Centers for Medicare & Medicaid Services
Physician Quality Reporting System and Electronic Prescribing
National Provider Call
Moderator: Geanelle Herring
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Contents

Operator: At this time, I would like to welcome everyone to the Physician Quality Reporting System and Electronic Prescribing 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. Thank you for your participation in today's call.

I will now turn the call over to Geanelle Herring. Thank you, ma'am. You may begin.

Introduction

Geanelle Herring: Thank you, Holley. Hello, everyone. I am Geanelle Griffith Herring from the Provider Communications Group here at CMS and I will serve as your moderator today. I'd like to welcome you to the Physician Quality Reporting System and Electronic Prescribing National Provider Call.

Today, you will be provided with an overview of the 2010 Physician Quality Reporting System and Electronic Prescribing Incentive Program reporting experience to include trends for 2007 to 2011.

Once the formal presentation is complete we will open the lines for questions and answers. And this will allow you time to provide input and ask questions of the CMS subject-matter experts gathered here today.

Before we get started, there are a few items that I need to cover. There is a slide presentation for this session. At 12:39 PM Eastern Time, a link to the presentation and today's announcements was mailed to all registrants. If you did not receive this e-mail please check your spam or junk mail folders for the e-mail from the CMS National Provider Calls resource spot.

The presentation also was posted to the Physician Quality Reporting System webpage under the CMS sponsored calls section page and the National Provider Calls page.

This call is being recorded and transcribed. An audio recording and written transcript will be posted to the Physician Quality Reporting System and National Provider Call page on the CMS Web site within three weeks.

I'd like to thank those of you who submitted questions when you registered for today's call. Your questions were shared with the speakers, and it will help them prepare for future calls.

It is now my pleasure to turn the call over to Diane Stern, who will go through the announcements you receive today. Thank you.

Announcements

Diane Stern: Thanks, Geanelle. And thanks everyone for joining the call today. First announcement will be on the Physician Quality Reporting System's call for measure. On June 1, 2012 the Center for Medicare and Medicaid Services began accepting quality measure suggestions to be considered for use in the Physician Quality Reporting System for future rulemaking years.

All suggestions must be received by CMS no later than 5:00 PM Eastern Standard Time on August 1, 2012. To learn about the measure submission or to submit candidate measures, please refer to the submission instructions and the measures submitted for consideration form of the measure management systems Web site at http:\\www.cms.hhs.gov/mms and click on the call for measures link, then scroll down to the download section.

The second announcement will be on the 2012 Physician Quality Reporting System Incentive Program. We'd like to remind eligible professionals that it is not too late for participating in the 2012 Physician Quality Reporting System to potentially earn a 0.5 percent incentive.

Eligible professionals should note that the – that 2012 is the last reporting period that will be tied to a Physician Quality Reporting System payment adjustment.

CMS is mandated to apply a payment adjustment beginning in 2015 to those eligible professionals who do not satisfactorily report data of quality measures for covered professional services. Applicability of the 2015 Physician Quality Reporting System payment adjustment will be assessed using data reported on calendar year 2013.

The third announcement will be on avoiding the 2013 payment adjustment. Hardship exemption requests must be submitted on an annual basis. We would like to continue to remind eligible professionals if you did not successfully e-subscribe for 2011 that you still have an opportunity to avoid the 2013 payment adjustment by reporting 10 Electronic Prescribing events during January 1, 2012 to June 30, 2012 or requesting a significant hardship by June 30, 2012, which is only 11 more days, via the quality reporting communications support page.

For more information about avoiding the 2013 payment adjustment, you can go to the e-prescribing incentive program Web site at http:\\www.cms.gov\erxincentive, and click on the educational resources link, then scroll down to the download section through the 2012 e-prescribing incentive program future payment adjustment document.

The last announcement will be on the remittance advice. CMS would like to remind eligible professionals that it is time again to review your remittance advice to ensure you receive the N-365 code for reporting e-prescribing code, and/or a physician quality reporting Quality Data Code, known as QDC, through claims.

This procedure code is not payable. It is for reporting information purposes only. The N-365 code does not indicate whether the e-prescribing G code/physician quality reporting QDC is accurate for the claim or for the measure the eligible professional is attempting to report.

The N-365 code only indicates that the e-prescribing G code and sufficient quality reporting QDC passed into the national claims history database. As a reminder, we advise eligible professionals to check the CMS Web site spotlight page for recent updates on the physician quality reporting and e-prescribing incentive program.

Our next National Provider Call will be scheduled for July 17th at 1:30 to 3:00 PM Eastern Standard Time, and the topic of discussion will be the 2013 physician fee schedule proposed rule.

I will now turn the presentation portion of this call over to Lauren Fuentes.

Presentation

Lauren Fuentes: Thanks, Diane. And welcome to all of those that are joining us for today's call. If you are following along on the slides, we'll go ahead and get started on slide five and we'll be discussing the 2010 highlights and trends for the physician quality reporting and e-prescribing incentive program experience report.

And CMS did release this report around the end of March, and the 2010 physician reporting system and eRx incentive program experience report provides a summary of the reporting experience of eligible professionals who participated in one or both of the programs in 2010. It also provides historical trends and some preliminary results from the 2011 program year.

For program year 2010, physicians and other eligible professionals who met the reporting criteria for the Physician Quality Reporting System earned an incentive payment of 2 percent of their total estimated allowed PFS charges under Medicare Part B for covered professional services. Successful electronic prescribers earned a separate 2 percent incentive payment.

Moving on to slide six, looking at the combined data for Physician Quality Reporting and the eRx incentive program, these programs together paid over $666 million dollars in incentives. This was a 72 percent increase for the incentive payments paid for both programs in 2009. Over 64,000 individual eligible professionals and almost 13,000 practices participated in both programs. And about 52 percent of those individual eligible professionals participating in both programs were also incentive eligible in both programs.

OK, if we move on to slide seven and we'll look at some highlights solely on the Physician Quality Reporting System, we had around 244,145 participants compared to 100,000 in 2007. We had 168,843 individual eligible professionals which represented around 19,232 practices earned incentive payments totaling $391,635,495. And these total incentive payments for the Physician Quality Reporting System represent an increase of 65 percent from 2009.

The number of practices or TINs that qualified for the incentive in 2010, which again was around 19,000, increased 50 percent from 2009. In 2009 we had around 12,781 practices that qualified for an incentive payment under the Physician Quality Reporting System. So we had a participation rate increase from 15 percent to 24 percent between 2007 and 2010. The most common reporting option for the Physician Quality Reporting System continued to be individual measures reported through claims.

OK, if we move on to slide eight, also continuing to look at the Physician Quality Reporting System, we had 14 eligible professionals who reported via a qualified EHR system. And just to note that this was – 2010 was the first year that the EHR reporting mechanism was available for both the Physician Quality Reporting and eRx incentive program.

The average incentive payment amount was around $2,157 for individual professionals, and about $20,364 per practice, or at the TIN level. So this, comparatively to 2009, we had around – the average incentive payment was around $1,962 for an individual professional and around $18,519 per practice for 2009 for the incentives – average incentive payment for that year.

If we – for – it was around 24,823 eligible professionals within 35 practices earned the incentive through the Physician Quality Reporting System CMS group practice, or GPRO reporting options.

So, again we had around 35 practices which – which was made up of 24,823 eligible professionals that self-nominated for the GPRO and reported through the Group Practice Reporting Option.

OK, moving on to slide nine, we'll take a look at those highlights and trends exclusively for the eRx incentive program and for 2010 we had 113,074 participants. This represented – we had 65,857 individual eligible professionals and 18,713 practices that earned incentive payments totaling $270,895,540. The total incentive payments did increase about 83 percent from 2009, and the average incentive amount for 2010 for the eRx program was $3,836 per eligible professional and around $14,476 per practice.

