and ap… ardship G-codes submitted.

[3] The number of reporting events where the eRx G-Codes (Quality Data Codes) submitted met the measure specific reporting criter…
At least 10 non-hardship eRx G-codes reported during the reporting period are required to avoid the payment adjustment.

[4] The actual threshold percentage of an Eligible Professional's estimated total allowed charges. A successfully reported measure has a reporting percentage of 10 percent or greater.

[5] Indicates whether an Eligible Professional is subject to a 2012 eRx Payment Adjustment.

[6] Explains why an Eligible Professional will or will not be receiving a 2012 eRx Payment Adjustment. An Eligible Professional is still qualified to receive an eRx **incentive** by reporting 25 or more valid eRx G-codes within the full reporting period.

Note: This reporting detail table is for informational purposes only.

For additional information, please refer to the Interim Feedback Report Quick Reference Guide on the CMS eRx website or contact the QualityNet Help Desk.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the TAX ID Number (TIN) field. Care should be taken in the handling and disposal 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.

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Figure 2.1 Screenshot of Table 2: Reporting Detail – Individual

Accessing Feedback Reports

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/pqrs and will require an Individuals Authorized Access to CMS Computer Services (IACS) account. TIN-level reports can only be accessed via the Portal.

The Portal is the secured entry point to access the complete 2012 eRx payment adjustment feedback reports. The report is safely stored online and accessible only to the eligible professional (and those specifically authorized). Eligible professionals will need to obtain a user name, password, and appropriate role in order to access their 2012 eRx payment adjustment feedback reports through the secure Portal. As shown in Figure 3.1, 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 2012 eRx payment adjustment TIN-level 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.

Eligible professionals can request individual NPI-level reports via the Quality Reporting Communication Support Page, which will be available under the Related Links section (upper left frame) at http://www.qualitynet.org/pqrs. NPI-level reports may also be requested through their Carrier/Medicare Administrative Contractor (MAC).

CMS established the QualityNet Help Desk to support access to and registration for IACS. The QualityNet Help Desk can be reached at 1-866-288-8912 (TTY 1-877-715-6222) or by e-mail at Qnetsupport@sdps.org. Hours of operation are Monday through Friday 7:00 a.m. to 7:00 p.m. CST.

The *2011 Portal User Guide* (http://www.qualitynet.org/pqrs) provides detailed instructions for logging into the Portal.

