

**Physician Quality Reporting System (PQRS) and  
Electronic Prescribing (eRx) Incentive Program  
National Provider Call  
Moderator: Charlie Eleftheriou  
October 23, 2012  
1:30 p.m. ET**

**Contents**

Announcements.....	3
Presentation.....	4
Polling.....	10
Question-and-Answer Session.....	11
Additional Information .....	40

Operator: At this time, I'd 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'll now turn the call over Charlie Eleftheriou. Thank you, sir. You may begin.

Charlie Eleftheriou: Thanks, Holly, as mentioned this is Charlie Eleftheriou from the provider communications group here at CMS and I'll serve as your moderator today. I'd like to welcome everyone to this Physician Quality Reporting System and Electronic Prescribing Incentive Program National Provider Call.

Today's National Provider Call is part of the Medicare Learning Network, your resource for official CMS information for Medicare fee for service providers. Today's presentation will be an overview of the PQRS informal review, including the background of PQRS reporting and the purpose of the PQRS informal review.

We'll also discuss how to request an informal review for the 2011 PQRS program year. The presentation will be followed by a question-and-answer session, giving participants an opportunity to provide input and call in with questions.

Before we get started there are a few quick items I'd like to cover. There is a slide presentation for this session. A link to the presentation and today's announcements was e-mailed to all registrants at approximately 12:45 this afternoon. If you did not receive this e-mail or have not seen it yet, please check your spam or junk mail folders from an e-mail from the CMS National Provider Calls resource box. Alternatively, this presentation can be found by visiting [cms.gov/npc](http://cms.gov/npc), that's [cms.gov/npc](http://cms.gov/npc), as in National Provider Call. Then click on the "National Provider Calls and Events" link on the left side navigation panel, and then you can find today's call by date on the list.

Next, a reminder that this call is being recorded and transcribed and an audio recording and written transcript will be ported to the physician quality

reporting system Web page and the National Provider Calls Web page on the CMF Web site. We'd also like to thank those of you who submitted questions when you registered. Those questions were shared with speakers to help prepare for today and future calls.

Lastly, just a note that all pertinent resources and contact information related to today's presentation and call are available on slides 27 and 28 of today's presentation. We'll remind you of that during the call.

Now with all of that said, I'd like to turn the call over to Diane Stern to begin today's presentation.

## **Announcements**

Diane Stern: Thank you, Charlie. I'm going to do a couple of announcements. CMS is pleased to announce that incentive payments for the 2011 ePrescribing program have been distributed for eligible professionals who meet the criteria for successful reporting. Distribution of the 2011 PQRS incentive payments began around October 9<sup>th</sup> and is scheduled to end around November 11<sup>th</sup>. Slides to help eligible professionals understand how the 2011 PQRS and ePrescribing incentive payments were calculated are available on the PQRS and ePrescribing Web site.

The 2011 ePrescribing feedback reports are currently available. (Inaudible) level reports can be downloaded through the Physician and Other Health Care Professional Quality Reporting portal at <http://www.qualitynet.org/pqrs>. NPI level reports can be obtained by submitting a feedback report request through the quality reporting communication support page located at the same Web address.

We expect the 2011 PQRS feedback reports to be available by the end of October. Beginning November 1, 2012, CMS will reopen the quality reporting communication support page to allow individual eligible professionals and CMS-selected group practices the opportunity to request a significant hardship exemption for the 2013 ePrescribing payment adjustment. Significant hardship requests should be submitted via the communication support page on

or between November 1, 2012 and January 31, 2013. Please note that this is for the 2013 ePrescribing payment adjustment only.

As a reminder, we advise eligible professionals to check the CMS Web site spotlight page for recent updates on the PQRS and ePrescribing incentive program. Our next National Provider Call is scheduled for November the 20<sup>th</sup>, 1:30 to 3:00 Eastern Standard Time, and the topic of discussion will be the 2013 Medicare Physician Fee Schedule final rule.

For additional questions and concerns please contact the QualityNet Help Desk at 866-288-8912. The TTY number is 877-715-622, and they're available from 7:00 a.m. to 7:00 p.m. Central Standard Time, Monday through Friday.

For additional EHR questions or concerns, please contact the EHR Information Center at 888-734-6433, and the TTY number is 888-734-6563. They're available from 7:30 a.m. to 6:30 p.m. Central Standard Time, Monday through Fridays, except Federal holidays.

I would now turn the call over to Christine Estella, who will be presenting on the 2011 PQRS and informal review.

## **Presentation**

Christine Estella: Thank you, Diane. Now we're going to continue with our presentation for today and that is for the 2011 PQRS and informal review that starts on slide five, and on slide six is the actual substance.

Just a reminder, this informal review that I'm going to be going over, this does not relate to the ePrescribing incentive program, as there is no informal review for that for 2011, and this also does not relate to the 2012 PQRS incentive. This is only for the 2011 program year, so it's basically to meet the criteria for satisfactory reporting for 2011 for PQRS.

So, starting with slide six, PQRS is a voluntary reporting program that began in 2007. It was originally called the Physician Quality Reporting Initiative, or PQRI for short. EPs or CMS selected group practices who satisfactorily report

data quality measures for covered physician fee scheduled services furnished to Medicare Part D beneficiaries qualified to earn an incentive payment. So for 2011 the incentive was 1 percent.

On slide seven, the program has expanded to include a number of measures, as well as a number of types of measure, where you can report. For example, you can report on individual measures, or we have something called “measures groups.” I believe that in 2011, there is something close to 20 measures groups available for reporting for 2011 for PQRS. And we also have multiple reporting options to facilitate quality reporting by a broad array of eligible professionals.

The list of professionals who are eligible to participate in PQRS is available on that Web site listed below; this is actually our official PQRS Web site. Not all entities are considered eligible, but the – as they may be reimbursed by other Medicare methods for fees schedules other than the physicians fee schedule. Eligible professionals include physicians, nurse practitioners, clinical nurse specialists, physician assistants, physical therapists, and many other health care professionals.

On slide eight, above we have the PQRS reporting mechanisms that were available in 2011. So we have claims, qualified registry, qualified electronic health record or EHR, and GPRO Web interface. And I believe for the GPRO Web Interface in 2011, it was designated as the GPRO tool.

We had two reporting periods for 2011: first was the 12 months reporting period that spanned from January 1, 2011 through December 31, 2011, and then a six-month reporting period, which occurred later in the year and started on July 1st, 2011, ended on the same date December 31, 2011. This six-month reporting period was only available for select reporting mechanisms such as the registry reporting mechanism.

Individual eligible professionals may report individual PQRS measure or measures groups as – as I had mentioned earlier. The CMS selected group practice reporting option allows groups to self-nominate and be selected by

CMS to earn a PQR incentive equal to a specified percentage of the group's total estimated Medicare Part B PSF allowed charges.

So, basically under PQR you can participate as a group or an eligible professional. If you wanted to participate as a group practice, you would actually have to tell CMS that you wanted to participate as a group practice for PQR, and the way you would tell us is, you would tell us that you wanted to participate in a group practice reporting option.