OK. Moving on to slide 10, continuing to talk about the eRx incentive program. The number of practices or TINs that qualified for the incentive did increase 83 percent from 2009. In 2009 we had 10,207 practices that qualified for the incentive, and compared to 2010, we had 18,713.

Again, we had 14 eligible professionals that did report under our qualified EHR system, which, again, this was the first year that this reporting mechanism was available. And we had 25 GPROs, or group practices, that participated under the Group Practice Reporting Option [and] that participated in the eRx incentive program. And those 25 practices were comprised of 17,879 eligible – individual eligible professionals.

OK. So if we move onto slide 11, and we'll talk a little bit about the program expansion. We did have new methods of reporting and data submission implemented in 2010. We had the new group practice reporting, or GPRO, option, and we also had added the EHR option for both the physician quality reporting and e-prescribing program.

In 2010, we had an addition of 22 individual measures and six measure groups. Registry reporting did increase from 2008 to 2010. We had 31 qualified registries in 2008, and in 2010 we had 89 qualified registries submitting data for participating professionals. And approximately 90 percent of those professionals did earn the incentive when submitting through the registry.

OK. Moving on to slide 12, this just illustrates the new reporting options that were added. Again, there was the addition of the Electronic Health Record, or EHR, reporting mechanism. You can see that that was added in 2010 and also continued for 2011. Also new was the Group Practice Reporting Option, as well as the Group Practice Reporting Option II, which was designed for smaller group practices. And that option was added in 2011.

If we move on to slide 13, you can see that the number of quality measures that the eligible professionals could choose from to report under the Physician Quality Reporting System continued to increase. In 2009, we had 153 individual measures, we had seven measure groups. In 2010, this increased to

175 individual measures and 13 measure groups. In 2011, we had 198 individual measures to choose from and 14 measured groups.

For our EHR reporting, the first year was 2010, and we had 10 EHRs – EHR systems and we have 20 in 2011. For the GPRO, we had 26 participants under the GPRO, and that continued the same for 2011 and for – oh, I'm sorry, that's – that's the measures. So for EHR we had 10 measures for EHR, 20 measures for 2011. For GPRO, we had 26 measures that the group practice reporting option had to report on. This continued for 2011. And for GPRO II, they had 189 measures that they could choose from.

Moving on to 14, for participation, the most commonly reported measure groups were the preventive care and the diabetes measure groups. There were some specialities that did participate more frequently in 2010 than others. These included emergency medicine physicians, family practitioners, internists, and anesthesiologists had the largest number of participants in the Physician Quality Reporting. Internists and family practitioners were most frequent participants, using claims-based measure groups and registry submission methods.

Internists and family practitioners were also the most common e-prescriber incentive program participants. Both cardiologists and ophthalmologists also had – had the highest participation rates.

So moving on to slide 15, we had more than a million eligible professionals that could have participated in the 2010 Physician Quality Reporting. We had 696,663 eligible professionals that could have participated in the 2010 e-prescribing incentive program. There were 27 group practices that were selected to participate as e-prescribing GPROs. The number of eligible professionals participating individually increased 16 percent and 26 percent, respectively, from 2009 quality reporting and eRx incentive programs.

Our preliminary counts for the 2011 e-prescribing incentive program show increases around 42 percent among eligible professionals who participated individually.

On slide 16 we have a – one of the tables from our report, and this figure shows the increase the number of eligible professionals participating, and this is broken out by program year and also broken out by type of reporting method. So we have separate graphs for the claims individual measures, for the claims measures groups, for the registries, individual measures, and also for registry measure groups, as well as EHR.

And if you look at this, you can see the variations, the increases in program participation from year to year. Just to note, 2011 is preliminary data, so that is not a complete picture of the reporting for 2011. Obviously, that information will be shared in the 2011 reporting experience report.

If we move on to slide 17, we can see a similar graph for the eRx incentive program showing the number of eligible professionals participating by program year. We also have a bar graph for claims, for registry and for EHR. Again, you can see the increases in program participation. And even with preliminary data for 2011 we're still showing an increase of 42 percent for the eRx program from 2010 to 2011.

Moving on to slide 18, some of the satisfactorily reporting and challenges to reporting. We did see very few quality data or QDC errors in the eRx incentive program. Fifty-nine percent of the 2010 eRx incentive program participants were successful submitters, submitting at least the required 25 eligible instances. Ninety-six percent of eligible professionals who participated in Physician Quality Reporting via claims submitted some valid QDCs. Only 4 percent submitted all invalid QDCs.

The most common error was submitting QDCs on a claim without a qualifying procedure code. Submission of invalid QDCs were not counted in analysis for incentive eligibility. And participants were likely over-reporting on patients not eligible for the measure. So that's some of the common – common errors and challenges that we have identified for 2010.

Moving on to slide 19, we have a graph that shows the number of individual measures satisfactorily reported for the Physician Quality Reporting, and we also have this broken out by both claims and registries.

As you can see, in 2010, 70 percent of eligible participants who – professionals who participated in the Physician Quality Reporting System satisfactorily reported on at least one individual measure through claims compared with 100 percent of registry participants.

OK. So moving on to slide 20, this graph illustrates the – this table illustrates the 2010 measures with 90 percent or greater achieving 90 percent performance rates. So I won't go over each measure, but we have about 15 measures here that the performance was above 90 percent. Just some of the top ones were measure number 146, radiology, inappropriate use of probably benign assessment category and mammography screenings. Number 124 – sorry – the performance for that was around 98.8 percent of those reporting this measure.

Also at the top was number 124, health information technology, adoption or use of Electronic Health Records. This was at 98.6 percent. Number 192, cataracts, complications within 30 days following cataract surgery requiring additional surgical procedures. This measure of performance was around 97.3.

So I won't go over each and every one of those, but as you can see, you can take a look at this table.

OK. Moving on to 21, we also have a table to illustrate the improvement in clinical outcomes for trending 2007 through 2010. So number 35, stroke and stroke rehabilitation, screening for dysphasia, you can see that we had in 2007 the performance rate was 90 – 46.5 percent, and our – compared to our 2010 performance rate, which was up to 87.3 percent performance rate, which was an improvement of 40.8 percent.

Number 19, diabetic retinopathy, communication with the physician managing ongoing diabetes care. In 2007, this measure performed at 69.9 percent. In 2010, the performance rate for this was 93.9 percent. So that was an overall percentage improvement of 23.9 percent.

Measure number 52, chronic obstructive pulmonary disease, or COPD, bronchodilator therapy, 2007 performance at 78.4 percent; 2010 performance, 99.3 percent.

Moving on, number 68, myelodysplastic syndrome, or MDS, documentation of iron stores and patients receiving erythropoietin therapy, 2007, we had 77.9 percent performance rate on this measure. For 2010, we had 98.4 percent performance.

And our last measure on number 45, perioperative care, discontinuation of prophylactic antibiotics for cardiac procedures, 2007 performance rate was at 81.6 percent; 2010 performance rate at 99.6 percent.

OK. So moving on to 22, looking at – continuing to look at trends in clinical performance. These were the individual measures with the largest percentage point decreases in the performance rate for the Physician Quality Reporting System, 2007 through 2010. And these measures include number 40, osteoporosis management following fracture of hip, spine, or distal radius for men and women aged 50 years and older. Our 2007 performance rate was 80.1 percent; 2010 performance rate was 61.8 percent. So this was a percentage point change of negative 18.3 percent.

Number 39, screening or therapy for osteoporosis for women aged 65 years and older, 2007 performance rate, 91.0 percent; 2010 performance rate, 79.5 percent.

Measure number seven, coronary artery disease, beta-blocker therapy for CAD patients with prior myocardial infarction, 2007 performance rate was 96.4 percent; 2010 performance rate was 85.6 percent. This is a percentage change of 10.8 percent.

