National Provider Call:

Physician Quality Reporting System

(Physician Quality Reporting)

and

Electronic Prescribing (eRx) Incentive Program

May 22, 2012

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Agenda

- CMS Updates/Announcements
- Presentation
  - 2013 Electronic Prescribing (eRx) Payment Adjustment
  - 2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot
  - Resources/Where to Call for Help
- Question and Answer Session

2013 eRx

PAYMENT ADJUSTMENT

2013 eRx Payment Adjustment – Background

- Established in 2009, the eRx Incentive Program encourages the use of electronic prescribing by providing incentives and payment adjustments based on whether eligible professionals, or CMS-selected group practices participating in eRx Group Practice Reporting Option (GPRO) meet the criteria for being successful electronic prescribers
  - The applicable eRx incentive amounts are as follows:
    2.0 percent for 2009
    2.0 percent for 2010
    1.0 percent for 2011
    1.0 percent for 2012
    0.5 percent for 2013
  - The applicable eRx payment adjustment amounts are:
    1.0 percent in 2012
    1.5 percent in 2013
    2.0 percent in 2014
- The 2012 PFS Final Rule sets forth requirements for the 2012 and 2013 incentives, and for the 2013 and 2014 payment adjustments
  - No incentives or payment adjustments are scheduled past 2014

2013 eRx Payment Adjustment – Overview

- The 2013 eRx payment adjustment of **1.5%** will result in an eligible professional or group practice participating in the eRx GPRO receiving 98.5% of their Medicare Part B Physician Fee Schedule (PFS) amount for covered professional services with dates of service January 1, 2013 through December 31, 2013
  - Individual eligible professionals are analyzed for each Taxpayer Identification Number/National Provider Identifier (TIN/NPI) combination
    - The eRx payment adjustment may be applied to each unsuccessful TIN/NPI
    - Analysis is based on the individual/rendering NPI
  - eRx GPROs are analyzed at the TIN level
    - If an eRx GPRO is unsuccessful at avoiding a payment adjustment, all NPIs under the TIN during the unsuccessful reporting period will receive the payment adjustment
- CMS Website: http://www.cms.gov/ERxincentive
  - Eligible professionals and eRx GPROs are responsible for ensuring that they are using the eRx Incentive Program documents for the correct program year

2013 eRx Payment Adjustment – Overview (cont.)

- Eligible professionals who are participating in other CMS-sponsored incentive programs, such as the Medicare or Medicaid EHR Incentive Program, must still meet the eRx payment adjustment reporting requirements to avoid future eRx payment adjustments
- There is no sign-up or pre-registration to participate
- The 2013 eRx payment adjustment is based on two reporting periods
  - 12 months: January 1–December 31, 2011
    - Must report the required number of denominator-eligible events with G8553
    - Reporting via claims, qualified registry, or qualified EHR
  - 6 months: January 1–June 30, 2012
    - Must report the required number of eRx events (regardless of denominator eligibility) for any **payable** Medicare Part B PFS service with G8553
    - Reporting via claims-based reporting only

2013 eRx Payment Adjustment – Overview (cont.)

Avoiding the 2013 eRx Payment Adjustment – Individual Eligible Professionals

Reporting Period	Reporting Mechanism	Reporting Criteria
12-month (Jan 1, 2011-Dec 31, 2011)*	Claims*	Reports on the 2011 electronic prescribing measure's numerator code at least 25 times for encounters associated with at least 1 of the denominator codes (CMS-1500 type claim form)*
12-month (Jan 1, 2011-Dec 31, 2011)*	Qualified Registry*	Reports on the 2011 electronic prescribing measure's numerator code at least 25 times for encounters associated with at least 1 of the denominator codes*
12-month (Jan 1, 2011-Dec 31, 2011)*	Qualified EHR*	Reports on the 2011 electronic prescribing measure's numerator code at least 25 times for encounters associated with at least 1 of the denominator codes*
6-month (Jan 1, 2012-Jun 30, 2012)	Claims	Report the electronic prescribing measure's numerator code at least 10 times on any payable Medicare PFS service

***** Reporting criteria for eRx Incentive Program incentive payment

2013 eRx Payment Adjustment – Overview (cont.)