On slide nine, we provide the statutory authority for establishing an informal review process. So this informal review process will allow eligible professionals and group practices to request a review of their incentive eligibility determination, and again, that's applicable to the 2011 incentive. By informal review request, CMS will reanalyze the determination that the eligible professional or group practice did not satisfactorily submit data on quality measures under PQR. The informal review process will be available for 2011 PQR participation.

On slide 10, it provides you with a method on how to submit an informal review request. Basically, if you would like to submit an informal review request, you would submit through an online tool available through the quality reporting communications support page, and so it's called the communication support page. This is actually the same page for those of you familiar with – who have requested an eRx hardship, this is actually the same Web site that you would go to, except that this has an informal review section added into it.

The informal review request will automatically generate a QualityNet help desk ticket and number, which will be provided to the requestor with a final determination. So, I don't know if anyone has contacted the help desk before, but usually, when you contact the help desk, you are provided with a ticket so that we could reference your questions if you wanted to call us back. The informal review process would do the same thing because the informal review process is based off of our help desk inquiry method. So you also would also provide help, you'd be given a help desk ticket for informal review.

Informal review will be for all reporting transmission methods, including claims, qualified registry, qualified EHR, and the GPRO Web interface. Currently, there is no informal review process for the 2011 ERS incentive program or other Medicare and Medicaid incentive programs. I think they mean specifically to ePrescribing. The informal this – we will provide requestors with a written decision, and that decision will be final, and there will be no opportunity to review the decision afterwards.

On slide 12, PQRS informal review and purpose, this is actually a snapshot of the Informal Review Made Simple document that can be found on our PQRS Web site. It's under – I believe it's downloadable, and it's, I think, a page or two long, so it will give you information how to request an informal review through the communications support page, and then what type of information you would need when you're requesting the review.

So, on slide 13, requesting the 2011 PQRS informal review, the 2011 PQRS informal review will cover program data for dates of service from January 2011 through December 2011. If eligible professionals or group practices submitted 2011 PQRS quality data codes via claims, the claim must have been processed into the national claims history file by February 24, 2012 for inclusion in PQRS incentive eligibility analysis.

The informal review will reanalyze PQRS data that is reflected in the 2011 PQRS feedback report. You should be receiving your feedback report soon, so priority submitting and informal review requests – we encourage you to look at your feedback report first so that you understand maybe the reasons why you want to submit an informal review request to further bolster your request. Eligible professionals with designated staff vendors and the CMS GPRO points of contact may request an informal review.

CMS will process valid informal review request received on – from November 1, 2012 through February 28, 2013. So the informal review time frame goes from November 1<sup>st</sup>, which is next week, up until the end of February next year. CMS will provide their final determination via e-mail within 60 days of receiving a valid informal review request.

On slide 15, and this kind of gives you as I'd mentioned earlier, a kind of – hints at requesting informal reviews, so you should review the 2011 physician quality reporting system feedback report to determine if an informal review would be beneficial.

For example, as the snapshot shows, if the feedback report shows that the eligible professional did not submit their required number of quality data codes as shown below, but they carry a Carrier/MAC remittance advice/EOB displayed remark code “N365” for the required number of events, then an informal review may be beneficial. So, to look at your feedback report you really have to look at all aspects to understand maybe why you – why you did not receive an incentive.

On slide 17, only one informal review request can be submitted for each eligible professional or group practice. If multiple requests are submitted for an eligible professional's TIN and national provider or TIN/NPI, the duplicate request will be denied. If multiple requests are submitted for a group practice, the duplicate request will be denied.

On slide 17, to request a 2011 PQRS informal review, go to the communications support page available under the Related Links on the portal or via a direct link. You can access the link through, actually, our PQRS Web site. Select the “create informal review request” hyperlink. For additional assistance with the communications support page, you can see our user manual that's available in the hyperlink located in the bottom right-hand corner of the screen. So there's a help button on the bottom right. You would select a requestor type; the requestor is the eligible professional or CMS group practice wanting to request an informal review of the data submitted.

So, under those screen shot, you can see that it has two options as I mentioned: individual EP or group practice. You would select the one for the method that you are participating in for the 2011 PQRS.

So, for example, if you are a group practice, but you are not participating in a group practice reporting option, you would actually have to select “individual eligible professional” and a request would have to be submitted for each

individual EP that was participating in PQRS. But if you were in a group practice, you'd be able to submit an informal review request as part of the group practice as a whole.

On slide 20, request an informal review of 2011 PQRS data, so this snapshot gives you the – what part of the information that you need to submit to CMS for a valid informal review request. So, it contains basic contact information. You would also need to fill out a justification field for your request and you would also need to accept the user agreement and click “submit.”

At this point, it may be worth it to, before clicking “submit,” to either print screen or save the data or print out the data that you provided to CMS in some manner, just so you have your records of what actually you are submitting to CMS.

On slide 21, as previously mentioned, reference to quality recording communications support page user manual for additional information about the fields required for request a 2011 PQRS informal review. To avoid security violations, do not include personal identifying information such as the full social security number or your full TIN.

On slide 22, the communications support page will provide confirmation of valid 2011 PQRS informal review request submissions. After clicking “submit,” the system will check the required fields and the submitter will be redirected to a request confirmation screen. The communications support page will send in e-mail confirmation to the requestor. Only valid informal review requests will be processed so be sure to completely fill out all the information that's required to submit a request. Required field are notes on the form with a red asterisk, and failure to complete the mandatory fields will result in an inability to request the informal review. Informal review requests are only accepted via the communications support page.

You can also contact the QualityNet help desk for support – for support on how to request a review through the communications support page. And for additional information, on slide 25, EPs and group practices should reference

their 2011 PQRS feedback report for detailed information on 2011 PQRS reporting.

The feedback reports should be available soon. We would – we will likely have those feedback reports in time prior to the opening of the communications support page to accept requests for informal review, which, I had noted, started November 1st. The 2011 PQRS feedback report user guide is available on the CMS PQRS Web site to assist in requesting and understanding feedback reports.

CMS announced the availability of the 2011 PQRS Feedback reports via the CMS PQRS Web site spotlight section and also via the FFS provider listserv. CMS enters the QualityNet help desk may contact the requestor if additional information is needed.

So, if, for example, we need more help in understanding rather – more help than just the justification being answered in determining or making a decision, we would – we may contact the requestor who's requested the informal review.

On slide 26 and 27, we have various resources and who to call for help; 27 has the various links related to informal review and slide 28 has our QualityNet help desk number. It's 866-288-8912. You may also e-mail the QualityNet help desk at [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org).

And that is it for my presentation, I will now turn it over for any questions you may have.

## **Polling**

Charlie Eleftheriou: Yes, thank you, Christine. We will move into our question-and-answer session. But before so, I'd like to conduct keypad polling in order to obtain an estimate of the number of participants that attended to better document how many members of the provider community are receiving this information. Holly, 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. 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 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 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.

Charlie Eleftheriou: And while we're holding, I'll just take this time to remind everyone that this call is being recorded and transcribed. Before asking your question, please state the name – I'm sorry, please state your name and the name of your organization, and also, in an effort to get as many of your questions in as possible, we'll just ask that each person limit to one question at a time. If you do have additional questions, feel free to press star one after your first question was answered to get back in line in queue, and we'll address your additional questions as time permits. Holly will be able to take the first Q&A question when keypad polling is finalized.

