

National Provider Call:
2011 Physician Quality
Reporting System
(Physician Quality Reporting, formerly PQRI)
and
Electronic Prescribing (eRx)
Incentive Program

October 18, 2011

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Agenda



◆ CMS Announcements

◆ Presentation

- ◆ 2012 eRx Payment Adjustment Feedback Reports
- ◆ Overview of *2012 eRx Payment Adjustment Feedback Report User Guide*
- ◆ Participation in 2011 eRx Incentive Program
- ◆ Resources & Who to Contact for Help

◆ Questions & Answers

CMS Staff

ANNOUNCEMENTS

CMS Staff

2012 eRx PAYMENT ADJUSTMENT FEEDBACK REPORTS

2012 eRx Payment Adjustment Feedback Reports: Availability



- ◆ 2012 eRx payment adjustment feedback reports will be available for all individual eligible professionals, as well as GPROs participating in eRx as a group, who submitted at least one denominator-eligible Medicare Part B claim with a date of service during the 6-month reporting period of January 1-June 30, 2011, that were processed into the National Claims History (NCH) file by July 29, 2011
- ◆ Individuals and GPROs participating in eRx as a group will be able to access a Taxpayer Identification Number (TIN)-level report
- ◆ TIN-level feedback report only accessible by the TIN
- ◆ Each TIN will only receive one report

2012 eRx Payment Adjustment Feedback Reports: 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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2012 eRx Payment Adjustment Feedback Reports: Availability (cont.)



- ◆ Approximately November/December 2011
 - ◆ 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 a National Provider Identifier (NPI)
 - ◆ TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid quality-data codes (QDCs)

The screenshot shows the QualityNet website interface. On the left, there is a sidebar with several sections: 'Related Links' (including CMS, Quality Improvement Resources, Measure Development, and Consensus Organizations for Measure Endorsement/Approval), 'Guest Instructions' (welcome message and sign-in instructions), 'User Guides' (listing various user guides for PQRI, eRx SEVT, and eRx Submission), and 'Verify Report Portlet' (highlighted with a red circle and arrow). The 'Verify Report Portlet' section includes 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, and a form with radio buttons for TIN and NPI, a text input field, and a 'Lookup' button. On the right, the main content area features a 'Guest Announcement' about confidentiality, a 'Physician and Other Health Care Professionals Quality Reporting Portal' section with a 'Sign In' button (highlighted with a red circle and arrow) and a 'register' link, and a 'Forgot your password?' link (highlighted with a red arrow). Below this is a 'Quick Reference Guides' link and a notice about account security. At the bottom, there is a 'For support' section with contact information for the QualityNet Help Desk.

2012 eRx Payment Adjustment Feedback Reports: Availability (cont.)



- ◆ TIN-level and 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:** Any person registering for an IACS account to access program feedback reports is allowed one account - this person is the only one allowed to register for an account (someone cannot set it up for them) and must use his/her own e-mail address when registering

2012 eRx Payment Adjustment Feedback Reports: Availability (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

2012 eRx Payment Adjustment Feedback Reports: Availability (cont.)



- ◆ Request NPI-level feedback report 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

QualityNet

Related Links

- CMS
- Quality Improvement Resources
- Measure Development
- Consensus Organizations for Measure Endorsement/Approval
- Communication Support Page**

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.

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

Quality Reporting Communication Support Page



◆ Four main sections

1. Requester information – includes user information and contact information
2. *NPI-level* feedback report request
3. Hardship exemption request – includes hardship exemption justification
4. User agreement

- ## ◆ Confirmation e-mail sent after successful submission

Communication Support Page

User Information * Required Field

Legal Business Name (as enrolled in PECOS)*:

TIN (Last 4 digits)*: NPI*:

Email*: Confirm Email*:

Contact Information (Requestor)

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

Address 1*: Address 2:

City*: State*:

Phone*: Zip Code*:

Ext: Requestor Relationship*:

Request NPI Level Feedback Report

Program Year: PQRS Feedback Report eRx Feedback Report eRx Payment Adjustment Feedback Report

Request Hardship Exemption (Select one **AND** complete Justification for Hardship Exemption)

I registered to participate in the Medicare or Medicaid EHR Incentive Programs for 2011 and have adopted Certified EHR technology

Registration ID # ONC Certification #

I have an inability to electronically prescribe due to local, State, or Federal law or regulation

I have limited prescribing activity

I had insufficient opportunities to report the electronic prescribing measure

I practice in a rural area without sufficient high speed Internet access

I practice in an area without sufficient available pharmacies for electronic prescribing

Justification for Hardship Exemption (required if submitting a hardship exemption):

Maximum of 250 words or 1,000 characters

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 User Agreement*

2012 eRx Payment Adjustment Feedback Reports: Availability (cont.)



