Centers for Medicare & Medicaid Services
2012 Electronic Prescribing Payment Adjustment and Self-Nomination Process
National Provider Call
Moderator: Geanelle Herring
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Contents

Operator: At this time I would like to welcome everyone to the Physician Quality Reporting System and Electronic Prescribing National Provider Call on the 2012 electronic prescribing payment adjustment and self-nomination process.

All lines would remain in listen-only until the open of the question and answer section. This call is being recorded and transcribed. If anyone has any objections you may disconnect at this time. Thank you for your participation in today's call. I would now turn today's conference over to Geanelle Herring. Thank you, ma'am, you may begin.

Introduction

Geanelle Herring: Thank you, Holley. Hello everyone and welcome to 2012 Physician Quality Reporting System and Electronic Prescribing Incentive Program National Provider Call. My name is Geanelle Griffith Herring and I will be your moderator today.

Following a few brief announcements and a presentation that will provide an overview on how the 2012 electronic prescribing payment adjustments appear on your remittance advice as well as an overview of the self-nomination process, the phone lines will be open to allow you to ask questions of CMS subject matter experts. With me today are those subject matter experts who have been instrumental in the development of both programs. I will now turn the call over to Dr. Dan Green. Dr. Green.

Dan Green: Thanks Geanelle, Happy New Year to everybody. Thank you all for dialing in and we appreciate your continued interest in the Physician Quality Reporting System program as well as the Electronic Prescribing, or eRx, incentive program.

Today we are going to provide an overview of the self-nomination process and participation requirement for registries, electronic health record direct vendors, data submission vendors, works that are interested in participating through the main certification program, as well as the group practice reporting option.

We are going to also discuss the 2012 eRx payment adjustment and how it will appear on the remittance advice. Excuse me. In order to make sure folks have plenty of time for questions, I am going to limit my remarks and turn the meeting over to Diane Stern for some important announcements. Then we will proceed to the presentation followed by the question and answer section. Again, we appreciate your dialing in.

Updates and Announcements

Diane Stern: Thanks, Dr. Green. Good afternoon to everyone. To begin the announcements it has come to our attention that certain physician quality reporting system G codes were inadvertently rejected by Carrier/ MACs, the one for 2011 and 2012 program year. This only impacted public claims that were submitted utilizing the 5010 format. The problem has since been resolved and the code has reactivated. However, if your 2011, 5010 claim was rejected please be sure to resubmit your claim by February 24th, 2012.

The Centers for Medicare and Medicaid Services would like to remind eligible professionals to review their remittance advice regularly to ensure you receive the N365 code when submitting data via claims from physician quality reporting system and e-prescribing incentive program. This remark code is payable – not payable, it is for reporting information purposes only and is your indication that the physician reporting quality data code or e-prescribing G- code passed into the National Claims History database. The N365 code does not indicate whether the physician quality reporting quality data code or e-prescribing G code is accurate for the claim or for the measure the eligible professional is attempting to report.

We would also like to remind eligible professionals if you did not successfully e-prescribe for the 2011 – for 2011 that you still have an opportunity to avoid the 2012 payment adjustment by reporting 10 e-prescribing events during January 1st, 2012 through June 30th, 2012. Please note that the following documents were re-posted to the measure code section page for technical revision to the measure files.

- 2012 Physician Quality Reporting System Measure Lists

- 2012 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting of Individual Measures, and the
- 2012 Physician Quality Reporting System Measure Specification Release Notes.

Also the following documents were re-posted to the alternative reporting mechanism system section page revisions.

- 2012 EHR Direct Vendor Qualification Requirement,
- 2012 EHR Data Submission Center Qualification Requirements,
- 2012 Physician Quality Reporting System GPRO Requirement, and the
- 2012 Maintenance of Certification Program Requirement.

That document has been taken down temporarily and will be placed back up on the web site by tomorrow.

We advise eligible professionals to check the CMS website spotlight page for updates on physician quality reporting/ eRx incentive program and a number of 2012 educational products have been posted recently. A video slide show in podcast that was created during the November 8th national provider call has been uploaded to the YouTube on CMS channel at http://www.youtube.com/user/cmshhsgov, and that is without any periods between that.

A link to the video was also posted to the program website at www.cms.gov/pqrs. Our next upcoming national provider call would be held on February 21st. The topic of discussion will be claims based reporting, physician quality reporting system, and eRx incentive program. And that would be held at 1:30 to 3:00 as usual.

OK, I am going to turn the presentation over to Dr. Green.

Dan Green: Actually we are going to have Molly do the presentation just a second. I just want to clarify one point in Diane's announcement so that everybody is sure to understand, and that is about the 2013 e-prescribing payment adjustments.

You can – if you did not get 25 e-prescriptions in 2011 which would have – which would have precluded you from the 2 thousand or got you out of the 2013 payment adjustment, it is not too late to get out of the 2013 payment adjustment by reporting 10 eRx event for the first six months. Just want to make sure that is clear for everybody before we move on, and I think now we are ready for the presentation so I'll turn over to Molly MacHarris.

Presentation

Remittance Advice

Molly MacHarris: Thank you Dr. Green, and thank you Diane for those announcements. For those of you who have the slides in front of you, we are going to begin on slide 5. We are first going to talk about the 2012 eRx payment adjustment and remittance advice. So starting on slide 5, providers receiving the one percent 2012 eRx payment adjustment will be the indicator LE on remittance advice on all Medicare part B services rendered from January first to December 31st 2012.

The remittance advice will also contain the following claim adjustment region code, or CARC, and remittance advice remark code, RARC. The code could be CARC 237 legislated/ regulatory penalty at least one remark code must be provided, may be comprised either the NCPDP reject reason code or RARC that is not an alert.

And the RARC N545 payment reduced space on status of an unsuccessful e-prescriber per the electronic prescribing incentive program. And then moving onto slide six, I am going to begin the self-nomination overview and first we are going to start with 2012 qualified registries.

Self-Nomination Overview

So on slide seven, just some brief background. Eligible professionals whose 2012 physician quality reporting quality measure information is successfully submitted by CMS qualified registry and who satisfy the applicable criteria for satisfactorily reporting may earn an incentive payment equal to 0.5 percent

of the total all charges for Medicare physician fees schedule covered professional services furnished during the selected 2012 reporting period.

Successful submission required that the quality measure results as well as numerator and denominator data be sent by the registry to CMS in the specified format and include all the required information based on reporting options.

Moving on to slide eight, starting with the 2012 program year, registries or intermediaries submitting data from the source other than an EHR on behalf of eligible professionals. Vendors who obtain their data from the EHR program need to follow the requirements as outlined in the requirement for electronic health record data submission vendor qualifications for the 2012 physician quality reporting system.

This is a change for 2012. In the past, registries that receive their information from electronic health record were able to participate as a registry. Now those organizations will need to participate at the EHR data submission vendor. Organizations will need to decide whether they meet the criteria as a registry or EHR data submission vendor, and if an organization desires to provide both registries and EHR data submission services, the separate vendor tags must be obtained under unique tax identification numbers, or TIN.

Moving on to slide nine, qualified 2011 registries that wish to participate in 2012 physician reporting will be required to notify CMS of their intention to do so via e-mail by December 1st, 2011.

These registries will not need to be re-qualified for 2012 but they will need to demonstrate compliance as a new 2012 Physician Quality Reporting System registry requirement. Previously qualified registries will need to calculate use cases for any new measures they intend to report. In addition to the intent to submit e-mail to CMS 2011 qualified registries would need to submit a formal self-nomination letter to CMS via e-mail by 5:00 pm Eastern January 31st, 2012.

