

National Provider Call:
Physician Quality Reporting System
(Physician Quality Reporting)
and
Electronic Prescribing (eRx)
Incentive Program

April 17, 2012

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Agenda



- ◆ CMS Updates/Announcements
- ◆ Presentation
 - ◆ 2013 Electronic Prescribing (eRx) Payment Adjustment Feedback Report
 - ◆ Resources/Where to Call for Help
- ◆ Question and Answer Session

2013 eRx Payment Adjustment

FEEDBACK REPORT

Overview: 2013 eRx Payment Adjustment – Eligibility Criteria



- ◆ The 2013 eRx payment adjustment is based on two reporting periods
 - ◆ 12 months: January 1–December 31, 2011
 - ◆ 6 months: January 1–June 30, 2012

Overview: 2013 eRx Payment Adjustment – Eligibility Criteria



- ◆ The 2013 eRx payment adjustment will **only apply** to those individual eligible professionals who meet **ALL** of the following criteria:
 - ◆ Have more than 10% of an individual eligible professional's allowed charges for the 2012 eRx 6-month reporting period (January 1–June 30, 2012) comprised of codes in the denominator of the 2012 eRx measure
 - ◆ Meet the taxonomy criteria (doctor of medicine, doctor of osteopathy, doctor of podiatric medicine, nurse practitioner, or physician assistant) based on National Plan and Provider Enumeration System (NPPES) primary specialty taxonomy criterion for the 2012 eRx 6-month reporting period
 - ◆ Have more than 100 cases containing an encounter code in the measure's denominator during the 2012 eRx 6-month reporting period
 - ◆ Were not successful electronic prescribers for the 2012 eRx 6-month reporting period
 - ◆ Were not successful electronic prescribers in 2011
 - ◆ Do not request a 2013 eRx hardship exemption

Overview: 2013 eRx Payment Adjustment – Eligibility Criteria (cont.)



- ◆ The 2013 eRx payment adjustment will **only apply** to those CMS-selected group practices participating in 2012 eRx Group Practice Reporting Option (GPRO) who meet the following criteria:
 - ◆ Have more than 10% of the eRx GPRO's allowed charges for the 2012 eRx 6-month reporting period (January 1–June 30, 2012) comprised of codes in the denominator of the 2012 eRx measure
 - ◆ Were not successful electronic prescribers for the 2012 eRx 6-month reporting period
 - ◆ Were not successful electronic prescribers in 2011

2013 eRx Payment Adjustment Feedback Report: Overview



- ◆ Interim feedback report
 - ◆ Titled *2013 eRx Payment Adjustment Feedback Report*
 - ◆ Reflects data from Medicare Part B claims with January 1-October 31, 2011 dates of service that were processed into the National Claims History (NCH) by December 30, 2011
 - ◆ Allows providers to determine their status in meeting 2011 eRx Incentive Program requirements for being a successful electronic prescriber
 - ◆ Those successful for 2011 eRx Incentive Program are automatically exempt from 2013 eRx payment adjustment for that Taxpayer Identification Number/National Provider Identifier (TIN/NPI) combination
 - ◆ Those unsuccessful for 2011 based on partial year reporting could avoid the 2013 eRx payment adjustment by meeting the 2012 eRx 6-month (January 1-June 30, 2012) reporting requirements
 - ◆ Available as TIN- or NPI-level report (GPROs can only get TIN-level)
- ◆ *User Guide* assists eligible professionals, eRx GPROs, and their authorized users in accessing and interpreting the *2013 eRx Payment Adjustment Feedback Report*

2013 eRx Payment Adjustment Feedback Report: Overview (cont.)