◆ **Alternative Feedback Report Fulfillment Method:**

Call Carrier/Medicare Administrative Contractor (MAC) provider contact center to request confidential individual NPI-level feedback reports

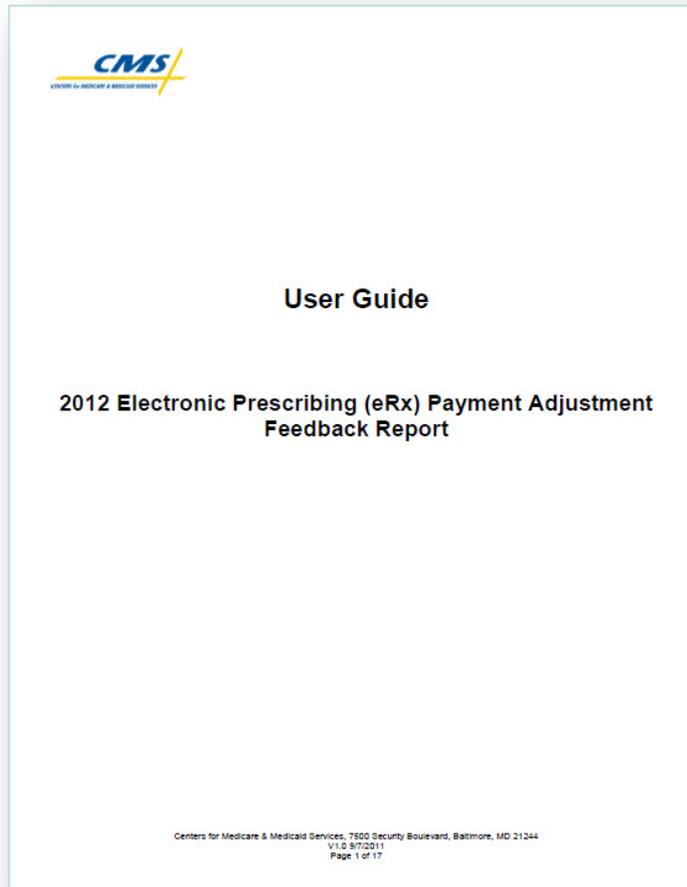
- ◆ If eligible professional reported individually as part of a group practice (not a GPRO), each eligible professional in the group practice must request individual NPI-level feedback report
- ◆ Method not applicable to GPROs (only have GPRO TIN-level feedback reports)
- ◆ See list of Provider Contact Centers
<http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>
- ◆ See MLN SE0922
<http://www.cms.gov/MLNMattersArticles/downloads/SE0922.pdf>
- ◆ Once available and requested, allow 2-4 weeks for receipt via e-mail

2012 eRx Payment Adjustment Feedback Reports: Understanding



◆ Resources

- ◆ See **2012 eRx Payment Adjustment Feedback Report User Guide**
<http://www.cms.gov/eRxIncentive> > Payment Adjustment Information (and Analysis and Payment) > Downloads



2012 eRx Payment Adjustment Feedback Reports: Understanding

(cont.)



◆ Report Overview

- ◆ Feedback reports compiled at TIN level, with individual-level reporting (by NPI) information for each eligible professional who reported at least one valid eRx G-code (G8553) on a claim submitted under that TIN for services furnished during the reporting period
 - ◆ GPROs will only have a GPRO TIN-level feedback report
- ◆ Eligible professionals will *not receive claim-level detail in the eRx payment adjustment feedback reports*
- ◆ The 2012 eRx payment adjustment is based on one reporting period from January 1–June 30, 2011
- ◆ Eligible professionals who submitted claims or reported under multiple TINs may be subject to a payment adjustment under more than one TIN, if applicable

2012 eRx Payment Adjustment Feedback Reports: Understanding

(cont.)



◆ Report Overview (cont.)

- ◆ If an individual eligible professional or GPRO participating in eRx as a group submits eRx G-code G8553 indicating a valid eRx event in addition to submitting a hardship or lack of prescribing privileges code (or notifies CMS of a hardship or lack of prescribing privileges for GPROs), the hardship/lack of prescribing privileges will take precedence and 'N/As' will appear on the report
- ◆ Hardship exemptions included in the changes to the 2011 eRx Incentive Program (CMS-3248-P) will not be reflected in the 2012 eRx payment adjustment feedback reports

2012 eRx Payment Adjustment Feedback Reports: Understanding



(cont.)