Slide 10 registries that were qualified for 2011 but were not successful in submitting 2011 PQRS data must be able to meet 2012 PQRS registry requirements. Additionally, these registries should submit a self-nomination letter via e-mail by 5:00 pm Eastern March 31st, 2012 requesting inclusion in 2012.

The letter should also include which 2012 physician quality reporting individual measures and /or measures group the registry group intends to submit on behalf of the participants and the reporting period and methods the registry offers the participants. These registries will be required to participate in the vetting process for 2012.

Slide eleven; new registries who can meet the specified requirements and wish to participate in 2012 PQRS must submit a self-nomination letter to CMS requesting inclusion in 2012. The letter will also need to include which measures the registry intends to offer and the reporting period and methods they intend to offer.

Slide twelve, registries who wish to become qualified to submit 2012 PQRS data should submit a self-nomination letter to 2012 physician quality reporting registry self-nomination Centers for Medicare & Medicaid Services offices of clinical standards and quality, quality measurement and health assessment group 7500, Security Boulevard, Mail Stop S3-02-01 Baltimore, Maryland 21244.

We do want to receive all of these letters and no later than 5:00 pm Eastern on January 31st, 2012, so please take note of that, that there could be some mail processing time. Additional details regarding the self-nomination process and requirements for 2012 qualified registry can be found in the registry requirement for submission of 2012 physician quality reporting system data on behalf of eligible professional documents. As Diane mentioned earlier this is located on our website at www.cms.gov/pqrs under the alternative reporting mechanism page under the download section.

Slide 13. After the self-nomination we will post a list of qualified registries for the 2012 year on the alternative recording mechanism page, a list of qualified

registry will include the registry name, the contact information, measures, and/or measures group for which the registry is qualified and intends to report. The registry posting will be updated at the end of the following phases. We would like to phase out these postings so eligible professionals can see which registries are currently qualified.

Please take note that it does change throughout the year and more registries are typically added throughout the year. The first phase is after a successful submission and a prior PQRS program year, and I think we're hoping to get that up in the next couple of weeks to months. The next phase is after the receipt of the registry intent to submit data to PQRS and the last phase is after successfully completing the PQRS registry requirement as indicated by CMS vetting processes.

OK, moving on to slide 14 and 15, this is the nomination overview for 2012 year EHR direct vendors. Slide 15 EHR direct vendors are those vendors who are qualified in EHR product and versions for eligible professionals to utilize in order to directly submit their PQRS measures dated to CMS in the CMS specified format on their own behalf. The self-nomination vetting process for EHR direct vendors for 2012 PQRS was completed in 2011.

However an additional vetting period for new EHR direct vendors will be available in 2012. Self-nomination for additional vetting period is required for EHR direct vendors who wish to become qualified to participate in 2012 PQRS. Those vendors who previously qualified during the 2011 vetting period do not need to be re-vetted.

Slide 16, this contains information on where the letters need to be sent. It's the same address as I indicated previously except you want to call the attention to 2012 physician quality reporting systems, EHR direct nomination. Again we need to receive all these letters by January 31st by 5:00 pm Eastern at the latest. Failure to meet this deadline will preclude the EHR direct vendors submission of 2012 PQRS data. Again, additional requirements related to participating at the EHR direct vendor can be found at www.cms.gov/pqrs on our alternative reporting mechanism page.

Slide 17, after self-nomination, the process for qualifying EHR direct vendors system to submit clinical quality data by eligible professionals for 2012 PQRS are expected to follow the process listed below. One, they will all self nominate their EHR product as previously described, then the nominees will go through the vetting process consisting of a test file submission process.

Where test data is submitted on all 51 EHR measures in CMS approved file format. Vendors who pass may need to adopt their system to any changes in the measure specifications that may arise due to alignment of PQRS with the EHR incentive program implementation of meaningful use. We will post a list of qualified 2012 EHR direct vendors after the vetting process has been completed again on the alternative reporting mechanisms page of the PQRS website.

Slide 18 and 19 now, we will talk about 2012 year HER data submission vendor nomination process. Slide 19, an EHR data permission vendor is a vendor that collects an eligible professional clinical quality data directly from the eligible professional EHR. Data submission vendors will be responsible for submitting PQRS measures data from the eligible professionals EHR system to CMS in a CMS specified format on behalf of the eligible professional for the respective program year.

We do have a decision tree that is available on page 2 of the requirement for electronic health records data submission vendor qualification for 2012 PQRS, and this decision tree outlines how to better identify if you should be a registry or a data submission vendor. That can be found on the PQRS website under the download section entitled the 2012 EHR data submission vendor qualification requirements.

Moving on to slide 20, similar information to what we talked about previously, we do need to receive all self-nomination letters to central office of Medicare at 7500 Security Boulevard by January 31st, 5:00 pm Eastern. Again, failure to meet this deadline will preclude an EHR data submission vendor from submission of 2012 PQRS data. Additional details relating to the self-nomination requirement can be found on the alternative reporting mechanisms page.

Slide 21, after the self-nomination, the process for qualifying EHR direct vendors systems to submit clinical quality data by eligible professionals for 2012 physician quality reporting system are expected to follow the process listed and this is actually for data submission vendors.

One, the vendors will self nominate their EHR products as previously described. Two, the nominees will go through a vetting process consisting of a test file submission process where test data is submitted. The extent of the testing will depend whether the vendor is open or closed, and that is determined that they are open to outside participants reporting their data through their data submission vendors vehicle or it is a closed model.

Vendors who pass may need to adapt their system to any changes in the measures specifications that may arise due to alignment of PQRS with the EHR incentive program. Again we will post the list of qualified 2012 EHR data submission vendors after the vetting process is complete on the alternative reporting mechanism page.

Moving on to Slide 22 and 23 now for the maintenance of certification program incentive.

Slide 23, a maintenance of certification program is a continuous assessment program that advances quality and the life-long learning and self assessment of board certified specialty submission by focusing on the competency of the patient care, medical knowledge, practice based learning, interpersonal and communications skills, as well as professionalism.

Physicians who are incentive eligible for the PQRS can receive an additional 0.5 percent incentive payment when one of the following three maintenance of certification program incentive requirement has also been met. They do have to maintain a valid unrestricted medical license, additionally beyond that they would have to participate in educational and self assessment programs that require an assessment of what was learned. They would need to demonstrate through a formalized, secure examination.

The physician has the fundamental diagnostic skills, medical knowledge, and clinical judgment to provide quality care in their respective specialty.

On slide 24 to participate in maintenance of certification program, an eligible professional must be a board certified physician, meet the requirements for satisfactory reporting under the physician quality reporting system as an individual eligible professional without regard to reporting options. And they must identify maintenance of certification program that has become qualified for purposes of the 2012 PQRS maintenance of certification program incentive. Again we intend to post the list of qualified 2012 maintenance of certification program entities around mid year and this will be available on the PQRS website under the maintenance of certification program tab.

Physicians are not required to self nominate to participate in the 2012 maintenance of certification program and should contact their specialty board or other applicable sponsoring entity for additional details on participation requirements.

Slide 25 maintenance of certification program entities manage the program as well as submit 2012 program data on behalf of physicians and maintenance of certification program has demonstrated to CMS what constitutes more frequently for the maintenance of certification program itself and for the practice assessment for the specific sponsoring organization. And sponsoring organizations wishing to participate as a maintenance of certification program entity must complete self-nomination process, be approved for participation by CMS, and submit maintenance of certification program information to CMS on eligible professional's behalf.