Avoiding the 2013 eRx Payment Adjustment – eRx GPRO

Group Practice Size	Reporting Period	Reporting Mechanism	Reporting Criteria
25-99 Eligible Professionals	6-month (Jan 1, 2012 - Jun 30, 2012)	Claims	Report the electronic prescribing measure's numerator code at least 625 times on any payable Medicare PFS service (CMS-1500 type claim form)
100+ Eligible Professionals	6-month (Jan 1, 2012 – Jun 30, 2012)	Claims	Report the electronic prescribing measure's numerator code at least 2,500 times on any payable Medicare PFS service (CMS-1500 type claim form)

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:
  - Had 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
  - Submitted 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 for the 2011 eRx 12-month reporting period
  - Did not request a 2013 eRx hardship exemption – additional information in upcoming slide

2013 eRx Payment Adjustment – Eligibility Criteria (cont.)

- The 2013 eRx payment adjustment will ***only apply*** to those 2011 and/or 2012 eRx GPROs who meet **ALL** of the following criteria:
  - Had 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 eRx GPRO for the 2012 eRx 6-month reporting period
  - Were not successful eRx GPRO for the 2011 eRx 12-month reporting period
  - Did not request a 2013 eRx hardship exemption – additional information in upcoming slide

2013 eRx Payment Adjustment – Eligibility Criteria (cont.)

- 2013 eRx Payment Adjustment Hardship Exemptions
  - 2013 eRx payment adjustment hardship exemption requests, and lack of prescribing privileges, must be submitted on or before **June 30, 2012**
    - Unable to electronically prescribe due to local, state, or federal law, or regulation
    - Has or will prescribe fewer than 100 prescriptions during the 6-month reporting period
    - Practices in a rural area without sufficient high-speed Internet access (G8642)
    - Practices in an area without sufficient available pharmacies for electronic prescribing (G8643)
    - Does not have prescribing privileges during the 6-month reporting period (G8644)

- All hardship exemption requests or lack of prescribing privileges can be requested via the Quality Reporting Communication Support Page (Communication Support Page) – additional information in upcoming slide

2013 eRx Payment Adjustment – Eligibility Criteria (cont.)

- Select hardships, and lack of prescribing privileges, have been assigned G-codes; therefore, can be reported via any payable Medicare PFS claim with a date of service during the 6-month reporting period that must be processed into National Claims History (NCH) by **July 27, 2012**

- CMS will review hardship exemption requests on a case-by-case basis
  - **All decisions on significant hardship exemption requests will be final**

- Complete information on 2013 eRx payment adjustment hardship exemptions is available in *MLN Article SE1206* available on the CMS eRx website

2013 eRx Payment Adjustment – Feedback Report

- The *2013 eRx Payment Adjustment Feedback Report* *(currently available)*
  - Reflects data from Medicare Part B claims with January 1-October 31, 2011 dates of service that were processed into the 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 TIN/NPI combination
    - Those unsuccessful for 2011 based on partial-year reporting could avoid the 2013 eRx payment adjustment by
      - Met the 2011 eRx 12-month reporting requirements through November/December submissions
      - Meeting the 2012 eRx 6-month reporting requirements
  - Available as TIN- or NPI-level report (eRx GPROs can only get TIN-level)
    - TIN-level accessible via Individuals Authorized Access to the CMS Computer Services (IACS) or NPI-level report can be requested through the Communication Support Page

- *User Guide* assists eligible professionals, eRx GPROs, and their authorized users in accessing and interpreting the *2013 eRx Payment Adjustment Feedback Report*