◆ System requirements:

◆ 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 166 MHz Pentium processor with minimum 125 MB free disk space, 32 MB RAM

◆ Software

- ◆ Microsoft® Internet Explorer 6.0 and above, Mozilla® Firefox 2.0 and above, or Apple® Safari 2.0 and above
- ◆ Sun® Java Runtime Environment (JRE) 1.6x 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

2012 eRx Payment Adjustment Feedback Reports: Understanding

(cont.)



◆ Report Content and Appearance:

- ◆ Report generated for each TIN with at least one eligible professional reporting a valid QDC or for each 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 GPRO TIN
- ◆ **Caution:** Report may contain a partial or "masked" Social Security Number/Social Security Account Number 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

2012 eRx Payment Adjustment Feedback Reports: Understanding

(cont.)



◆ Report Content and Appearance (cont.)

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

2012 eRx Payment Adjustment Feedback Reports: Understanding

(cont.)



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

Example 1.1

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



Example 1.1

2012 ELECTRONIC PRESCRIBING (eRx) PAYMENT ADJUSTMENT FEEDBACK REPORT

Participation in the eRx Program is at the individual National Provider Identifier level within a Tax ID (TINNPI) or at the TIN level for GPROs. The 2011 eRx Program analyzed all Medicare Part B submissions for services furnished from January 1, 2011 to June 30, 2011 and processed by the CMS Central Office by July 31, 2011 to determine eligible professional payment adjustment status in the eRx program using the claims reporting mechanism. The TINNPI 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 Name¹: John Q. Public Clinic
Tax ID Number: XXXXX2345

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

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

¹Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and have not been processed and established in the national PECOS database as well as at the local Carr organization's or professional's enrollment status or eligibility for a 2011 eRx incentive payment or 2012 eRx incentive payment.

Explanation of Columns:

²The number of events for which the TINNPI was eligible to report the measure, if an eRx encounter occurred during the reporting period.

³The number of eRx G-Code (Quality Data Code) submissions for a measure whether or not the QDC was reported.

⁴The number of reporting events where the eRx G-Codes (Quality Data Codes) submitted met the measure's reporting requirements. At least 10 non-hardship eRx G-codes reported during the reporting period are required to avoid the payment adjustment.

⁵The actual threshold percentage of an eligible professional's estimated total allowed charges. A successfully reported measure has a reporting percentage of 10 percent or greater.

⁶Indicates whether an eligible professional is subject to a 2012 eRx Payment Adjustment.

⁷Explains why an eligible professional will or will not be receiving a 2012 eRx Payment Adjustment for the full reporting period.

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

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

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSANI) as part of the Tax Identification Number (TIN) field. Care should be taken in the handling and disposal of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or identity theft risk.

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

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

Reporting Denominator: Applicable Cases That Could Be Reported

Reporting Numerator: Valid Unique eRx G-Codes Reported (10 Required to Avoid Payment Adjustment)

Actual Threshold Percent (10 Percent Required for Successful Reporting)

Subject to Payment Adjustment

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

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

Columns are also explained in the corresponding footnotes

2012 eRx Payment Adjustment Feedback Reports: Understanding

(cont.)



- ◆ GPROs participating in eRx as a group 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
 - ◆ Actual Threshold Percent
 - ◆ Subject to the 2012 eRx Payment Adjustment

Example 1.2

Table 1: Reporting Detail for TIN – GPRO I



Example 1.2

2012 ELECTRONIC PRESCRIBING (eRx) PAYMENT ADJUSTMENT FEEDBACK REPORT

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

Table 1: TIN Reporting Detail - GPRO I
 Tax ID Name*: Jane Q. Public Clinic
 Tax ID Number: XXXXX6789

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

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

Annotations:

- Number of visits during the 6-month reporting period that were eligible for eRx
- Calculated threshold of allowed charges for eRx denominator-eligible events during the 6-month reporting period
- Shows whether or not the GPRO's 2012 Medicare Part B PFS reimbursement will be adjusted by 1% and why
- Valid number of eRx G-codes reported during the 6-month reporting period
- Please ensure that reports are handled appropriately and disposed of properly to avoid a PII exposure or identity theft risk!