Slide 26 again, we need to receive these self-nominations by January 31st, 2012 by no later than 5:00 pm Eastern. Again additional details relating to the self-nomination requirement for maintenance of certification program entities can be found on the PQRS website as either located under the maintenance of certification program page.

Slide 27, some additional resources the following reference documents can be found on the maintenance of certification program incentive section of the

CMS physician quality reporting website. And we have two resources; one is the 2012 maintenance of certification program incentive made simple. This fact sheet provides steps for successful participation in the maintenance of certification program incentive and also explains the role of the qualified maintenance of certification program incentive entity. Additionally, the fully qualified maintenance of certification incentive entity for 2012, this will be a list of entities that have participated in the vetting process and have successfully qualified. We intend to post this list by mid 2012.

And then slide 28, the resources for eligible professionals and sponsoring organizations. This is the self-nomination requirement document, and this document outlines the self-nomination requirement for sponsoring an organization and the details of program requirements for physicians wishing to participate in the 2012 maintenance of certification program incentive.

Slide 29 and 30. Now we will talk about the group practice reporting option, or GPRO. On slide 30, group practices participating in the group practices for the 2012 physician quality option – I am sorry group practices participating in the 2012 group practice reporting option, or GPRO, that satisfactorily report data on PQRS measures for assigned Medicare beneficiaries for 2012 are eligible to earn an incentive payment equaling 0.5 percent of the group practices total estimated of Medicare part B, physician fee schedule allow charges for covered professional services furnished for 2012 reporting period.

An individual eligible professional who is a member of a group practice elected to participate in physician quality reporting GPRO is not eligible to separately earn a physician quality reporting incentive payment.

As an individual eligible professional under that same tax identification number NPI combination. Once a group practice has a TIN it is allowed to participate in the GPRO. This is the only method of physician quality reporting available to the group and all individual NPIs who bill Medicare under the group's TIN for 2012. So if you participate as a GPRO, all participants under that TIN would be locked into the GPRO reporting mechanism for that given year.

Moving on to slide 31. Beginning with 2012 Physician Quality Reporting GPRO 1 and GPRO 2 will be replaced with a single group practice reporting option. A group practice is defined as a single TIN with 25 or more individual eligible professionals as identified individual NPI who have reassigned their billing rights to the TIN. Group practices must go by through a self-nomination process and be selected by CMS in order to participate in the 2012 Physician Quality Reporting GPRO.

Slide 32; although group practices who have participated in the 2011 GPRO are automatically qualified to participate in the 2012 GPRO, they are still required to notify CMS of their desire to continue participation via e-mail. This e-mail address will be provided to existing group practices during the mandatory monthly call and notification of intent to continue as a group practice in the GPRO for 2012 must be received by no later than 5.00pm Eastern January 31st, 2012.

Slide 33. To be considered for 2012 Physician Quality Reporting GPRO new group practices must address the CMS specified requirements in its self-nomination letter. Group practices that wish to participate in both 2012 physician quality reporting and eRx GPRO must indicate the desire to do so in the self-nomination letter. Self-nomination letter should be accompanied by an encrypted electronic file that includes TIN and all of the rendering NPI's, the name of the group practice, name and e-mail address of a single point of contact for administrative issues, and name and e-mail address of the single point of contact for technical support purposes. Group practices that submit an incomplete self-nomination letter will not be considered for inclusion in the 2012 PQRS GPRO.

Slide 34; group practices will send self-nomination letters to the same place where all other qualifying entities submit their self-nomination letters to. Again, that is at the Center of Medicare &Medicaid Services, office of clinical standards and quality, quality measurement and health assessment group, 7500 Security Boulevard, mail stop S3-02-01, Baltimore, Maryland 21244. Please remember the self-nomination letters must be received not later than 5:00pm Eastern on January 31st, 2012.

Additionally, details regarding the self-nomination requirement for the 2012 GPRO can be found in the group practice reporting option requirement for submission of 2012 PQRS and eRx incentive program data and this is located again on the PQRS website on the group practice reporting option page.

Slide 35; after self-nomination, CMS will assess whether the participation requirements are met by each self nominated group practice, determine reporting requirement based on the group size, and notify group practices of their decision by the end of the first quarter of 2012. After the groups have been selected, CMS will schedule a 2012 GPRO kickoff meeting. GPRO specific requirement deadline will be discussed during the kickoff meeting. The object here is for group practices who self nominated to report under the GPRO will be the four week period following the kickoff meeting.

CMS will allow NPIs to earn an individual Physician Quality Reporting incentive if a group practice withdraws during the opt out period. Group practices that withdraw after the period will not be eligible to earn incentive payment for 2012 PQRS at the individual level.

Slide 36; as always where to call for help, it is the quality net help desk. Their number is 866-288-8912, the hours are 7:00 to 7:00 pm CST, Monday through Friday, or you can reach them via e-mail at qnetsupport@cps.org. That concludes the presentation for today I will turn the call back over to Geanelle.

Question and Answer Session

Geanelle Herring: Thank you, Molly. At this time we will pause for just a few minutes to complete keypad polling so that CMS has an accurate count of the number of participants on the line with us today. Please note that there will be moments of silence while we tabulate the result. Holley, we are ready to start polling.

Operator: CMS greatly appreciates that many of you minimize the government's teleconference expense by listening to these calls together in your office using only one line. Today we would like to obtain an estimate of the number of participants in attendance to better document how many members of the provider community are receiving this valuable information.

At this time please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person in the room, enter one, if there are between two and eight of you listening in, enter the corresponding number between two and eight. If there are nine or more of you in the room enter nine. If you have already keyed in your response on today's call prior to this polling session, please resubmit your response at this time.
Once again, if you are the only person in the room, enter one. If there are between two and eight of you listening in, enter the corresponding number between two and eight. If there are nine or more of you in the room, enter nine. If you have already keyed in your response on today's call prior to this polling session, please resubmit your response at this time. Please hold while we compile the results. Please continue to hold while we compile the results.

That does conclude today's polling session. We will now open the line for question and answer section.

To ask a question, press star followed by the number one on your touchtone phone. To remove yourself from the queue please press the pound key. Please state your name and organization prior to answering a question and pick up your handset before asking your question to ensure clarity. Please note your line will remain open during the time that you are asking your question so anything you say or any background noise will be heard in the conference.

Please hold while we compile the roster.

Your first question does come from the line of Michael Fox.

Michael Fox: Hi, my name is Michael Fox, I work for a private billing company, Rehmann physician billing. I have a client who applied for the online hardship exemption for EHR use and all the communication he received back kind of indicated that he was not at any risk for the penalty.

However the penalty is now being assessed and when we called quality net, they said that it was because he used his group NPI number. Now, he never intended to use his group NPI number. If he had known that that was not the

one to use, he would have used the correct one. He was never notified that he needed to use the individual. We looked at the documentation that was provided by Medicare and it never specified clearly which NPI to use.

My question is since the intent of the hardship exemption was to allow someone like him to receive an exemption because he is using an EHR and he is now going to be penalized because he didn't fill a form out correctly. What is CMS's position on this?

Dan Green: We are aware of the problem a few people that entered their group NPI instead of the individual NPI. I would say however the PQRS and eRx program have always been individual level programs. There is the GPRO option which I am sure you are aware and I am sure you've heard Molly talk about the nomination.

However, when we consider groups as a group we use a tax ID number to identify them as a group. We've run into problems before with folks reporting their group NPI, either through registry or what have you, and when we go to match up those claims against – or try to match those numbers, if you will, against the charges in our database, obviously we can't find any charges.