## **Question-and-Answer Session**

Operator: Yes, sir, thank you for your participation. We'll 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. Remember to 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 questions, so anything you say or any background noise will be heard in the conference.

And your first question comes from the line of Kelly Wolfe.

Kelly Wolfe: Hi, my name is Kelly Wolfe and I'm calling from St. Clair Specialty Physicians in Michigan. This is an ePrescribing question – can you answer those? It's not a PQRS question; it's an ePrescribing question.

Christine Estella: OK.

Kelly Wolfe: Can it be answered? We have a physician who recently joined our practice – came from another practice in Indiana, had met his – you know, fulfilled the requirements of the 25, but now he’s come to our practice. Does he need to meet the 25 again this year?

Christine Estella: I guess it would depend on when the eligible professional came to your practice, but – so if the EP met the 25 for this year – I’m assuming he reported this year?

Kelly Wolfe: Correct, but under his old tax ID number.

Christine Estella: If he met the 25 for this year, then he would – I believe he may be eligible for incentive payment, depending on if he changed his TIN. He would not be subject to the payment adjustment for the 2013 payment adjustment, because I believe his TIN changed, is that right?

Kelly Wolfe: Yes, everything changed because he joined a new practice, but I’m wondering about the 2014 – how he had this whole year to meet the 25 for the 2014. He’s not going to need another 25 under our numbers by the end of this year.

Christine Estella: Right, so for the – for the 2014 payment adjustment, if he did also fill the requirements in the 12 – for the 12-month reporting period – so that’s this year, 2012 – he would need to fulfill the requirements during the six-month reporting period next year.

Kelly Wolfe: For next year, OK, that’s what I was going to tell him to do, just to be safe.

Christine Estella: So the eligible professional would have to submit the G code 10 times via claim before June 30th.

Kelly Wolfe: Before June of next year, OK, perfect. That’s what I thought. Thank you.

Christine Estella: No problem.

Operator: Your next question comes from the line of Ilene Flaherty.

Ilene Flaherty: Hi, I just want to make sure I understand. I'm looking on your – you know, the handout from today, and the PQRS report for 2011 is not available yet. Is that correct?

Christine Estella: Yes – this is Christine – The PQRS feedback report is not available yet, but we anticipate that it will be available before the communications support page opens on November 1st.

Ilene Flaherty: OK, thank you.

Christine Estella: Yes, so I guess we have about a week, right?

Operator: Your next question comes from the line of Terry Jarrett.

Terry Jarrett: Hi, this is Terry Jarrett from Dr. Daniel Ryan's office in Michigan. I'm not understanding the difference between the informal review and the feedback report.

Christine Estella: Sure – this is Christine – so basically, if your doctors reported in 2011 – so last year, we distribute feedback reports for everyone that participates in PQRS, and by participating I mean everyone that submits a valid, quality data code for reporting – so, the feedback reports are usually available in the fall of the following year – so for 2011, they will be available soon, this is the fall – so of the following year – so they should be available soon. And for informal review, basically, you look at your feedback report to see whether or not you met the criteria for satisfactory reporting for the PQRS incentive.

If your feedback report shows that you did meet the criteria for this – for satisfactory reporting for the PQRS incentive for 2011 – great, then you met the incentive, you got the full payment, and you don't have to do anything, you don't have to submit an informal review request.

If for some reason you look at your feedback, for example, and you notice that, you know, you look at it and you say, "Hey, I think I reported, you know, for the number of applicable cases that I needed to report and I think I should have gotten EPQRS incentives, as I thought I met the reporting requirements

for 2011 for PQRS.” Then that’s when after looking at your feedback reports, you go into the communications support page and you request an informal review.

Terry Jarrett: Oh, OK, thank you.

Christine Estella: No problem.

Operator: Your next question comes from the line of Lois Bergeron.

Christine Estella: Hello, Lois.

Lois Bergeron: Hi, this is Lois Bergeron from PrimaCARE. I have a PQRS reporting question and it has to do with the measures that are met when the annual wellness visit is performed. I understand there are many measures that are met during that exam and I’d like to know if we could bill under the individual provider even if the exam itself is performed at a clinic within our group.

Christine Estella: Hold on one second, we’re just going to discuss your question.

(Amber): Hi, this is (Amber), just going to try to help you through this question real quick. So the measures have to mean – whatever you bill for as the provider, you would have to meet the denominator criteria of that measure that you’re intending to report.

(Kim Burgeon): Actually – this is (Kim) from CMS – and just to clarify to help you with your question. Currently, within the physician quality reporting program, we don’t actually have an annual wellness measure. Moving forward, there might be discussion in terms of implementing that into our program So, at this time, you would have to follow specifically the direction that are given in relationship to reporting on the annual wellness visit.

Lois Bergeron: Right, I understand that, there are different options within the visit that we are required to meet, and those are measures that we can report, like the flu, the mammogram, and the advanced care planning, those are all PQRS measures that we can report.

Christine Estella: Right, but I believe that if the annual wellness visit is one measure and that would be separate from – if you find other measures that may be related ...

(Kim Burgeon): Hang on just one second, we need to conference internally.

(Kim Burgeon): Hi, this is (Kim Burgeon) would you like us to take her number and we can go ahead and give her a call and follow up.

Christine Estella: Yes, that would be great.

Charlie Eleftheriou: Yes, that's all we're going to do.

(Kim Burgeon): OK, so ...

Lois Bergeron: OK.

(Kim Burgeon): Caller, can I please have your full name and then your phone number if you do not mind?

Lois Bergeron: No problem, it's Lois Bergeron and my phone number is 508-675 ...

Charlie Eleftheriou: Lois, I'm going to interrupt you really quickly. You might want to e-mail that information in instead of giving it out.

Lois Bergeron: OK.

Charlie Eleftheriou: If you could ...

Lois Bergeron: OK, who should I e-mail it to?

Charlie Eleftheriou: If you could e-mail FFS, as in fee for service,  
FFSproviderrelations@cms.hhs.gov. We'll get that information – your  
information to the right people and we'll get back in touch with you.  
FFSproviderrealtions@cms ...

Lois Bergeron: FFSproviderrelations@cms.hhs.gov.

Charlie Eleftheriou: Yes, FFSproviderrelations@cms.hhs.gov.

Lois Bergeron: OK.

Charlie Eleftheriou: All right, thank you. We'll take the next question.

Operator: Your next question comes from the line of Regina Stewart.

Regina Stewart: Yes, hi, I'm with East Tennessee Medical Associates for Nephrology. My question is, as an eligible provider, can you still receive the PQRS, ePrescribe, and the EHR incentive monies?

Christine Estella: Hi, this is Christine. So you just mentioned three different programs. So one is PQRS, which is the talk we discussed today; the other one is the ePrescribe incentive program, and the other one – the third one is the EHR incentive program, and under the EHR incentive program, there spans two subsets, I guess as a program: the Medicare EHR incentive program and the Medicaid EHR incentive program.

So, with respect to PQRS and ePrescribing, you can receive incentive payments for both for participation in both. For PQRS and the EHR incentive program, you can also receive incentive payments for any and all, so if you're participating in PQRS and EHR incentive programs, regardless of whether or not it's a Medicare or Medicaid EHR incentive program, you would still be able to receive incentives for participating. So – and actually we do have...

