Centers for Medicare & Medicaid Services
Physician Quality Reporting System and Electronic Prescribing Incentive Program
National Provider Call
Moderator: Aryeh Langer
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Contents

Operator:
At this time, I would like to welcome everyone to today's Physician Quality Reporting System and Electronic Prescribing Incentive Program National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Aryeh Langer. Thank you. Mr. Langer, you may begin.

Aryeh Langer: Thank you. Hello, and as Brooke mentioned, this is Aryeh Langer from the Provider Communications Group here at CMS. I'll serve as moderator today. I'd like to welcome everyone to this PQRS and e-Prescribing Incentive Program National Provider Call.

Today's call is part of the Medicare Learning Network, your source for official CMS information for Medicare fee-for-service providers. Today, we'll provide an overview of the program year 2012 data submission for the PQRS and eRx Incentive Program Pilot, and Program Year 2013 Self-Nomination Process for Group Practice Reporting Options, Registries, Maintenance of Certification, and EHR Data Submission Vendors.

The presentation will be followed by a Q&A session giving participants an opportunity to provide input and ask questions of our subject matter experts.

Before we get started, there are few items that I'd like to cover. There's a slide presentation for this session. A link to the call materials for today were included in your registration reminder e-mails and was also e-mailed to all registrants today after the close of registration. If you did not receive these e-mails, please check your spam or junk mail folders. The presentation can be found at the following Web site: www.cms.gov/npc—again, www.cms.gov/npc, and click on the National Provider Calls and Events link on the left-side navigation panel of the page, and then you can find today's call by date on that list. I understand that there were some technical difficulties with the posting of today's presentation, and it was posted late this morning, but it is up there now. So, if you go to that Web address that I just gave to you, if you don't have the presentation already, you can find it there now.

Next, we'd like to thank those of you who submitted questions when you registered for today's call. Your questions were shared with the presenters to help prepare for the call today. Please keep in mind that we may not be able to address every individual question during today's call. And lastly, a reminder that this call is being recorded and transcribed. An audio recording and

written transcript will be posted to the National Providers Calls Web page that I mentioned before in approximately two weeks.

With that said, I'd like to turn the call over now to Dr. Dan Green for today's presentation. Dr. Green?

Announcements and Introduction

Daniel Green: Thanks very much. Welcome everybody. Thank you all for dialing in. We hope that – we want to wish everybody ahead of time a happy holiday season. And we just want to cover a few things. We're trying to move away from announcements in an effort to give folks more time to ask questions, but there are a couple of really important things that are going to be coming about in 2013. So just a few very brief announcements.

As many of you may know—and if not, this will be the first time you hear it—but there is a payment adjustment for folks who don't participate in PQRS, which will be a prospective payment adjustment beginning in 2015. So you might be thinking: Why such – why is that such a burning issue at the end of 2012? The reason we want to bring it to your attention is because the payment adjustment will be for those folks who do not attempt to participate in 2013, either through PQRS or electing an administrative claim option.

We're going to include – you can check out our Web site for more detailed information about how to avoid the payment adjustment, but we really want to bring that to folks' attention. We'll make that announcement on the next several calls again, because we don't want anybody to be subjected to the payment adjustment in 2015 for failing to report in 2013 or electing administrative claims.

I want to remind everybody also that since this is the last call we'll have in this calendar year before the start of 2013, that the 2014 e-prescribing payment adjustment data collection will begin on January 1st of 2013. Again, you can avoid a payment adjustment in 2014 for e-prescribing by prescribing – e-prescribing 10 different times between January 1st and June 30th of 2013, and then, of course, you would append the G-code to one of your Medicare Part B claims.

So we would encourage folks that haven't successfully reported in 2012 which we would define, of course, as reporting on 25 denominator-eligible e-prescribing events – to make sure that they do the 10 e-prescribing events in 2013, during the first six months – again, to avoid the 2014 payment adjustment.

And then the last brief announcement before we get into the presentation: We were talking about the PQRS payment adjustment that begins in 2015 for those folks who are not participating in 2013. There are also – the Value Modifier Program will have a separate payment adjustment in – starting in 2015. And this will also be – I'm sorry, this is only for groups of 100 eligible professionals or more for this payment adjustment starting in 2015.

Between 2015 and 2017, it will ultimately apply to all eligible professionals, but in the first year it will only apply to eligible professionals who practice under one TIN and have more – 100 NPIs or more. Again, there are different ways you can avoid the Value Modifier payment adjustment, including having a group self-nominate for administrative claims, and various other reporting options in the PQRS.

So we wanted to bring these potential payment adjustments—again, one for 2014, the other two for 2015—to your attention because all three of them require reporting in 2013. So I won't belabor that anymore, but there will be some Web link –there will be few links also in your notes when the transcript is released.

Presentation

Daniel Green: So, moving on now to the – to the slides, we're going to pick it up with slide 6. We're now talking about PQRS program year 2012. It's not too late to participate, –hey, that rhymes. So we want to bring to your attention that you can participate in the PQRS Medicare EHR Incentive Pilot, and by participating in this pilot, you could satisfy the clinical quality measure requirement for Meaningful Use, as well as successfully, hopefully, participating in PQRS for 2012 and earning an incentive.

If you look on slide 6, there's a description of the pilot and basically if someone is using – if an eligible professional is using an ONC-certified EHR system that is also PQRS qualified, that eligible professional could report from their EHR directly to CMS. So the eligible professional, of course, would still need to go on to the NLR or National Level Repository to register and attest to their – meeting the other components of Meaningful Use such as e-prescribing on the proper percentage of patients and the other 19 metrics, if you will, of Meaningful Use. But for the clinical quality measure portion, they could participate through our pilot and, again, satisfy the Meaningful Use clinical quality measurement requirement, as well as getting PQRS credit.

If we look on slide 7, you can see that there – this is pictorial or decision tree. You can see across the top, these are for folks wanting to participate in 2012 and try to earn an incentive. There's the claims-based reporting, which is the traditional PQRS registry-based reporting that many of you may be familiar with, and of course, on the right side you see a little bow tie that for the Group Practice Reporting Option. That, of course, would have required folks to self-nominate earlier in the year.

But if you look under the EHR-based reporting, there are two different options– one is direct EHR-based reporting, and then the other one is through a data submission vendor. Data submission vendors almost act like registries. They're basically data intermediaries that send in information to CMS in the proper QRDA, or Quality Reporting Data Architecture—that's the format, if you will. They send in the quality information to us and we calculate the measures.

So, just very briefly, if an eligible professional is reporting directly from their EHR and wants to report in PQRS only, all they need to do is send in the QRDAs, which should be produced from your EHR on three or more measures for all the Medicare patients, or at least 80 percent of the Medicare patients, over the 12-month period.

If they're trying to report in the pilot directly from their EHR, they would send in the three core, plus three additional measures. However, if there are zeroes in the denominator of any of the core measures, they would report up to three alternative measures.

Again, through the data submission vendor – the data submission vendor would be submitting this on behalf of the eligible professional. They would send in three QRDAs, or three measures in the QRDA format, for the eligible professionals for PQRI – PQRS, excuse me. And then again, if they were trying to report in the pilot, they would send in an aggregate XML spec for the eligible professional on the three core and/or alternate core plus three, and then they would send in the corresponding QRDA. And of course the information would have to have been received directly from an ONC-certified EHR.

Looking on slide 8, this just goes over the – verbally what I – or in writing – basically what I just described in terms of the different ways that folks can't report. On slide 9, you can see our deadlines, if you will. For folks submitting directly from their EHR, the data must come and be received by CMS by February 28th at 11:59 pm. Unfortunately, we have no legal room with this; we can't extend the reporting period at all. So we would ask that if you are intending to use the EHR direct submission method, please start early—in other words, soon after the first of

January, so that if you are having any trouble with it, either your vendors can help you or in some cases our help desk may be able to help you. So, again, report early and report often.