Number – measure number one, diabetes mellitus hemoglobin A1c for control in diabetes, our 2007 performance rate showed at 11.2 percent, compared to 2010, we had 16.6 percent, which was a percentage point change of 5.4 percent.

Last measure was number 36, stroke and stroke rehabilitation, consideration of rehabilitation services. For 2007, this measure performed at 80 percent, compared to 2010, we had a performance rate of 76.6 percent, which was a change – percentage change of 3.4 percent.

OK. Moving on to slide 23, continuing to look at trends in clinical performance. For the GPRO, or Group Practice Reporting Option performance, those GPRO participants reported aggregate results for 26 measures covering coronary artery disease, diabetes, heart failure, hypertension and preventive care. GPROs reported measures for on average over 400 eligible instances; a few CAD, and heart failure measures were reported less often.

Measures reported for the most eligible instances on average were for weight measurement among heart failure patients and blood pressure measurements. Performance rates on measures ranged from a low of 55 percent for LDLC control among diabetes patients, to a high of 93 percent for a hemoglobin A1c testing in diabetes patients.

In general, performance on measures for conditions such as CAD and heart failure were higher, 83 percent to 90 percent, than performance on preventive measures such as mammography, colorectal cancer screening, influenza immunization, and pneumonia vaccination – pneumonia vaccination, 60 percent to 75 percent.

OK. Moving on to slide 24, looking at the specialties with the largest number of eligible professionals who qualify for an incentive by reporting individual measures through the claims option for the 2010 Physician Quality Reporting System. On this slide, you can see that the emergency medicine was a specialty that had the most – the highest percentage of eligible professionals earning an incentive.

They are followed by anesthesiology, nurse anesthetics, radiologists, family practice, physician assistant, internal medicine, other eligible professionals, those non-specified, ophthalmology around 57.9 percent of those who qualified for an incentive, followed by nurse practitioners.

OK. Moving on to slide 25 for incentive eligibility overall. The incentive eligibility rate for physician quality reporting increased to 69 percent for all eligible professionals in 2012 – in 2010, I'm sorry. So we had 57 percent in 2009 earning an incentive. Among the 67,558 successful submitters, those who submitted at least 25 eligible instances under the eRx program, 98 percent also met incentive eligibility.

And just a note for the incentive eligibility, in order to qualify for that incentive, those charges for the eligible cases must make up equal to a rate of 10 percent of the overall Part B PFS charges. That threshold of 10 percent must be met and that, in turn, would qualify – an eligible professional for the incentive eligibility.

And moving on to slide 26, we do – feedback reports are provided to all practices where at least one eligible professional or NPI within the TIN submitted a QDC for at least one measure in the program. Feedback reports include information on reporting rates, clinical performance, the incentives earned by the individual eligible professional, as well as reporting success and incentives earned at the TIN level, and also includes information for the measure applicability validation, or MAV, process if that applies.

OK. Moving on to slide 27, here we have a graph to illustrate the – the eligible professionals earning incentive by program year. And you can see through this slide that the – that that incentive – the number who qualified for the incentives did increase steadily from 2007 through 2010.

OK. And that concludes our – our presentation for the 2010 physician quality reporting and eRx reporting experience. Just a last couple of slides. We did make this announcement prior to this call, and the beginning of the call, but just wanted to touch on this again, just the importance for the Physician Quality Reporting System for the incentive and future – future payment adjustment.

So we're now on – we did include a slide, slide 29, where we just wanted to reiterate again that 2012 is the last year to report for only the incentive payment for the Physician Quality Reporting System. So future years will

utilize reported measure data to determine incentives and payment adjustment eligibility.

The applicable payment adjustment amount coming up for 2015, that will be 1.5 percent, and 2015 payment adjustment will be based on the 2013 reporting period; 2016 and each subsequent year for the Physician Quality Reporting System, there will be a 2 percent payment adjustment for not reporting data on quality measures.

And more information on future quality – physician quality reporting payment adjustments will be available in the 2013 PFS-proposed rule. And you can look for that to be published this summer.

OK. So, just the last couple of slides. We have a list of resources for you, links to our Web site, links to – to the 2011 rule, 2012 physician fee schedule rule, as well as for frequently asked questions, you can always go to our Web site.

And our last slide, number 31, we have our resources on where to call – where to call for help, which include our QualityNet Health Desk, the provider contact center, and if needed, for the EHR information system – information center.

OK. So that concludes the presentation for today and I'll go ahead and turn it over to Geanelle.

Polling

Geanelle Herring: Thank you, Lauren. At this time, we will pause for just a few minutes to complete key pad polling so that CMS has an accurate count of the number of participants on the line with us today. Please note that there may be moments of silence while we tabulate the results.

Holley, we're ready to start polling.

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. Today, we would like to obtain an estimate of the number

of participants in attendance to better document how many members of the provider community are receiving this valuable information.

At this time, please use your telephone key pad 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.

Once 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. Please continue to hold while we complete the polling.

Geanelle Herring: While we're holding, let me take this time to remind everyone that this call is being recorded and transcribed. So before asking your question or responding to a question, please state your name and the name of the organization you represent.

In an effort to get as many questions of yours asked and answered as possible, we ask that you limit the number of questions to just one.

Holley, when ready, we're ready for our first question.

Question and Answer Session

Operator: Thank you for your participation. We will now move into the Q&A session for this call. To ask a question, press star followed by the number one on your touchtone phone. To remove yourself from the queue, please press the pound key. Please state your name and organization prior to asking a question, and pick up your handset before asking your question to assure 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 compile the Q&A roster.

Your first question comes from the line of (Jason Washington).

Jason Washington: Good afternoon, and thanks for the information. Again, my name is (Jason Washington) from the Columbus Rehab Center. Can you tell us when the 2011 PQRS and e-prescribing incentives will be paid? Thank you.

Molly MacHarris Sure, those payments are tentatively scheduled to go out the fall of this year. We will be providing additional information updates on specific dates and timeframes of when those payments will be going out on a future National Provider Call and/or listserv. Thank you.

Operator: Your next question comes from the line of Frann Otte.

Frann Otte: Hi, this is Frann Otte from Telligen in Iowa. I see the graph on slide 27 about the increase of reporting over time. I just wondered if you've looked at that by state. Was – were there any geographic variances?

Lauren Fuentes: We do have – participation rates by state in the report. I don't actually have that – the full report with me. I don't know – is there anyone help desk on the line or anyone from R&A that can speak to that?

Hi, no. Yes, it doesn't sound like we have that, but, Frann, the full report…

Lauren Fuentes: I'm sorry?

Kelly: Lauren?

Kelly: Hi, (Kelly) from R&A. I do think that was included, it maybe is included in the appendix of the report which I believe is posted online as a separate document. So, I would suggest for the caller to check there. I don't have the exact table number either, but I believe those were included.

Lauren Fuentes: Yes, Frann, if you – the report is posted on the PQRS page, if you're familiar with that, and it's a zip file and there are the appendices. Yes, I can't recall off the top of my head the table number, but it is in there by – by state.

Frann Otte: OK, thank you.

Lauren Fuentes: You're welcome.

Operator: Your next question comes from the line of Stephanie Pollard.

Stephanie Pollard: Hi, my name is Stephanie Pollard. I'm with Willard Z Maughan, MD, PC. My question is, what happens in 2015 if we can't meet the minimum number of eligible cases to report for a – on PQRS? Will we be penalized even though we've tried, but we just don't have the minimum numbers that – that we need to be able to report that?