- ◆ Important - This interim feedback report does **NOT** provide the following:
 - ◆ Final determination on whether or not the eligible professional or eRx GPRO met satisfactory reporting criteria for the 2011 eRx Incentive Program
 - ◆ 2011 eRx program data submitted via registry reporting or qualified EHR systems, available fall 2012 through *2011 eRx Final Feedback Report*
 - ◆ 2013 eRx hardship exemptions submitted in 2012
 - ◆ Analysis of 10% threshold or 100 denominator-eligible eRx events from January 1-June 30, 2012 (as mentioned in slide 5)

2013 eRx Payment Adjustment Feedback Report: Availability



- ◆ 2013 eRx Payment Adjustment Feedback Reports will be available for all individual eligible professionals who met the *taxonomy* criteria, as well as eRx GPROs, who submitted *at least one denominator-eligible* Medicare Part B claim with a date of service January 1-October 31, 2011, that were processed into the NCH file by December 30, 2011
 - ◆ TIN-level reports are available for eligible professionals who reported as individuals and for eRx GPROs
 - ◆ Each TIN will only receive one report
 - ◆ NPI-level reports are available for individual eligible professionals, including providers who bill to their Social Security Number (SSN)

2013 eRx Payment Adjustment Feedback Report: Availability (cont.)



◆ Formats available:

◆ TIN-level feedback report

- ◆ Adobe® PDF
- ◆ Excel® 2007
- ◆ .csv

◆ National Provider Identifier (NPI)-level feedback report

- ◆ Adobe® PDF
- ◆ Excel® 2007

◆ Can download Excel® Viewer or Compatibility Pack® from Microsoft without having to upgrade an older Office version (if provider does not have Microsoft® Office 2007)

- ◆ Google™ Docs program will also open Microsoft® Office

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2013 eRx Payment Adjustment Feedback Report: Availability (cont.)



◆ Currently available

- ◆ Located on Physician and Other Health Care Professionals Quality Reporting Portal (Portal) at <http://www.qualitynet.org/pqrs>
- ◆ Use “Verify Report Portlet” look-up tool at <http://www.qualitynet.org/pqrs> to see if report exists for organization’s TIN or an individual NPI

- ◆ TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid quality-report data codes (QDCs)

- ◆ Interim report will show as “eRx” if report is available

The screenshot shows the QualityNet website interface. At the top, the QualityNet logo is displayed. Below the header, there are several sections:

- Related Links:** Includes links for CMS, Quality Improvement Resources, Measure Development, and Consensus Organizations for Measure Endorsement/Approval.
- Guest Instructions:** Welcome message and sign-in instructions.
- User Guides:** Links to various user guides, including the 2009 PQRI Feedback Report User Guide, which is circled in red with an arrow pointing to it.
- Verify Report Portlet:** A section titled "Verify Report Portlet" with a red circle around the title and an arrow pointing to it. It contains a note that the TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid PQRI quality data codes. Below the note are radio buttons for "TIN" (selected) and "NPI", a text input field, and a "Lookup" button.
- Guest Announcement:** Information regarding the confidentiality of PQRI feedback reports.
- Physician and Other Health Care Professionals Quality Reporting Portal:** A section with a red circle around the title and an arrow pointing to it. It contains a "Sign In" button, a "Forgot your password?" link, and a "Quick Reference Guides" link.

At the bottom of the page, there is a footer with the text: "QualityNet Help Desk | Accessibility Statement | Privacy Policy | Terms of Use".

2013 eRx Payment Adjustment Feedback Report: Accessing TIN-Level Reports



- ◆ TIN-level and eRx GPRO reports will be available on the Portal at <http://www.qualitynet.org/pqrs> and require an Individuals Authorized Access to CMS Computer Services (IACS) account
 - ◆ TIN-level reports can only be accessed via the Portal
 - ◆ Portal access requires registration in IACS system to obtain user ID and password
 - ◆ Review **IACS Quick Reference Guides** on the Portal at https://www.qualitynet.org/portal/server.pt/community/pqri_home/212# prior to beginning the IACS new user registration process
 - ◆ New User Registration Menu for CMS Applications is at <https://idm.cms.hhs.gov/idm/user/newregistration.jsp>

Note: When registering for an IACS account to access TIN-level feedback reports, two separate roles are required:

- 1) Security Official (SO) – identifies the organization, approves all end users (this person *cannot* access the feedback reports)
- 2) End User – must be approved by the SO; once approved can access any feedback reports available to the organization; only one account is allowed per person, but an SO may approve any number of End Users

2013 eRx Payment Adjustment Feedback Report: Accessing TIN-Level Reports (cont.)