We are aware of the situation and we are looking into what if anything can be done but it's possible for this year that the provider may be subject to the payment adjustment, and then as I said we are looking into it.

Elia Cossis: If you provide me with your name and your e-mail address, this is Elia Cossis, I can go ahead and forward to you or direct you to the documentation that is available out there through the CMS Web site, especially the guidance document that was developed when the communications support page was launched where it does indicate that an individual NPI is required. So I will be happy to point you toward those documents if you would like. I can take your name again, even your e-mail address.

Michael Fox: OK, that is fine, my name is Michael Fox F-O-X and my e-mail address is michael.fox@R-E-H-M-A-N-N.com.

Elia Cossis: So it's Michael.Fox@rehmann.com. So it's R-E-H-M-I-N-N.com?

Michael Fox: R-E-H-M-A-N-N.

Elia Cossis: Got it, Got. OK, I will e-mail you shortly.

Michael Fox: Thank you.

Elia Cossis: Thank you.

Operator: Your next question does come from the line of Tara Mackadoo.

Tara Mackadaoo: Hi, I have a question regarding the 2012 PQRS qualified EHR for the direct EHR submission. Do you have an anticipated date as to when that will be available?

Dan Green: We are hopeful of that, should be – we are hoping by the end of this calendar month. We do want to include as many vendors as are able to meet the requirement. We are trying to give them every opportunity to ensure that their files come in successfully. But like I said, we should have that by the very end of this month or no later than the middle of February.

A good hint if you're looking – certainly you can look at 2011 qualified folks. That is no guarantee. One thing you could be sure of is that those folks were able to qualify in 2011 but again there is no guarantee that they will have been successful in 2012.

Tara Mackadoo: OK, and I have one more question regarding PQRS. Last year, there were – a fact sheet called PQRS made simplified for EHR submission. Is that finalized on your Web site or are you all currently revising that document?

Lauren Fuentes: We are currently working on that document but we could have it up by the end of the month.

Tara Mackadoo: OK, thank you.

Operator: Your next question comes from the line of (Sheila Danielson).

Sheila Danielson: Hi this is Sheila Danielson, from inaudible I actually found the answer to my question while I was waiting, so thank you.

Operator: Your next question comes from the line of Robbie Verma.

Robbie Verma: Hi, I work for an internal medicine practice and I got a remittance advice recently that had a negative value of 400 or 500 dollars. And on it was listed all the 25 patients that we submitted last year with the eRx program, and I didn't quite understand what that was about. Were we being penalized for something? If you have any information on that if you can help me.

Molly MacHarris: Did you get any specific remittance advice code along with the claim?

Robbie Verma: I don't have it handy. Is there anyway that I can e-mail you the code or ...?

Elia Cossis: Did you happen to reach out to your carrier and ask about that?

Robbie Verma: No I haven't. I don't know because it listed all the patients that we have sent the – I think it was like 30 or 35 patients that we have sent to you all with that 0.01 that we were suppose to put in for the e-prescribing code, and we sent to that and they were all listed there and there was a negative like 500 dollars or something written below that and it seems like we were being accessed some kind of penalty for it. But I didn't understand what it was.

Molly MacHarris: We suggest that you contact your carrier MAC and if you were being accessed the eRx negative payment adjustment – as we mentioned earlier in the call – you would see one or two specific remittance advice codes. First you would see the LE indicator so you would know that for each charge you're getting one percent reduction and you could also be receiving one of two codes, it will be CARC 237 or RARC N545 but as – I'm sorry you would actually be receiving both of those codes.

Robbie Verma: Wait, I have it right here. The reason code is – it says FCN this is for the incentive payments and there is a negative remainder 46052 and it says FCN, where is the FCN? I don't know what FCN is.

Molly MacHarris: Unfortunately we don't have the copies of any provider's claim or anything with us here so we suggest that you contact your carrier MAC they will be able to walk through the remittance advice with you and help explain why you're seeing …

Elia Cossis: And if you can't, if you're having trouble finding out an answer through your carrier MAC, they should be able to answer you if it is related to your remittance advice. Then as a next step I would recommend contacting quality net in the help desk. OK?

Robbie Verma: OK great, thank you.

Elia Cossis: Sure.

Operator: The next question comes from the line of Jennifer Villanueva.

Jennifer Villanueva: Yes, hello this is Jenn Villanueva. I had a question about the 2012 GPRO nomination, self-nomination submission, I was wondering how we should encrypt the file that we send in. Is that just password protected?

Molly MacHarris: Yes, it can be password protected, we want to receive it on electronic media so a CD or a DVD is fine as long as it is password protected, and as long as it is separately indicated and some other way what that password is and that will meet the requirement.

Jennifer Villanueva: Should it be like the password maybe in the letter that is sent with it or should it be in a separate mailing?

Dan Green: Yes, separate mailing.

Jennifer Villanueva: OK , just to the same address.

Dan Green: Right, because if somehow the letter weren't lost here but on the way here now should be able to open the letter up.

Jennifer Villanueva: OK, so it should be two separate mailings to the same address – and then one other question about the data – I understand that the patient will be selected for us and then the list will be sent to us and then of those patients, do

we just submit one measure for each patient, or how does that data submission work?

Regina Chell: Actually, yes, the patients will be re-assigned and we'll go through some extensive training once you self nominate that I think will help understand that a lot better.

And that will be probably some, we have not set exact date but sometime in March this year so you will have time to see exactly the complete selection of patients, submission of the data via the web interface, and the time line for the year, and then you have a 30-day period after that kickoff meeting to determine if in fact you still do want to participate in the group practice reporting option. But rather than get into the details of that on this call, it will suffice to know that we will do extensive training.

Jennifer Villanueva: OK, wonderful, thank you very much.

Operator: The next question comes on the line of (Bridget Monty).

Bridget Monty: Hi, my question is related to the group practice incentive and I know that it says that, you know once a – if there is a provider that is submitting is part of the group and is not separate has to be a part of the group, but can a provider also submit with a different tax ID?

Molly MacHarris: Yes they can, so in PQRS you're prescribing in those two programs. We treat a provider as distinct base officer, tax identification number, their TIN, and then their individual rendering NPI, their NPI combination. So if for example you're a provider and you are participating in PQRS through a selected group process, any billing under that distinct TIN NPI would have to occur for all of the group practice and all of your patients that you treat would be accounted for that practice. If you were a couple of days a week in a separate clinic, where you bill under a separate TIN, you could also meet the PQRS incentive under that TIN as well.

Bridget Monty: Thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Rashada Allah.

Rashada Allah: Yes, I had a question as far as some measure, could you repeat that for the January 2012 and 2011 measure, they didn't meet it you saying that the physicians have an opportunity in June to meet it this year from January 2012 – this year to meet it again?

Dan Green: You – I think you're talking about eRx program, right?

Rashada Allah: Yes I am.

Dan Green: Right, so if an eligible professional did not satisfactorily report 25 e-prescribing events in 2011, they – to avoid the 2013 payment adjustment and possibly earn the 2011 incentive, an eligible professional would have the opportunity in the first six months of 2012 to report on 10 claims that they e-prescribed and that would get them out of it – it will be 2013 payment adjustment.

Rashada Allah: What does it, what does it mean for those who received the exemption – they would not have to bother any further? Right it's only for...

Dan Green: If you received an exemption that's only for 2012 – incentives are only granted for a year – hardship exemptions are only granted for a year at a time so you know if you still – if you practice in a rural area without sufficient high speed Internet if that was the exemption that you claimed, you would have to claim that again for 2012 to avoid the 2013 adjustment.