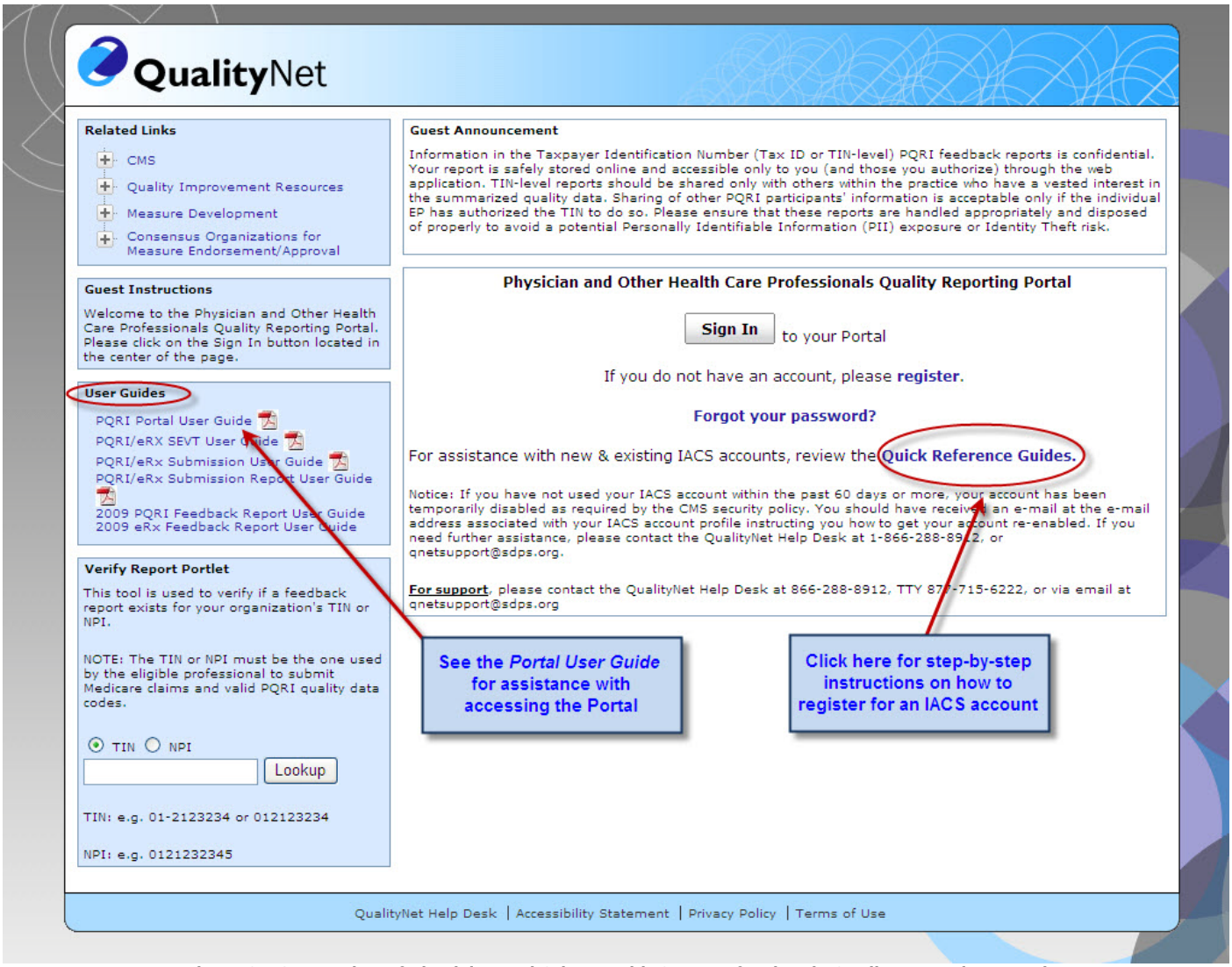

Figure 3.1 Screenshot of Physician and Other Health Care Professionals Quality Reporting Portal

Key Facts About 2012 eRx Payment Adjustment

2012 eRx Payment Adjustment Calculations

- Subjectivity to receive the payment adjustment is based on CMS analysis of all valid 2011 eRx denominator-eligible QDCs submitted with a date of service during the 6-month reporting period of January 1–June 30, 2011, that were processed into NCH by July 29, 2011.
- An individual eligible professional who would be subject to the payment adjustment is defined as a TIN/NPI who failed to meet the 2011 eRx criteria for successful reporting or to submit a hardship or lack of prescribing privileges G-code during the 6-month reporting period of January 1–June 30, 2011. For individual eligible professionals, the analysis of successful reporting will be performed at the individual TIN/NPI level to identify each eligible professional's services and quality data.
- A GPRO participating in eRx as a group that would be subject to the payment adjustment is defined as a TIN who failed to meet the 2011 eRx criteria for successful reporting during the 6-month reporting period of January 1–June 30, 2011, or to indicate a hardship or lack of prescribing privileges to CMS during self-nomination or vetting. For GPROs participating in eRx as a group, the analysis of successful reporting among the group will be performed at the TIN level to identify the group's services and quality data. All NPIs under the TIN will receive the payment adjustment if the GPRO participating in eRx as a group fails.
- For eligible professionals who submitted claims under multiple TINs, CMS groups claims by TIN/NPI for analysis and payment adjustment purposes. As a result, a professional who submitted claims under multiple TINs may be subject to an eRx payment adjustment under one of the TINs and not the other(s), or may be subject to a payment adjustment under each TIN.