IACS (cont.)

- ◇ Provider enrollment information must be current in the Medicare Provider Enrollment Chain and Ownership System (PECOS) in order to request IACS account
 - ◇ See <http://www.cms.gov/MedicareProviderSupEnroll>
 - ◇ For PECOS issues, contact **External User Services (EUS) Help Desk** from 7:00 a.m.-7:00 p.m. ET at 1-866-484-8049 (TTY 1-866-523-4759) or EUSsupport@cgi.com
- ◇ Contact the **QualityNet Help Desk** with any IACS or Portal issues: **1-866-288-8912** or **TTY 1-866-523-4759** (Monday-Friday 7:00 a.m.-7:00 p.m. CST) or via e-mail at qnetsupport@sdps.org

2013 eRx Payment Adjustment Feedback Report: Accessing TIN-Level Reports (cont.)



◆ System requirements for the Portal:

◆ Compatible operating system

- ◆ Any operating system, such as Microsoft® Windows XP Professional or Microsoft® Vista, should be compatible as long as an Internet browser available
- ◆ Recommend 233 MHz Pentium processor with minimum 150 MB free disk space, 64 MB RAM (128 MB preferred)

◆ Software

- ◆ Microsoft® Internet Explorer 7.0
- ◆ Sun® Java Runtime Environment (JRE) 1.6.x or above
- ◆ Adobe® Acrobat® Reader 5.0 and above

◆ Internet connection and download time

- ◆ Accessible via any Internet connection running on minimum 33.6k modem or high-speed connection
- ◆ Possible that some reports may be as large as 15MB
- ◆ Downloading large report files may require additional time

2013 eRx Payment Adjustment Feedback Report: Accessing TIN-Level Reports (cont.)



◆ TIN-level report content and appearance:

- ◆ Report generated for each TIN with at least one eligible professional reporting 2011 eRx denominator-eligible events, or for each eRx GPRO TIN
- ◆ TIN-level report only accessible by TIN
 - ◆ Up to TIN to distribute information in Tables 1-2 if applicable
- ◆ Length of report depends on number of participants
- ◆ Shows overall reporting detail
- ◆ Notes breakdown of each individual NPI (for TIN individual) or eRx GPRO TIN
- ◆ **Caution:** 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 handling and distribution of this report to protect privacy of individual practitioner with which the SSN is potentially associated

2013 eRx Payment Adjustment Feedback Report: Accessing NPI-Level Reports



- ◆ Request NPI-level feedback reports via Quality Reporting Communication Support Page, available under Related Links on the Portal (<http://www.qualitynet.org/pqrs>) or directly at https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234
 - ◆ NPI-level reports can no longer be requested through the Carriers/MACs

QualityNet

Related Links

- + CMS
- + Quality Improvement Resources
- + Measure Development
- + Consensus Organizations for Measure End-User Approval
- Communication Support Page**

Guest Instructions

Welcome to the Physician and Other Health Care Professionals Quality Reporting Portal. Please click on the Sign In button located in the center of the page.

User Guides

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

Verify Report Portlet

This tool is used to verify if a feedback report exists for your organization's TIN or NPI.

NOTE: The TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid PQRI quality data codes.

TIN NPI

Lookup

Guest Announcement

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRI feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the web application. TIN-level reports should be shared only with others within the practice who have a vested interest in the summarized quality data. Sharing of other PQRI participants' information is acceptable only if the individual EP has authorized the TIN to do so. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Physician and Other Health Care Professionals Quality Reporting Portal

Sign In to your Portal

If you do not have an account, please **register**.