Footnotes:

*Name identified by matching the identifier number have not been processed and established in the organization's or professional's enrollment status and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes Carrier/MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the 2012 eRx Payment Adjustment, only the system's ability to populate this field in the report.

Explanation of Columns:

¹ The number of events for which the GPRO was eligible to report the measure, if an eRx encounter occurred.
² The number of eRx G-Code (Quality Data Code) submissions for a measure whether or not the QDC submission was valid and appropriate.
³ The number of reporting events where the eRx G-Codes (Quality Data Codes) submitted met the measure specific reporting criteria for GPRO I. At least 2,500 eRx G-codes reported during the reporting period are required to avoid the payment adjustment.
⁴ The actual threshold percentage of a GPRO's estimated total allowed charges. A successfully reported measure has a reporting percentage of 10 percent or greater.
⁵ Indicates whether the GPRO is subject to a 2012 eRx Payment Adjustment.
⁶ Explains why a GPRO will or will not be receiving a 2012 eRx Payment Adjustment. A GPRO is still qualified to receive an eRx incentive by reporting 2,500 or more valid eRx G-codes within the full reporting period.

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

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

Caution: This report may contain a partial or "masked" Social Security Number (SSN/IGSN) as part of the Tax Identification Number (TIN) field. Care should be taken in the handling and disposal of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

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Example 1.3

Table 1: Reporting Detail for TIN – GPRO II



Example 1.3

2012 ELECTRONIC PRESCRIBING (eRx) PAYMENT ADJUSTMENT FEEDBACK REPORT

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

Table 1: TIN Reporting Detail - GPRO II

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

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

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

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

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

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

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

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

Explanation of Columns:

- ¹ The number of events for which the GPRO was eligible to report eRx G-Codes (Quality Data Code) submissions during the reporting period.
- ² The number of eRx G-Code (Quality Data Code) submissions reported during the reporting period that were valid and appropriate.
- ³ The number of reporting events where the eRx G-Codes (Quality Data Codes) submitted met the measure specific reporting criteria for GPRO II. A successful GPRO II will report the numerator during the reporting period depending on the following group size:
 - 2-10 NPIs = 75 eligible unique visits
 - 11-25 NPIs = 225 eligible unique visits
 - 26-50 NPIs = 475 eligible unique visits
 - 51-100 NPIs = 925 eligible unique visits
 - 101-199 NPIs = 1,375 eligible unique visits
- ⁴ The actual threshold percentage of a GPRO's estimated total allowed charges. A successfully reported GPRO II must report at least a threshold percentage of 10 percent or greater.
- ⁵ Indicates whether the GPRO is subject to a 2012 eRx Payment Adjustment.
- ⁶ Explains why a GPRO will or will not be receiving a 2012 eRx Payment Adjustment. A GPRO is still qualified to receive an eRx incentive by reporting at least the required number of valid eRx G-codes within the full reporting period.

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

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

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN) field. Care should be taken in the handling and disposal of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

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2012 eRx Payment Adjustment Feedback Reports: Understanding



(cont.)

- ◆ Individual eligible professionals who submitted at least one denominator-eligible Medicare Part B claim with a date of service during the 6-month reporting period will be able to access an NPI-level report (Table 2)
- ◆ An individual eligible professional will receive the following information in Table 2 (see Ex. 2.1):
 - ◆ Reporting Denominator: Applicable Cases that Could be Reported
 - ◆ Reporting Numerator: Valid Unique eRx G-codes Reported
 - ◆ Actual Threshold Percent
 - ◆ Subject to the 2012 eRx Payment Adjustment

Example 2.1

Table 2: NPI Reporting Detail – Individuals Only



Example 2.1

2012 ELECTRONIC PRESCRIBING (eRx) PAYMENT ADJUSTMENT FEEDBACK REPORT

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

Table 2: NPI Reporting Detail

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

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

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

*Name identified by mail or 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 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 eligibility for a 2012 eRx incentive payment or 2012 eRx Payment Adjustment.

Explanation of Columns

¹ The number of events that occurred during the reporting period for which an eRx encounter occurred.

² The number of eRx G-Code (Quality Data Code) submissions that were not the QDC submission was valid and applicable for the reporting period. Hardship G-codes submitted.

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

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

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

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

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

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

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the TAX ID Number (TIN) field. Care should be taken in the handling and disposal of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

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IT'S NOT TOO LATE FOR 2011 eRx INCENTIVE PROGRAM

2011 eRx Incentive Program Yes, You Still Have Time!