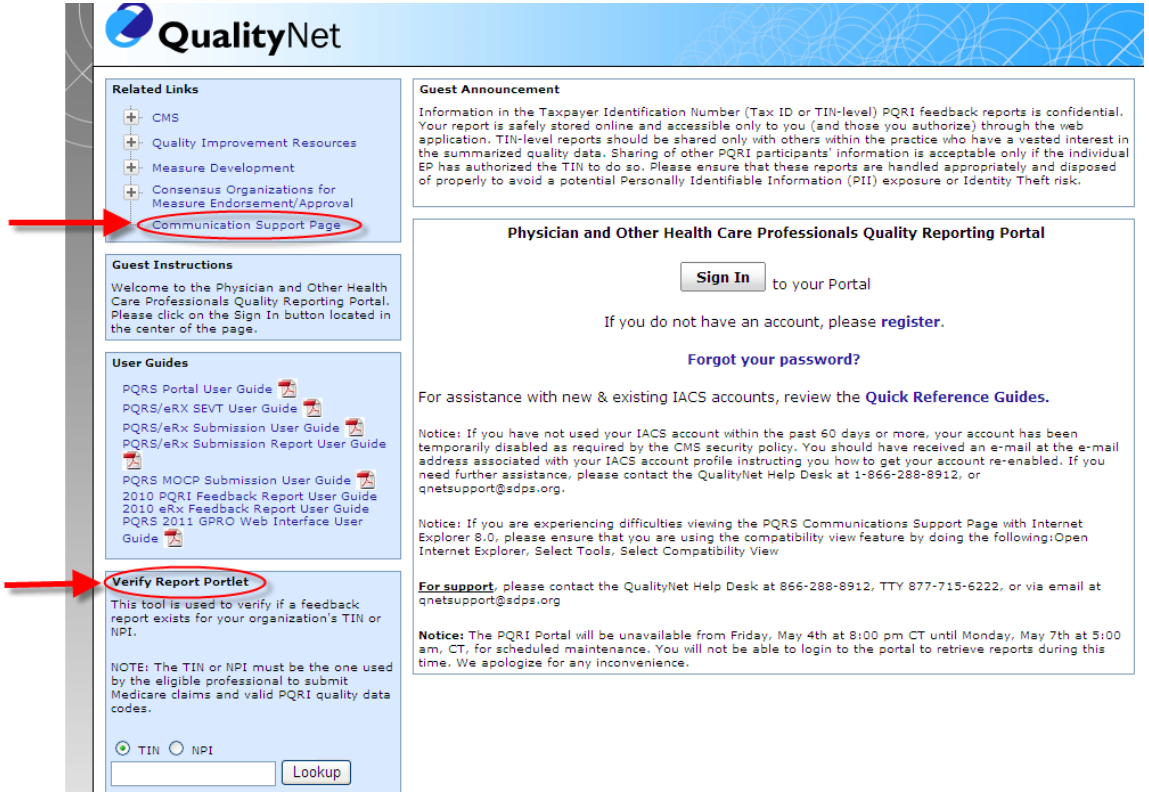
2013 eRx Payment Adjustment – Feedback Report (cont.)

- *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 – Communication Support Page

- The Communication Support Page is available via the Physician and Other Health Care Professionals Quality Reporting Portal (Portal), http://www.qualitynet.org/pqrs, under "Related Links" section, or directly at https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234

- The Portal provides the "Verify Report Portlet" look-up tool
  - Allows you to see if a report exists for the organization's TIN or individual/rendering NPI
  - Must search with the individual NPI used by the eligible professional to submit Medicare claims and valid quality-data codes
  - If report is available, the Portlet will show "A report is available for eRx_PA 2013 NPI xxxxxxxxx"



2012 Physician Quality Reporting System –

MEDICARE EHR INCENTIVE PILOT

Physician Quality Reporting System – Medicare EHR Incentive Pilot Overview

- The Medicare EHR Incentive Program provides incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) that successfully demonstrate meaningful use of certified electronic health record (EHR) technology
  - To successfully demonstrate meaningful use, eligible professionals, eligible hospitals, and CAHs are required to report clinical quality measures (CQMs) as well as meaningful use functionality measures

- Beginning in 2012, eligible professionals may satisfy the meaningful use objective to report CQMs to CMS by reporting them through:
  1. Medicare and Medicaid EHR Incentive Programs' web-based Registration and Attestation System; **or**
  2. Participation in the Physician Quality Reporting System-Medicare EHR Incentive Pilot which utilizes the 2012 Physician Quality Reporting System EHR Measure Specifications

Physician Quality Reporting System – Medicare EHR Incentive Pilot Overview (cont.)