Looking on slide 10, one of the things that's required if you're going to be reporting directly is you need something called an IACS account. Basically, it's an identity management system, and it will allow you access to our PQRS portal. If you don't have an IACS account, which was one of the ways also in previous PQRS years you could get a – get your feedback reports. If you don't have an IACS account, we would strongly encourage you to apply for it as soon as possible. It does take a little bit of time to get and, again, we don't want that to be the snafu in holding you up for being able to report.

Again, you can go through a data submission vendor – you can look on our Web site and find the list of data submission vendors. If you're having trouble with your own IACS account, obviously they already have IACS accounts. There's a Web link in the slides for folks to assist them in getting their – in getting their IACS account.

So, just want to review on slide 11– "EHR Incentive Pilot," a little bit more. There is an EHR Incentive Program attestation. So – excuse me – on the National Level Repository, the eligible professional could go in and just attest to their clinical quality measure information. And so that makes it – that would make it fairly easy for them. If they want to go through the pilot and try to get credit in both programs; however, they would go and elect that on the NLR as well. And you can see the attestation scenarios.

If you want to attest, you would select – there's a question about whether you're going to participate in the pilot, and if you wanted to just simply attest on the NLR, you would, of course, select 'no.' If you do want to participate in the pilot, obviously, you would select 'yes.' If you want to try to do both, and we would encourage you to try to do both, then you should just select 'no,' and of course you can still submit data through the EHR direct or through the data submission vendor.

The reason we encourage folks to do both—you might say, "Why would I want to do that?"—because in 2014, if you've already been participating in Meaningful Use, you will need to send in your data electronically, and this would be a good opportunity for you to practice and find out if there are any glitches in it, so that you can get those corrected by the time you ready to – by the time you're forced to submit, if you will, electronically in the future.

So, looking on slide 12, you can see – talks about the attestation submission receipt, and the screen to the right is what a user would receive after successfully attesting to his or her Meaningful Use objectives, and then they would be placed in the pending pilot status if they have elected to – if they – I'm sorry, if they've elected to participate in the pilot.

Looking on slide 13, "Changing the Election To Participate in the PQRS Medicare EHR Incentive Pilot," you can do that anytime up to the end of the Medicare EHR Incentive Program two-month submission period. So you can change your election to participate in the pilot from 'yes' to 'no,' if you decide that you want to do that, anytime up until February 28th of 2013. So you could give it a shot, and if it's not working out for you, obviously you could go back and change it and simply go in and attest.

On slide 14, we would ask that for participating in the pilot that you use the 2012 EHR PQRS measure specifications for reporting the clinical quality measures—again, if you're participating in the pilot. And we have those posted on the Web site, and of course there's a link in the slide. You can find more information regarding the 2012 and 2013 pilot also on our Web site, and it would pertain to the 2013 final rule that was published in the *Federal Register,* for 2013 obviously, then for 2012 we have it also listed on our Web site.

Some references: Slide 15 talks about the different references available. Obviously, we talk about the 2012 EHR measures specifications. You can find those on the Alternative Reporting Mechanism page. There's a "2012 EHR Reporting Made Simple" on our educational resources page. If you're going to report form EHR direct, we would encourage you to take a pick at that. There's some user guides located on the portal sign-in page. There's a PQRS eRx Submission User's Guide, Submission Report User Guide, Portal User Guide, there's an SEVT, or Submission Engine Validation Tool User Guide.

So folks that already have their IACS account that want attest whether they can get data in successfully through our portal can go into our submission engine validation tool—actually, right now, they could do that—and try to upload data and, again, see if we can successfully receive their data. So we would encourage folks too, that do have an IACS account, to get started on that, again as a test, because if you find you're having problems, the more time you can give our help desk and your vendor to correct it, the better things will be. There's also an EHR Submitter Role Quick Reference Guide.

On slide 16– again, if you have technical questions or file submission errors that would be something you definitely would want to reach out to your EHR vendor first. We can't fix the file submission errors directly with you, that would be something you're vendor would need to do, and may need to do it in conjunction with us, and they know how to get in touch with us to do that if necessary. Again, if your vendor can't answer questions, our QualityNet Help Desk is available 7:00 am to 7:00 pm, and the number and the Web site – or the e-mail address – will be posted – are in the slides and will be posted.

OK, looking on slide 17, we'll talk about PQRS EHR submission, and on slide 18, we talk about what that actually is. EHR is obviously a systematic collection of electronic health information about individual patients or populations. The record's in a digital format and, hopefully, can be shared across different health care settings. We have qualified EHR vendors, which we have done for—let's see, we did it for 2010, 2011. We have it for 2012, and we just completed for 2013. These folks go through – these vendors go through a thorough vetting process to make sure that their systems can communicate with our system. In other words, we can receive the data and decipher it to be able to try to calculate your measure results.

So you can review the list of qualified EHR vendors including the vendor's name, the product that they've qualified, and the version number of that particular product on our Web site, and we would encourage you to do that. Make sure you're using the correct version if you are going to participate in the 2012 pilot, or if you're just going to do EHR direct for PQRS.

There are also EHR systems that are certified by the Office of the National Coordinator. Not all ONC-certified systems in 2012 are also PQRS qualified; not all the vendors chose to pursue that route. So, again, you'd want to check, of course, to make sure that your system is ONC certified if you're trying to participate in the pilot, because obviously that's a requirement.

Looking on – slide 19, again, just breaks out the data submission vendor versus the EHR direct, and again, the data submission vendor is the intermediary getting data on the 44 or 51 e-specified measures directly from an electronic record or by all electronic means – so maybe data mining the practice management software, perhaps getting some lab information from an electronic lab link.

Again, this talks about the time period January 1st through February 28th of 2013 to submit your data. Some qualified EHR systems can also report the eRx Incentive Program measure to CMS, and, again, if you check our Web site, you'll see which of those are able to report in the e-

prescribing measure. And that's useful because if you report on the 25 eligible instances in 2012, you could avoid the – not only can you possibly earn a 2012 incentive, but you also would avoid the 2014 payment adjustment. So, basically, as you're trying to earn a 2013 incentive, you'd be done at this point.

Again, we talked about IACS account in slide 20, that folks do need an IACS account to be able to submit via our portal. Practices that are paid under an EIN or Employer Identification Number are considered an organization in our IACS system. Practices that are paid under a Social Security Number are considered individual practitioners in the IACS System.

So, just speaking briefly about IACS on slide 21, you'll need to register for a particular IACS role. So, if you are an eligible professional and you're paid under a TIN or an Employer Identification Number and you'd like to submit EHR personally identifiable information data, you have to register for the security official role. And that role basically creates the organization, and the security official is the person that approves roles for other folks in the organization.

The security official will not have access to submit data via the portal. So that the first person basically that's coming into contact with IACS would be typically your security official. And then once your SO has a user ID for IACS, others can be registered – others in the organization can register.

We recommend a backup security official. That person also has the ability to approve submission roles for other users, but again also will not have access to data via the portal. It's not required to have a backup security official. Smaller groups probably won't want to have one, but certainly larger groups definitely will want to have one.

And then, of course, there's the EHR submitter and that's role is part of the health care organization. And those are the folks that are actually authorized to upload data to the CMS applications. A user in an organization, it's important to note, cannot have multiple roles; you can only have one role. Security official and/or backup security official must approve the EHR submitter role, and we do have quick reference guide which – guides (easy for me to say), which are available on the portal for complete information.