Molly MacHarris: This is (Molly), and that would be a subject for a future rulemaking. We did established in the 2012 physician fee schedule that the reporting period for the 2015 payment adjustment will be calendar year 2013, but any future information such as the reporting criteria or any other information related to the payment adjustment will be coming out in our upcoming rule, and our proposed rule for the physician fee schedule will be available within the next month or so.

So, I would suggest that you take a look at that for additional information on the payment adjustment.

Stephanie Pollard: OK, thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Bobbie Celeste.

Bobbie Celeste: I'm from the Ohio Psychological Association and wondering about the 2012 comment on page 29. I'm not sure – I don't really understand what that means about report for only the incentive payment.

Lauren Fuentes: So as – this is Lauren – what we – basically, 2013 is the first reporting period that will factor into a payment adjustment. So this 2012 is the last year for an incentive payment only.

Does that – does that make sense?

Bobbie Celeste: My main question is, should I be encouraging our Ohio psychologists to be continuing to report the data – the incentive data that they qualify for, the depression screening, and alcohol and drug screening, I think, are two that they often use. And will they still qualify for the incentives?

Lauren Fuentes: Yes, you definitely want to encourage everyone to continue reporting. And your second question, the – when – when do the incentives end?

Aucha Prachanronarong: The incentives end – will continue until 2014. But as (Molly) was (inaudible) by the way, and as (Molly) was saying earlier, though, if you don't report in 2013 then you may be subject to payment adjustment in 2015. But the specifics of what you will be required to report in 2013 are still subject to rulemaking.

Lauren Fuentes: Bobbie, does that answer your question?

Bobbie Celeste: I think so. You should continue to report in 2013, and you may get a penalty after that if you have not been reporting.

Lauren Fuentes: The – right. The incentive payments will continue until 2014, payment adjustments for not reporting will begin in 2015.

Bobbie Celeste: And this doesn't have anything to do with – you don't have to qualify for the Electronic Health Record incentives, also, you can just do the quality reporting. Is that correct?

Molly MacHarris: Right. So that's a separate program. So just to clarify, we highly suggest to all providers – and this is (Molly) by the way, that they actively report on the Physician Quality Reporting System, that's the purpose of this call. The Electronic Health Records, I'm assuming you're referring to the Electronic Health Records, incentive programs…

Bobbie Celeste: And psychologists can't qualify for that.

Molly MacHarris: Right. So the EHR incentive program they have separate reporting criteria to achieve meaningful use. One of the criteria to actually achieve meaningful use is reporting on clinical quality measures.

Bobbie Celeste: I see.

Molly MacHarris: What we suggest for all eligible professionals who can participate in the Physician Quality Reporting System for them to do so for years 2012 and beyond.

Bobbie Celeste: Thank you.

Molly MacHarris: Thank you.

Geanelle Herring: Thanks for the question, Bobbie.

Holley, next question please.

Operator: Your next question comes from the line of Darlene Helmer.

Darlene Helmer: Good afternoon, everyone. I'm Darlene Helmer from Physician Anesthesia Associates. I have a question. Last year was our first year reporting and I don't know if we did it correctly. I don't know any of that, and I don't know how to get the information to find out…

Molly MacHarris: OK.

Darlene Helmer: … what we need to know so that could do this year, better. And it's already half way through this year. So, can you give me some direction on that?

Molly MacHarris: Sure, that's a good question. And this is (Molly), so you know first off, we're happy to hear that you guys have started to report for 2011, and we encourage you to continue to do so for 2012. As we mentioned earlier, to respond to a previous question, the 2011 incentive payments will be going out tentatively around the fall of this year.

At that time we will be providing a feedback report to all eligible professionals who participated in the PQRS program. And in that feedback

report it will provide detailed information on every way that the eligible professionals tried to report and which ways they did so satisfactorily if they actually were satisfactory reporters.

Darlene Helmer: OK, but my question – I guess I have a couple of questions then. How do I access the feedback report, where do I go?

Molly MacHarris: Those feedback reports are not yet currently available…

Darlene Helmer: I understand that, but when I do how do I get to it?

Molly MacHarris: You can go to the homepage of the PQRS portal, and that Web site is www.qualitynet.org/pqrs, and on that portal you will need an identity management account, an IACS account, to log into the portal and access your TIN-level feedback report.

Darlene Helmer: So, how do I get that port access to the portal?

Molly MacHarris: If you go to the portal, there is a link on there that indicates that if you don't have an IACS account you can click on that link and it will take you to the Web site where you can request your IACS account.

Darlene Helmer: OK, the portal that you just told me about, is that one of the portal – is that one of the Web sites on the resources page?

Molly MacHarris: Let me check.

Darlene Helmer: Because I wasn't able to write it down that fast.

Molly MacHarris: OK, and actually the team here in the room reminded me you can actually go to the portal as well and you know I'm not seeing it on…

Darlene Helmer: OK, if you say it could you say it a little bit slower, so I can write it down please?

Molly MacHarris: Sure.

OK, so let me tell you the home page of the portal again.

Darlene Helmer: OK.

Molly MacHarris: And that is www.qualitynet.org/pqrs.

Darlene Helmer: OK.

Molly MacHarris: And once you go there, what the team just reminded me here in the room is that there is an alternate way that you can request your feedback report. We have a webpage available which you can access through that portal where you can request an NPI-level feedback report. And that NPI-level feedback report would be specific to a given physician within your practice.

Darlene Helmer: OK.

Molly MacHarris: And where you can go on that portal homepage to access that is in the top left corner…

Darlene Helmer: OK.

Molly MacHarris: … there is a box, and I believe the fifth link down says, "Communication Support Page." If you click on that link it will take you to – it will pop up another window and in there you can either request a hardship exemption or you can request your feedback report. You're going to want to click on requesting your feedback report.

Darlene Helmer: OK.

Molly MacHarris: And in there you will be able to enter the NPI Information.

Darlene Helmer: OK, so you have to enter each individual NPI to get this report?

Molly MacHarris: So, there are…

Darlene Helmer: I have 53 providers.

Molly MacHarris: So there are two types of reports we have available. One is an NPI-level report that is specific to the physician. The other is the TIN level report which provides information for the entire billing TIN…

Darlene Helmer: That's what I was going – TIN-level report.

Molly MacHarris: OK, so then you'll want to go through the steps to get the IACS account.

Darlene Helmer: OK.

Molly MacHarris: And then, in the fall, when that report is available, we'll be providing updates about those reports being available on these types of calls.

Darlene Helmer: So I should go in and try to get that account set up now so that when it's time I can go in there.

Molly MacHarris: Yes.

Darlene Helmer: OK. And then my second question is then, if you don't get this information until the fall of 2012, if we've been doing something wrong, then we're continuing to perpetuate that this year and we don't have the opportunity to fix it.

Lauren Fuentes: Yes, unfortunately, that – this is Lauren – unfortunately, that is the case. We are working on improvements to the program where we can provide you more timely – more timely feedback, OK? So but for now, yes, that is – that is the case.

Darlene Helmer: OK. OK. It's just disappointing because I'd like to see if we were doing it correctly…

Lauren Fuentes: Right.

Darlene Helmer: … so I could make sure they were fixing it.

Lauren Fuentes: Right.

Darlene Helmer: If you reinforce something that's wrong for two years, it's really hard to un-reinforce it.

Lauren Fuentes: Right. Right. We understand. Yes, we're working on getting you on more timely feedback.

Darlene Helmer: OK. Thank you very much for the help.

Lauren Fuentes: No problem. Thank you.

Operator: Your next question comes from the line of Judy Dunnahoe.

Judy Dunnahoe: Hello. I'm Judy Dunnahoe with Oncology Consultants in Houston. We have a radiation oncologist who's new to our group this year. He was able to meet the e-prescribe 10 – 10 e-prescribes with any physician fee schedule code by the end of June in order to avoid the penalty. However, that was because of the any physician fee schedule code being allowed with the e-prescribe code.