- Eligible professionals participating in the 2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot are required to:
  - Report Clinical Quality Measures (CQM) based on a full calendar year (January 1– December 31)
  - Submit required data to CMS by February 28, 2013
- Successful participation in the 2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot will be considered for the Physician Quality Reporting System incentive eligibility and demonstrate meaningful use for the CQM component of Medicare EHR Incentive Program
- To participate in the 2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot, the eligible professional must have an IACS account
- The eligible professional must still attest to all other EHR Incentive Program functional measures to ensure all meaningful use requirements for successful participation are performed

Physician Quality Reporting System – Medicare EHR Incentive Pilot Overview (cont.)

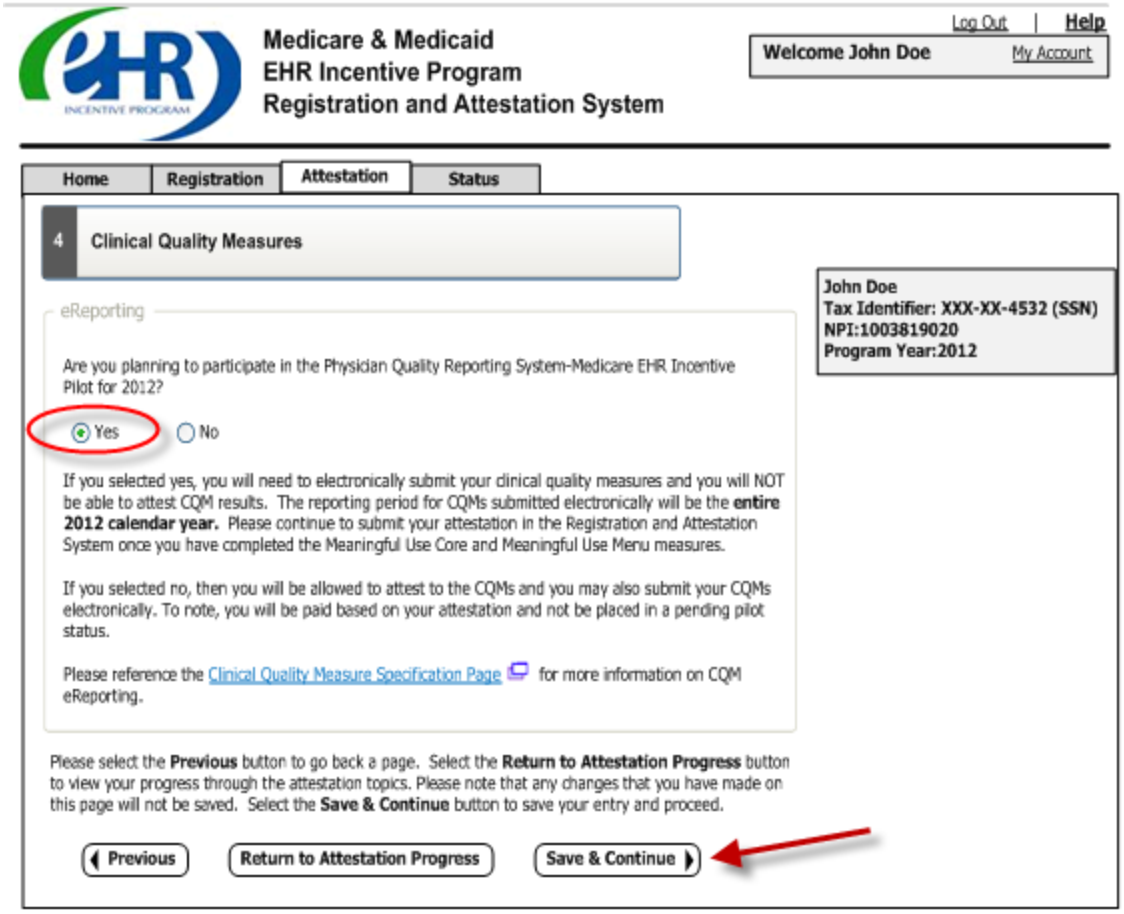
- EHR Incentive Program Attestation
  - The screen to the right shows how providers will select the Physician Quality Reporting System-EHR Incentive Program Pilot
- Attestation Scenarios