Sorry if some of this stuff's a little tedious, this IACS stuff. I've been working here for almost six years and I find them a little tedious myself. But unfortunately, it is something very important if you all choose to participate through the EHR direct submission.

So, looking on slide 23– again, eligible professionals who are paid under a single Social Security number, they would register for the individual practitioner role, and it requires two-factor authentication. So, it's a security identification pass code. Examples of that are being – would be like if you log in to certain purchasing Web sites, and they send you a code over your cell phone that you have to enter after you've started to log in to the – to the Web site.

Eligible professionals should reference the Individual Practitioner Quick Reference Guide, which is also located on the portal for additional guidance. The provider themselves is the only user that's eligible to register for this particular role with IACS. And once the eligible, or the eligible individual provider has an account and two-factor authentication is set up, then the provider can request the EHR submitter role.

So, it's a little bit – you do need that two factors, again, if you're an individual that's trying to report.

Looking on slide 24– this is just the steps for EHR-based reporting. Of course, you'd want to look to see which measures apply to your practice. And again, if you do on PQRS only, you have to report on at least three applicable measures. You can't have zeroes in the denominator. If you're doing the pilot, we would ask that you look at the 44 measures that are in both programs. Use the 2012 specifications, as we already talked about, for the pilot. And, again, you would need to report on the three core, and if you have zeroes in any of the denominators of the three core, you would need to add one for one – the alternate core plus three additional measures. This is available in Appendix A of the "2012 Physician Quality Reporting System EHR Incentive Pilot, Quick Reference Guide," – excuse me.

So, again, review the 2012 Physician PQRS EHR measures specs, and we have a link in the slides. On slide 25, you can see "Choose Your Vendor." Most of you already will have selected your vendor. If it's EHR direct, you can find the list, again, of qualified EHR vendors, products, and version number. If it's a data submission vendor that you want to submit through, then you would look to see the list of qualified EHR data submission vendors.

Their product version—this is a little bit of a typo on the slide—it's actually not their product version. If they're a qualified system, or a qualified data submission vendor, they don't have to have a specific version that they're submitting, because the version of course would be something that you would hold—you'd have a specific EHR version that you're using—but the

vendors, the data submission vendors themselves, they may only support a particular version, but their system would be able to – if – subject to their system's availability, they may be able to receive data from multiple different product and/or versions.

Step three, on slide 25, "Review the Measure Specifications": we've kind of talked about that. There are release notes to help you understand the details of the measure that you – may choose to report. And, again, you'll see that also on the slide for an appropriate Web link. Obviously, you've been documenting your patient information in your electronic health record, hopefully throughout the year. You'd want to register for an IACS account, which we've talked about.

On slide 27, you'd want to work with your qualified vendor to create the file. Now, it's going to be dependent on how your system is set up. Some systems may be set up such that there's a sequence of commands that they give the computer, and it produces the requisite files. Others may have to do it in a more manual process, so you would want to talk to your vendor in terms of how to create that QRDA file, which will include your patient files.

Again, –participate in required testing for data submission or ensure your EHR data submission vendor participates prior to payment submissions. It's not mandatory, but a recommended step. Step number eight, "Submit your final files or ensure that DSV has submitted the files"—again, by February 28th, 2013. That is, as we said earlier, set in stone.

One nice thing: The files can be batched. There is a 10-megabyte limit, however. E-mail will be sent following each successful file upload. Submission reports will be available to indicate file errors, so you should know about that ahead of time.

Slide 28 talks about different resources that are available, so I'm not going to necessarily read those. We do want to spend just a couple of more minutes before we open it up to question and answer talking about self-nomination process for 2013. Self-nomination is necessary for group practice reporting organizations, registries, maintenance and certification program, and EHR data submission vendors.

So if you look on slide 30, this just gives an overview of the self-nomination process. And, again, basically that's just to let us know that folks are interested in participating in one of the following programs. So, again, if you want to – if you're a group practice and you want to participate in the 2013 PQRS and/or the eRx incentive program, you would need to self-nominate.

Registries: While we won't be doing the qualification testing in 2013, we still need to know if you want to participate in 2013 in PQRS and/or the e-prescribing program. If you're a specialty board and you want to have your board self-nominate to be able to allow your members to earn an additional 0.5 percent, again, you would need to self-nominate as well. And of course the EHR data submission vendors will be undergoing their qualification program in 2013, so they would also need to self-nominate.

Looking on slide 31, if you're a GPRO, you can self-nominate via our Communication Support page portal, and that self-nomination period is December 1st through January – I'm sorry – December 1st of this year, 2012, through January 31st of 2013. You do need an IACS log in and password to self-nominate via the Communication Support page. So, again, if you don't have an IACS account, we would strongly encourage you to get one as soon as you can.

The second timeframe to elect to report as a PQRS GPRO will occur during the summer of 2013 through October 2013. We'll post and distribute additional information and the URL for that Web site when it becomes available, so stay tune for that.

Looking on slide 32, you can find complete information in the 2013 PQRS GPRO requirements document, which is on the CMS eRx Incentive Program Web site through the Group Reporting – I'm sorry – Group Practice Reporting Option link in the Downloads section. Please note that GPROs are analyzed at the TIN level under the TIN that's submitted at the time of the final self-nomination. So if an organization or eligible professional changes TINs, participation under the old TIN does not carry over to the new TIN, nor do we combine them for final analysis. So, again, just want to make sure that you guys know something I said in the announcements early on: If you are a group practice consisting of 100 and more eligible professionals, in the 2013 program year, your physicians may be eligible or subject to the 2015 Value-Based Modifier adjustment, and there is a Web site link there. So, again, groups of 100 and more, we will base you 2015 Value Modifier adjustment or lack thereof based on 2013 reporting. So, I just want to reiterate – wanted to reiterate that one more time.

On slide 33, you can see how to self-nominate if you want to do eRx and you're a GPRO. Again, the self-nomination period through the Communication Support page, December 1st through January 31st, and you still need the IACS log in and password. If you're only self-nominating, however, for 2013 eRx GPRO not the PQRS GPRO, the group must send a self-nomination

statement via e-mail to PQRS_Vetting@mathematica-mpr.com, also between the dates of December 1st to January 31st.

Moving on to slide 34: If your group is part of an ACO or Accountable Care Organization, the group also must send a self-nomination statement via e-mail to that same address—an ACO e-mail address, that is. An ACO cannot self-nominate for 2013 PQRS GPRO, but must self-nominate if they wish to participate in the 2013 eRx GPRO. Complete information is available regarding the 2013 eRx GPRO requirements. It's a document that is posted on our eRx Incentive Program Web site through the Group Practice Reporting Option link, which is in the Downloads section.

So, moving on to slide 35, we'll talk for a second about registry vendors. Those folks need to self-nominate to be 2013 PQRS and/or eXR – eRx, excuse me – Incentive Program Registry Vendors. They also have to self-nominate through the Communications Support page, so of course they too will need an IACS account log. Their submission timeframe is, again, December 1st, 2012 through January 31st, 2013.

On slide 36, for the MOC, or Maintenance of Certification Program, for those specialty boards that want to self-nominate for the 2013 MOC Program, which, again, may enable their members to earn an additional 0.5 percent incentive, they'll need to submit a PQRS self-nomination statement via the Communication Support page. And, you guessed it, they're going to need an IACS account and a password as well.

For eligible professionals listening on today's call that want to be able to try to earn that extra 0.5 percent incentive, they should contact their specialty board, and the individual eligible professionals do not need to self-nominate for that MOC Program. It would only be the boards.

On slide 37 for the EHR DSVs or Data Submission Vendors for 2013: Again, those folks need to also send data self-nomination statement via the CSP or Communication Support page, and the dates are the same and the IACS requirements as well are the same.