I don't believe that he is going to be able to get – as far as I understand, there is a bit of incentive left for this year, but I don't think he's going to qualify for that bit of incentive if he's not allowed to report on some of his, like, weekly radiation treatment, that 77427 code, just because the nature of his practice.

Is that true, that – that it – that he will not be able to report the G code except with the denominator code?

Lauren Fuentes: This is Lauren. For the incentive payment, yes, that's correct; you have to report eRx with the associated G code.

Judy Dunnahoe: OK. There's no – there's not going to be any sort of adjustment for those doctors who may have a different type of practice.

Lauren Fuentes: No, no. We did consider that for the payment adjustment, but for the incentive payment we'll not be changing that policy.

Judy Dunnahoe: OK.

Geanelle Herring: Thank you for your question, Judy. Holley, next question please.

Operator: Your next question comes from the line of Carolyn Koster.

Carolyn Koster: Thank you. My question for you today is really with regard to the DME MAC and the physicians – how they relate to the physicians.

Currently, the DME MAC require that all electronically-signed orders be indicated as such with verbiage that is included on the order to state that the order was electronically signed and dated by the physician on a given date.

And many of the CMS-approved software vendors that are listed in the eRx incentive program do not include this verbiage, and as such we as a provider, and many providers within the industry, are required to go back and request that the physician obtain an attestation – that we either obtain an attestation or a signature log from the physician group to authenticate their signatures.

So this is, as you can imagine, causing great frustration on the part of the physician community, and also additional work for us as a provider.

Can you tell me whether or not CMS requires that electronically-signed orders be indicated as such? And if they do, will they please address these requirements with the approved software vendors so that we don't have to go back to the physicians to have them sign a document that they have already electronically-signed with an approved eRx vendor software program.

Geanelle Herring: Carolyn, give us a second while we try to come up with an answer to your question.

Lauren Fuentes: Hi. This is Lauren. We actually do not have anyone in the room that's able to answer that question. I think you're going to have to call your – the DME MAC for this question.

Carolyn Koster: We've already presented that question to the DME MACs and right now they're standing firm that the electronically-signed orders need to be indicated as such, and that would be true with all four DME MACs. And I'm sure that there are many referrals on the call right now because we're not the only providers that are having to go back and get duplicate signatures from physicians who are using electronically prescribed – or electronically – the approved E – eRx vendors.

Geanelle Herring: Carolyn, this is Geanelle Herring. Unfortunately, we don't have any DME MAC vendors or anyone from that area in our room to answer that question.

So when you call the DME MAC, can you ask them to maybe possibly bump your question up to a CMS subject-matter expert who can probably look into your question and give you a thorough answer back?

Carolyn Koster: Is there anyone within the eRx incentive program that we should direct the DME MAC medical directors to?

Geanelle Herring: That would have to come from the subject-matter expert once your question gets bumped to them. Each contractor should have a third level of review, and that's when it comes to CMS. At that point, that subject-matter expert can decide whether or not they need to pull in someone from the eRx program.

Carolyn Koster: OK. Great. Thank you very much.

Geanelle Herring: You're quite welcome.

Operator: Your next question comes from the line of Kathy Zeppenfeld.

Kathy Zeppenfeld: Yes, this is Kathy, and I'm calling from Advanced Medical Services. My question is – or I am totally confused on the Electronic Prescribing hardship exemption. Can somebody go over that a little bit for me please?

Molly MacHarris: Sure. This is (Molly). So for the 2013 e-prescribing payment adjustments – and I'm speaking for that specifically because that is the reporting period that we are in – you have until June 30th – so just until the end of this month – to submit an e-prescribing significant hardship exemption.

We have four significant hardship exemptions available, and you can submit the hardship exemption via the home page of the PQRS portal, and let me give you that Web site again. It's www.qualitynet.org/pqrs and once you make it to that site in the top left corner, the fifth link down says "Communication Support Page." And if you click there, it will take you to two options. One is to request a hardship exemption and the second is to request a feedback report. You would want to go to request a hardship exemption.

And so the hardship exemptions that we have available for 2013 are if you live in a rural area with limited high-speed Internet access; if you live in a

rural area without physician available pharmacies that accept e-prescribing. We have a hardship related to an inability to e-prescribe due to local state or Federal law. And then the last significant hardship we have available is if you have limited prescribing activity.

So we suggest to all eligible professionals that they take a look at the available hardship exemptions that we have, and if you feel that one of those fits your particular situation, that you request that hardship exemption.

And just a couple more important notes I wanted to mention. When you request that hardship exemption you would need to do so as an individual eligible professional, and you are required to provide your billing TIN, or tax identification number, as well as your NPI.

And we need to receive your individual rendering NPI. And this is really important because when we take the information that is entered on that Web site we match it up to the billing information we receive in claims. So we need to make sure that it comes into us at the individual rendering NPI level and the TIN that you bill to Medicare.

Does that answer your question, or do you have any other questions related to hardship?

Kathy Zeppenfeld: I do. Actually, one of our providers is a radiologist, so she would actually use the hardship of prescribing less than 100.

Molly MacHarris): OK.

Kathy Zeppenfeld: Is that – is that what she – she doesn't – she doesn't write prescriptions, so is that what – the hardship that she would have to submit?

Molly MacHarris: You know we can't say definitively whether or not that would apply because we would need to get information on this person's specific scenario. And in – on that Web site there is a justification for why we – why the provider feels that hardship applies, and that is required.

So as a provider fills out this information, you know, just provide justification in there of why this provider feels that they fall under this hardship, and then CMS staff, we review all of these and make a determination.

Kathy Zeppenfeld: OK. And one of our providers is a nurse practitioner. There's actually five or six in the group. They filled out the exemption back in October. Is that – is that going to be counted towards this June 30th deadline?

Molly MacHarris: No. And that's a really good question. So the e-prescribing payment adjustment, the e-prescribing incentive program is an annual program, and there's an annual requirement that providers must either e-prescribe or they must indicate to CMS that they have a hardship which prohibits them from e-prescribing.

So any hardships that were submitted back in the fall of last year, around October/November, they would need – if the hardship still applies to the provider, they would need to come in and submit a new hardship before the end of June, because the reporting period we are in right now is for the 2013 e-prescribing payment adjustment.

And I do want to note that there is a 2014 e-prescribing payment adjustment as well. So if, for example, your particular provider has a hardship and if they would continue to have that hardship for a future year, they would need to come in and request that hardship again next year.

Kathy Zeppenfeld: OK. So now they would do it for the 2013. For the 2014 they would again apply for the hardship in the fall?

Molly MacHarris: The reporting period for the 2014 e-prescribing payment adjustment for hardship submissions, I – I believe we have for around this same time next year.

Lauren Fuentes : So March – maybe March through June. So it's more spring.

Molly MacHarris: Right. Typically, we try and get this information in the spring.

Kathy Zeppenfeld: OK. So any – any hardship that was submitted prior to 2012 needs to be updated?

Molly MacHarris: Assuming that it still applies for the current reporting period that we're in, and then that would apply for the 2013 payment adjustment.

Kathy Zeppenfeld: OK. Thank you.

Molly MacHarris: Thank you.

Geanelle Herring: Holley, can you tell me how many questions we have in queue?

Operator: At this time, we have 10 questions in queue.

Geanelle Herring: All right, Holley, we'll take the next question.

Operator: Your next question comes from the line of Donald Anderson.

Donald Anderson: Hi, this is Don Anderson. I'm with Physician Referral Services in Houston, Texas. I had a question about the hardship exemption for the e-prescribe program. Last year, an exemption – or a hardship exemption was available for physicians who were signed up for the Medicare Electronic Health Record Incentive Program. I'm just curious why that particular exemption was not made available for 2013 and 2014.