Regina Stewart: OK, we received monies from all of those this year. I'm just wanting to make sure that it's OK that we participate in these and get – receive the money again because we already got paid for them.

Christine Estella: Right, so as I said with relation to PQRS, you can participate in both ePrescribing and the EHR incentive programs. The issue that we – that you would run into though, which is my next point – would be the EHRS incentive program and the ePrescribing incentive program. Under those two programs, if you're participating in a Medicare EHRS incentive program and the ePrescribing incentive program, and you achieve meaningful use under the Medicare EHRS incentive program and you become a successful ePrescriber under the ePrescribing incentive program, you can't receive payment for both.

Regina Stewart: OK, that was my question.

Christine Estella: You can do it, OK.

Regina Stewart: Because it's included in the EHR, right? Because it's one of the measures in the EHR incentive.

Christine Estella: Actually, that – that would not be the reasoning. It is actually statutory, it's in statute – you can't fit – ePrescribing is a program, is actually different and separate from the EHR incentive program. It's that you are prohibited from a statute, from the legislation, to receive double payments on both ePrescribing incentive programs and the Medicare EHR incentive program. You can do so for Medicaid though.

Regina Stewart: OK, so, OK. We do the EHR incentive, that's what we're going to be working on. I mean, if we use stage two – we're in the PQRS – we're sending in PQRS, do we still just send in our G code for that prescribe, the ePrescribe, and not worry about it? Will the Center know this or how – how do we ...

Christine Estella: Are you participating in the Medicare EHR incentive program or Medicaid EHR?

Regina Stewart: Medicare.

Christine Estella: OK, so if you're participating in all three and Medicare EHR, you could get the PQRS incentive, report for PQRS, you can get the Medicare EHR incentive program, if you achieve meaningful use for that program. For ePrescribing, you cannot get it an incentive, but you would have to report our ePrescribing measure, you would submit the G8553 code on claims, for the – to avoid the 2014 payment adjustment for next year.

Regina Stewart: OK, OK, that answers me. Thank you so much.

Christine Estella: OK, no problem.

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

Maria Chappell: Yes, I am Maria Chappell, C-H-A-P-P-E-L-L, with Endocrinology Group in Arlington, Virginia, and I wonder if there is a certain number of measures – how can I find out how many measures do I need to submit, to make sure that I reach my quota and my doctor gets aid?

Christine Estella: This is Christine again. Generally, our criteria kind of circles around reporting three measures, depending on which reporting mechanism you use. It's reporting three measures for either 50 or 80 percent of your applicable patients. For help on reporting if you want to find out what the actual reporting criteria is, we do have education documents on our PQRS Web site. I don't know if you have the slides with you, but it's on slide seven. It's [www.cms.gov/medicare/quality-intiative-patient-assessment-in-service/pqrs](http://www.cms.gov/medicare/quality-intiative-patient-assessment-in-service/pqrs), and also, if you run into trouble reporting, you can contact our QualityNet help desk and our QualityNet help desk will be able to help you. Their number, again, is...

Maria Chappell: OK, what I ...

Christine Estella: I'm sorry ...

Maria Chappell: I was going to ask for the number.

Christine Estella: OK, their phone number is 866-288-8912.

Maria Chappell: 8912? I have one more question. I'm sorry, I'm kind of new at this. So you did tell me I should report at least three measures for 80 percent of my patients? Is that what you said?

Christine Estella: It's either 50 or 80 percent of your patients depending on which reporting mechanism you choose.

Maria Chappell: OK, so it's – and another question I would like to ask you is that – if I missed that when you spoke about it, is – do I need to register the practice as some – somewhere to make sure that I qualify for the PQRS statements? (Inaudible) send in my claim things?

Christine Estella: So, for PQRS, you do not need to register in order to participate. You can just start, you can start participating by just submitting quality measures data to CMS and then – so I urge you to contact the quality or the QNet help desk for help on how to report, and then after you contact them, when you figure out which measures you – you want to use to report to CMS you can just start reporting.

Maria Chappell: Thank you so much. Have a good afternoon.

Christine Estella: No problem.

Maria Chappell: Thank you.

Charlie Eleftheriou: And again, all of that contact information, for everyone on the call, would be on slide 28, and pertinent information related to the program would be on slide 27. We'll take the next call.

Operator: Your next question comes from the line of Lara Hudson.

Lara Hudson: Hi, this is Lara Hudson. I'm calling from Nanticoke Physician Network in Delaware. I wanted to know, can you repeatedly get the eRx incentive program? So we did it last year and received payment – can we do it again this year?

Christine Estella: Yes, you may. The ePrescribing incentive program gives payments for incentives up until 2013 and there are different payments every year.

Lara Hudson: OK.

Christine Estella: As well as different pay rate amounts, so you can report this year for the 2012 incentives, and then you would – if you – method criteria for becoming a successful electronic prescriber, you would get the incentive next year.

Lara Hudson: OK, now my question that the other lady had pretty much answered about the PQRS – when we've attested for meaningful use stage one and received payment and the eRx and received payment for our Medicaid participants,

because we have 16 locations, but the PQRS, I was told before that we could not participate in that if we did meaningful use – so that’s not true?

Christine Estella: That is not true. You can participate on both and we actually encourage you to participate in both programs; actually both programs have under gone considerable alignment, you can see that in, you know, this year’s round of reporting and what we proposed for reporting next year. There will be ways – there are ways where you can report one set of data for both programs.

Lara Hudson: OK. OK, now if ...

Christine Estella: And you can enter them both in the EHR incentive – meaningful use incentive as well as the PQRS incentive.

Lara Hudson: And now your PQRS incentive – so they’re not combining the two? They were talking about clinical quality measures and PQRS being more or less as one, but it’s not? It’s going to be always be completely separate?

Christine Estella: Well, I guess that’s ...

Lara Hudson: Because the clinical quality measures, we have to submit too, for meaningful use.

Christine Estella: Right, so the reporting – so this year, let’s take 2012 reporting for this year, we have adopted all of the measures that were available for meaningful use stage one as measures that are reportable via EHR under PQRS. And actually under our PQRS Medicare EHR incentives pilot, we have this pilot program where EPs can use the EHR specific quality measures data to CMS, and if you’re participating in the pilot and you, you know, met the requirements for the pilot, you would get both the PQRS and the EHR incentive program incentive.

Lara Hudson: OK, that’s all I have, thanks.

Christine Estella: No problem, and you can contact the Quality[Net] help desk if you have any other questions on reporting.

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

Charlie Eleftheriou: Hello, Michelle.

Operator: That question has been withdrawn. Your next question comes from the line of Frank Indelicato.

Frank Indelicato: Hello, I'm a retired software developer and I'm creating a electronic health record system and I would like to include a database of quality measures and I haven't been able to determine where I can obtain that. I can download them individually but that's pretty much useless (inaudible).

Christine Estella: Frank, this is Christine. Actually, we don't have any information on how to update your system to report quality measures. I won't say that for PQRS; we have an option where you can report via EHR using a direct EHR product, which is what, from my assumption, is something – is what you would be using and we had – for 2012 reporting, we had criteria where your EHR system would need to be qualified to report these correct measures.