Scenario #1: Provider wants to attest results
- They should select 'no'

Scenario #2: Provider wants to submit results through the Physician Quality Reporting System-EHR Incentive Program Pilot only
- They should select 'yes'

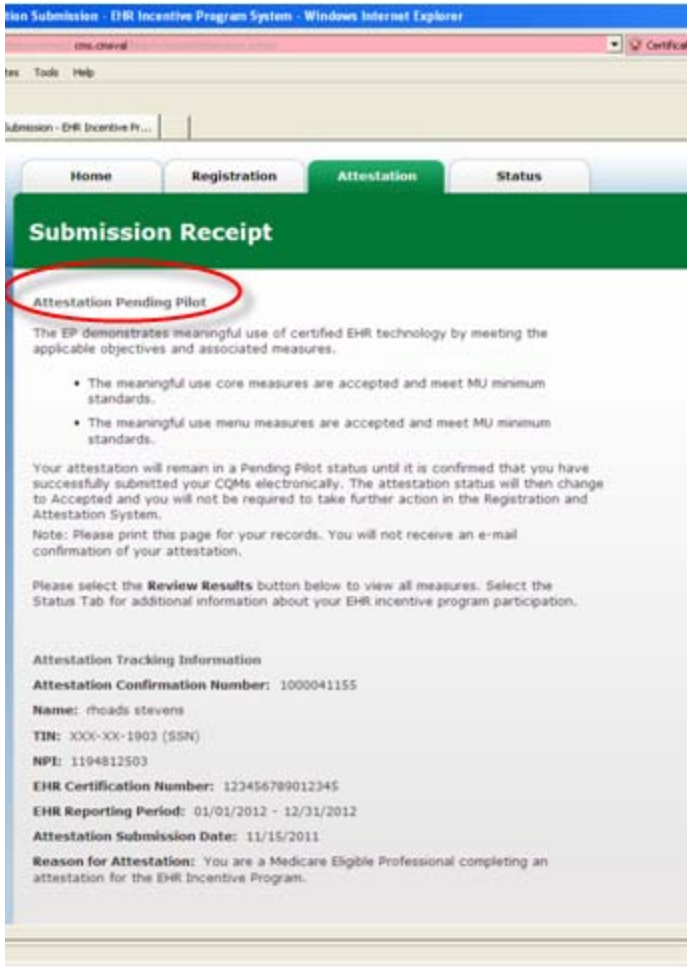
Scenario #3: Provider wants to do both
- They should select 'no'

  (This would allow for the CQM attestation screens to appear so results can be entered. eReporting can still be done via the referenced link on this page even if this option is selected.)



