

National Provider Call:
Physician Quality Reporting System (PQRS)
and
Electronic Prescribing (eRx)
Incentive Program

February 19, 2013

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Agenda



◆ CMS Updates/Announcements

◆ Presentation

◆ Electronic Prescribing (eRx) Incentive Program

- ◆ Background and eRx Payment Adjustment Overview

- ◆ How to Avoid the 2014 eRx Payment Adjustment

◆ Physician Quality Reporting System (PQRS)

- ◆ Background and PQRS Payment Adjustment Overview

- ◆ How to Avoid the 2015 PQRS Payment Adjustment

◆ Resources & Where to Call for Help

◆ Question and Answer Session

eRx Incentive Program

BACKGROUND AND PAYMENT ADJUSTMENT OVERVIEW

eRx Incentive Program: Background



- ◆ Established in 2009, the Medicare eRx Incentive Program seeks to encourage the use of electronic prescribing by providing incentives and payment adjustments based on whether eligible professionals, or group practices participating in eRx Group Practice Reporting Option (GPRO) meet the criteria for being successful electronic prescribers
 - ◆ The applicable eRx incentive amounts are:

2.0% for 2009	1.0% for 2012
2.0% for 2010	0.5% for 2013
1.0% for 2011	
 - ◆ The applicable eRx payment adjustment amounts are:

1.0% in 2012
1.5 % in 2013
2.0% in 2014
- ◆ The 2012 and 2013 Physician Fee Schedule (PFS) Final Rules set forth requirements for the 2012 and 2013 eRx Incentive Program incentive payments, and for the 2013 and 2014 eRx payment adjustments
 - ◆ No eRx Incentive Program incentive payments are scheduled past 2013
 - ◆ No eRx payment adjustments are scheduled past 2014

eRx Incentive Program: Background (cont.)



- ◆ 2013 eRx Incentive Program Reporting Periods
 - ◆ 12 months (**January 1–December 31, 2013**)
 - ◆ **ONLY** applies to the 2013 eRx incentive payment
 - ◆ Last reporting period to earn an eRx Incentive Program incentive payment
 - ◆ Must generate eRx events and report the required number of denominator-eligible visits
 - ◆ Reporting Methods: claims, registry, or qualified EHR
 - ◆ Claims must be processed into the National Claims History file (NCH) by **February 28, 2014**
 - ◆ 6 months (**January 1–June 30, 2013**)
 - ◆ **ONLY** applies to the 2014 eRx payment adjustment
 - ◆ Last reporting period to avoid the 2014 eRx payment adjustment
 - ◆ Must report the required number of eRx events (regardless of denominator eligibility) for *any* payable Medicare Part B PFS service
 - ◆ Reporting Method: **claims only**
 - ◆ Claims must be processed into the National Claims History file (NCH) by **July 26, 2013**

eRx Incentive Program: 2014 eRx Payment Adjustment Overview



◆ eRx Payment Adjustment Analysis

- ◆ Individual Eligible Professionals
 - ◇ Analyzed for each Taxpayer Identification Number/National Provider Identifier (TIN/NPI) combination
 - ◇ The eRx payment adjustment may be applied to each unsuccessful TIN/NPI
 - ◇ Analysis is based on the individual/rendering NPI - not group NPI
- ◆ eRx GPROs
 - ◇ Analyzed at the TIN level under the TIN submitted at the time of final self-nomination
 - ◇ If an eRx GPRO is unsuccessful at avoiding a payment adjustment, all NPIs under the TIN during the unsuccessful reporting period will receive the payment adjustment
 - ◇ If an organization or eligible professional changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis

eRx Incentive Program: 2014 eRx Payment Adjustment Overview (cont.)



- ◆ Individual Eligible Professionals who meet **ALL** of the following criteria may be subject to the 2014 eRx payment adjustment:
 - ◆ Have more than 10% of an individual eligible professional's allowed charges for the 2013 eRx 6-month reporting period (1/1/13–6/30/13) comprised of codes in the denominator of the 2012 eRx measure;
 - ◆ Meet the taxonomy criteria (Doctor of Medicine, Doctor of Osteopathy, Doctor of Podiatric Medicine, Nurse Practitioner, or Physician Assistant) based on National Plan and Provider Enumeration System (NPPES) primary specialty taxonomy criterion for the 2013 eRx 6-month reporting period; **AND**
 - ◆ Have more than 100 cases containing an encounter code in the measure's denominator during the 2013 eRx 6-month reporting period

Note: *If the eligible professional does not meet one of the above criteria, (s)he will be automatically exempt from the 2014 eRx payment adjustment*

eRx Incentive Program: 2014 eRx Payment Adjustment Overview (cont.)



- ◆ eRx GPROs who meet the following criteria may be subject to the 2014 eRx payment adjustment:
 - ◆ Have more than 10% of the eRx GPRO's allowed charges for the 2013 eRx 6-month reporting period (1/1/13–6/30/13) comprised of codes in the denominator of the 2013 eRx measure

eRx Incentive Program: 2014 eRx Payment Adjustment Overview (cont.)