Rashada Allah: OK, thank you for the clarification.

Dan Green: Thank you.

Operator: The next question comes from the line of Tselanea Boyd.

Tselanea Boyd: My name is Tselanea Boyd, I am calling – my question is if we qualified for the PQRS for 2011, would we be able sign up for it again in 2012?

Dan Green: There is no – assuming you were you are incentive eligible for 2011, we expect to make those payments late this summer, excuse me –there is no registration if you will that's required is to participate in PQRS so what – how did you reported in 2011? Your claim – you claims or is a registry going to submitted on your behalf for PQRS?

Tselanea Boyd: Through claims.

Dan Green: OK so what you will do is if you want to participate in 2012 then we will encourage and hope you will continue participation. All you will do is just like you did in 2011– begin to report on three or more measures, or a measures group, on the measures that are applicable to your practice by appending a CPT2 code or G-code, depending on what is appropriate for the measures you select to an eligible claim; then we would get that information and process it.

Tselanea Boyd: OK, so would I have to sign up via e-mail or just continue to do it the way we were doing it?

Dan Green: There is no e-mail registration PQRS. All you need to is just start reporting if you're going to use claims again, just start reporting the G codes or CPT 2 codes on eligible claims for the measures that again you intend to report. Please do check our updated specifications, however, as sometimes there are minor changes from year to year based on the measure owner's clarification.

Tselanea Boyd: Where do I find that information?

Dan Green: Good question. That will be available on our PQRS website, www.cms.gov/pqrs, and then if you look where the measure specification there should be a tab on the left hand side that will direct you to the measure specification which you can download and check the measures you want to report on.

Tselanea Boyd: OK, OK, thank you.

Dan Green: Thank you.

Operator: The next question comes from the line of Melanie Lewis.

Melanie Lewis: Hi, this is Melanie Lewis from the University of Virginia Physicians group and most of my questions were asked and answered in a previous – with the previous question around the encrypted file. But I just wanted to clarify, is any form of encryption OK? It seems that quality net folks think WinZip is OK; my IT staff thinks it's OK. I just want to make sure that we are sending CMS something that they can open.

Regina Chell: Yes the WinZip file is fine.

Melanie Lewis: OK great – thank you.

Operator: The next question comes from the line of Alpana Roy.

Alpana Roy: Oh Hi, I am Aplana from Internal Medicines Group, just wanted to know we were actually participating with meaningful use, and do we need to do this PQRS? We did try to get an exemption because our meaningful use vendor has that in our EMR systems which uses the e-prescription. But what I am wondering is then do you need to do the PQRS as well, because a lot of these measures are very similar?

Dan Green: OK, so –I think we might be mixing up two programs here. If you do meaningful use for Medicare, you are not eligible to earn an incentive for the electronic Medicare electronic prescribing program. However, you could be subject to the penalty unless you claim a hardship for reported 10 e-prescribing events via claims. So we would encourage you even if you are doing meaningful use to still report at least 10 electronic prescribing events for the first six months of the year to avoid and potential payment adjustment with respect to the physician quality reporting system – there is a no mandatory requirement that you participate in 2012.

Obviously we would encourage you to participate as you – if you are successful you would be able to earn an additional incentive of a half percent – but the reporting and PQRS will become a mandatory in the future and folks that don't report would potentially be subject to a payment adjustment in the future. So we would encourage you to start – now that there is no mandatory reporting.

Alpana Roy: So there is a penalty at the end if you are not participating in that?

Dan Green: Not for 2012.

Alpana Roy: How?

Dan Green: For the Physician Quality Reporting System. For e-prescribing, yes. There is a penalty.

Alpana Roy: OK, all right then, thank you.

Dan Green: Sorry I can't hear you.

Alpana Roy: OK, thank you.

Operator: The next question comes from the line of Trish Hayes.

Trish Hayes: Yes, good afternoon, I think – I just have a very cursory question about the information for qualifying registries. The intent to submit is due by January 31st and it's OK for us to submit via e-mails, but then we still must send a hard copy via mail by 31st as well. Is that correct?

Molly MacHarris: Are you an existing registry or you intent to…

Trish Hayes: Yes, yes.

Molly MacHarris: OK, you, I believed, should have turned in your intent to submit back in December but if you have not sent that and you can go ahead and send that over via e-mail. And that will go to the typical e-mail addresses that are outlined in and during the support call and then we do want to receive the hard letter by January 31st.

Trish Hayes: OK, so you do want both. And then this is specific to Dr. Green. There is some confusion and some merit for discussion about whether our registry can continue as a registry or a data submission group and I would like to know the best way to set up a forum to review that with you to make that final decision.

Dan Green: That's great. We'd be happy to – I think we have a few calls actually already scheduled with different folks that have called in with that same request. So if you can communicate through the vetting contractor, the regular PQRS vetting e-mail that we use, after one of these sessions, they'll set up a half an hour call with you, them, and myself.

Trish Hayes: Fabulous, so I can just e-mail that to them, right?

Dan Green: Yes, but obviously we want to do it soon because we want to keep your options open.

Trish Hayes: Absolutely. OK thank you so very much.
Dan Green: Thank you.

Operator: Your next question comes from the line of Gay Hasle.

Gay Hasle: Hello, this is Gay Hasle with Interstate Health. We are a hospitalist company. And I just need some clarification again for the PQRS data submission by an individual physician. Could you explain the payment adjustments, starting from 2013 if that is when it begins?

Christine Estella: Are you referring to the reporting requirements?

Gay Hasle: Right.

Christine Estella: OK ,so for the 2013 payment adjustment you have two options or had two options, to be accepted in the 2013 adjustment. So, the first one was to meet the incentive criteria for 2011, and the reporting period for that ended December 31st, 2011. So if you didn't do that, you still have a second option which the appointment runs through January 1st, 2012 through June 30th, 2012. And you would report 10 e-prescribing events.

Gay Hasle: OK, I am not talking about e-prescribing. I am just talking about PQRS. Just …

Christine Estella: We haven't finalized – we do have a payment adjustment beginning 2013 for the – PQRS but we have not finalized requirement for that yet. The only thing

we finalized in our rule last year was that the reporting period would be the 2013 calendar year.

Gay Hasle: OK, so what I am hearing is that for 2013, the adjustment would occur in 2015, is that not correct?

Christine Estella: Yes, but the recording period for that 2015 payment adjustment would be the 2013 calendar year.

Gay Hasle: OK, sorry, so I didn't understand yet. So for 2013 we submit the data for 2013, the payment adjustment would occur in 2015?

Christine Estella: Right. We finalized that one reporting period. We did state in the rule that we do preserve the right to establish other reporting periods for other options.

Gay Hasle: Right, and so the payment adjustment is minus 1.5 percent?

Christine Estella: Yes, I believe. Yes. And then it will be I think two percent every year after.

Gay Hasle: OK, so for 2014 data and 2016 it will be 2 percent.

Dr. Michael Rapp: We didn't talk yet about 2016 but if we follow the timetable for 2013 to 2015 then that is how it will work.

Gay Hasle: And so are there any – how will this be finalized? How can I keep up with it?

Christine Estella: We would finalize our requirements via rule making, so the final requirement will be for the 2013 reporting period and will be finalized in the physician's fee schedule that is coming up this year. So the final proposal for that will come out sometime in July and then the final rule for the 2013 physician fee schedule will come out sometime between the end of October and early November.

Gay Hasle: OK, thank you very much.