2012 eRx Payment Adjustment Application

- The eRx payment adjustment for not being a successful electronic prescriber will result in an individual eligible professional, or GPRO participating in eRx as a group, receiving 99% of his or her Medicare Part B PFS amount that would otherwise apply to such services (or 1% less TIN reimbursement) for all charges with a date of service from January 1–December 31, 2012.
- The TIN/NPI will receive adjusted Medicare Part B reimbursements as (s)he would normally receive payment for Medicare Part B PFS covered professional services furnished to Medicare beneficiaries.
- The eRx payment adjustments will be applied separately from the 2011 eRx Incentive Program or any other CMS incentive program payments.
- If a TIN/NPI submits claims to multiple Medicare claims processing contractors (Carriers or MACs) and is subject to the eRx payment adjustment, each contractor will payout 1% less for all the Medicare Part B PFS claims the contractor processes with a date of service from January 1–December 31, 2012.
- For further information related to the 2012 eRx payment adjustment, please refer to the Payment Adjustment Information section on the CMS eRx Incentive Program website at http://www.cms.gov/ERxIncentive, and MLN document SE1107 at http://www.cms.gov/MLNMattersArticles/downloads/SE1107.pdf.

Frequent Concerns

- If the TIN/NPI is subject to the eRx payment adjustment, but the adjustment is not reflected in the payment, or if the TIN/NPI is not subject to the eRx payment adjustment and does see a payment adjustment, contact the Carrier/MAC.
- If the 2012 eRx payment adjustment feedback report indicates a provider will be subject to the payment adjustment and the adjusted amount received does not match 1% less, contact the Carrier/MAC.
- Eligible professionals will *not* receive claim-level detail in the eRx payment adjustment feedback reports.
- 2012 eRx payment adjustment feedback reports will be available around October–November 2011.
- 2012 eRx payment adjustment feedback report availability is not based on whether or not the eligible professional will be subject to a payment adjustment.
- If **all** of the eRx QDCs submitted via claims by individual eligible professionals are not denominator-eligible events for the 2011 eRx measure, the eligible professional will *not* receive a feedback report. If **all** of the 2011 eRx QDCs submitted by eligible professionals under the GPRO participating in eRx as a group are not denominator-eligible events for the 2011 eRx measure, the GPRO TIN will *not* receive a feedback report.
- Only those who submit a hardship or lack of prescribing privileges code will receive 'N/A' values on the eRx payment adjustment feedback report.
- If an individual eligible professional or GPRO participating in eRx as a group submits eRx QDC G8553 indicating a valid eRx event in addition to submitting a hardship or lack of prescribing privileges code (or notifies CMS of a hardship or lack of prescribing privileges for GPROs), the hardship/lack of prescribing privileges will take precedence and 'N/As' will appear on the report.
- Hardship exemptions included in the proposed changes to the 2011 eRx Incentive Program (CMS-3248-P) will not be reflected in the 2012 eRx payment adjustment feedback reports.

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 reports 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. The Google Docs™ program will also open Microsoft® Office.
- 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 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 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 1-866-288-8912 (TTY 1-877-715-6222) or qnetsupport@sdps.org (Monday-Friday 7:00 a.m.-7:00 p.m. CT). You may also contact them for **feedback report 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: 2012 eRx Payment Adjustment Feedback Report Definitions

Table 1: Reporting Detail for the Taxpayer Identification Number (Tax ID or TIN)

