

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash - On March 31, 2011, The Centers for Medicare & Medicaid Services (CMS) published in the Federal Register proposed rule CMS-1345-P, Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations that implement the Medicare Shared Savings Program (Shared Savings Program) and establish the requirements for Accountable Care Organizations. CMS has launched a dedicated web page at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/index.html> for Medicare Fee-For-Service providers and other providers of services and supplies. You may want to bookmark the web page and check back often, as CMS continues to add information on the program.

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Electronic Prescribing (eRx) Incentive Program 2010 Updates

Note: This article was revised on August 22, 2012, to reflect current Web addresses. Previously, this article was revised on June 27, 2011, to include a link to the Electronic Prescribing Incentive Program 2011 Updates article as shown in the "Additional Information" section. All other information remains the same.

Provider Types Affected

Physicians and other practitioners who qualify as eligible professionals to participate in the Centers for Medicare & Medicaid Services (CMS) Physician e-Prescribing (eRx) Incentive Program.

Provider Action Needed

CMS is issuing this Special Edition article to alert providers that it is not too late to start participating in the eRx Incentive Program to potentially qualify to receive a full-year incentive payment. Eligible professionals may begin reporting eRx at any time throughout the 2010 program year of January 1, 2010, through December 31, 2010, to be incentive eligible.

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This article also provides updated information about changes to the eRx Incentive Program for 2010 as authorized by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). The eRx is a separate incentive program from the Physician Quality Reporting Initiative (PQRI), with different reporting requirements.

For 2010, eligible professionals who successfully report the eRx measure will become eligible to receive an eRx incentive equal to 2.0 percent of their total Medicare Part B Physician Fee Schedule (PFS) allowed charges for services performed during the reporting period.

Be aware that beginning in 2012, eligible professionals who are not successful electronic prescribers will be subject to a PFS payment adjustment, or penalty.

Background

The Medicare eRx began January 1, 2009, and is authorized under the MIPPA. The program provides incentives for eligible professionals who are successful electronic prescribers. A web page dedicated to providing all the latest news on the *eRx Incentive Program* is available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html> on the CMS website.

For 2010, changes have been made, regarding the eRx measure (numerator) and its reporting requirements, reporting options, reporting mechanisms, and changes to the denominator codes. These are described in detail below.

eRx Incentive Program Eligibility Criteria for 2010

Reporting Requirements

- To be considered a successful eRx prescriber and be eligible to receive an incentive payment, you must generate and report one or more electronic prescriptions associated with an eligible patient visit - a minimum of 25 unique visits per year (see denominator codes below). Each visit must be accompanied by the eRx G-code (numerator code) attesting that during the patient visit at least one prescription was electronically prescribed. (See Report Mechanism Section below)
- Electronically generated refills do not count and faxes 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 towards the minimum 25 unique Rx events.
- The eligible professional's Medicare Part B PFS allowed charges for services in the eRx measure's denominator should be comprised of 10% or more of the

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eligible professional's total 2010 estimated allowed charges. (See denominator codes below.)

Qualified Reporting System Requirements

- Eligible professionals must have adopted a "qualified" eRx system.
- There are two types of systems: A system for eRx only (stand-alone) or an electronic health record (EHR) system with eRx functionality.
- Regardless of the type of system used, to be considered "qualified" it must be based on **ALL** of the following capabilities:
 - Generates a complete active medication list incorporating electronic data received from applicable pharmacies and pharmacy benefit managers if available;
 - Selects medications, printing prescriptions, electronically transmitting prescriptions, and conducting all alerts;
 - Provides information related to lower cost, therapeutically appropriate alternatives (if any). The availability of an eRx system to receive tiered formulary information, if available, would meet this requirement for 2010; and
 - Provides information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan, if available.

Note: For the capabilities listed above, the system must employ the eRx standards adopted by the Secretary of the Department of Health and Human Services for Medicare Part D by virtue of the 2003 Medicare Modernization Act (MMA).

Reporting Mechanisms for 2010

If you have not yet participated in the eRx program, you can begin by reporting eRx data for January 1, 2010, through December 31, 2010, using any of the following three options:

- **Claims-based reporting of the eRx measure.** Claims-based reporting involves the addition of a quality-data code (QDC) to claims submitted for services (occurring during the reporting period) when billing Medicare Part B. For 2010, only report one G-code (G8553 - At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system.);
- **Registry-based reporting** using a CMS-PQRI qualified registry. EPs have the option of using a qualified registry to assist in collecting eRx measure data and submitting 2010 data to CMS during the first quarter of 2011. The

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registry will submit this quality data directly to Medicare, eliminating the need for adding the QDC to the Medicare Part B claim; and

- **EHR-based reporting**, using a CMS-PQRI qualified EHR product, submitting 2010 data to CMS during the first quarter of 2011.