Forgot your password?

For assistance with new & existing IACS accounts, review the **Quick Reference Guides**.

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

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

2013 eRx Payment Adjustment Feedback Report: Accessing NPI-Level Reports (cont.)



◆ Select *Create NPI Level Report Request*



The screenshot displays the CMS website interface. At the top, there is a dark blue header with the U.S. Department of Health & Human Services logo and text. Below this is a larger blue banner with the CMS logo and the text 'Centers for Medicare & Medicaid Services'. The main content area is titled 'Quality Reporting Communication Support Page' and contains three links: 'Create Hardship Exemption Request', 'Create NPI Level Report Request', and '[Return to Home Page]'. A large red arrow points to the 'Create NPI Level Report Request' link.

2013 eRx Payment Adjustment Feedback Report: Accessing NPI-Level Reports (cont.)



◆ Request NPI Level Report is displayed

◆ Requestor Contact Information

◆ Select Program Year and Reports

◆ User Agreement

◆ Confirmation e-mail sent after successful submission

U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services

Quality Reporting Communication Support Page

Request NPI Level Report
INDIVIDUAL ELIGIBLE PROFESSIONAL

Requestor Contact Information: * Required Field

*Legal Business Name (as enrolled in PECOS):

*Billing TIN (last 0 digits): (E.G., TIN used to bill Medicare or if no TIN available, SSN used to bill Medicare)

*Individual Rendering NPI:

*First Name: M.I.: *Last Name:

*Address 1: Address 2:

*City: *State: *Zip Code:

*Phone: Ext.:

*Requestor Relationship:

*Email: *Confirm Email:

Select Program Year and Reports:

Program Year: Reports:

User Agreement:

"I do hereby attest that this information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of any material fact may subject me to administrative, civil, or criminal liability."

I accept the user agreement

[Help](#)

2013 eRx Payment Adjustment Feedback Report: Accessing NPI-Level Reports (cont.)



◆ Select 2011 program year and the *2013 eRx Payment Adjustment Feedback Report*

*Select Program Year and Reports:

Program Year: Reports:

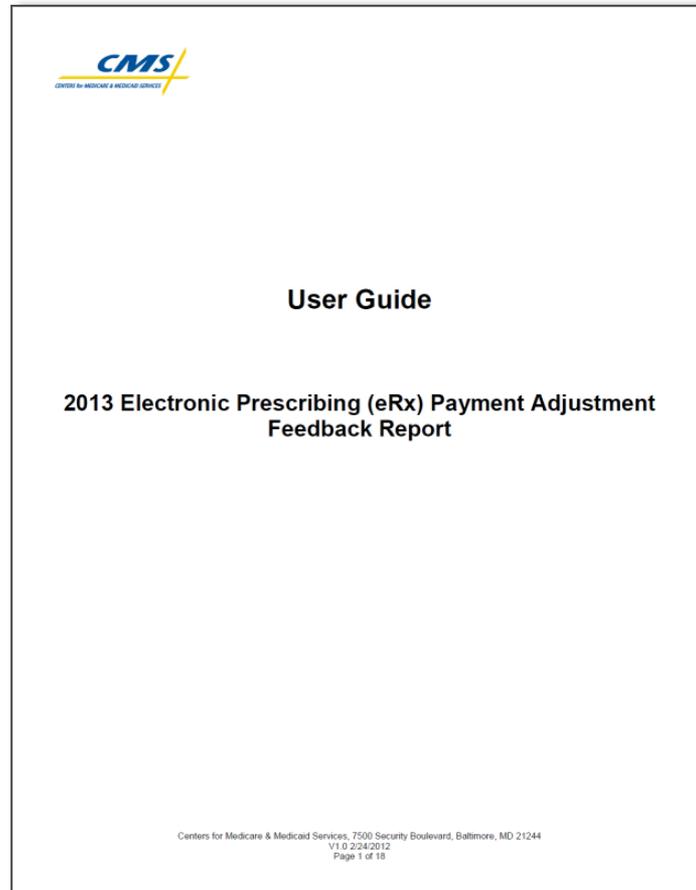
- PQRS Feedback Report
- eRx Feedback Report
- 2013 eRx Payment Adjustment Feedback Report**