Christine Estella: No problem.

Operator: Your next question comes from the line of Cindy Simonetti.

Cindy Simonetti: Hi, I have a question about PQRS. We are going to – our doctor is going to register for the first time this year, but then we are also going to be doing EHR later this year, so how should we register through – should we sign up for registry reporting or through an EHR reporting?

Dan Green: Sorry, I didn't quite hear the first part of your question. Can you please repeat it?

Cindy Simonetti: We are going to register for the first time this year, we are going to sign up to report through a registry but we are also going to join – do an EHR later in the year. It's not confirmed, when we are actually going to implement it, but it is going to be sometime in 2012.

Dan Green: So you are going to do the – you want to do the PQRS and you are going to do the EHR meaningful program. Is that what you are suggesting?

Cindy Simonetti: No, right now we don't have EHR and we are going to convert to …

Dan Green: Are you planning to buy an EHR? – OK.

Cindy Simonetti: So do we have to – but it says that we have to. If we have an EHR then we have to register through an EHR, but how will that work since we are going to do it mid year?

Dan Green: We unfortunately have no way of combining claims with EHR submissions or registry with EHR submission. But what our registry – I am sorry, with claim submission. One thing you could do however if you were – if you decide to use a registry, you could report the information to the registry for the entire year.

Now if you – the other thing you could consider is looking at our list of qualified data submission vendors which are a hybrid of registry and an electronic health record. They would be able to potentially report the information on your behalf. Albeit there may be some manual uploads from the information for the beginning of the year. But I would definitely look into some possibility of using a registry to report the information for this year.

In that, registries allow you to look back for the entire year so in December conceivably you could – I don't want to say pull the records, but you can potentially enter the information for the preceding year on the patients that you would need to report upon.

Cindy Simonetti: Right, so if we just did a registry for the whole year and mid year we change into an EHR system, would that be a problem?

Dan Green: No. If you could just give me your name and number I will get back to you on the information. It's a little bit more of a lengthy explanation. So I'd rather give that to you if I could offline.

Cindy Simonetti: OK, it's Cindy Simonetti and my phone number is xxx-xxx-8000 ext 213.

Dan Green: OK, I will reach out to you sometime this afternoon.

Cindy Simonetti: OK, great. Thank you.

Dan Green: Thanks.

Operator: Next question comes from the line of Kathy Brady.

Kathy Brady: Hi there, I am calling from UMass Memorial and I actually have a couple of questions. One of them on the payments adjustments for 2013, I understand that we have an extension for January 1st through June 30th to submit at least 10 claims to avoid payment adjustment. If we submit 25 or more, are we now eligible for the payment incentive?

Dan Green: If you are not doing meaningful use – Medicare meaningful use in 2012 – you would also be eligible for the incentive, and as an added bonus just for a special today, you'd also be precluded from 2014 payment adjustment.

Christine Estella: If you want to note though that the requirement for that six month reporting period for the 2013 payment adjustment versus the 2012 incentive is a little bit different because for the 2013 adjustment for that six months reporting period when you report to G8553 numerator code it doesn't need to be tied to one of our denominator codes. However, if you wanted to report for the incentive and

to get out of the 2014 payment adjustment, those 25 instances, it would have to be with instances that are related to our denominator code.

Kathy Brady: Thank you. So to avoid the penalty you can submit G8553 and it doesn't have to be tied to one of the eligible codes. That is what you said, right?

Christine Estella: That's correct, for the six month reporting period for the 2013 payment adjustment.

Kathy Brady: OK, that's good to know. And then my second question is something that Diane had said which I missed at the beginning when she was talking about the part B claims and the 5010 format and what has rejected. Could she just clarify that for me?

Kim Schwartz: Great, so it's part of the ICD 10 convention process we had to go with a larger platform, which is referred to as the 5010, and in the process of doing that some of the G codes were inadvertently deleted and that then caused the claims that were attached to the G code to be rejected.

Kathy Brady: OK, are they all G codes or certain G codes?

Kim Schwartz: It's just – it's actually for 2011. It's seven G codes related to typically the seven measures.

Kathy Brady: OK, it's all related to the measures.

Kim Schwartz: Yes.

Kathy Brady: OK, all right. And then I have one more question. On page five when we talked about the remit advice that's going to contain the adjustment code as well as the remark code, it will contain both, correct?

Louisa Rink: Yes, that's correct.

Kathy Brady: And could you tell me what is the NCPDP reject reason code? Is that just what it is? There is no number attached to it, it's just those letters.

Louisa Rink: That's actually an explanation of CRC237. CRC237 only says legislated or regulatory penalty. And that other part is more definitional about that.

Kathy Brady: Informational, great. OK.

Louisa Rink: Still I have got more to really tell you.

Kathy Brady: OK, terrific. Thank you very much.

Operator: Your next question comes from the line of Lorie Lineback.

Lorie Lineback: My name is Lori Lineback, I work for a podiatry practice and we used a software vendor to do our e-prescribing last year, but they had a glitch in their system and weren't able to transit our claims electronically to our contractor, and we fought for the extension – the hardship extension – and we are now receiving the penalty for. Is there anyway to appeal that?

Aucha Prachanronarong: Which hardship exemption did you request for?

Lorie Lineback: That we were unable to transmit our claims electronically to the contractor before the deadline.

Aucha Prachanronarong: That is not one of the categories of hardship exemptions that were available for requesting exemptions. It's been a long standing policy of the program that it's the providers responsibility to ensure that the G codes and even for the physicians coding systems – CPC2 or whatever G code for those measures are successfully transmitted to CMS and we have instructed providers to look at their remittance advices to make sure that you are seeing the M365 code on your remittance advice to provide reassurance that the code has been successfully transmitted.

Lorie Lineback: Which we are receiving now. We just have to take the one hardship, correct?

Aucha Prachanronarong: Yes, unfortunately.

Lorie Lineback: OK, thank you very much.

Operator: Your next question comes from the line of Carol Regal.

Carol Regal: Good afternoon, my name is Carol Regal with the Physicians of Southern New Jersey and we were e-prescribing during 2011 and we were self-nominated by a former employee, we also had an electronic glitch where the G code was not properly submitted to Medicare. I spoke to the quality net help desk this morning, and she indicated that we could begin submitting for 2012 utilizing the G code. Is that correct?

Dan Green: You could begin reporting your e-prescribing events, you say, using the G code and you are planning to do that via claims correct?

Carol Regal: Yes we are.

Dan Green: Great, that would be acceptable; we would encourage you to do that to avoid the 2013 adjustment.

Carol Regal: And the operator stated that we didn't have to do any self-nominations or additional paper work. Just submit the claims.

Dan Green: That's correct. Unless you are reporting as a group practice other than a group practice reporting option; barring that, you can just start reporting and there is no self-nomination.

Carol Regal: OK, we are a group of 21 physicians. You had indicated that you need a minimum of 10. Is that for the entire group under the 110 or for each individual physician?

Dan Green: That's for each doc.

Carol Regal: Each individual physician, we have to have 10 e-prescribe apiece?

Dan Green: That's correct.

Carol Regal: OK, thank you very much.

Dan Green: Thank you.

Operator: Your next question comes from the line of Lisa Hernandez.

Lisa Hernandez: I was able to get my answer, thank you so much. The only – one quick one and I know you said this again but I just want to verify just one more time. So there is not an extension for the number 25 for each physician to avoid penalty in 2012. If we are able to do 10 more additional G codes, it's for 2013. Is that correct?

Christine Estella: Right, the reporting period for the 2012 payment adjustment is passed so yes, right.