Frank Indelicato: Yes, I understand I'd have to be qualified and all that, that's later down the road. What I'd like ...

Christine Estella: Sir, are asking for 2013 or 2014?

Frank Indelicato: What I'm asking for is, I'm trying to build an interface to assist the medical providers in filling out forms and submitting their claims. So behind that would be a database of all of your quality measures and the codes that go with them. So, I need to obtain that database or access to a database that I can build into my system.

Right now, I have all the FDA drug information, the ICD-10 information, and used TC information that I pretty much obtained off the Internet using various mechanisms. It's very difficult to get databases from the government, but I managed to do it and the system's coming along really nice. It's going to be free, open source to medical health providers. My answer to helping this whole problem with medical care ...

Christine Estella: So, if you could you send an e-mail to our help desk, it – their e-mail address is qnetsupport@sdps.org. And then, if Help Desk, if you could just forward that e-mail off to CMS.

Frank Indelicato: OK, if you can repeat that e-mail address, please?

Christine Estella: Qnetsupport@sdps.org.

Charlie Eleftheriou: Again, if you have the slide presentation for today’s call, that’s found in slide 28.

Frank Indelicato: Slide number 28?

Charlie Eleftheriou: Yes.

Frank Indelicato: OK, great, thank you.

Christine Estella: Thank you.

Charlie Eleftheriou: You’re welcome.

Operator: Your next question comes from the line of Pam Isaacs.

Pam Isaacs: Yes, my name is Pam Isaacs and I’m with General Thoracic and Vascular Surgical Associates in Kentucky. And we have begun receiving eRx incentive payments, and we don’t know how to get a report that shows us what exactly that payment was for. Is there a way to get that report at his time?

Christine Estella: I believe – this is Christine – I believe in our announcements we said that the feedback reports are available, and I believe they’ll be distributed to you. You just need an IX account to access the report.

(Lauren): This is (Lauren). For feedback reports at the tax – tax identification number level, you do need an IX account, but you can go on our portal, our reporting portal, I think, let me just grab that Web site for you. It’s <http://www.qualitynet.org/pqrs>. So if you go on to that site, you can either request a feedback report at the TIN level, which would be pretty much at the group level, or if you just want NTI individual provider level reports, then

what you need to do is, go through the quality reporting communications support page and that's also available on that same Web site address that I just gave you, and Pam Isaacs, then, you can request a feedback report for each provider based on their provider identification number.

Pam Isaacs: And what was that page that you said? I'm sorry.

(Lauren): That's OK, the address is www ...

Pam Isaacs: No, I got the <http://www.qualitynet.org/pqrs> ? Is that right?

(Lauren): Correct, yes, that's great.

Pam Isaacs: OK and the TIN level would be for the group? Or – but if we need it for an individual, what page did you say we needed to go to?

(Lauren): It's called the quality of reporting communications support page, and once you're on that main qualitynet.org page, it's up in the upper left-hand corner. There's a link to the communication support page where you need to go.

Pam Isaacs: All right, that's what I needed to know.

Charlie Eleftheriou: There's a direct link to the communications support page on slide 27.

Pam Isaacs: OK, and this is for the eRx incentives?

(Lauren): Correct.

Pam Isaacs: OK, all right. Thank you very much.

Christine Estella: You're welcome.

Operator: Your next question comes from the line of Dawn Breithaupt.

Dawn Breithaupt: We received a check for our ePrescribing bonus and we were able to get our report off of the IX Web site, then we got a check in the exact same amount a couple of weeks later and National Government Services tells us that is our PQRS check and that it is, you know, to the penny, you know, exactly the

same amount. I just want to say, does that sound reasonable? I mean, I guess it is one percent for each bonus, so maybe they would be the exact same amount.

Christine Estella: Yes, that sounds correct. As you mentioned, for the 2011 PQRS, and you described an incident there, both incentives of 1 percent and it is according to your physician fees schedule of charges, so– so since they’re basing it off the same thing, it should be the same amount.

Dawn Breithaupt: OK, great. Thank you so much.

(Lauren): This is (Lauren). Our PQRS feedback report should be available in the next week or so, so definitely we’ll send out messaging when they’re available and you can verify that and get your PQRS report.

Dawn Breithaupt: OK. Last year there was a bit of a fiasco where they issued the same check twice by mistake and I just wanted to make sure that, you know, it wasn’t another case of that, but OK, thank you.

Christine Estella: Thank you.

Operator: Your next question comes from the line of Bonnie Shok.

Bonnie Shok: Hi, I’m with UCLA Health System and I have two questions. The first regards an ACO and PQRS – I know we can’t be – in the past we were in PQRS and GPRO and now we are thinking about being in an ACO, we’re applied for that; and we were wondering, are we able to be an ACO and also the individual provider, PQRS, at the same time?

Christine Estella: This is – this is Christine. Actually if you wanted to participate as ACO – I’m assuming you’re participating as an ACO under the Medicare Assured Savings program?

Bonnie Shok: Yes.

Christine Estella: There is actually a way to participate in PQRS as an ACO through the Medicare Assured saving program as a – under the group practice reporting

option. So, it would be different – I don't know if you participated in GPRO before in prior eras, but it would be a little different. But basically, the ACOs, they have a portal quality reporting requirement. And their measures are similar to our GPRO measures, and, you know, they do the same thing with quality reporting, which is where they assign patients for you to report on and GPRO kind of does the same thing.

There is a way to participate as an ACO doing GPRO, and then you would be able to, if you were an ACO and you met the requirements in the Medicare insurance savings program, and you're participating in PQRS as well – I guess, alternatively, consequently, you'd be also receiving a PQRS incentive and participating in as an ACO in GPRO under QPRS.

Bonnie Shok: Yes, but what I meant is that we, right now, participate as a GPRO in PQRS under one billing TIN for our Department of Medicine, but then we have a registry where we participate as individual providers who have different billing TINs, and we were wondering, once we do the ACO, could we still do the individual providers in PQRS? What we would normally do as our registry as opposed to our GPRO?

Christine Estella: I believe that's a question that we can't handle on this call.

(Lauren): So we can – we can say with all certainty that, for your participation in PQRS GPRO, as an ACO, that – that TIN/NPI combination can only participate as a group in the PQRS GPRO, but for specific ACO requirements and your participation of all your providers in the organization, you would need to reference the ACO Web site.

Bonnie Shok: Yes, I've done that, I've spent quite some time on it, and we still can't find the answer to this question.

(Lauren): Did you submit a ticket? I believe they have a help desk that you can submit to, correct?

Bonnie Shok: I don't know. I didn't see that, but they had their own health ...

(Lauren): We don't have the resource in the room, but we can connect you with the right resource, so if you can send into the PQRS help desk, that's on slide 28, then we will route your question to the correct resources. And my name is ...

Bonnie Shok: Oh, OK, fantastic.

(Lauren): OK, thank you.

Bonnie Shok: Thank you, and I have one other question and it has to do with the feedback report. Is it only a case of, you didn't get the incentive and you want to have a review, or can you also ask for an informal review if the amount of the incentive is substantially less than what you determined you expected to receive?

Christine Estella: Yes, that is also an issue for informal review – this is Christine.