And then also I just wanted to clarify that there are automatic exclusions that are available to physicians who don't meet the minimum reporting requirements that have a specific denominator in their – I think it's 10 percent of their billing or at least 100 percent of their – or 100 claims that have those denominator codes in there.

Could you address those questions?

Aucha Prachanronarong: Sure. This is (inaudible). So for the first question, the main reason that we had that hardship last year was due mainly to the fact of when – the timing of when the requirements for the EHR is sent up for (inaudible) and for the e-prescribe payment adjustment first became available.

We mainly had that exemption only because we were cognizant of the fact that eligible professionals may not have had enough time to read both requirements and understand what the requirements for both programs are, and also get the technology to meet both requirements programs – or both programs' requirements.

So I think it was just an interim hardship exemption that was made available for the first year of the EHR incentive program. And then, sorry, could you repeat your second question again?

Donald Anderson: Yes, it was just that there are – there are automatic exclusions that may apply to certain physicians if they don't have enough of their Medicare Part B billing with the applicable denominator codes. Correct?

Aucha Prachanronarong: Yes, that's correct.

Donald Anderson: And if they don't – they don't meet those requirements, they're not subject to the penalty, but they're also not eligible for the incentive. Is that correct?

Aucha Prachanronarong: Well, there's one exclusion that that would be true. So if an eligible professional doesn't have at least 10 percent of their charges comprised of the code in the denominator of the measure, then they wouldn't be subject to the penalty nor would they be eligible for the incentive.

But for the penalty, we created actually another – other exclusions that apply only for the penalty. For example, if you're not an MDDO, physician assistant, nurse practitioner, podiatrist, then you're not subject to the penalty. Another exclusion that we created for the penalty is if you didn't have at least 100 visits (inaudible) denominator measure in the six-month recording period.

Donald Anderson: OK. All right. Thank you very much.

Geanelle Herring: Thank you for your question, Don. Holley, next question please.

Operator: Your next question comes from the line of Anna Cain.

Anna Cain: Hi, this is Anna Cain with Mission Medical Associates in Ashville, North Carolina. My question is pertaining to, on slide 29, the e-prescribing Medicare incentive program. Is this applicable, then, to where it says 2012 is the last year to report for only the incentive payment? Is that applicable? Is that saying basically that this year is the last year to report for an incentive for 2013?

Lauren Fuentes: Hi, this is Lauren. This slide is actually for the Physician Quality Reporting System, not – not the e-prescribing program.

Anna Cain: Oh, wonderful. OK. Great.

Lauren Fuentes: So and we did – earlier, I believe we addressed this. So incentive payments for – for physician quality reporting are available until 2014. And then a payment adjustment begins in 2015. However, 2013 will be the reporting period for the 2015 payment adjustment.

So that's why it's worded that way that 2013 is the last year to report only for the incentives.

Anna Cain: OK. I understand now. Thank you.

Lauren Fuentes: You're welcome.

Operator: Your next question comes from the line of David Sobczak.

David Sobczak: Hello, this is David Sobczak from Vision Associates in Toledo. I have a question about physicians who start and stop in mid-year or hire into a practice. And I think we had a question prior to this that somewhat addressed the answer.

If – in the eRx program a physician – if a physician begins with a new group in the first half of 2012, but it's too late for them to get the required 10 by June 30th, do they apply for the hardship or do they just not apply? And what if they start in the second half of the year and they can't get 10 by June 30th, do they then apply for the hardship to avoid the penalty?

Molly MacHarris: This is (Molly). So I'll first try to answer your first question, if they join, let's say, within the first quarter of the year. So if a provider joins a practice in the first quarter of the year, as we discussed earlier, there are a couple of exemptions or checks that we have in place to automatically exclude providers.

One is if they, for the six-month reporting period, if they have less than 10 percent of their total charges based off of the codes in the e-prescribing measure, they would automatically not be subject to the e-prescribing payment adjustment.

An additional check we have in place is if they have less than 100 denominator-eligible cases based on the e-prescribing measure, they would not be subject to the e-prescribing payment adjustment. If they for some reason have more than 100 eligible cases or if they have more than 10 percent of their charges based off of that measure, then we would expect to see 10 unique e-prescribing events that would be recorded by June 30th.

And please take note that those would need to be reported via claims and they would need to be based on dates of service from January 1st through June 30th and they would need to be processed into the national claims history by the last Friday in July.

So if for some reason, you know, someone can't meet that and they have a hardship, they can, of course, submit a significant hardship exemption.

David Sobczak: OK. And what if they started the second half of the year after the June 30th reporting period is over? They're not going to be considered for anything then, penalty or reward, because they can't get the 10 for eRx by June 30th?

Molly MacHarris: So if the NPI does not join the respective TIN by June 30th of the year, they would not be considered for the e-prescribing payment adjustment. So to speak for the reporting period we're in now, if an NPI is not associated with the TIN by June 30th of this year, they would not be subject to the 2013 e-prescribing payment adjustment.

However, as we mentioned earlier, there is a 2014 e-prescribing payment adjustment and so they would need to report either for the rest of this year their e-prescribing instances, or in the first six months of next year. And that's strictly for the payment adjustment.

For the incentive payment, there's a 12-month reporting period. So for the 2012 e-prescribing incentive payments, providers have until the end of the year to submit on 25 e-prescribing instances.

David Sobczak: OK.

Molly MacHarris: And I just want to note we do highly suggest to all providers that they just go ahead and try to report those 25 instances this year because if they do so, they could receive an incentive. And if they are considered incentive-eligible for the 2012 e-prescribing incentive payment, they would also be automatically exempt from the 2014 e-prescribing payment adjustment.

David Sobczak: OK, OK, all right. That explains it. OK, thank you.

Molly MacHarris: OK. Thank you.

Geanelle Herring: Holley, next question.

Operator: Your next question comes from the line of Rochelle Abbas.

Rochelle Abbas: Hello. I come to you from the Greater Sierra HIO in Grass Valley, California. And my question is, or actually it's a clarification. At this time, eligible providers can report on whichever measures they choose besides the eRx. Am I correct in saying that?

Molly MacHarris: You're speaking for the Physician Quality Reporting System?

Rochelle Abbas: Yes.

Molly MacHarris: Yes, the reporting criteria that we have for the Physician Quality Reporting System, or PQRS, is that any eligible professional can report on any three individual measures or on any measures groups.

Rochelle Abbas: OK. And then based on professional – or, excuse me, then in 2013, based on the presented rulings, which are not out there at this time, we'll be provided what our requirements are that we have to report on in 2013 to avoid the payment adjustment in 2015. Correct?

Molly MacHarris: Correct. And as we mentioned earlier, the proposed requirements for the 2015 PQRS payment adjustment, the reporting criteria we are – that will be available in the physician fee schedule proposed rule, which should be coming out within the next month or so.

Rochelle Abbas: OK. And at this time, eRx is the only measure that has a payment adjustment associated with it for reporting purposes. Correct?

Molly MacHarris: Yes, as far as we know.

Rochelle Abbas: Thank you.

Operator: Your next question comes from the line of (Sarah Newpert).

Sarah Newpert: Hi, this is (Sarah Newpert). I'm calling from San Jose, California. We had submitted meaningful use criteria last year and we did get paid. Are the criteria different for this year? Do we need to resubmit the data? Or do we just qualify for the incentive?

Molly MacHarris: And this is (Molly). Are you speaking in reference to the EHR incentive program?

Sarah Newpert: Yes.

Molly MacHarris: We, unfortunately, do not have any subject-matter experts on that program in this room, but we can direct you to the EHR Information Center.

(Sarah Newpert): OK.

Molly MacHarris: And that phone number is 888-734-6433.