Lisa Hernandez: All right, thank you.

Dan Green: Thank you.

Operator: Your next question comes from the line of Alisha Payton.

Alisha Payton: Hi, this is Alisha Payton, University Physicians in Jackson, Mississippi. And I have a few questions. My first one alludes to the first question that was asked on this call. We have approximately about 500 physicians in our practice and we estimated about 75 of them were at risk of the hardship exemption and we were given advice that we should put the group practice NPI number under hardship exemption. I just wanted to …

Dan Green: You mind me asking, who gave you that advice?

Alisha Payton: This was through a consortium of university hospitals.

Dan Green: Unfortunately, both the e-prescribing program and the physician quality reporting system are both programs that are assessed at the individual TIN NPI level with the one exception being, of course, the group practice reporting option. And even in those instances the NPI are self-nominated under one global TIN. So you could imagine when we go to look at claims, if claims are billed under group NPI we wouldn't be able to determine who should get credit or who should be penalized.

Alisha Payton: Because we use the group's TIN …

Dan Green: I understand that, but still we wouldn't know which provider or eligible professional were either satisfactory or were subject to payment adjustment.

Alisha Payton: OK, because we also provided their individual registration ID because we also applied for the EHR incentive program for the individual registration ID because we applied for the hardship while applying for the EHR incentive program. So they each had their own individual ...

Dan Green: Again I can appreciate where you are coming from and I can also appreciate your disappointment but we do need the individual NPI ...

Alisha Payton: Aren't there any ways to rectify that?

Dan Green: As I said in the beginning of the call, we are looking into it but ...

Alisha Payton: OK, so there is nothing I need to do on our end?

Dan Green: Again, we will be assessing this, but if there is anything that we can do at this point, we are just looking into the problem.

Alisha Payton: My second question is, I called your quality net help desk and I got a list of a lot of NPIs that would be at risk when the adjustment applies this year. And there were approximately 430 providers, and it was my understanding that if a provider had less than 100 encounters listed under the denominator or the encounters listed and there's not a denominator or less than 10 percent of their allowed charges, they would not even be at risk at all and they didn't need a hardship filed.

Dan Green: So, you are correct in that parameter we look, we hope to see that the eligible professional had at least 100 Medicare charges that appeared in the denominator of the measure. Further we look to see that 10 percent of their charges are comprised with those codes. If they don't meet the qualification, should be on the payment adjustment. Or are you suggesting that some providers and ...

Alisha Payton: Yes, and the analyst said we were working with – I believe it was at a tier three level, had no awareness of that.

Dan Green: Sorry I didn't get the last thing you said.

Alisha Payton: I said that the analyst who was providing the information for us or the NPI numbers and going through each provider to get all the claims over the year. She had no understanding or was not even aware of that information about the less than 100 encounters or less than 2 percent of the charges.

Dr. Michael Rapp: Are you saying that the people you are talking about are having their current 2012 fees adjusted by negative 1 percent?

Alisha Payton: Not as of yet, but there is a list of the NPIs, the list that we got from quality net of providers that will be at risk, they are on that list.

Aucha Prachanronarong: Have you gone through the process of requesting the claims details and personally reviewed them?

Alisha Payton: Right, and that person who was doing that had no clue of that criteria.

Aucha Prachanronarong: Have you actually received the claims details?

Alisha Payton: Yes.

Aucha Prachanronarong: Have you reviewed it?

Alisha Payton: Yes.

Dr. Michael Rapp: Well, I think the main thing is if you find that people are being penalized; that is, when the claims come through this year that you see that they're minus 1 percent and you believe those people wouldn't be subject to it for the reasons that you just mentioned – about 100 cases with the eligible codes during the first six months of 2011 – and then go back to the quality net help desk and explain to them that you don't think that particular individual should be penalized or that set of individuals.

Elia Cossis: Can I get your name one more time and your phone number? I am going to personally reach out to you and talk about this and see what's going on with what you received from our help desk.

Alisha Payton: OK, thank you. It's Alisha Payton A-L-I-S-H-A P-A-Y-T-O-N and my number is xx-xxx-6566.

Elia Cossis: Give me maybe tomorrow or later this afternoon, I will reach out to you and we can figure out what is going on and clear out any miscommunication.

Alisha Payton: OK, what was your name again?

Elia Cossis: Elia Cossis, E-L-I-A C-O-S-S-I-S, OK.

Alisha Payton: OK, all right. Thank you so much.

Elia Cossis: Thank you.

Operator: Your next question comes from the line of Barbara Schott.

Barbara Schott: Hi, most of my questions have been answered. I just have just a few touch ups with the e-prescribing. You had mentioned – we are very well aware that we can still submit 10 either with or without the denominator, but we can submit 25 to avoid 2014 payment reduction. Am I understanding that each year, we need to meet these 25 to avoid the next year reduction? Is that how it's going to keep going?

Christine Estella: The payment adjustment runs till 2014 so technically, if you did 25 and meet instead of the 2012 criteria, that is the criteria this year, you would be done for the 2014 payment adjustment, and that is the only payment adjustment that we have scheduled for the e-prescribing program.

Barbara Schott: OK, so if we do 25 for this year then it just has to be 25 between January and June or January and December?

Christine Estella: It will be 25 between January and December. It's the requirement to meet that 2012 incentive.

Dr. Michael Rapp: So if you do that, you will get the 2012 incentive, you avoid the 2014 penalty, but to avoid the 2013 penalty, if you have avoided it by reporting in 2011, you need to pay attention to the first 6 months where you have to do 10.

Barbara Schott: Yes, and that is what happens, we do – apparently, we did not meet the 25, we met the 10 in June of last year we did not meet the 25 for 2011, so obviously I

guess we are going to be penalized for 2012. We tried to do a hardship exemption; however, we followed what a lot of other people did too and they put it in a group NPI number. My question is: can I file one of those – can our physician file one of those exceptions this year in the event that we don't meet the 25? Because he is the specialist and most of the prescriptions that he does order are narcotics that cannot be e-prescribed.

Dr. Michael Rapp: You have to do 10 to avoid the 2013 penalty during the first six months of 2012. The 2013 penalty, so far as you didn't avoid it through your 25 in 2011, you can do that, or it has to be 10, but it does have to be for the first six months and it doesn't have to be related to the denominator codes.

Dan Green: To avoid the 2014 penalty based on reporting in 2012, you have to do 25 related to the denominator codes.

Christine Estella: We do have exemptions related to the 2013 and 2014 payment adjustment that we finalized and the schedule that we published last year. There are four exemptions. I believe you will be able to submit an exemption request via the communications support page in that same page that you would request for the 2012 payment adjustment exemption.

Barbara Schott: OK, so I still can file another one for this year because it didn't I mean ...

Christine Estella: For the 2013 payment ...

Barbara Schott: For 2013. OK. That is what I just wanted to check. Thank you very much.

Christine Estella: Sure.

Operator: Your next question comes from the line of Vivian Pacia. And that question has been withdrawn. Your next question comes from the line of Jessica Petryszyn.

Jessica Petryszyn: Hi, this is Jessica, I am calling from The Grube Retina Clinic and I have a question regarding the PQRS registry. My question is: will you intend to do the registry for 2012? However I did not e-mail an intent to CMS by December 1st 2011. Just wondering if I am still able to do that or I am not eligible to do the registry for 2012?

Dan Green: OK, so the registry intent that Molly was talking about in her presentation and what have you, has to do with the actual vendors trying to have their product or registry become qualified. If you are an individual that wants to record PQRS, there is no registration you would need to do with us. You would just need to find a vendor that is qualified to report on your behalf.