Bonnie Shok: Oh, OK, thank you.

Christine Estella: No problem.

Operator: Your next question comes from the line of Joseph Greaves.

Joseph Greaves: Yes, hi, I'm calling from the Alameda-Contra Costa Medical Association in California. And I understand that the 2013 PQRS reporting period is going to be used to determine penalties for 2015. My question is, what steps is CMS or the contractors actively taking to notify any physicians or other providers who are not currently reporting PQRS measures, so that they know to begin doing so by January 1<sup>st</sup>?

Christine Estella: This is Christine Estella. We have provided, you know, monthly National Provider Calls, a future user Web site, a help desk, listserv messages, messages to specialty societies that would then funnel through the provider hopefully, and so we – we've performed multiple education efforts and outreach efforts with respect to notifying all the professionals about participating in PQRS for next year for the 2015 payment adjustment. Now if there's a specific suggestion that you have as far as notifying providers, we'd be happy to take that.

Joseph Greaves: Well, sure. It seems to me that on a claim you have an NPI number, and you have the ability to determine whether any PQRS measures are being reported, and what I'd really highly recommend is that you actually send an individual, you know, correspondence to providers where there is no PQRS data associated with their type of NPI.

Charlie Eleftheriou: Well, I mean, if – if the provider is knowingly not participating in PQRS, it's almost like alerting them of a negative. They conceivably know that they're not participating in PQRS. It seems ...

Joseph Greaves: They may not be aware that their non-participation in PQRS is going to result in a penalty in 2015 if that don't get started right away.

(Lauren): This is (Lauren), just as soon as we – our final rule is published, that sets forth all the requirements for the 2015 payment adjustment – you can be assured that CMS will be doing extensive education outreach to alert providers to this and call their attention to it.

Christine Estella: And we do note that we have already started and this is obviously a year prior to the payment adjustment and it started with us providing a notice and comment rulemaking last year that 2013 would be the reporting period for the 2015 PQRS payment adjustment, just to give providers a jump start.

Operator: OK, and your next question comes from the line of Susan Buhr.

Susan Buhr: Hi, my question is this, I work for a physical therapy office, and we are wondering, what are the responsibilities for reporting for a physical therapist? I was specifically asked to ask do we document meds, blood pressures, BMIs, things like that.

Charlie Eleftheriou: So there are no specific measures that a person who wants to participate in PQRS has to submit. There are measures that may be more appropriate, however, for physical therapists. One thing you might do is look for those measures based on the codes for the services that you provide. There are some – there also some broadly applicable measures which, if you bill any of the

codes in the denominator, may be appropriate for you. I believe your specialty Web site may offer some suggestions as well.

Susan Buhr: All right, very good, thank you very much.

Charlie Eleftheriou: Thank you.

Operator: Your next question comes from the line of Kevin Craig.

Kevin Craig: Yes, hi, Kevin Craig, Specialty Care Eastern Massachusetts. Two quick questions. One is, I want to know – make sure I understood the dates for the payment for PQRS – they’re going to continue, did you say, through November 11?

Christine Estella: Yes, that’s correct.

Kevin Craig: OK, great, don’t want to jump the gun if payment hasn’t been received. Thing is, there’s some sort of a page that you referred to and it’s in your presentation on, I think it’s page 12, that’s a guide for the informal review process, a two page guide, and I clicked on the shortcut that was on that page of your presentation, again I think it’s 12, it’s page 12, and it went nowhere, it just said page error. Is that thing not posted yet? Is that the problem here?

Christine Estella: It should be posted. We will have – or we’ll check the link to verify that it works, I know I’ve been able to access it a few times prior to this presentation, so it might just be a click issue with the link. However, if there – if you – we’ll look at the URL and we’ll post the link and try to troubleshoot, if you do notice, though, in the next week or so that you still encounter problems, feel free to contact the QualityNet help desk.

Kevin Craig: OK, I got CMS, I got a page that says CMS.gov and then it says “Error: page not found,” and maybe this isn’t the right link, maybe you have some other links further in the presentation that I can try? Or is it just the one on page 12? I know you said, if you go to the communications page there’s a link there, but I haven’t been there.

Christine Estella: That – actually, that portal’s not open yet, it’s not – it will be open November 1st, so ...

Kevin Craig: All right, I’ll check back – I’ll check back later.

(Lauren): This is (Lauren). You can check on slide 27, we have the link to our overall PQRS Web site, so you can try that link, and then, once you’re on the PQRS Web site, just go to “educational resources,” which is one of the options on the left-hand side.

Kevin Craig: All right, a roundabout way, I’ll try it. Thank you.

(Lauren): Sure.

Operator: Your next question comes from the line of Jason Shropshire.

Jason Shropshire: Hi, this is Jason Shropshire with the University of North Carolina. I just have two quick questions. First is, and I’m a GPRO for both eRx and PQRS, so my first question is related to PQRS. If we received a check, but we think it is not the correct amount, can we request on an informal review for that?

Christine Estella: Yes you may, and that’s for the 2011 PQRS, yes.

Jason Shropshire: OK, so my second question is, again I’m a GPRO and submitted 2,500 codes – eRx codes between January and June of this year, and I’m just a little confused by the lady – lady at the beginning – her statement. My understanding was, we would not receive our incentive check until the fall of 2013, is that correct?

Christine Estella: For if you prescribed this year?

Jason Shropshire: Yes as a GPRO.

Christine Estella: Yes, yes. So if you followed, it would be followed next year if you – if you submitted, you know, the required amount for the incentive for which you’re participating in other than the GPRO. It’s the same for the incentive and

adjustment. So yes, you wouldn't receive your incentive until the fall of next year.

Jason Shropshire: OK, thank you.

Christine Estella: No problem.

Operator: Your next question comes from the line of Trina Ewing.

Trina Ewing: Yes, can you hear me?

Christine Estella: Yes, I can.

Trina Ewing: OK, this is Trina Ewing, with Memphis Gastroenterology Group in Memphis, Tennessee. I understand that the quality data is only reportable for traditional Medicare and the railroad Medicare claims. Will the feedback report for the PQRS and the eRx be –will they – will they also include the railroad Medicare as well as the higher payments?

Charlie Eleftheriou: We're pretty sure that they would include your traditional Medicare Part B, as well as your railroad Medicare. If you'd like, you can contact our help desk, we'll open a ticket and do a little more investigating to confirm that for you, but we're pretty sure that that is the case.

Trina Ewing: OK, thank you.

Charlie Eleftheriou: That is true. The reports will show Medicare – Medicare is secondary, and also railroad retirement.

Trina Ewing: OK, thank you.

Operator: Your next question comes from the line of Lori Johnson.

Lori Johnson: Hi, this is Lori Johnson from University of Missouri Health Care. And I heard you mention about alignment of GPRO measures submission with the EHRCQM measures, and is that going to be available for 2013 submission or just available starting in 2014?

Christine Estella: This is Christine, actually earlier. I discussed the alignment of GPROs with the ACOs participating in the Medicare insurance savings program for – as far as participating for group for – as far as participating individually, you know, for the EHR incentive program, for this year, they actually do not have a group reporting option. So there is no way, I guess, to participate in PQRS and the EHR incentive program as a group together, currently, for the EHR incentive program, you know that one would have to participate by NPIs.