Sarah Newpert: OK. My second question is we submitted 10 e-prescribing instances last month. So I just heard that we have a requirement of 25 instances. Do we need

to submit additional 15 instances for this year? Or do we have to do 25 additional?

Molly MacHarris: So, let me clarify that point. So, for purposes of the 2013 e-prescribing payment adjustment, we would need to receive 10 unique e-prescribing events by June 30th.

Sarah Newpert: We did that.

Molly MacHarris: OK, great. For purposes of the 2012 e-prescribing incentive payment, and the first reporting period for the 2014 e-prescribing payment adjustment, we would need to receive 25 e-prescribing events, by the end of this year.

So, what we are encouraging providers to do is if you've already done your 10 instances for the first six months, and giving those instances were on denominator associated events to go ahead and keep reporting for the rest of the year, and even though we state 10 are required or 25 are required we always encourage providers to actually go beyond that, because we have seen in the past where, for one reason or another, a provider thinks an instance would be counted and it's not. So we do highly suggest that you go above those 10 or those 25.

But to get back to the requirements, for the 25 instances are for the 2012 e-prescribing incentive payment and then the 2014 e-prescribing payment adjustment.

Sarah Newpert: OK.

Molly MacHarris: Does help answer your question?

Sarah Newpert: You answered it, thank you.

Geanelle Herring: Thank you. Thank you for the question (Sarah). Holley, next question please.

Operator: Your next question comes from the line of Tracy Chappell.

Tracy Chappell: Oh yes, good afternoon, Tracy Chappell from Florida, with Nature Coast Orthopedics. Just if you could go back to the question that the previous caller answered – or – or asked. So you're stating that 25 e-scripts by the end of 2012 for the providers are going to affect what years?

MollyMacHarris: So the 25 e-prescribing events that can be reported by the end of this year, by December 31st, 2012, that we are actually having that applied for two reporting periods for e-prescribing.

So, the first is to get the 2012 e-prescribing incentive. And then the second is that – is for the 2014 e-prescribing payment adjustment. So essentially what we have done is if you are considered incentive eligible for the 2012 e-prescribing program, you would get a waive out of the 2014 e-prescribing payment adjustment.

If, for some reason, you don't, you know, meet the e-prescribing criteria by the end of this year, there is an additional opportunity for reporting for the 2014 prescribing payment adjustment. And that would be the first six months of 2013.

So what we've done for the e-prescribing payment adjustments is we've given providers two reporting periods. They have a full year reporting period and then a six month reporting period. So we've tried to give providers two bites of the apple.

Does that help clarify that – I know this point can be somewhat confusing.

Tracy Chappell: It is very confusing. But going back to the 10 eRxs by June 30th, what does that affect?

MollyMacHarris: That is for the 2013 e-prescribing payment adjustment.

Tracy Chappell: And that's the 1 percent?

Molly MacHarris: That is for a 1.5 percent reduction. And let me give you a resource that we have, our help desk, it's the QualityNet Help Desk, their number is 866-288-8912. And they can walk you through the reporting requirements that we have

for each of the remaining reporting years for the e-prescribing incentive program in the payment adjustment.

And let me also give you the link to the Web site, and this is also available on slide 30. And the Web site is www.cms.gov/erxincentive. And we have a lot of information out there that outlines the reporting requirements, how many instances need to be reported, and when we would need to see that.

Tracy Chappell: And when you list eligible professionals, who does that – what does that group consist of?

(Molly MacHarris): It typically includes your MDs, DOs, nurse practitioners, physician assistants – anyone else?

Aucha Prachanronarong: So the definition of eligible professional is actually pretty broad. It's physicians, which under Medicare also includes like chiropractors, podiatrists, optometrists. And then the – as (Molly) was saying, nurse practitioners, physician assistants, but there's also included in that definition therapists, I think speech language pathologists, and other types of professionals.

But, for purposes of the e-prescribing incentive payment program you have to have the authority to prescribe first off in order to be able to participate in the program. And then for the payment adjustment we – as I mentioned earlier – excluded anybody who is not an MD, DO, podiatrist, physician assistant, and nurse practitioner.

Tracy Chappell: So the incentive – the payment adjustment does include nurse practitioners and physician's assistants?

Aucha Prachanronarong: Yes.

Tracy Chappell: OK, thank you.

Geanelle Herring: Thank you for your question Tracy. Holley, next question please.

Operator: Your next question comes from the line of Cathy Keefer.

Cathy Keefer: Oh, thank you very much but my question has already been answered. I tried to get out of the queue. Thank you.

Geanelle Herring: Thank you, Cathy.

Operator: Your next question comes from the line of Nancy Holmquist.

Justin Kouchar: Hi, this is (Justin Kouchar) with Black Hills Orthopedic and Spine. I just wanted to clarify, you had an exclusion last year for the PQRS system if you were attesting for meaningful use or EHR, but they are two separate programs, so if you're doing the EHR/Meaningful Use Program you still have to do the PQRS program?

Molly MacHarris: Oh, let me try to clarify that. This is Molly. And for the interrelation between e-prescribing incentive program Physician Quality Reporting System and EHR incentive program it can be very confusing.

So, for purposes of the incentive payment, if you are trying to achieve meaningful use, if you're participating in the Medicare EHR incentive program you cannot receive an e-prescribing incentive payment, but you can however be subject to the e-prescribing payment adjustment.

The Physician Quality Reporting System is a completely separate program, and you can participate in the Physician Quality Reporting System as well as the Medicare EHR incentive program, and the e-prescribing incentive program.

And the question I believe you had, as in relation to a hardship we had last year for the Medicare EHR incentive program and for exempting those users for the e-prescribing incentive program as (Aucha) mentioned earlier, we did have that hardship available for the 2012 e-prescribing payment adjustment, but we viewed that as more of an interim hardship as providers were getting up to speed on the regulations for both the EHR incentive programs and the e-prescribing incentive program. And we no longer have that hardship available for the 2013 e-prescribing payment adjustment.

(Justin Kouchar): You actually clarified my answer, because I was confused with the fact that there was no incentive available for PQRS because if you were doing the meaningful use program. So I just assumed that you didn't have to do any of the program at all.

You keep stating that you can be viable for a penalty coming up. When will we know for sure if we will be viable for a penalty coming up?

MollyMacHarris: Are you speaking in reference to PQRS?

(Justin Kouchar): Yes.

Molly MacHarris: OK, so the Affordable Care Act authorized future incentive payments for program years 2011 through 2014 and they did authorize payment reductions or payment adjustments beginning in years 2015 and beyond.

We – so beginning in 2015 and beyond there will be a payment adjustment associated with the Physician Quality Reporting System. In last year's physician fee schedule rule the 2012 PSS rule we established calendar year 2013 as the reporting period for the 2015 PQRS payment adjustment.

Justin Kouchar: OK, that makes…

MollyMacHarris: And just one more note kind of overlapping on what we've talked about earlier is that the reporting criteria for getting out of the payment adjustment, that will be established in the upcoming physician fee schedule rule.

Justin Kouchar: That makes sense.

Molly MacHarris: OK, great.

Justin Kouchar: Thank you.

Molly MacHarris: Thank you.

Geanelle Herring: Thank you for your question, (Justin). Holley, next question please.

Operator: Your next question comes from the line of Michelle Musgrove.

Michelle Musgrove: Hi this is Michelle Musgrove and I am also confused on the providers that start mid-year and the numbers that are required.

So, if they are signed up with your tax ID number, but aren't seeing patients under their NPI until mid year, it's not just an additional 15 or you have to get the full 25 by the end of the year for the 2014 payment adjustment?

Molly MacHarris: So this is (Molly) and for providers who join a practice mid-year, and I'll try to refer to this as either prior to June 30th or after June 30th, if a provider joins a practice, and when I say practice I mean a billing TIN, after June 30th they would not be subject to – to the e-prescribing payment adjustment.