2013 eRx Payment Adjustment Feedback Report: Understanding



◆ Resources

- ◆ See **2013 eRx Payment Adjustment Feedback Report User Guide**
<http://www.cms.gov/eRxIncentive> > Analysis and Payment > Downloads



2013 eRx Payment Adjustment Feedback Report: Understanding (cont.)



◆ Report Overview

- ◆ TIN-level feedback reports compile NPI-level information for each eligible professional who reported at least one eRx denominator-eligible service under that TIN for services furnished during the 10-month interim period
 - ◆ eRx GPROs will only have a GPRO TIN-level feedback report
- ◆ Claims-level detail will NOT be provided for the 10-month interim period
- ◆ Eligible professionals who submitted claims or reported under multiple TINs may be subject to a payment adjustment under more than one TIN, if applicable

2013 eRx Payment Adjustment Feedback Report: Understanding (cont.)



◆ Report Overview (cont.)

- ◆ If an individual eligible professional or eRx GPRO submits eRx G-code G8553 indicating a valid eRx event in addition to submitting a hardship or lack of prescribing privileges G-code G8644 (or notifies CMS of a hardship or lack of prescribing privileges for eRx GPROs), the hardship/lack of prescribing privileges will take precedence
 - ◆ 2012 eRx hardship exemption and lack of prescribing privileges G-code will be reflected in the *2011 eRx Final Feedback Report* available later in 2012

2013 eRx Payment Adjustment Feedback Report: Understanding (cont.)



◆ Report includes

- ◆ *Table 1: Reporting Detail for the Taxpayer Identification Number (Tax ID)*
- ◆ *Table 2: NPI Reporting Detail (Individuals Only)*
- ◆ *User Guide includes Appendix with definitions*

2013 eRx Payment Adjustment Feedback Report: Understanding Table 1



◆ TIN-level Reports (Table 1)

- ◆ Will include the following information for each NPI in Table 1 of the feedback report (see Ex. 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
 - ◆ Reporting Numerator: Valid Unique eRx G-codes Reported:
 - ◆ The number of reporting events where the eRx QDCs submitted met measure-specific reporting criteria; At least 25 valid non-hardship eRx G-codes (G8553) reported during the 12-month reporting period are required to avoid the payment adjustment
 - ◆ Currently Subject to the 2013 eRx Payment Adjustment:
 - ◆ Indicates whether an eligible professional MAY BE subject to the 2013 eRx payment adjustment based on preliminary analysis; the eligible professional may still be able to avoid the 2013 payment adjustment if (s)he became a successful electronic prescriber in 2011, by submitting additional QDCs after the October 31, 2011 preliminary analysis, or by meeting the 2012 eRx 6-month reporting criteria

Example 1.1

Table 1: Reporting Detail for Taxpayer Identification Number (Tax ID) – Individual



Example 1.1

2013 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 eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to October 31, 2011 and processed by the CMS Central Office by December 30, 2011 to determine eligible professionals' current 2013 payment adjustment status in the eRx program using the claims reporting mechanism. The eligible professional may still be able to avoid the 2013 payment adjustment if the eligible professional has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012. 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

Number of visits during the 10-month reporting period that were eligible for eRx

Report Time Period: Dates of service from 1/1/2011 to 10/31/2011 and processed by CMS Central Office by 12/30/2011

Note: This report includes partial year reporting for the 2011 eRx Program Year based on claims data only

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 (25 Required to Avoid Payment Adjustment) ³	Currently Subject to 2013 Payment Adjustment Assessment ⁴	Reason ⁵
1000000001	Not Available	29	32	26	No	Reported Successfully
1000000002	Smith, Susie	150	28	18	Yes	Did not successfully report at least 25 valid eRx G-Codes