Eligible professionals do not need to sign up or pre-register to participate in the 2010 eRx. Reporting one QDC (G8553) for the eRx measure to CMS through claims-based reporting, or submission via a qualified registry or a qualified EHR will indicate intent to participate.

The option of reporting via the Group Practice Reporting Option (GPRO) is no longer available for the 2010 program year. The group practices have already been selected for 2010.

NOTE: Only registries and EHR vendors who have been selected by CMS for the 2010 PQRI/eRx and are on the posted list of registries/EHR vendors are eligible to be considered “qualified” for purposes of the 2010 eRx Incentive Program you may go to <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html> (Downloads) on the CMS website.

eRx Measure Denominator Codes (Eligible Cases) for 2010

Patient visit during the reporting period (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, 99349, 99350, G0101, G0108, G0109

Summary

If you are routinely using a qualified system (as described above) and expect your Medicare Part B PFS charges for the codes in the denominator of the measure (as noted eRx Measure Denominator Codes above) to make up at least 10 percent of your total Medicare Part B PFS allowed charges for 2010, you may be eligible for an incentive payment equal to two percent of your Medicare Part B PFS allowed charges for services furnished during the reporting period and you should report the eRx measure.

If you are routinely using a qualified system (as described above) but do not expect your Medicare Part B PFS charges for the codes in the denominator of the

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measure (as noted eRx Measure Denominator Codes above) to make up at least 10 percent of your total Medicare Part B PFS allowed charges for 2010, you may not be eligible for the incentive payment. However, CMS encourages you to report the measure. In the event that your Medicare Part B PFS charges for the codes in the denominator of the measure do make up at least 10 percent of your total Medicare Part B PFS allowed charges for 2010, you may be eligible for the incentive payment.

NOTE: For the years 2012, 2013, and 2014, if an eligible professional is not a successful electronic prescriber for the reporting period for the year, the PFS amount for covered professional services furnished by such professionals during the year will be less than the PFS amount that would otherwise apply over the next several years by: (1) 1.0 percent for 2012; (2) 1.5 percent for 2013; and (3) 2.0 percent for 2014.

The reporting period and criteria CMS will use in 2012 to determine whether an eligible professional (or group practice) is subject to this penalty (including the circumstances under which an eligible professional or group practice could seek a hardship exemption) are addressed in the Medicare PFS proposed rule for 2011.

Additional Information

If you have questions about how to get started with eRx, contact the **QualityNet Help Desk** at **866-288-8912** from 7:00 a.m.-7:00 p.m. CST or via e-mail at qnetsupport@sdps.org on the Internet.

There are two fact sheets that detail the eRx Program for 2010. The *2010 eRx Incentive Program Made Simple Fact Sheet* may be found at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/downloads/2010eRxMadeSimpleFS032310f.pdf>, and the *2010 eRx Incentive Program Fact Sheet: What's New for 2010 eRx Incentive Program* may be found at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/downloads/WhatsNew2010eRxFS032310f.pdf> on the CMS website.

Previously issued MLN Matters Articles that outline the specifics of the program are:

- SE0922 - *Alternative Process for Individual Eligible Professionals to Access Physician Quality Reporting Initiative (PQRI) and Electronic Prescribing (E-Prescribing) Feedback Reports* at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0922.pdf>;
- MM6394 - *Program Overview: 2009 Physician Quality Reporting Initiative (PQRI) And The 2009 Electronic Prescribing (E-Prescribing) Incentive Program* at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network->

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[MLN/MLNMattersArticles/downloads/MM6394.pdf](#) ; and

- MM6514 - *Coding and Reporting Principles for the Physician Quality Reporting Initiative (PQRI) and the Electronic Prescribing (E-Prescribing) Incentive Programs* at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6514.pdf> on the CMS website.
- SE1120 - *Electronic Prescribing (eRx) Incentive Program 2011 Updates* at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1120.pdf> on the CMS site.

Eligible professionals may refer to the specification for the reporting method applicable to your practice at:

- Claims- and registry-based at http://www.cms.gov/ERxIncentive/Downloads/2010_eRx_MeasureSpecificationsandReleaseNotes_121709.zip;
- EHR-based at <http://www.cms.gov/ERxIncentive/Downloads/2010EHRMeasureSpecificationsonforeRxandReleaseNotes.zip>; and
- *Claims-Based Reporting Principles for Electronic Prescribing (eRx) Incentive Program* at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/downloads/Claims-BasedReportingPrinciplesforeRx122209.pdf> on the CMS website.

If you have questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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