- ◆ Remittance Advice and the 2014 eRx Payment Adjustment
 - ◆ Indicator “LE” for all Medicare Part B services rendered from January 1-December 31, 2014; **AND**
 - ◆ Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC):
 - ◆ **CARC 237** – Legislated/Regulatory Penalty
 - ◆ **RARC N545** (or NCPDP Reject Reason Code) – “Payment reduced based on status as an unsuccessful eprescriber per the Electronic Prescribing (eRx) Incentive Program”
- ◆ If CMS determines the payment adjustment was applied in error, the claim will be re-processed to return the 2.0% and the Remittance Advice for the re-processed claim will include the following codes and messages:
 - ◆ **CARC 237** – Legislated/Regulatory Penalty
 - ◆ **RARC N546** (or NCPDP Reject Reason Code) – “Payment represents a previous reduction based on the Electronic Prescribing (eRx) Incentive Program”

eRx Incentive Program

HOW TO AVOID THE 2014 eRx PAYMENT ADJUSTMENT

Avoiding 2014 eRx Payment Adjustment: Participation



- ◆ Individual eligible professionals and eRx GPROs can avoid the 2014 eRx payment adjustment through one of the following steps:
 1. Was a successful electronic prescriber for the 2012 eRx 12-month (1/1/12-12/31/12) reporting period; **OR**
 2. Be a successful electronic prescriber for the 2013 eRx 6-month reporting period (1/1/13-6/30/13); **OR**
 3. Request a 2014 eRx hardship exemption, if applicable; **OR**
 4. Achieve Meaningful Use under the Medicare or Medicaid EHR Incentive Program during the 12-month (1/1/12-12/31/12) or 6-month (1/1/13-6/30/13) eRx reporting period; **OR**
 5. Demonstrate intent to participate in the Medicare or Medicaid EHR Incentive Program by registering (providing EHR certification ID) by 6/30/13 and adopting Certified EHR Technology

Avoiding 2014 eRx Payment Adjustment: Individual Reporting



Avoiding the 2014 eRx Payment Adjustment – Individual Eligible Professionals

2014 eRx Payment Adjustment Reporting Period	Reporting Mechanism	Reporting Options – Individual Eligible Professionals
12-month (Jan 1-Dec 31, 2012)	Claims, Qualified Registry, or Qualified EHR (<i>Direct EHR & EHR data submission vendor</i>)	Report on the 2012 electronic prescribing measure's numerator code at least 25 times for encounters associated with at least 1 of the denominator codes (same criteria as the 2012 eRx Incentive Program incentive)
6-month (Jan 1-Jun 30, 2013)	Claims	Report the electronic prescribing measure's numerator code at least 10 times on <u>any payable</u> Medicare PFS service

Avoiding 2014 eRx Payment Adjustment: eRx GPRO Reporting



Avoiding the 2014 eRx Payment Adjustment – eRx GPRO

Group Practice Size	2014 eRx Payment Adjustment Reporting Period	Reporting Mechanism	Reporting Options – eRx GPRO
25-99 Eligible Professionals	12-month (Jan 1-Dec 31, 2012)	Claims, Qualified Registry, or Qualified EHR	Report the electronic prescribing measure's numerator for at least 625 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2012 eRx Incentive Program incentive)
100+ Eligible Professionals	12-month (Jan 1-Dec 31, 2012)	Claims, Qualified Registry, or Qualified EHR	Report the electronic prescribing measure's numerator for at least 2,500 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2012 eRx Incentive Program incentive)
2-24 Eligible Professionals	6-month (Jan 1-Jun 30, 2013)	Claims	Report the electronic prescribing measure's numerator code at least 75 times on <u>any payable</u> Medicare PFS service
25-99 Eligible Professionals	6-month (Jan 1-Jun 30, 2013)	Claims	Report the electronic prescribing measure's numerator code at least 625 times on <u>any payable</u> Medicare PFS service
100+ Eligible Professionals	6-month (Jan 1-Jun 30, 2013)	Claims	Report the electronic prescribing measure's numerator code at least 2,500 times on <u>any payable</u> Medicare PFS service

Avoiding 2014 eRx Payment Adjustment: Hardship Exemption



◆ 2014 eRx Payment Adjustment Hardship Exemptions

- ◆ Unable to electronically prescribe due to local, state, or federal law, or regulation
- ◆ Has or will prescribe fewer than 100 prescriptions during the 6-month reporting period
- ◆ Practices in a rural area without sufficient high-speed Internet access (G8642)
- ◆ Practices in an area without sufficient available pharmacies for electronic prescribing (G8643)
- ◆ Does not have prescribing privileges during the 6-month reporting period (G8644)
- ◆ Eligible professionals or group practices who achieve Meaningful Use during certain eRx payment adjustment reporting period

Determined by CMS through review of the EHR Incentive Program Attestation and Registration system and will be automatically processed by CMS

- ◆ Eligible professionals or group practices who demonstrate intent to participate in the EHR Incentive Program and adoption of Certified EHR Technology

Determined by CMS through review of the EHR Incentive Program Attestation and Registration system and will be automatically processed by CMS

Avoiding 2014 eRx Payment Adjustment: Hardship Exemption (cont.)