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier/MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2011 eRx incentive payment or 2013 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 TIN/NPI was eligible to report the measure, if an eRx encounter was reported.
- ² The number of eRx G-Code (Quality Data Code) submissions for a measure whether or not the submission was appropriate. This count includes all eRx G-Code submissions that were reported.
- ³ The number of reporting events where the eRx G-Codes (Quality Data Codes) submitted met the reporting requirements. At least 25 valid eRx G-Codes are required to avoid payment adjustment.
- ⁴ Indicates whether a professional is currently subject to a 2013 eRx Payment Adjustment. The eligible professional is currently subject to a 2013 eRx Payment Adjustment if the professional was not a successful eRx prescriber in 2011 or did not meet the eRx payment adjustment avoidance requirements in the first half of 2012.
- ⁵ Explains why an eligible professional is or is not currently subject to the 2013 eRx Payment Adjustment as of the time period displayed above.

Columns are also explained in the corresponding footnotes

Valid number of eRx G-codes (G8553) reported during the 10-month reporting period

Shows whether or not the eligible professional's 2013 Medicare Part B PFS reimbursement will be adjusted by 1.5% and why

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

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.

2013 eRx Payment Adjustment Feedback Report: Understanding Table 1 (cont.)



- ◆ eRx GPROs will receive the following information in Table 1 of feedback report (see Ex.1.2-GPRO I and Ex. 1.3-GPRO II):
 - ◆ Reporting Denominator: Applicable Cases that Could be Reported
 - ◆ Reporting Numerator: Valid Unique eRx G-codes Reported:

A successful GPRO I participating in eRx as a group was required to submit at least 2,500 eRx G-codes (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
 - ◆ Currently Subject to the 2013 eRx Payment Adjustment
 - ◆ Indicates whether group practice participating in eRx GPRO MAY BE subject to the 2013 eRx payment adjustment based on preliminary analysis; the GPRO may still be able to avoid the 2013 payment adjustment if it became a successful electronic prescriber in 2011, by submitting additional QDCs after the October 31, 2011 preliminary analysis, or by meeting the 2012 eRx 6-month reporting criteria

Example 1.2

Table 1: Reporting Detail for TIN – GPRO I



Example 1.2

2013 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 eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to October 31, 2011 and processed by the CMS Central Office by December 30, 2011 to determine the GPRO's current 2013 payment adjustment status in the eRx program using the claims reporting mechanism. The GPRO may still be able to avoid the 2013 payment adjustment if the GPRO has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012. The reporting detail for GPRO I is summarized below. More information regarding the eRx program is available on the CMS website, www.cms.gov/ERxIncentive.

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 10/31/2011 and processed by CMS Central Office by 12/30/2011

Note: This report includes partial year reporting for the 2011 eRx Program Year based on claims data only

Number of visits during the 10-month reporting period that were eligible for eRx

Shows whether or not the GPRO's 2013 Medicare Part B PFS reimbursement will be adjusted by 1.5% and why

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	Currently Subject to 2013 Payment Adjustment Assessment ⁴	Reason ⁵
5,000	3,000	2,500	No	Reported Successfully
2,500	2,500	2,200	Yes	Did not successfully report at least 2,500 valid eRx G-Codes

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier/MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2011 eRx incentive payment or 2013 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 is currently subject to the 2013 eRx payment adjustment.

² The number of eRx G-Code (Quality Data) submissions for which the GPRO is currently subject to the 2013 eRx payment adjustment.

³ The number of reporting events where the GPRO is currently subject to the 2013 eRx payment adjustment. At least 2,500 valid eRx G-codes reported are required to avoid the payment adjustment.

⁴ Indicates whether the GPRO is currently subject to the 2013 eRx payment adjustment as of the time period displayed above. The GPRO may still be able to avoid the 2013 payment adjustment if the GPRO has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012.