So additional information for vendors is available on the PQRS and eRx Incentive Program Web site. For assistance with new and existing IACS accounts, please contact the QualityNet Help Desk, and they're open from 7:00 am to 7:00 pm Central Time, Monday through Friday. And again, their phone number is 866-288-8912 or qnetsupport@sdps.org.

So, finally, on slide 40, we have a whole list of Web links, resources for folks that have questions and need additional information. Some of this was a little redundant; some of it was little complicated. So please feel free to look at these educational tools. I think they'll help your understanding and, of course, you can always call the QualityNet Help Desk, particularly if you need portal password resets or have issues—feedback report availability, IACS issues. If you have program- or measure-specific questions, there's a provider contact center, there's an EHR Incentive Program Information Center.

And then you can see also on slide 43, we would ask, if you don't mind, to please evaluate your experience with today's National Provider Call. And the evaluation link is listed in the slides, and we do appreciate your feedback. It helps us as we formulate topics for future calls and as well as the format.

So I know we covered kind of lot of material—I tried to do my best Evelyn Wood impersonation—and we want to leave as much time as we can for questions. So, thank you. I'll turn it back over to you. We can start the Q&A if you're all set.

Polling

Aryeh Langer: Thank you, Dr. Green. At this time before we move into our question-and-answer session, we'd like to conduct keypad polling in order to obtain an estimate of the number of participants in attendance, to better document how many members of provider community are receiving this valuable information.

Brooke, we are ready to start the keypad polling, please.

Operator: CMS greatly appreciates that many of you minimize the government's teleconference expense by listening to these calls together in your office using only one line.

At this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person in the room, enter one. If there are between two and eight of you listening in, enter the corresponding number between two and eight. If there are nine or more of you in the room, enter nine.

Again, if you are the only person in the room, enter one. If there are between two and eight of you listening in, enter the corresponding number between two and eight. If there are nine or more of you in the room, enter nine. Please hold while we complete the polling.

Aryeh Langer: And while we're holding, I just want to take a moment to remind everyone that this call is being recorded and transcribed, and as we said at the opening, the transcript and audio recording of the call will be available on the National Provider Call Web site within two weeks of the end of today's call.

Before asking your question today in the Q&A session, please state your name and the name of your organization. And also, in an effort to get as many of your questions as possible, we ask that you limit your questions to one at a time. If you do have more than one question, you can press star one to get back into the queue, and we'll address additional questions as time permits.

We are ready to start the Q&A session as soon as the keypad polling is finished.

Operator: Please continue to hold while we complete the polling.

Thank you for your participation. We will now move on to the Q&A session for this call. To ask a question, press star followed by the number one on your touch-tone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to ensure clarity. Please note, your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference.

Please hold while we complete the Q&A roster.

Your first question comes from Jerry Kaye.

Question-and-Answer Session

Jerry Kaye: We are an OB/GYN office, and we have worked through a vendor to submit the PQRS through a measure group, and our understanding is we only need to complete one measure group in order to qualify. Is that correct?

Daniel Green: Thanks for your question. This is Dan Green, and kudos to you for being an OB/GYN. We're kindred spirits, because that's what I am. But, yes, you only need to submit one measured group. Now you do need to report on 30 patients, and you would need to report all the measures for each of those patients but you only need to report one measures group to satisfy PQRS for 2012.

Jerry Kaye: And if there are some that we do not have every single measure, is there a percentage that you need to meet?

Daniel Green: No. I mean, for a measure group, one of the benefits is you're capped at only having to report 30 patients, but the little bit of downside, if you will, is we do require that every patient has every applicable measure reported on him or her. So, for example, the instances where not every measure applies would include things like obviously mammography for men.

But if you're doing a measure group like the perioperative measures, for example, then all four—I believe there's four in that group if I'm not mistaken—but all four of these measures should apply to all your patients, all 30 of the patients, because the denominators are harmonized.

Jerry Kaye: OK. Thank you.

Daniel Green: Thank you.

Operator: Your next question comes from Donald Anderson.

Donald Anderson: Hi. This is Don Anderson. I'm with Physician Referral Services in Houston, Texas. I just have a quick question about: We have a large number of physicians that are registered for the EHR Incentive Program that are planning to attest for the 90-day period in calendar year 2012. Will they be exempted from the eRx payment adjustment in 2013 and/or 2014?

Daniel Green: So the fact that they're going to attest in 2012, they would still need to go on to our hardship page, would they not?

Christine Estella: Hi, this is Christine. With respect to participation in the EHR Incentive Program and how you get out of the eRx payment adjustments for 2013 and 2014, we're going to do a back-end check.

Actually, they were not using the CSP, so you need to make sure, or your provider needs to make sure, that basically the provider has attested – the provider attests in 2012. Either go ahead and check the "Registration and Attestation" page for the EHR Incentive Program, and make sure that information is correct that they have attested, and all the information, contact information

and otherwise, is correct, because that's what we're going to use to determine who would be eligible for that exemption.

Donald Anderson: And if the attestations aren't due until February, and we're still working to get those and at the end of February, that won't be a problem, correct?

Christine Estella: Yes. So if your – yes, so there is a kind of a deadline, or there's a different deadline. I know that for the EHR Incentive Program we have until the end of February next year. But if you wanted to qualify for the exemption, you'd actually have to attest by January. But, however, we do have another exemption because there were two. So the first one is if you demonstrate intent, which meant that you had registered for participation in the EHR Incentive Program, so you registered and you have your certification product number on that "Registration and Attestation" page.

So, long as you have registered and have your number in there, your product number, then you should be OK, at least for the first exemption, if for some reason you couldn't get it in within that last month.

Daniel Green: OK. Thank you.

Operator: Your next question comes from Lisa Mohr.

Daniel Green: Lisa, your line is open.

Operator: Lisa, if you have your own phone muted, please unmute.

The question has been withdrawn. Your next question comes from Linda Nader.

Linda Nader: Hi there. We are first going to attest in 2013 on the individual measures of function, medicine, and pain through claims based, not EHR. Is there going to be another one of this seminar for a small practice such as we are?

Daniel Green: So when you say you're going to attest, we think of attestation as related to the EHR Meaningful Use program. So do you mean, you're going to report for PQRS for the first time in 2013—is that what you were referring to?

Linda Nader: Yes.

Daniel Green: OK. So, you can select whichever three measures that you want to report. And basically, you would begin submitting—if you're going to use claims, you would begin submitting quality data codes, which are those CPT-2 codes or G codes appended to the proper claim. So the claims that have the service codes in the denominator of the measure, and if the measures required, diagnosis, you know, for those patients that had that diagnosis.

There is information on our Web site in terms of how to get started with PQRS. There are a lot of educational resources, so we would encourage you to look at those. Certainly you can call the QualityNet Help Desk; they can help you get started as well. And then we will be having additional education sessions monthly throughout the year.

I don't know that the schedule is put together exactly now in terms of which topics we'll be talking about, but typically we do have a getting started overview.

Linda Nader: Do we have to start reporting in January for this?

Daniel Green: If you're doing three individual measures and you're using the claim system, you would need to report on 50 percent of the patients that are eligible for those measures. So, you know, if you have an even distribution of Medicare patients—in other words, let's say hypothetically, you see 20 Medicare patients a month. Then, in theory, if you reported on 100 percent starting July 1st, you'd still satisfy the 50 percent requirement. We don't recommend folks do that, because there is the chance, obviously, that your distribution is not exactly even or, heaven forbid, somebody gets sick or they take a vacation, whatever.

It maybe that it's not as an even 50–50 split from the first half of the year to the second. So we do encourage folks to start reporting early. There's certainly no penalty for over-reporting.

Linda Nader: OK, thank you.