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 subjectivity to the 2012 eRx payment adjustment; 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.
Report Time Period	Data from the Medicare Part B claims received for the dates of service January 1, 2011–June 30, 2011 that were processed into NCH by July 29, 2011.
NPI Number (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 2012 eRx payment adjustment; only the system's ability to populate this field in the report.
Reporting Denominator: Applicable Cases That Could Be Reported	The number of 2011 eRx denominator-eligible visits for all NPIs that were reported during the 6-month reporting period. Individual eligible professionals are automatically excluded from the 2012 eRx payment adjustment if the reporting denominator number is less than 100. GPROs participating in eRx as a group do no have a minimum denominator threshold.
Actual # of eRx G-Codes Reported	The number of eRx G-Code (quality-data code) submissions for a measure whether or not the QDC was valid or appropriate. If the Actual # of eRx G-Codes Reported is larger than the Reporting Denominator number, the eligible professional submitted eRx QDCs to events that were not applicable or appropriate.
Reporting Numerator: Valid Unique eRx G-codes Reported	The number of valid eRx G-codes submitted via claims during the 6-month reporting period for all NPIs.
Actual Threshold Percent	Percent of allowed charges during the 6-month reporting period that contained codes in the denominator of the 2011 eRx measure. The 2012 eRx payment adjustment will not apply if less than 10%.
Subject to the 2012 eRx Payment Adjustment	• **Yes/No:** "Yes" if the TIN/NPI or GPRO participating in eRx as a group TIN is eligible for the payment adjustment; "No" if the TIN/NPI or GPRO participating in eRx as a group TIN is not eligible for the payment adjustment. More information regarding payment adjustment calculations can be found on the CMS website, http://www.cms.gov/ERXincentive.
Reason	Explanation why the individual eligible professional or GPRO participating in eRx as a group was or was not eligible for the payment adjustment. **Rationale:** Why the NPI or GPRO was eligible for payment adjustment: o Did not successfully report 10 valid eRx G-codes **Rationale:** why the NPI or GPRO was not eligible for payment adjustment: o Reported Successfully (10 valid eRx G-codes) o Did not have at least 100 denominator-eligible cases o Did not reach the 10 percent reporting threshold o Exempt - Submission of a hardship code o Exempt - No prescribing privileges

Table 2: NPI Reporting Detail (Individuals Only)

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 subjectivity to the 2012 eRx payment adjustment; 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.
NPI Number	Individual National Provider Identifier of the eligible professional billing under the TIN.
Reporting Denominator: Applicable Cases That Could Be Reported	The number of 2011 eRx denominator-eligible visits for all NPIs that were reported during the 6-month reporting period. Individual eligible professionals are automatically excluded from the 2012 eRx payment adjustment if the reporting denominator number is less than 100.
Actual # of eRx G-Codes Reported	The number of eRx G-Code (quality-data code) submissions for a measure whether or not the QDC was valid or appropriate. If the Actual # of eRx G-Codes Reported is larger than the Reporting Denominator number, the eligible professional submitted eRx QDCs to events that were not applicable or appropriate.
Reporting Numerator: Valid Unique eRx G-codes Reported	The number of valid eRx G-codes submitted via claims during the 6-month reporting period for all NPIs.
Actual Threshold Percent	Percent of allowed charges during the 6-month reporting period that contained codes in the denominator of the 2011 eRx measure. The 2012 eRx payment adjustment will not apply if less than 10%.
Subject to the 2012 eRx Payment Adjustment	• **Yes/No:** "Yes" if the TIN/NPI is eligible for the payment adjustment; "No" if the TIN/NPI is not eligible for the payment adjustment. More information regarding payment adjustment calculations can be found on the CMS website, http://www.cms.gov/ERXincentive.
Reason	Explanation why the individual was or was not eligible for the payment adjustment. **Rationale:** Why the NPI was eligible for payment adjustment: o Did not successfully report 10 valid eRx G-codes **Rationale:** why the NPI was not eligible for payment adjustment: o Reported Successfully (10 valid eRx G-codes) o Did not have at least 100 denominator-eligible cases o Did not reach the 10 percent reporting threshold o Exempt - Submission of a hardship code Exempt - No prescribing privileges