⁵ Explains why a GPRO is or is not currently subject to the 2013 eRx Payment Adjustment as of the time period displayed above.

Valid number of eRx G-codes reported during the 10-month reporting period

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

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.

Example 1.3

Table 1: Reporting Detail for TIN – GPRO II



Example 1.3

2013 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 eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to October 31, 2011 and processed by the CMS Central Office by December 30, 2011 to determine the GPRO's current 2013 payment adjustment status in the eRx Program using the claims reporting mechanism. The GPRO may still be able to avoid the 2013 payment adjustment if the GPRO has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012. 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.

Table 1: TIN Reporting Detail - GPRO II

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

Number of visits during the 10-month reporting period that were eligible for eRx

Report Time Period: Dates of service from 1/1/2011 to 10/31/2011 and processed by CMS Central Office by 12/30/2011

Note: This report includes partial year reporting for the 2011 eRx Program Year based on claims data only

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	Currently Subject to 2013 Payment Adjustment Assessment ⁴	Reason ⁵
2-10	150	110	85	No	Reported Successfully
11-25	275	250	74	Yes	Did not successfully report required number of eRx G-Codes

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier/MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2011 eRx incentive payment or 2013 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 reported an eRx encounter occurred.
- ² The number of eRx G-Code (Quality Data Code) submissions, whether or not the QDC submission was successful.
- ³ The number of reporting events where the valid eRx G-Code (Quality Data Code) submitted met the measure specification.
- ⁴ Indicates whether the GPRO is currently subject to the 2013 eRx Payment Adjustment as of the time period displayed above. The GPRO may still be able to avoid the 2013 payment adjustment if the GPRO has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012.
- ⁵ Explains why a GPRO is or is not currently subject to the 2013 eRx Payment Adjustment as of the time period displayed above.

Valid number of eRx G-codes reported during the 10-month reporting period

See footnotes for additional explanations

Shows whether or not the GPRO's 2013 Medicare Part B PFS reimbursement will be adjusted by 1.5% and why

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

2013 eRx Payment Adjustment Feedback Report: Understanding Table 2



◆ NPI-level Reports (Table 2)

- ◆ Individual eligible professionals who met the taxonomy eligibility criteria, and submitted at least one denominator-eligible Medicare Part B claim with a date of service during the 2011 eRx interim period (January 1-October 31, 2011) will be able to access an NPI-level report (Table 2)
- ◆ An individual eligible professional will receive the following information in Table 2 (see Ex. 2.1):
 - ◆ Reporting Denominator: Applicable Cases that Could be Reported
 - ◆ Reporting Numerator: Valid Unique eRx G-codes Reported
 - ◆ Currently Subject to the 2013 eRx Payment Adjustment

Example 2.1

Table 2: NPI Reporting Detail – Individuals Only



Example 2.1

2013 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 eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to October 31, 2011 and processed by the CMS Central Office by December 30, 2011 to determine the eligible professional's current 2013 payment adjustment status in the eRx program using the claims reporting mechanism. The eligible professional may still be able to avoid the 2013 payment adjustment if the eligible professional has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012. The NPI reporting detail is summarized below. More information regarding the eRx program is available on the CMS website, www.cms.gov/ERxIncentive.

Table 2: NPI Reporting Detail

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

Number of visits during the 10-month reporting period that were eligible for eRx

Report Time Period: Dates of service from 1/1/2011 to 10/31/2011 and processed by CMS Central Office by 12/30/2011

Note: This report includes partial year reporting for the 2011 eRx Program Year based on claims data only

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 (25 Required to Avoid Payment Adjustment) ³	Currently Subject to 2013 Payment Adjustment Assessment ⁴	Reason ⁵
100	8	5	Yes	Did not successfully report at least 25 valid eRx G-Codes

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier/MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for the 2013 eRx Payment Adjustment, only the system's ability to populate this field in the report.