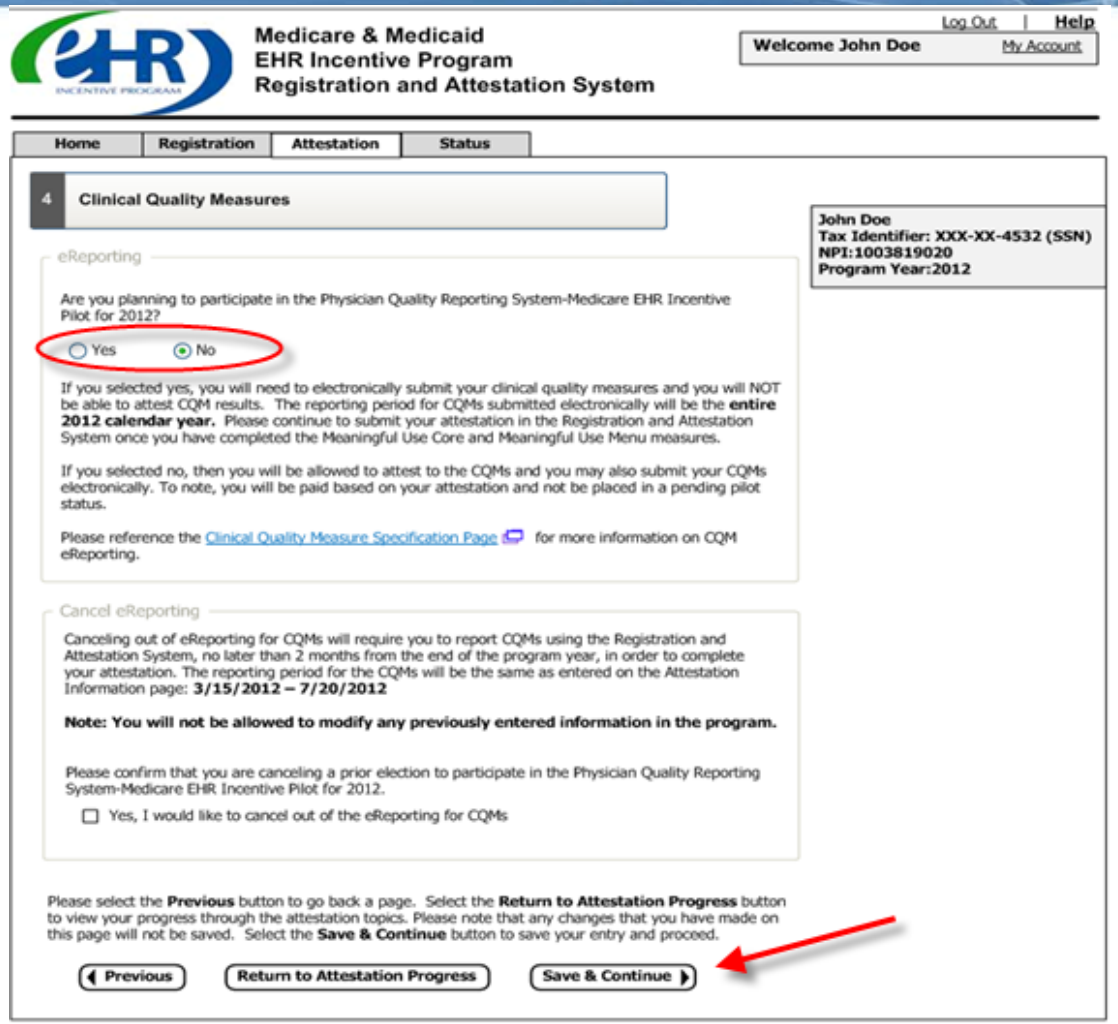
Physician Quality Reporting System – Medicare EHR Incentive Pilot Overview (cont.)

- Attestation Submission Receipt
  - The screen to the right is what a user would receive after successfully attested all of his/her MU objectives and is therefore placed in “pending pilot” status until the electronic CQMs are received
  - *Based on Scenario #2 on the previous slide* - selected ‘yes’ to submitting results through the Physician Quality Reporting System-EHR Incentive Program Pilot only
- Users do not have to take any further action in the attestation system