Daniel Green: Thank you.

Operator: Your next question comes from Amelia Powell.

Amelia Powell: Yes. So, we – next year would be the first time we had reported on PQRS. If we decided to wait till the end of the year, it's my understanding that there's some kind of a thing where CMS will let us one year have our data pulled from our claims. Do you know what I'm referring to?

Lauren Fuentes: Hi, this is Lauren. Is this to avoid the payment adjustment?

Amelia Powell: That's right.

Daniel Green: So the CMS-calculated administrative claims, is that what you're referring to?

Amelia Powell: Well, I just saw something that said that CMS will pull data from our claims—that that's available if we wanted to do it that way, –sign up for administrative claims-based reporting options.

Christine Estella: This is Christine. Yes, that's correct. There actually isn't an option yet to sign up for the administrative claims-based reporting option, however. More information on how to sign up for that will be forthcoming. It should be tied there, however. It will be kind of similar to our Communication Support page system runs. So if you wanted to take a look at that, to see kind of how we're going to accept requests, you can take a look at it, but…

Amelia Powell: OK. What I'm saying…

Christine Estella: … we're not accepting requests at this time.

Amelia Powell: I'm sorry, look at what page?

Christine Estella: It's our "Communications Support" page. If you go on to our PQRS Web site—it's basically what you use to self-nominate if you're a registry, EHR, if you want to be a GPRO, request a PQRS informal review. If you want the direct link…

Regina Chell: So, hi. This is Regina. If you reference your slides, the link is listed on slide 40.

Amelia Powell: Slide 40? OK. If you don't do it that way, then you would have to start at the first of the year doing the claims based?

Daniel Green: Well, you could start early in the year if you're doing claims-based. There is also – there are registries out there that will submit the data for you, and some of them collect information all the way up through December, in other words—well, they all collect them through December, but what I mean is, with some registries, you could start reporting your data for the year to them in December. Because again, they're not submitting claims, obviously, as the claims are generated, they're just submitting the information once they've compiled it.

So there are different ways that folks—even at this late date, if somebody wanted to participate for 2012, they could reach out to one of our qualified registries, that will accept their data now and, you know, if they had collected from a Web portal, for example, they could log in and upload their patient charts or – not the whole chart, obviously, but the quality information.

So, there are different ways folks can report throughout the year. It really just depends on how you want to report, which method—via registry, EHR, or claims.

Amelia Powell: And will PQRS continue after next year and just keep on going?

Daniel Green: It is.

Amelia Powell: OK.

Christine Estella: We have incentives until 2013, and then we have a payment adjustment in 2014. The payment adjustment is when it ends—oh for PQRS, sorry. Sorry about that, that's for e-prescribing. For PQRS, it does continue.

Amelia Powell: It does continue, just on indefinitely.

Daniel Green: Right. And the payment adjustment, just for clarification, for PQRS starts in 2015, but it's based off 2013 reporting.

Amelia Powell: OK. Thank you.

Daniel Green: Thank you.

Operator: Your next question comes from (Terry Sessions).

(Terry Sessions): We just want some clarification. First of all, we want to know if any physical therapy–specific EHR vendors have been approved yet, and when can we call them, and then, have small private practices clinic started participating yet?

Daniel Green: I'm sorry, can you ask the first question one more time please.

(Terry Sessions): OK. Have any physical therapy–specific EHR vendors been approved yet?

Daniel Green: So, this is Dan. I honestly do not believe any EHR-specific physical therapy vendors have been approved. In fact, you know, I would encourage you to look at the e-specified measures. I'm sorry, I don't have them in front of me, but off the top of my head, there are no physical therapy specific – I'm sorry, physical therapy–specific e-specified measures in the 44/51, but I would encourage you to take a look at this 51 e-specified measures, at least the titles, for confirmation of that.

(Terry Sessions): And I know that we've been talking about large groups. So when can small private practice clinic start participating, just for clarification?

Daniel Green: You mean, participating in PQRS, or are you talking about the EHR, or what?

(Terry Sessions): Yes, PQRS.

Daniel Green: PQRS, –we have solo practices that have been participating since 2007. So, you know, folks can start participating, you know, pretty much at any time. It doesn't matter about the size of their practice or anything like that. You know, again, if you're only a handful of providers, or not even, you can start using claims, for example, starting January 1st of next year.

Christine Estella: And this is Christine. I would have – for 2013, I would encourage that you try and participate, because it is the reporting period for the 2015 PQRS payment adjustment. And if you need help on reporting, you can contact our QualityNet Help Desk. They can help you choose a reporting mechanism, and find out which measures apply to you, et cetera.

(Terry Sessions): OK. Thank you.

Christine Estella: No problem.

Operator: Your next question comes from Tina Shaffer.

Tina Shaffer: Hi. My name is Tina Shaffer, and I'm calling from Neuropsychiatric and Counseling Associates. Our doctor who runs the practice has been pretty adamant about not going to EHR. And I do understand that there is going to be a penalty for that. Does the EHR penalty – is that the one that begins in 2015, and if not, when does it begin, and how long does it go until?

(Aucha Prachanronarong): This is (Aucha). You're correct. The EHR Incentive Program will begin in 2015. However, I believe, you have to start participating in the EHR incentive program during a prior year. I think maybe the latest is 2014.

Tina Shaffer: OK. And is there any way like, if he doesn't do it, like – it's just – we're just going to keep getting penalized year after year, is that correct? It doesn't end after 2015?

(Aucha Prachanronarong): That's correct.

Tina Shaffer: OK. Thank you.

Operator: Your next question comes from Josephine Minardo.

Josephine Minardo: Hi, I'm actually a psychologist representing membership organization in New Jersey, and many of our folks are not familiar with the EHR and not really able to do much of this reporting through Web-based portals. So, I guess, my question was somewhat similar to the previous caller.

If they were just going to report using their claims or opting for this administrative claims-based reporting, since there's not an option for that yet, when exactly would they have to begin reporting? Because most of them sort of don't feel ready, and since they have to start in 2013, a lot of our members just keep asking, you know, what they have to do, and where they would have to put this information on their claim forms, if that's the way that they're doing it, because most of them are not doing EHR or working with vendors. I just wanted a little bit information about how they could do that on the claims form.

Daniel Green: OK. We would definitely – this is Dan. We would definitely suggest that your folks or your members take a look at our Web site. There are, you know, screenshots, if you will,

of claims and stuff like that, that will show them exactly where they need to put their CPT-2 or G-code, and they could certainly call our Quality Net Help Desk, you know, if they still have questions after that.

But obviously, reporting through claims for them would be the easiest method, and they would need to report – excuse me, pardon me – on three or more measures. Another option for them, if they don't want to be bothered, if you will, with appending a CPT-2 or G-code to a claim, would be to contact one of the registries that are qualified in reporting on the measures, whatever measures they select.

And a list of those registries is available on our PQRS Web site. If you look under the Alternative Reporting Option, it will list the registries. So, that way, they would just report the clinical data, if you will, to the registry, and the registry would be in charge of calculating that information and sending it in the proper format to CMS.

So again, there's two different ways they could do it without having to do the EHR reporting.

Josephine Minardo: I see. OK. And where specifically is the information with the screenshots, because I've been all over the CMS Web site too, but most of it seems to relate to EHR or registry reporting.

Lauren Fuentes: Hi. This is Lauren. I think the best page for you to start – there's a "How To Get Started" tab on the navigation area to the left.

Josephine Minardo: Yes.

Lauren: And there's also educational resources.

Josephine Minardo: OK.

Lauren Fuentes: I would look there. There's a lot of factsheets for each reporting method, as well as the claim form. And then you also may want to look on the "Measure Codes" page at the Implementation Guide, and that will give you a lot of information about reporting through claims or registries.