Explanation of Columns

- ¹ The number of eligible professionals who reported eRx G-Codes during the reporting period.
- ² The number of eRx G-Codes reported during the reporting period.
- ³ The number of reporting events where the eRx G-Codes (Qualified eRx G-Codes) were reported during the reporting period. At least 25 non-hardship valid eRx G-Codes reported during the reporting period are required to avoid the 2013 eRx Payment Adjustment.
- ⁴ Indicates whether an eligible professional is currently subject to the 2013 eRx Payment Adjustment as of the time period displayed above. An eligible professional may still be able to avoid the 2013 payment adjustment if the eligible professional has been a successful e-Prescriber in 2011 or by meeting the eRx payment adjustment avoidance requirements in the first half of 2012.
- ⁵ Explains why an eligible professional is or is not currently subject to the 2013 eRx Payment Adjustment as of the time period displayed above.

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

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.

Actual number of eRx G-codes reported

Valid number of eRx G-codes reported during the 10-month reporting period

Shows whether or not the eligible professional's 2013 Medicare Part B PFS reimbursement will be adjusted by 1.5% and why

Resources



- ◆ **2013 eRx Payment Adjustment Feedback Report User Guide**
http://www.cms.gov/ERxIncentive/10_Analysis%20and%20Payment.asp
- ◆ **Physician and Other Health Care Professionals Quality Reporting Portal (Portal)**
<http://www.qualitynet.org/pqrs>
- ◆ **Portal User Guide**
https://www.qualitynet.org/imageserver/pqri/documents/Portal_User_Manual.pdf
- ◆ **Quality Reporting Communication Support Page**
https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234
- ◆ **Communication Support Page User Manual**
https://www.qualitynet.org/imageserver/pqri/documents/2012_PQRS_eRx%20Communication%20Support%20Page%20User%20Manual.pdf
- ◆ **IACS Quick Reference Guides**
https://www.qualitynet.org/portal/server.pt/community/pqri_home/212#

Resources (cont.)



- ◆ **CMS Physician Quality Reporting System website**
<http://www.cms.gov/PQRS>
- ◆ **CMS eRx Incentive Program website**
<http://www.cms.gov/ERxIncentive>
- ◆ **2011 eRx Final Rule**
<http://www.gpo.gov/fdsys/pkg/FR-2011-06-01/pdf/2011-22629.pdf>
- ◆ **2012 Physician Fee Schedule (PFS) Final Rule**
http://www.cms.gov/PQRS/Downloads/2012_PFS_Final_Rule-Pub_11-28-2011.zip
- ◆ **Frequently Asked Questions**
<https://questions.cms.gov/>
- ◆ **Medicare and Medicaid EHR Incentive Programs**
<http://www.cms.gov/EHRIncentivePrograms>
- ◆ **Physician Compare**
<http://www.medicare.gov/find-a-doctor/provider-search.aspx>

Where to Call for Help



◆ QualityNet Help Desk:

- ◆ Portal password issues
- ◆ Physician Quality Reporting/eRx feedback report availability and access
- ◆ IACS registration questions
- ◆ IACS login issues
- ◆ Program and measure-specific questions

866-288-8912 (TTY 877-715-6222)

7:00 a.m.–7:00 p.m. CST M-F or gnetssupport@sdps.org

You will be asked to provide basic information such as name, practice, address, phone, and e-mail

◆ Provider Contact Center:

- ◆ Questions on status of incentive payment (during distribution timeframe)
- ◆ See *Contact Center Directory* at

<http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

◆ EHR-ARRA Information Center:

888-734-6433 (TTY 888-734-6563)

Time for

QUESTIONS & ANSWERS

Evaluate Your Experience with Today's National Provider Call



- ◆ To ensure that the National Provider Call (NPC) program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.
- ◆ To complete the evaluation, visit <http://npc.blhtech.com> and select the title for today's call from the menu.
- ◆ All registrants will also receive a reminder e-mail within two business days of the call. Please disregard this e-mail if you have already completed the evaluation.
- ◆ We appreciate your feedback!