- ◆ eRx...It's not too late to start participating in the 2011 Electronic Prescribing (eRx) Incentive Program and potentially qualify to receive a full-year incentive payment
- ◆ Eligible professionals and GPROs participating in eRx as a group may begin reporting eRx at any time throughout the 2011 program year (January 1- December 31, 2011) to be incentive eligible
- ◆ eRx is a separate incentive program from Physician Quality Reporting, with different reporting requirements
 - ◆ **To successfully meet reporting criteria and be considered incentive eligible, individual eligible professionals must report the eRx measure at least 25 times** (for eligible patient encounters) (GPRO requirements vary)
and
 - ◆ Medicare Part B PFS allowed charges for services in the eRx measure's denominator must be comprised of **10% or more** of the eligible professional's total 2011 estimated allowed charges
- ◆ Qualifying for 2011 incentive will exempt you from 2013 payment adjustment

Determining Participation: Step 1



- ◆ Determine whether or not you are eligible to participate in the program
 - ◆ A list of professionals who are eligible and able to receive an incentive for participating the eRx Incentive Program is available on the CMS eRx website at <http://www.cms.gov/ERXincentive>

Determining Participation: Step 2



- ◆ Review the *2011 eRx Measure Specification* to determine if this measure applies to your practice
 - ◆ Available as a download in the eRx Measure section of CMS eRx website: <http://www.cms.gov/ERxIncentive>

Determining Participation: Step 3



- ◇ Determine if your practice has the resources needed to participate:
 - ◆ Do you have a “qualified” eRx system/program that is being used routinely?
 - ◇ Generates a complete active medication list incorporating electronic data received from applicable pharmacies and pharmacy benefit managers (PBMs), if available
 - ◇ Selects medications, prints prescriptions, electronically transmits prescriptions, and conducts all alerts (as defined below)
 - ◇ Provides information related to lower-cost, therapeutically appropriate alternatives, if any (the availability of an eRx system to receive tiered formulary information would meet this requirement for 2010)
 - ◇ Provides information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient’s drug plan, if available
 - ◆ **Note:** All functionalities must be enabled
 - ◆ As of 10/6/11, Certified EHR Technology is also considered a “qualified” system

Determining Participation:

Step 3 (cont.)



- ◇ Do you expect your Medicare Part B PFS charges for the codes in the denominator of the measure (listed below) to make up at least 10% of your total Medicare Part B PFS allowed charges for 2011?
 - ◆ Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) G-codes:
 - ◇ 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90862, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99345, 99347, 99348, 99344, 99349, 99350, G0101, G0108, G0109

Reporting eRx



- ◆ Once you have decided to participate in the 2011 eRx Incentive Program, follow these steps when reporting the measure:
 - ◆ Bill one of the CPT or HCPCS G-codes noted on slide 32 for the applicable patient
 - ◆ Report the following G-code (or numerator code) on the claim form that is submitted for the Medicare patient visit:
 - ◇ G8553 - At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system

Helpful Hints for Reporting



- ◆ Electronically generated refills not associated with an eligible patient visit do not count, and faxes also do not qualify as eRx
- ◆ New prescriptions not associated with a code in the denominator of the measure specification are not accepted as an eligible patient visit and do not count toward the minimum 25 unique eRx events
- ◆ If multiple prescriptions are electronically prescribed at one eligible patient visit, it only counts as 1 eRx event
- ◆ If reporting using claims, ensure billing software and clearinghouse can capture all the codes used
 - ◆ Discuss with vendors, if applicable
 - ◆ Submitted charge field cannot be left blank (use \$0.00 if able or a nominal amount such as a \$0.01)
- ◆ Review reporting principles (if using claims) and specifications for each measure or measures group selected
- ◆ Begin reporting on appropriate Medicare Part B FFS patients via CMS-1500 form or electronically
- ◆ Or, submit through a qualified registry or EHR (work with registry/EHR vendor on specifics)

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RESOURCES & WHO TO CALL FOR HELP

Resources



- ◆ **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>
- ◆ **CMS Physician Quality Reporting website**
<http://www.cms.gov/PQRS>
- ◆ **2012 PFS Proposed Rule**
http://www.ofr.gov/OFRUpload/OFRData/2011-16972_PI.pdf
- ◆ **Frequently Asked Questions**
- ◆ **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
- ◆ PQRI/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 2010 eRx/PQRI 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)

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QUESTIONS & ANSWERS