Josephine Minardo: OK. And if they're a little late getting started, but they're going to do it just themselves through the claims, will they still be able to meet the minimum threshold if they, you know, kind of take January to prepare, and get started maybe in February or something?

Daniel Green: Again, unless they're practicing like, you know, in a snowbird state like Arizona or Florida, they should. And I say that because you know, a lot of folks, older folks, go to these states, you know, in the winter, and if they were starting, let's say in May, these folks are usually back in their other home area.

But if their Medicare distribution is the same pretty much throughout the year, they should be fine.

Josephine Minardo: OK. Thank you so much. I appreciate it.

Daniel Green: Thank you.

Operator: Your next question comes from Patrick Gannon.

Patrick Gannon: Thank you. I'm calling from South Coast Health System. My question is about the 2012 data. And what would be the advantage for now trying to work with a registry and sending in the 2012 data by the deadline early in 2013? Is it an additional incentive-type advantage, or is it for the experience of doing the reporting prior to the final requirements becoming effective?

Daniel Green: This is Dan. Now, you're talking about – you haven't participated ….

Patrick Gannon: For PQRS.
Daniel Green: Right. You haven't participated in 2012 in any – like through claims or anything like that, right?

Patrick Gannon: Not yet, correct.

Daniel Green: OK. So, if you're – you know, if your folks still want to participate, you could look on our Web site and find a qualified registry that's reporting on the measures that your eligible professionals want to report. Contact them—the contact information is right there on the Web site—and see if they'll accept data at this point. As I mentioned, many of them do accept

data through the end of the year and you could conceivably pull all your diabetic patients—I'm making this up, obviously. You know, if you have 30 diabetics or 35 or whatever, you could pull all those and enter the required information into the registry portal, and you could conceivably earn an incentive for 2012, even though you haven't done any reporting to this point.

Patrick Gannon: OK. So, that's one of the advantages. Is it a 0.5 percent incentive payment as well for the 2012 claims already processed?

Daniel Green: We're conferring for a second.

Patrick Gannon: All right.

Operator: Your next question comes from Samantha Wang.

Daniel Green: Just before we answer Samantha's question—yes, it is 0.5 percent for – of all PFS Part B covered charges for 2012; they would get that incentive late summer, early fall of 2013 for the 2012 program year.

Operator: Samantha, your line is open.

Samantha Wang: Hi there. This is Samantha Wang from Athena Health. And my question is in regards to the PQRS Medicare EHR Incentive Pilot Program. So here's a scenario, and I just wanted to get your feedback on it. So if an EP is participating in this pilot program, and that EP's data consists of the three core and the three additional measures, but their satisfaction rate for those six measures is zero percent—so, in other words, they have patients in the denominator for all six measures, but none in the numerator. Will this provider meet the criteria for the PQRS 0.5 percent incentive with that data?

Daniel Green: They have – you said they have – this is Dan – they have patients in the denominator, you said, right?

Samantha Wang: Yes. Of all six measures.

Daniel Green: OK.

Samantha Wang: But no patients in the numerator.

Daniel Green: So, they – just out of curiosity, why don't they have any patients on the numerator?

Samantha Wang: So, this would be, for example, a provider in a certain specialty. So probably not family medicine or internal med—maybe podiatry, general surgery, things like that.

Daniel Green: So if they're reporting under the pilot, and as long as they have at least a patient in the denominator, we would pay them for both. If they choose to only report PQRS, and they had no performance information, we would – we would not – that would not satisfy reporting for PQRS alone. But if it's coming in through the pilot for PQRS and Meaningful Use, they would be fine.

Samantha Wang: OK. Great. Thank you very much.

Daniel Green: Thanks.

Operator: Your next question comes from Jerry Godding.

Jerry Godding: Hi. This is Jerry Godding. I'm calling from 10 to 10 Urgent Care. We are in Florida, and we just started taking Medicare patients in September. Do we have the ability to – since as a group, we couldn't, we weren't taking Medicare in January when you had to self-nominate, can we still self-nominate somehow or participate in 2012?

Daniel Green: By the way, Jerry, what are the hours of that center?

Jerry Godding: Ten to ten.

Daniel Green: Yes. I'm sorry, I couldn't resist. I behaved the whole call and it's killing me. So, this is Dan. You can't self-nominate right now to be a group for 2012, that time has passed at this point. But your folks could report as individuals if they so choose.

So, you know, if you start now and your client – going through claims, you only have two weeks. The chance that you'll get to that 50 percent required threshold, even though you only started seeing those patients in September, you know, I can't answer that question. I mean, if you had a

huge influx of Medicare patients in the last two weeks of the year, I suppose it's possible, but the only way…

Jerry Godding: We see very few. We see maybe four or five a week.

Daniel Green: Yes. I mean, we would love for you to participate, and also for your eligible professionals. Probably, the best way, if you were trying to participate for 2012 at this point, would be to work through a registry, but…

Jerry Godding: Well, we've got Light-Tech MD, and by the way, your link on page 25 and on 18 does not go to any list of vendors.

Daniel Green: [Pages] 25 and 18? We will look at that. But just so folks know, if you're looking for the vendors, for either EHR or registry vendors, you can go on our PQRS Web site, and then look at the Alternative Reporting tab on the left, and if you scroll down that page, you'll see a list of – a downloadable list of qualified registries and/or EHRs, depending on which one you're looking for. But thank you for pointing it out, we'll double-check that.

Jerry Godding: All right. Thanks.

Lauren Fuentes: It looks like – this is Lauren – I'm sorry. It looks like that link is actually just to the page…

Jerry Godding: Right.

Lauren Fuentes: …where you could find the list of vendors.

Jerry Godding: Yes, so – OK. But it's on that page, or on the lefthand side of that page?

Lauren Fuentes: Yes. On the lefthand side, if you go …

Jerry Godding: OK.

Lauren Fuentes: Yes. OK.

Jerry Godding: Thank you.

Lauren Fuentes: You're welcome.

Daniel Green: Thank you.

Operator: Your next question comes from Margo Kolodkin.

Margo Kolodkin: Hi, Dr. Green. This is Margo from NextGen. This is in regards to the IACS accounts for registries and self-nominating. I got an e-mail that – it's unclear if we need a security officer, and I was wondering if that's been addressed yet.

Daniel Green: Hi, Margo. So, security official—I would think that you would need a security official, you know, even as a registry, but you guys are probably all set up with your IACS accounts, are you not?

Margo Kolodkin: Yes. We have submitters, but we've never had a security officer role apparently, and they said a bunch of registries don't. So when we go to request the IACS account level that we need to self-nominate, there's no security officer.

Daniel Green: OK. So if you're having problems with that, Margo, maybe you can reach out to the vending contractor and/or the – QualityNet should be able to help you with the IACS.

Margo Kolodkin: I actually have an open ticket. I've sent it to both, and I called earlier this morning. They still didn't have an update.

Daniel Green: OK. I mean, if you're still having problems, again, try vetting and copy me, or just send it to me and I'll push it for you.

Margo Kolodkin: Thanks, Dr. Green.

Daniel Green: Thank you.

Operator: Your next question comes from Steven Stinton.

Steven Stinton: Hi, Dr. Green. This is Steven Stinton with TeamPraxis. Quick question going back to your comments on encouraging everyone to try the pilot if they can. Does that apply to

providers who might be part of our group that's reporting PQRS as a GPRO, even though they're attesting individually? Is the pilot open to them or not?

(Regina): Hi, this is (Regina). So, for the PQRS GPRO reporting option, you still need to report through the Web interface.

Steven Stinton: Right. But if they wanted to participate in the EHR Incentive Program pilot, are they even allowed to do that, or are they not allowed to do that?