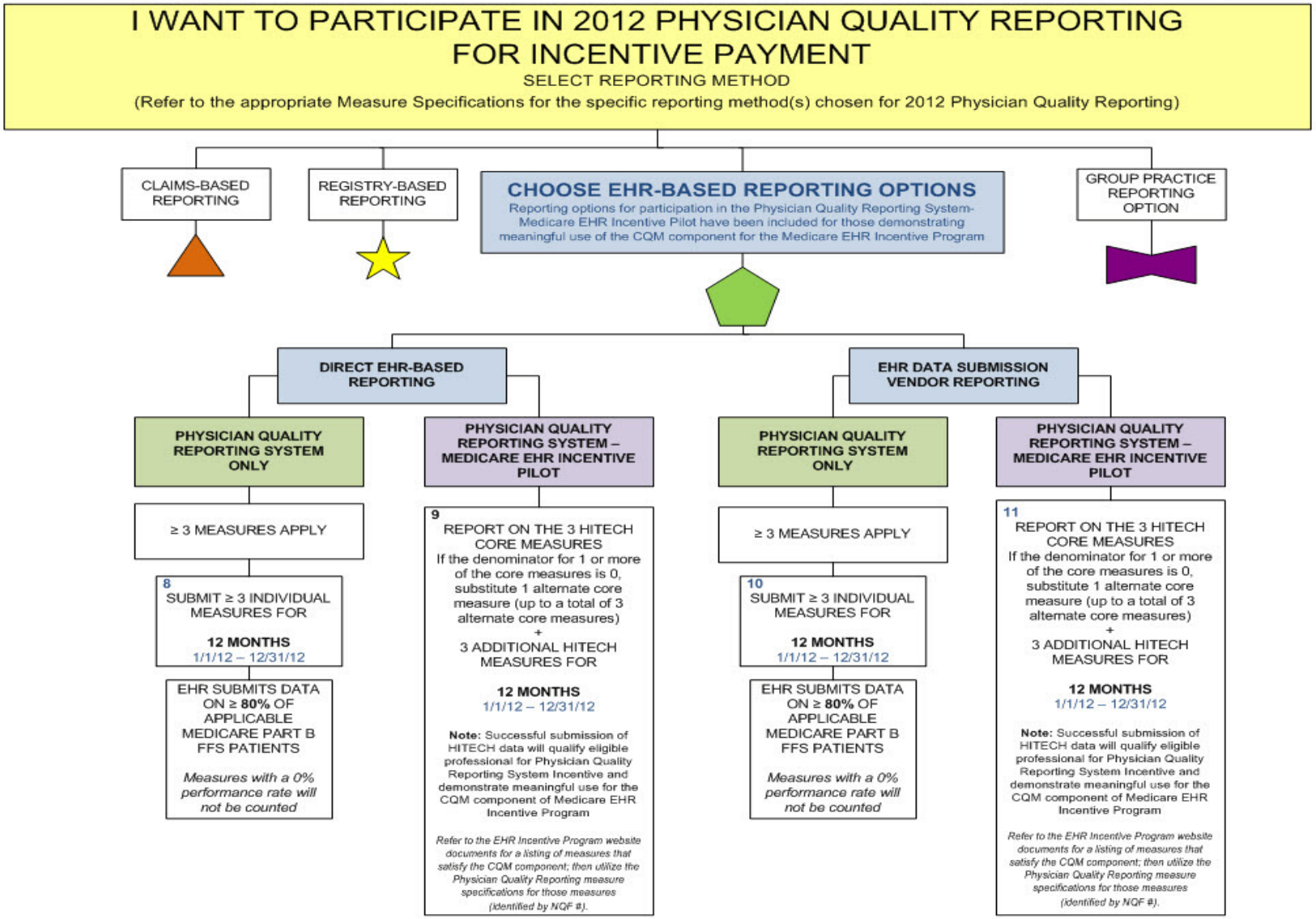
Physician Quality Reporting System – Medicare EHR Incentive Pilot Overview (cont.)

- Changing election to participate in the Physician Quality Reporting System-EHR Incentive Program Pilot
  - This may be done at any time up to the end of the 2-month reporting period should the Physician Quality Reporting System-EHR Incentive Program Pilot not be feasible



Note: The Cancel E-Reporting Section appears on the screen only when the user chooses to cancel out of eReporting after the attestation is in "Pending Pilot" status

Physician Quality Reporting System – Medicare EHR Incentive Pilot Overview (cont.)



Physician Quality Reporting System – Medicare EHR Incentive Pilot Overview (cont.)

- Eligible professionals may satisfy the CQM component of the Medicare EHR Incentive Program through participation in the 2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot that relies on the infrastructure of the Physician Quality Reporting System. CQM results could be reported via the following:
  - Data submission vendor
    - By using a Physician Quality Reporting System "qualified" EHR data submission vendor to submit calculated results (in an XML file) from the eligible professional's ONC-certified EHR to CMS (using the 3 core/3 alternate core + 3 additional measures) on the eligible professional's behalf, **and**
    - Submit the same information (3 core/3 alternate core + 3 additional measures) at an individual-level using a qualified EHR system via QRDA as the transmission specification (qualifies for both Physician Quality Reporting System + HITECH CQM)

Physician Quality Reporting System – Medicare EHR Incentive Pilot Overview (cont.)