If you are trying to do 2012, those vendors have not been published yet or posted yet, they will be posted, the first wave of them will be posted probably within the next two to four weeks. And then there will be additional ones posted probably through June or July as they're vetted and become qualified. So am I correct that you are an individual that wants to report PQRS?

Jessica Petryszyn: Yes.

Dan Green: OK, again for 2012?

Jessica Petryszyn: Yes.

Dan Green: So if you check our Web site in the next two to four weeks you will see the first listing of the 2012 qualified registries for 2012. And then you will reach out to them and find out what their requirements are if there are any clauses associated with it, how they want to collect your information, etc. And you can begin reporting to them and they will submit your information at the end of the year or beginning of next year.

Jessica Petryszyn: OK, thank you.

Operator: Your next question comes from the line of Laurie Plummer.

Laurie Plummer: Well you've answered most of my questions by sitting here and listening so that's good. The only thing I can't catch is the code that is on our remittance advice that shows that the G code has been accepted by you folks for the e-prescribe.

Elia Cossis: That would be the N365 code.

Laurie Plummer: Thank you and then just to clarify when I have to have an eligible denominator code such as an office visit. Are you tracking diagnosis code associated with the medications?

Dan Green: No we are not, no.

Laurie Plummer: OK, because my doctor is a sleep doctor so basically everybody has obstructed sleep apnea with some other symptoms associated with it. So he gives – he does Synthroid for people that have low thyroid and he does Mirapex for people that have restless leg, but a lot of times just code out the diagnoses of obstructed sleep apnea.

Dr. Michael Rapp: You have to worry about the diagnosis for the e-prescribing measure; there is no diagnosis.

Laurie Plummer: OK, then my next question is, I'm still on the whole e-prescribe thing. How do we know that we've met the 10 qualified or the 25 qualified to avoid the penalty in 2013 and then the 25 to avoid the penalty in 2014? How do we know we've met that number?

Dr. Michael Rapp: Well for the 10, basically, you have to look at remittance advice and see if you will find 10 correct codes that come through with the – as in the N as in Nancy 365.

Laurie Plummer: I just want to know how I go about that.

Dr. Michael Rapp: Just count them up and once you get to 10 you've got it and might want to do one or two for good measure.

Laurie Plummer: Trust me I am going to, and then the same will be for the other – now the 25. Is that cumulative? It includes the 10, so it's an additional 15 from June 30th on?

Dr. Michael Rapp: There is a difference though. The 25 is not just the G code for e-prescribing plus the N 365. It's plus one of those billing codes in the denominator of the measure. So, in other words, to avoid the penalty, the 10 that you are going to do in 2012 to avoid it for 2013, it doesn't really matter what the service is rendered but with respect to the 25 which qualifies you for the incentive it

does matter. It's limited to those services that are within the denominator measured. That set of billing codes mostly there are ENM services and so forth. But if it's not one of those services that billed on that claim where you put the e-prescribed it won't count ...

Laurie Plummer: So, are you actually saying to me – I am sorry that I am being so thick here and not really catching it. I understand what you are saying about the 2014. Can I revisit the 2013? Can I bill a claim with just a G code?

Dr. Michael Rapp: No.

Laurie Plummer: I cannot?

Dr. Michael Rapp: The G code is not a billable service. You have to include that G code on a claim for some billable service.

Laurie Plummer: OK, that was my question, because some – in other words, I can't do it. We actually have to see the patient face to face. It's not like you can do it on a prescription refill. If a person wants a refill then they need to come in, see the doctor, and be billed for an office visit and inclusive of that will be the G code.

Dr. Michael Rapp: You cannot report the G code except in connection with a billable service.

Laurie Plummer: OK, that's what I needed to know. Then can I just ask another? I think I have the e-prescribe thing somewhat clear in my head. Can you give me the difference between meaningful use EHR and PQRS? I mean the Reader's Digest version? Or is there none?

Dr. Michael Rapp: Well let me see, the Reader's Digest is with me today, but the – I guess the EHR incentive program is a different incentive program that has a different set of requirements and it's not connected specifically with the PQRS. For the future and for those … we do have an EHR method of reporting for PQRS so there is an intent and a desire to align those two together.

So for those people that are interested in meeting the requirements for reporting clinical quality measures for the EHR incentive program, and at the

same time get credit for the PQRS there is a mechanism to do that in 2012, which is called pilot EHR reporting pilot. But does that answer your question? There are separate programs and they overlap insofar as we are looking for the EHR to be a vehicle to report for PQRS such that you can do the same one thing and get the credit for both programs.

Laurie Plummer: I guess that you've actually made that clear because that's what I was trying to figure out. I was kind of trying to get myself confused here. Because I do have an EHR that last year qualified for your meaningful use, and I am trying to use that this year for meaningful use. So it is tied into the PQRS, or can be if one of the qualified vendors can be tied into the PQRS?

Dr. Michael Rapp: That's right and Dr. Green will explain that a little bit more.

Dan Green: If you are using a … if your system is one of our qualified electronic health record systems and you report for the meaningful use criteria for the 3/4 plus 3 measures or three alternate core plus three if you have zeros denominator pre quo. If you submitted directly the proper CMS format from your electronic health record in your office. If you upload these files through our PQRS portal you will conceivably get credit for both the clinical quality measure component of meaningful use, as well as the physician quality reporting system, so for the same information you get in a twofer.

Laurie Plummer: That's what I was thinking and I was … I was just trying to make sure my thinking wasn't skewed. So that is the end of my question, so thank you. You folks have been helpful.

Dan Green: Thank you…Just make sure that your system – you are using the correct vendor and the correct version of the system to make sure that that qualifies.

Laurie Plummer: In fact that is one of the things as I was listening to you folks speak, I sent them a little note asking them that exact same question, but thank you very much for giving me the caveat.

Dan Green: Thank you.

Geanelle Herring: We just have time for one more question.

Operator: OK your final question comes from the line of (Nwadi Chan).

Nwadi Chan: I just have a question about the GPRO measures specifications. I don't know if it's the right call to ask the question or if I have to call into the help desk.

Dr. Michael Rapp: This is the right place. What is your question?

Nwadi Chan: OK, some of the GPRO measure certification the narrative, I don't … actually I am from a company called Access Health management. We are a registry vendor. I just had a question about whether any measure specifications for the GPRO narrative specs – it doesn't say exactly what qualifies to be a denominator other than two description words and a PQRS specifications, you have specific codes that you want captured. I am just wondering where do I find the exact specifications for the GPRO measure specifications when there is not a PQRS equivalent?

Dan Green: We are discussing it so hang on one second.

Nwadi Chan: OK.

Regina Chell: Hi, thank you for your question and actually there are a couple more facets to your question as we delve into it, and I am going to ask that you put that through the help desk so that we make sure that we cover all details that we need to cover with you regarding that.

Nwadi Chan: OK, and should I give an example of one of the measure specs that I can't find? You want that detail as well?

Regina Chell: When you contact the help desk? Sure.

Nwadi Chan: OK, thank you.

Geanelle Herring: We'd like to thank everyone for joining us here today and for your participation and the question and answer portion of the call. The audio file and transcript will be made available shortly at the PQRS Web page on the CMS Web site. If you were unable to ask your question of the CMS subject

matter experts gathered here today please feel free to contact the quality help net desk at 866-288-8912. Thank you.

Operator: Thank you for participating in today's conference. You may now disconnect. Speakers please hold the line.

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