Daniel Green: Hey, it's Dan. Our understanding is they certainly still could participate in the pilot program. To be 100 percent safe for them from the Meaningful Use side, I would – you know, we would love for them to participate, you know, through the pilot, but they should also check off the no box on the attestation page of the NLR.

So, it will – you know, they'll go in, they'll do the regular attestation. That way, under no circumstances, will they be penalized in any way for trying to participate in the pilot. You know, if their data doesn't come in or whatever, or there's some – they're precluded in any way because of their GPRO status.

So we don't want to see them run afoul, you know, in terms of getting their Meaningful Use. So I would just say no, and they can still go in and try to participate through the pilot. They'll find out whether their data files were accepted and what have you. So if they're willing to do that, I think that's great for them, because it will give them a leg out for the future.

Steven Stinton: Great. Thank you.

Daniel Green: Thank you. Are you in Hawaii?

Steven Stinton: Yes, we are.

Daniel Green: OK. We're having the same kind of great weather here, so enjoy.

Steven Stinton: Glad to hear it.

Operator: Your next question comes from Rachel Groman.

Rachel Groman: Hi. Thanks for taking my question. My question has to do with one of the specific measures, and I've checked out the measures specification, but I'm a little confused. And the measure is the new measure, "Participation by hospital physician or other clinician in the systematic clinical database registry." This measure, you know, is a little different, and it doesn't actually have a specific – it's not linked to any specific diagnosis.

So I was just wondering: It says in the specifications that the measure must be reported once per patient seen during the reporting period. Does that mean that the measure must be reported for every patient that a physician saw over the reporting year? And also related to that, would doing that just satisfy the reporting requirements, or would this measure still be one of at least three measures that the physician must report 80 or 50 percent of the time?

Daniel Green: OK. So, yes to the first question. –This is Dan. You would need to – you would need to report that measure on each patient one time during the reporting period. So, if Mrs. Jones came in three times during the year, you still need to report it once for Mrs. Jones, but it would satisfy one of the three measures.

So if you're trying to earn an incentive, obviously, you know, you need three measures. So, you'd have – you'd just need two more. I assume that's what you're talking about. Are you talking about for 2013 payment adjustment and all that?

Rachel Groman: Yes.

Daniel Green: I'm sorry.

Rachel Groman: Yes. They're qualifying for the incentive for 2013.

Daniel Green: So to qualify for the incentive in 2012, or 2013 for that matter, again, it would count as one of the three.

Rachel Groman: OK. And then, related to that, is it – does it have to be a hospital-based registry? Because the definition included in the specifications said that a registry has to receive data from more than five hospitals. I have some clients that are hospital-based physicians that participate in PQRS, and they're wondering, you know, does this have to be an office-based registry? A hospital-based registry? Could it be either one?

Daniel Green: Is there anybody on from our (Pember) folks that can answer that question?

(Jamie): Hi. This is (Jamie) from (Pember). Hi, Rachel.

Rachel Groman: Hi.

(Jamie): In regards to your question, I know you were having communication with Kim Schwartz yesterday.

Rachel Groman: Yes.

(Jamie): I believe that we were thinking that this measure could be reported by a hospital or a non-hospital physician, as long as the registry that – the clinical data registry in which they were reporting through would meet the criteria as specified within the measure. Does that help?

Rachel Groman: Well, I'm just confused because the definition is kind of broad. It includes both hospital- and physician-based registries, because I believe this measure is – is currently being used under the inpatient quality reporting program. So were you saying that either a hospital-based or physician-based registry would qualify, as long as it meets all of the other requirements?

(Jamie): I believe that's what we were thinking, but I would rather circle back and maybe follow up with Kim Schwartz just to make sure that were in alignment with our thought there. Does that seem OK with you?

Rachel Groman: OK.

(Jamie): OK.

Rachel Groman: Great. Thank you.

(Jamie): Thanks, Rachel.

Operator: Your next question comes from David Yao.

David Yao: Hi, Dr. Green. I'm calling from New York. And currently we have electronic claims submission, and we do our e-prescription through a vendor. We're in the process of going to an EMR system, and my question to you is, once we do go into the EMR system, we have – let's say, 2013 – some months that are under the electronic claims submission, will that count towards the – will that qualify towards the requirements?

Daniel Green: This is Dan. I'm not 100 percent sure I'm understanding your question. Count toward the requirements – do you mean, will they count as patients, if you're trying to reach a 50 or 80 percent threshold?

David Yao: Yes.

Daniel Green: Well, they would count, but we – let me just explain that a little bit. So let's say for the first three months of the year, you saw 50 Medicare patients that fell into a particular measure. When we looked over the course of the year, let's say, you had, all told – you had 200 patients that fell into the denominator of the measure, so – yes, those 50 would count, you know, toward that 200.

Now, if you reported via claims, let's say, for the first three months till you got your – you got your EHR set up, what we can't do is we can't say, "OK. Look, these folks reported the measure on claims for, you know, 45 out of these 50 people. So now, you got 45 out of 50." And then let's say you did it on 100 out of the other 150, we won't add the 45 to the 100 and come up with 145 out of 200.

David Yao: Right.

Daniel Green: We look at each type of submissions—so claims, or registry, or EHR—we'll look at all of them, but we can't have them together.

David Yao: But what about in terms of the e-prescription?

Daniel Green: So for – we can't add them together for e-prescribing either. We'll look across all three types. So if you're trying to avoid the e-prescribing penalty for 2014, you would need to submit via claims anyway…

David Yao: Right.

Daniel Green: … in 2013, the first 6 months to 2013. If you're trying to earn an eRx Incentive Payment in 2013, then you could either do all 25 via claims during – some time during the course of the year, but hopefully at least 10 in the first 6 months.

David Yao: Uh-huh.

Daniel Green: Or if you're not trying to avoid the 2014 penalty, you could just do 25 e-prescribing events, you know, in the last 9 months of the year and send that into us and you should earn an incentive, because that's a hard number. That's not a percentage.

David Yao: Right.

Daniel Green: That's a specific number of 25.

David Yao: OK. Thank you very much.

Daniel Green: Thank you.

Operator: Your next question comes from Darcie Trier.

(Tamara): Hi, my name is (Tamara) and I'm calling from Swedish Covenant Medical Group. I have a question regarding the reporting, if we should report individually or as a measure group. We have about 75 multispecialty providers, and we don't know what's the best method of reporting.

Daniel Green: OK. So I think, you said as a measure group. I think, you meant to say as a group practice reporting. Because individual measures, you know, are just three individual measures per eligible professional….

(Tamara): Yes.

Daniel Green: And measure groups are a cluster of measures – again, still designed for an individual to report. So if you mean whether you should report as each individual in the practice, or if you mean as a – as a Group Practice Reporting Option, which I think is what you mean …

(Tamara): OK.

Daniel Green: … for your 75 EPs. I'm going to let (Regina) answer that.

(Regina): Yes. So you can come in and report through the Group Practice Reporting Option. And you would then report through our Web interface on just – we have disease modules, and I won't get into the specifics on this call, so that we can take a lot more questions, but if you go to the Web page, to the PQRS Web site in the lefthand side, there is a – you can click on "Group Practice Reporting" option and then go to "Specific Details". It will give you the details of the disease modules and the measures in the disease modules.

(Tamara): OK. But that would – you would have to have self-nominated earlier—right?—for 2012?

(Regina): Yes, you could not do it for 2012, right. This would have to be for 2013.

(Tamara): OK.

Christine Estella: This is Christine. For 2012, if you're looking to submit 2012 data, I think right now, since you're – we're in December, I think really registry or EHR would be your two options.

Daniel Green: And as individuals.