Lori Johnson: Right, I'm talking about for future for 2013 submission or 2014 submission. I'm just wondering which – when will the first year that you'll be able to submit your GPRO measures and have that count for your EHR clinical quality measures? I know that in 2014 it'll align but I didn't know if it was going to be available for 2013.

Christine Estella: So the EHR incentive program also for 2013 does not have a group reporting option; starting in 2014 as you stated, according to the EHR incentive program stage two final rule, which should publish September 4th on their – they did finalize a group reporting option starting in 2014, and as you know, we have a group practice reporting option and under the physician fee schedule rule are some options, actually one EHR option, to align with the EHR incentive program in 2014 with respect to group reporting.

Lori Johnson: Great, OK, thank you so much.

Christine Estella: No problem.

Operator: Your next question comes from the line of Vanessa Hardy.

Vanessa Hardy: My question's been answered.

Charlie Eleftheriou: Thank you.

Operator: Your next question comes from the line of Evelyn McWilliams.

Evelyn McWilliams: I have a question about how long the PQRS bonus payments are going to be continued to be paid to physicians and if it's also going to carry over to the eRx, also?

Christine Estella: Sure, this is Christine. As far as how long you can earn an incentive for prescribing, you can earn an incentive for 2013, so the last incentive that the ePrescribing incentive will offer is the 2013 incentive.

For PQRS, we have incentives available until 2014, so a year later, we have, so, I guess, available to you, you can earn starting now, it will be the 2012 incentive, 2013, and 2014 for PQRS. And then starting in 2015, we have no incentives or payment adjustments for ePrescribing incentive program, so essentially that program would end in 2015, and then for PQRS for 2015 we do not have incentives, we only have payment adjustments.

Evelyn McWilliams: OK, and the eRx information that we sent this year that said that, would – does that mean that we don't have to do it next year in order to get those bonuses?

Christine Estella: I'm sorry, could you repeat your question?

Evelyn McWilliams: I believe someone reported this year. We had to report so many codes in order to be eligible for 2012 and also for 2013, so does that mean we don't have to submit any information for 2013 to be eligible for the bonus?

Christine Estella: For a bonus you would have to report, I guess, in your case of (inaudible) codes and I say report – report for each year that you want an incentive.

Evelyn McWilliams: OK, so we would still report them last year like we did this year?

Christine Estella: Yes, yes, so like, for example, reported last year and then you got your incentive this year, great. Make sure you report it this year again so you can get the incentive payment for this year.

Evelyn McWilliams: OK, thank you.

Christine Estella: No problem.

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

Michelle Johnson: Hello, this is Michelle Johnson at Central Wyoming Neurological and my question is, I received the 2013 payment adjustment feedback report and I have one nurse practitioner that was two short on her ePrescribing, so I guess she's going to get a payment adjustment in 2013. Does that continue every year, then?

Christine Estella: The payment adjustments or the ePrescribing incentive programs continue until 2014, but would with respect to the, because you said you got a 2013 payment adjustment feedback report, that would be only for the 2013 payment adjustment. So her allowed charges would be adjusted only for the 2013 calendar year.

Michelle Johnson: OK, so it's not – it doesn't keep adding on top?

Christine Estella: No, it doesn't keep going, right, but she needs to make sure that she reports for the 2014 payment adjustment to make sure she's safe in 2014.

Michelle Johnson: OK, and then she – so just to verify, did you say that PQRS is mandatory in 2013 to not get the 2015 payment adjustment?

Christine Estella: Yes, the reporting period for PQRS for the 2015 PQRS payment adjustment is calendar year 2013, and in 2015 we have adjustments of 1.5 percent – I believe 1.5 percent in an eligible professional – Medicare Part B had a lot of charges for those eligible professionals who do not meet the criteria for satisfactory reporting.

Michelle Johnson: OK, and ...

(Lauren): Michelle, this is (Lauren), just wanted to clarify something, for the 2013 feedback, payment adjustment feedback report that was actually only data through October 31<sup>st</sup>, so there's still an opportunity that your nurse practitioner could have met the requirements by completing her reporting for the rest of 2011, so you might want to look at her 2011 eRx feedback report, because that will give you reporting for the complete year of 2011.

Michelle Johnson: OK, yes, that's what it says, reporting year 2011.

(Lauren): Right, but it's only through October, the report, the 2013 feedback report that you got is ...

Michelle Johnson: Yes, because I was pretty sure that she had enough last year.

(Lauren): Right, so that was just sort of a snapshot, just a partial year reporting, so you should probably check.

Michelle Johnson: Oh, I will.

(Lauren): The 20 ...

Michelle Johnson: So I would have to check, like, in my system then?

Christine Estella: I believe, well I think ...

(Lauren): No you can check – our 2011 feedback reports are available so you can get them the same way you got the feedback – the 2013 payment adjustment feedback report. So you can go on the communications support page and ...

Michelle Johnson: Oh, OK, and just look for the 2011 Report?

(Lauren): Yes, 2011 QPRS feedback report.

Michelle Johnson: Got you, OK, that's good to know. And then another question, quickly. I had a new doctor start in August of this year; so is he and, you know, he is reporting, but is he required – would he be eligible for the ePrescribe since he didn't since start till August?

Christine Estella: So for the ePrescribing incentive program, that eligible professional would not be eligible for the QPRS – or for the 2013 ePrescribing payment adjustment, but that EP can report for the 2012 incentive this year. If for some reason the EP is able to report the ePrescribing measure 25 times from now until the end of December to qualify for an incentive, but he would be out of the payment adjustments for 2013.

Michelle Johnson: He could, OK, OK, OK. Great. Thank you so much.

Christine Estella: No problem.

Operator: Again if you'd like to come into the queue to ask a question, press star one on your telephone keypad.

And your next question comes from the line of Nancy Mullins.

Nancy Mullins: Yes, I am Nancy Mullins and I'm from Ohio and I'm the Director of a therapy group that has physical therapy and occupational therapy and we do the claims, write our claims submission. On 2013 claims measures, are you revising any of the current ones or are you adding any additional measures?

Christine Estella: For 2014, actually, that is still in its proposal stage; we had proposed certain measures to be added or retired under the physician key schedule proposed rule that was released in July. We are still waiting on issuing our final rule for the physician fee schedules. So check back and by the beginning of November, we should have a final rule. So, within the next couple of weeks.

Nancy Mullins: OK, thank you very much.

Christine Estella: No problem.

Operator: Your next question comes from the line of Brunilda Bustamante.

Brunilda Bustamante: Yes, I'm Brunilda Bustamante from El Paso, Texas internal medicine physician, currently one of our physicians in the 1-percent adjustment period for not successfully ePrescribing in 2011, the reporting period from January through June, I'm understanding and so, if we had met the measure for 25 eScribes for the whole year, would that have been voided? I'm just trying to save next year. In other words, for 2012, if we do 25 for the whole year, is the adjustment still applicable?

Christine Estella: So the payment adjustment – this is Christine – The payment adjustments and the incentives are – are separate so it is, for example, it is possible for you to earn, you know, a 2012 payment adjustment but still get a 2011 ePrescribing incentive.