- Direct EHR submission (eligible professional submits data using an ONC-certified, Physician Quality Reporting-qualified EHR system)
  - Submit the same information (3 core/3 alternate core + 3 additional measures) at an individual-level directly from an ONC-certified, Physician Quality Reporting System-qualified EHR system using QRDA as the transmission specification (qualifies for both HITECH CQM + Physician Quality Reporting System)
    - Eligible professionals who are unable to report the 3 core and 3 alternate core measures or any of the remaining 38 measures, cannot participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot

Physician Quality Reporting System – Medicare EHR Incentive Pilot Overview (cont.)

- Eligible professionals participating in the Physician Quality Reporting System-Medicare EHR Incentive Pilot are required to submit information on the 3 Medicare EHR Incentive Program core measures:
  - PQRS #128 (NQF 0421): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
  - PQRS #237 (NQF 0013): Hypertension (HTN): Blood Pressure Measurement
  - PQRS #226 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Physician Quality Reporting System – Medicare EHR Incentive Pilot Overview (cont.)

- If the denominator for one or more of the Medicare EHR Incentive Program core measures is zero, the eligible professional must report on up to 3 Medicare EHR Incentive Program alternate core measures:
  - PQRS #110 (NQF 0041): Preventive Care and Screening: Influenza Immunization
  - PQRS #239 (NQF 0024): Weight Assessment and Counseling for Children and Adolescents
  - PQRS #240 (NQF 0038): Childhood Immunization Status

Physician Quality Reporting System – Medicare EHR Incentive Pilot Overview (cont.)

- Additionally, eligible professionals must report on 3 (of the 38) additional measures available for the Medicare EHR Incentive Program

Physician Quality Reporting Measures that Satisfy CQM Component			
PQRS #1 (NQF 0059)	PQRS #19 (NQF 0089)	PQRS #117 (NQF 0055)	PQRS #306 (NQF 0012)
PQRS #2 (NQF 0064)	PQRS #53 (NQF 0047)	PQRS #119 (NQF 0062)	PQRS #307 (NQF 0014)
PQRS #3 (NQF 0061)	PQRS #64 (NQF 0001)	PQRS #163 (NQF 0056)	PQRS #308 (NQF 0027)
PQRS #5 (NQF 0081)	PQRS #66 (NQF 0002)	PQRS #197 (NQF 0074)	PQRS #309 (NQF 0032)
PQRS #6 (NQF 0067)	PQRS #71 (NQF 0387)	PQRS #200 (NQF 0084)	PQRS #310 (NQF 0033)
PQRS #7 (NQF 0070)	PQRS #72 (NQF 0385)	PQRS #201 (NQF 0073)	PQRS #311 (NQF 0036)
PQRS #8 (NQF 0083)	PQRS #102 (NQF 0389)	PQRS #204 (NQF 0068)	PQRS #312 (NQF 0052)
PQRS #9 (NQF 0105)	PQRS #111 (NQF 0043)	PQRS #236 (NQF 0018)	PQRS #313 (NQF 0575)
PQRS #12 (NQF 0086)	PQRS #112 (NQF 0031)	PQRS #241 (NQF 0075)	
PQRS #18 (NQF 0088)	PQRS #113 (NQF 0034)	PQRS #305 (NQF 0004)	

Physician Quality Reporting System – Medicare EHR Incentive Pilot Overview (cont.)

- Utilize the 2012 EHR Physician Quality Reporting System Measure Specifications for reporting CQMs via the Physician Quality Reporting System-Medicare EHR Incentive Pilot
  - To be posted at the following location on the CMS Physician Quality Reporting System web page, through the "Alternative Reporting Mechanisms" link in a ZIP file titled *2012 EHR Documents for Vendors*, available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AlternativeReportingMechanisms.html

Resources

- **MLN Article SE1206 – *2012 Electronic Prescribing (eRx) Incentive Program: Future Payment Adjustments***
  http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1206.pdf
- ***2013 eRx Payment Adjustment Feedback Report User Guide***
  http://www.cms.gov/ERxIncentive/10_Analysis%20and%20Payment.asp
- **Portal**
  http://www.qualitynet.org/pqrs
- ***Physician Quality Reporting System Portal User Manual***
  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
- ***Physician Quality Reporting System – Medicare EHR Incentive Pilot: Quick Reference Guide***
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2012PQRS_MedicareEHR-IncentPilot_Final508_1-13-2012.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 **qnetsupport@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!

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