Christine Estella: And as they said, an individual, because the registry or EHR reporting mechanisms are not available for group practices for 2012.

(Tamara): OK. Thank you.

Christine Estella: No problem.

Operator: Your next question comes from Kami Hudson.

Kami Hudson: Hi. I'm calling from Nebraska, and we have a small practice of 10 providers, and we did 25 e-prescribing encounters for each provider this year, so we should qualify for the incentive next year. So are we still able to qualify for an incentive for 2013 if we do 25

encounters again for each provider? And are you – I know you're not eligible for EHR incentive as well as the e-prescribing incentive, but are you eligible for the PQRS incentive, or just one incentive across the board?

Daniel Green: So yes, yes, and yes. Thank you very much. We'll quit now. This is Dan. So basically, if you did the 25 in 2012—thank you and congratulations—you should, you know, again, assuming they're for denominator-eligible codes or services…

Kami Hudson: Uh-huh.

Daniel Green: … and assuming at least 10 percent of your charges are comprised of codes in the denominator of the measure for each eligible professional, then each EP should get the – an incentive in the late summer or early fall of next year for 2012. You can do the same thing – and by the way, you also – each of those eligible professionals would be exempt from the 2014 payment adjustment for e-prescribing…

Kami Hudson: Uh-huh.

Daniel Green: … by virtue of having done this. They can do the same thing in 2013, which will earn them a 2013 incentive payment, which will be paid sometime in 2014. So, you know, certainly they can do that. You cannot, as you correctly pointed out, you cannot get a Medicare EHR incentive payment and an e-prescribing incentive payment, but if for whatever reason, your EPs are doing it under Medicaid —the EHR Incentive Program, for example—they could get a Medicaid EHR incentive and a Medicare e-prescribing incentive. Or if they're not doing the EHR program at this time, then they'll get the EH – I'm sorry, eRx Incentive Program for 2013.

Finally, you can get PQRS with either e-prescribing or the EHR incentive payment. So they're not mutually exclusive. Only the Medicare EHR and the Medicare e-prescribing are mutually exclusive in terms of earning an incentive.

Kami Hudson: OK. And the e-prescribing for 2013 is 0.5 percent. What is the PQRS incentive for 2013?

Daniel Green: The same thing.

Kami Hudson: OK. All right. Thank you.

Daniel Green: Thank you.

Operator: Your next question comes from Kathy Wilmering.

Kathy Wilmering: Hi, I'm Kathy Wilmering. I'm a one-person corporation, and I have a question on the IACS set-up, on slide 22. It says that the user within an organization is not allowed to have multiple roles, but it looks like to sign up, you have to do multiple roles. So how do I handle that?

Daniel Green: Yes. First of all, I can't answer that, unless I speak to the CEO of your corporation.

Kathy Wilmering: I'm the CEO, I'm everything, I'm a one-person corporation.

Daniel Green: And you know, I was – I was trying – you know, they told me I couldn't...

Kathy Wilmering: Oh, OK.

Daniel Green: … be funny on this call, so I was trying to introduce just a – obviously, not very effectively.

Kathy Wilmering: OK.

Daniel Green: OK. So for you, you might want to look at slide 23, which would be the individual practitioner IACS role.

Kathy Wilmering: Except I have an EIN.

Daniel Green: OK. So you go under an EIN. Honestly, I'm going to suggest that you contact our QualityNet Help Desk. I have to admit, I'm not the IACS guru here. I have only the surface knowledge of it. They'll be able to get you – help you out and get you all set up.

Kathy Wilmering: OK, well I'm the CEO, signing off then. Thank you.

Daniel Green: Thank you, commander.

Operator: Your next question comes from (Karen King).

(Karen King): Yes. Can you hear me?

Daniel Green: We hear you.

(Karen King): OK. I'm a little confused. We have been doing the PQRS since they first started, but if we don't do the EHR, will we be getting a penalty?

Daniel Green: This is Dan again. So first of all, thank you for being a long-time participant in PQRS. To answer your second question, what type of eligible professional are you?

(Karen King): Physical therapy office.

Daniel Green: Give us one second here. We're going to collaborate.

(Adriane Riase): Hi, this is (Adriane Riase). With respect to the question regarding whether a PT would be penalized under the EHR Incentive Program, I don't believe, and I don't have the rule in front of me, but I don't believe that the EHR rule covers physical therapists. However, I would encourage you to go to look at the Stage 1 rules for the eligible professionals that are under that program.

(Karen King): OK.

(Adriane Riase): Actually, we do have it right here. So under the Medicare EHR Incentive Program, that particular program covers doctor of medicine or osteopathy, doctor of dental surgery or dental medicine, doctor of podiatry, optometry, and chiropractors. So PTs are not included in that definition.

(Karen King): OK.

Christine Estella: This is Christine. You should definitely check – I know, for the various programs, we refer to the eligible professionals, but our definition of eligible professionals defers from program to program, and I know it also kind of differs too between the Medicaid and

Medicare EHR Incentive Programs. So for each program, I definitely recommend looking up the definition to see whether or not you qualify.

(Karen King): What do you mean, each program?

Christine Estella: Well, the PQRS E-Prescribing Incentive Program, for example, does cover both. Actually, the definition of EP is the same for both. The EHR Incentive Program has two definitions, based on whether you're participating in the Medicaid or Medicare EHR Incentive Program.

(Karen King): OK.

Christine Estella: And then there may be others.

(Karen King): OK. I can find it if I go to the Stage 1 rule?

(Adriane Riase): This is (Adriane) again. The Stage 1 rule will give you the definition for the EHR Incentive Program.

(Karen King): OK.

Daniel Green: But we can tell you, as you know, for PQRS, you are considered an eligible professional.

(Karen King): Right.

Daniel Green: You wouldn't be for the eRx. You aren't for the EHR, but you are for PQRS.

(Karen King): Right. And like I said, we've been doing them since the program started. So if that's the only thing we have to do, I'm not scared.

Christine Estella: OK. Is this for the PQRS – sorry, this is Christine – is this for the PQRS program? Is that what you've been participating in…

(Karen King): Yes.

Christine Estella: … since you started? Yes, yes, I think our program requirements remain, you know, largely the same. We've added a few options, just to give people more variety in terms of reporting, but I think you should be OK.

(Karen King): OK. Now, we don't have to self-nominate, right?

Christine Estella: Not for – this is Christine again – if you want to participate as an individual. You can just start reporting.

(Karen King): Well, we do it on our claims.

Christine Estella: Yes.

Daniel Green: Yes. That's fine.

Christine Estella: Then you just start reporting.

Daniel Green: You can continue reporting as you have.

(Karen King): OK. That sounds good. Thank you.

Daniel Green: Thank you.

Additional Information

Aryeh Langer: Well, thank you very much. Unfortunately, we've run out of time on today's call. I would like to thank Dr. Green and all our subject matter experts here at CMS for their valuable information and their time today.

If we did not get to your question, as mentioned a few times in this call, you can contact the Quality Support Help Desk, which is at 866-288-8912, or you can e-mail them at qnetsupport@sdps.org—again, qnetsupport, that's one word—@sdps.org. And additional contact information is available on slide 41 of today's presentation.

On the last slide of today's presentation, you will find some information and a URL to evaluate your experience with today's National Provider Call. Evaluations are anonymous and strictly confidential.

I should also point out that all registrants for today's call will receive a reminder e-mail from the CMS National Provider Calls Resource Box within two business days regarding an opportunity to evaluate this call. You may disregard the e-mail if you've already completed the evaluation.

We appreciate your feedback, and again, I would like to thank all of you for participating in today's call.

Have a great day and happy holidays.

Operator: Thank you. This concludes the call, you may now disconnect.

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