And I'll say that for the 2013 e-prescribing payment adjustment, because there is an additional year of the e-prescribing payment adjustment coming up. So, if an NPI joins a TIN, let's say August 15th of this year, they would not be subject to the 2013 e-prescribing payment adjustment.

If, for example, an NPI joined a TIN let's say March 15th of this year, they could potentially be subject to the 2013 e-prescribing payment adjustment, but we do a couple of things first.

First, we check to see if they had 100 denominator eligible visits, and that's based off of the e-prescribing measures denominator. If they do not have 100 denominator eligible visits, they would not be subject to the e-prescribing payment adjustments. Then we check to see if they have 10 percent of the total allowed charges for that six month period, it's whether or not they had that for the first six months. If they do not have that, they would not be subject to the payment adjustment.

And then we would check to see whether or not they are an MD, DO, nurse practitioner, or physician's assistant. And then lastly we check whether or not they had reported 10 e-prescribing instances by June 30th.

Michelle Musgrove: If they've met their first 10 or 25 in a prior year do they have to continue to do 25 every year?

Molly MacHarris: They don't have to continue to participate. We do encourage providers to continue to participate. We do have, beyond 2012, we have a 2013 incentive associated for e-prescribing, so there's an additional calendar year of reporting for that for next year.

And there is the 2014 e-prescribing payment adjustment, and we have two reporting periods for that. One, the first opportunity is this calendar year. So we would need to receive 25 instances by the end of this year. And then the second and last opportunity for the 2014 e-prescribing payment adjustment are the first six months of 2013.

Michelle Musgrove: So if they meet the 25 in 2012, then they don't need to do 10 more in 2013?

Molly MacHarris: Correct. Unless they wanted to try and receive the 2013 e-prescribing incentive payment.

Michelle Musgrove: OK. And how – and what date do they decide that the NPI joins the tax ID? Because if, like, if a provider enrolls so that we're ready, but they're not actually seeing patients, does it go by the claim dates that are received or…

Molly MacHarris: So – so we pull it – and good question – we pull it based off of claims data. So we look at all of the claims data associated for TIN NPIs based off of the criteria we have established, whether or not they're an MD, DO, nurse practitioner, physician assistant, and we pool that entire group of physicians who have claims with dates of service from January 1st through June 30th and that are processed by the last Friday in July.

And so that's where we get our initial pool of providers. Then we do those additional checks that I was talking about, the 10 percent threshold analysis, and then the 100 denominator eligible events, and then we look to see whether or not they actually e-prescribed or if they submitted a significant hardship exemption.

So to answer your question another way, if there are no charges associated with a given TIN/NPI combination in the first six months of the year, they would not be subject to the payment adjustment.

Michelle Musgrove: OK.

Molly MacHarris: Thank you.

Operator: And your next question comes from the line of Terri Smires.

Terri Smires: Hello. My name's Terri Smires, calling from Wichita, Kansas. My question is in reference to the 2013 Electronic Prescribing payment adjustment feedback report. I printed these off yesterday, and I understand that the dates of service are from January 1st, 2011, and go through October 31st of 2011, as long as they're processed by December 30th.

It's under the column reporting denominator that could be reported. This one physician had 620, but – and he did make the 25 for the year – but is there going to be a report that tells them the amount of claims that go through December 30th, or is this how are going to subject the payment adjustment or they don't get a payment adjustment?

Molly MacHarris: So that report is based off of the 12-month reporting period for the 2013 payment adjustment, and that was from January 1st, 2011, through December 31s, 2011, and that report is really more of a snapshot report of where the provider was based off of claims through October that were processed through December.

And to answer your question, we will be providing a final report, which will be coming out in the fall of this year, and that will be related to the 2011 e-prescribing incentive program.

And I would suggest that if you or any others on the call, if you have questions on those reports or if you would like someone to walk you through that report, you can contact our help desk. Again, it's the QualityNet Help Desk, and their number is 866-288-8912, and they will actually walk you through that report step-by-step to make sure you're fully understanding it.

Terri Smires: Wonderful. Thank you very much.

Molly MacHarris: Thank you.

Geanelle Herring: Holley, we have time for just one more question.

Operator: Your final question comes from the line of Karen Ryker.

Karen Ryker: Yes, this is Karen Ryker with RC Billing out of Austin, Texas. And it sounds like I may be one of the last people to maybe have this issue. I have three physicians that are receiving the 2012 adjustment that – I've worked with Q-Net since March trying to get it taken care of. We feel that it's an erroneous situation, that they did, you know, not – they – some of them filed for their exemption; some of them were not within the tax ID number.

Where do I go? The problem that I keep running into is that the – MAC does not put the message code 237 or N545 on the EOB. So when we send those – fax those to Q-Net, they say, "this really isn't the 1 percent for eRx." But when we call the MAC, they say, "yes, it is for the 1 percent."

So we're just trying to figure out where we go from here to help these physicians.

Molly MacHarris: This is (Molly). Give us one moment.

Karen Ryker: OK, (Molly), thank you.

Molly MacHarris: This is (Molly) again. And so let me just clarify. So you're seeing those two codes you mentioned on the remittance advices you're receiving?

Karen Ryker: No, they are not on the remittance advice. But when we call the Medicare MAC, they're telling us that that is the adjustment. They are receiving a 1 percent adjustment, and they're telling us that it is for the eRx. So it's like this vicious circle that we're going in since March trying to get it resolved.

Molly MacHarris: So – so let me ask a couple of questions, because I'm sorry, I'm just trying to fully understand.

Karen Ryker: That's OK.

Molly MacHarris: So you are seeing these codes and where exactly are you seeing them if they're not on the remittance advice?

Karen Ryker: We are not seeing the codes. We are just seeing the adjustment of 1 percent for these physicians. And when we call Q-Net, they are telling us that you know you should be seeing these codes. So we call the Medicare MAC and they say, "yes, this is for the eRx adjustment." They're giving a code C-045 instead.

So it's one of those things we can't seem to get together with the MAC and Q-Net to get it resolved, because even Q-Net by the individual NPI numbers have said these physicians should not be receiving the 1 percent adjustment for eRx.

And so, again, it's just because we don't have the EOB with that C0237 or N-545 on the EOB that we're having the problem. And it's funny because all three of the physicians are from the same MAC.

Molly MacHarris: OK. So I think what we want to do to try and best solve this for you is if we take your name and your number down and we will follow up and call you.

Karen Ryker: OK. That will be great. It's Karen with a "K," and it's Ryker – R-Y-K-E-R. And the phone number is 859-559-2415.

Molly MacHarris OK, great. Thank you. We will have someone get in contact with you.

Karen Ryker: OK. Thank you so much.

Additional Information

Geanelle Herring: Thank you, Karen. Unfortunately, that's all the time we have for today's call. If you did not get to ask your question here today, please contact the QualityNet Help Desk at 866-288-8912, and they're available from 7:00 AM to 7:00 PM Central Standard Time, Monday through Friday.

Please note while we were not able to address every question that we received prior to today's call that you submitted through the registration Web site, we will review them and it will help us develop frequently asked questions, educational products, and future messaging on these – both programs.

On slide 33, you'll find information and the URL to evaluate today's NPC call. Evaluations are anonymous and strictly confidential. You will receive a reminder e-mail telling you to complete the evaluation in about two business days. Disregard if you've already completed the evaluation.

I'd like to thank everyone for participating today. An audio recording and written transcript of the call will be posted to the Physician Quality Reporting System and National Provider Call Web pages on the CMS Web site in approximately three weeks.

This is Geanelle Griffith Herring and I'd like to thank you for being on today's call. Have a great afternoon.

Operator: Thank you for your participation on today's call. You may now disconnect.

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