For example, you said, you know, like, let's say a doctor reports the ePrescribing measure in 2011 nine times, so they just missed 10 of that threshold by one from January to June of 2011, but for some reason the doctor, you know, makes up or the doctor is able to report the ePrescribing measure, you know, an additional 16 times after that reporting period is over, then it is possible that a doctor could get, you know the payment adjustment for not reporting enough ePrescribing – not reporting the electronic prescribing measure enough times during that reporting period, but still later get the incentive.

Brunilda Bustamante: OK, so we can still – we can still be safe for 2013 if we complete the 25 for 2012 by getting another incentive, right? The reporting period was also January of 2012 through June of 2012 for 2013, correct?

Christine Estella: So, if you miss – so for the 2013 payment adjustment, so for next year I'll talk about next year, the reporting period for that – for reporting the electronic prescribing measure was January through June of this year, so that's over. If the eligible professional did not meet the – did not report the ePrescribing measure for at least 10 times during that period then he or she would get the ePrescribed 2013 payment adjustment unless, for example if he wasn't eligible for the payment adjustment or if the EP submitted a hardship exemption.

Brunilda Bustamante: OK, and so just to clarify, I also heard you say that if your enrolled for Medicare EHR incentive that you could not ePrescribe is that correct?

Christine Estella: If you – so if you're participating in the Medicare EHR incentive program, and that's not entirely correct it means that you can't receive double payment.

So, if, for example, you became a successful electronic prescriber for the ePrescribing incentive program in 2012 and you met (EDT) meaningful use in 2012 for the EHR incentive programs, you can't get both incentive payments, however, you have to participate in the subscribing incentive program for purposes of a payment adjustment. Because you can still get the payment adjustment.

Brunilda Bustamante: We just have to report in other words?

Christine Estella: Yes.

Brunilda Bustamante: And you guys are going to determine whether or not we receive bonus or not right?

Christine Estella: Yes.

Brunilda Bustamante: I mean I don't want to be doing anything wrong, because it seems like there's so many things going on at the same time it's hard to – to catch it all.

Christine Estella: Yes, I understand that. CMS performs the analysis on the back end to determine – to make sure that you don't – that double payments aren't received.

Brunilda Bustamante: OK, so we do just keep reporting even though we're participating in the EHR program also, right?

Christine Estella: Yes, and I (inaudible), yes.

Brunilda Bustamante: OK, thank you.

Charlie Eleftheriou: Just to confuse you one little bit more, if you are participating in meaningful use, but as a Medicaid provider, you can earn the Medicaid EHR incentive as well as the Medicare EHR ePrescribing incentive. Only the Medicare EHR incentive, but you cannot earn in addition to the ePrescribing program incentive.

Brunilda Bustamante: OK, thank you very much.

Operator: Your next question comes from the line of A.J. Hernandez.

A.J. Hernandez: Hi, can you hear me?

Christine Estella: Yes, we can.

A.J. Hernandez: Oh, good I turned off speaker. I have a question. I work for Vantage Radiology Group in Washington, and I submitted the hardship exemption for 2013 ERx payment because our interventional radiologist do not write enough prescriptions and they don't have access to a electronic prescription system and when I went in to look at the feedback report for eRx, I rightfully showed that my providers did not meet the 10 G codes reporting, but where would it show that we met and were approved for the hardship exemption.

(Lauren): Hi, this is (Lauren), the feedback reports actually to do provide information about any hardship exemptions requested or approved.

A.J. Hernandez: OK, so how do I tell my physicians that I know that they're not going to get hit with the 1.5 percent penalty.

Christine Estella: This is – this is Christine – so when you went into the – when you log into the communications support page, and you requested an exemption and I think you could (inaudible) required fields that I know for radiologist, there's a kind of a step you follow and doctors that appear for those and you click submit, you should have received an e-mail stating whether or not your request was approved or denied.

A.J. Hernandez: Yes, I did.

Christine Estella: Yes, that's your notification that you according to the information that you provided that your request was approved or denied.

A.J. Hernandez: OK, now related to the next reporting period of 2013 for eRx, I understand from a previous teleconference that or provider call that I have to change my participation for my radiologists from individual reporting to GPRO, is that correct?

Christine Estella: So, for next year's reporting you're actually – we don't require you participate as a group practice.

A.J. Hernandez: Are you sure?

Christine Estella: No, not for the ePrescribing incentive program.

A.J. Hernandez: Oh, really I can keep them as individuals.

Christine Estella: Yes, they can participate individually for the ePrescribing incentive program; however, as I understand it there is a value-based payment modifier that has proposed to analyze group [to] group and that actually – that value-based payment modifier with respect to next year is still in its proposed stage. So the final rule on that should come out within the next couple of weeks.

A.J. Hernandez: Right and as far as the PQRS reporting, I can keep my physicians as individual providers also for 2013?

Christine Estella: Yes, for PQRS, you can report individual or as a group, it's up to you and then again for, you know for this year's reporting, I'm assuming your pretty set, but for next year's reporting, we'll have our final rule issue with the requirement within the next couple of weeks.

A.J. Hernandez: Right, cause I won't fill out the – I won't submit exemptions for 2013 until – hardship exemptions until after November 1st.

Christine Estella: Yes.

A.J. Hernandez: Great, OK, thank you Christine.

Christine Estella: No problem.

Charlie Eleftheriou: Thank you. Holly, we have time for one more question.

Operator: OK, your final question comes from the line of Paula Erret.

Paula Erret: I'm hoping this is the right place to ask the question. To say I know nothing about this is putting it lightly. I'm actually the administrator of three rural health clinics and I do know that rural health clinics do participate in PQRS.

We recently took out our surgeon from being part of the rural health clinic, so she now stands on her own. But we're owned and operated by a critical access

hospital that she is employed by. So do I still need to look at her as participating in the PQRS?

Christine Estella: Hi, this is Christine. Actually I believe your example maybe a little, there may be more nuances to it than what you've described. So, to you make sure that we provide you with a correct answer and you can provide us with actual information would you please e-mail our QNet Support Quality Help Desk and then we will get back to you that way.

Paula Erret: And that's on one of the pages in the slides?

Christine Estella: Slide 28, qnetsupport@sdps.org. Do you see that?

Paula Erret: Slide 28. Great, I will do that. Thank you.

Operator: Thank you. Charlie, I'll turn it back over to you.

## **Additional Information**

Charlie Eleftheriou: OK, thank you. All right, that's all the time we have for today. If we did not get to your questions, please do contact the Quality Support Help Desk that contact information as we – as we said was on slide 28 of today's presentation.

Please note that while we may not be able to address every question, we will review them all to help develop fully – I'm sorry, to help develop frequently asked questions, educational products, and future messaging.

On the last slide of today's presentation, that'd be slide 30, you'll find information in the Web site to evaluate your experiences 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 the opportunity to evaluate the call. You may disregard this e-mail if you've already completed the evaluation. We appreciate the feedback.

I'd like to thank everyone who participated on today's call. An audio recording and written transcript will be posted to the Physician Quality Reporting System and National Provider Calls web pages on the CMS Web site in approximately three weeks. Have a great day, everyone, and we thank you for your participation.

Operator: Thank you for your participation on today's call. You may now disconnect. Speakers, please hold the line.

END