- ◆ 2014 eRx hardship exemptions and lack of prescribing privileges must be submitted on or before **June 30, 2013**
 - ◆ Listserv messages will announce the opening of the Communication Support page for 2014 eRx hardship exemption requests
 - ◆ Select hardship exemptions, and lack of prescribing privileges, have been assigned G-codes, which are reportable via any payable Medicare PFS claim with a date of **January 1-June 30, 2013**
 - ◇ Claims must be processed into National Claims History (NCH) by **July 26, 2013**
- ◆ 2013 eRx GPRO must indicate hardship exemptions during self-nomination or submit an exemption request via the Communication Support Page
 - ◆ https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234
- ◆ CMS will review hardship exemption requests on a case-by-case basis

Avoiding 2014 eRx Payment Adjustment: Hardship Exemption (cont.)



◆ Requesting a Hardship Exemption - The Communication Support Page

STEP 1: Go to the Communication Support Page

STEP 2: Click on “Create Hardship Exemption Request” (see image)

STEP 3: Select “Individual Eligible Professional” or “Group Practice (a group practice that self-nominated to participate in the 2013 eRx Group Practice Reporting Option)”

STEP 4: Fill out the “Requestor Contact Information” section

STEP 5: Select the hardship that best applies, provide justification, review the “User Agreement”, check the box to accept and click “Submit” (see image)



*Select the Hardship Exemption that Best Applies:

- I have an inability to electronically prescribe due to local, State, or Federal law or regulation.
- I prescribed or expect to prescribe fewer than 100 prescriptions in the January 1 through June 30, 2013 reporting period.
- I practice in a rural area without sufficient high speed internet access.
- I practice in an area without sufficient available pharmacies for electronic prescribing.

*Provide Justification for Hardship Exemption (Maximum of 1,000 characters):

*User Agreement:

"I do hereby attest that this information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or

I accept the user agreement



PQRS

BACKGROUND AND PAYMENT ADJUSTMENT OVERVIEW

PQRS Background



- ◆ Established in 2007, PQRS is a Medicare Part B reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of PFS quality information by eligible professionals, or group practices participating in GPRO
 - ◆ The applicable PQRS incentive amounts are:

1.5% for 2007	1.0% for 2011
1.5% for 2008	0.5% for 2012
2.0% for 2009	0.5% for 2013
2.0% for 2010	0.5% for 2014
 - ◆ The applicable PQRS payment adjustment amounts are:
 - 1.5% in 2015
 - 2.0% in 2016
- ◆ The 2013 PFS Final Rule sets forth requirements for the PQRS incentive payment, and for the 2015 PQRS payment adjustments
 - ◆ No PQRS incentive payments are scheduled past 2014

PQRS Payment Adjustment Overview



◆ Eligible to Receive 2015 PQRS Payment Adjustment

◆ **Physicians**

- ◆ Doctor of Medicine, Doctor of Osteopathy, Doctor of Podiatric Medicine, Doctor of Optometry, Doctor of Dental Surgery, Doctor of Dental Medicine, Doctor of Chiropractic

◆ **Practitioners**

- ◆ Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant), Certified Nurse Midwife, Clinical Social Worker, Clinical Psychologist, Registered Dietician, Nutrition Professional, Audiologists (as of 1/1/2009)

◆ **Therapists**

- ◆ Physical Therapist, Occupational Therapist, Qualified Speech-Language Therapist

PQRS Payment Adjustment Overview (cont.)



◆ 2015 PQRS Payment Adjustment Analysis

- ◆ Individual eligible professionals are analyzed for each TIN/NPI combination
 - ◆ The PQRS payment adjustment may be applied to each unsuccessful TIN/NPI
 - ◆ Analysis is based on the individual/rendering NPI - not group NPI
 - ◆ If an eligible professional changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis
- ◆ PQRS GPROs are analyzed at the TIN level
 - ◆ Analyzed at the TIN level under the TIN submitted at the time of final self-nomination
 - ◆ If a group is unsuccessful at avoiding a payment adjustment, all NPIs under the TIN during the unsuccessful reporting period will receive the payment adjustment
 - ◆ If an organization changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis

PQRS Payment Adjustment Overview (cont.)



- ◆ 2015 PQRS Payment Adjustment Application
 - ◆ Applied two years after the reporting program year
 - ◇ 2013 PQRS reporting - 2015 PQRS payment adjustment
 - ◇ 2014 PQRS reporting - 2016 PQRS payment adjustment
 - ◆ Applies to all Part B covered professional services under the Medicare PFS during the payment adjustment period
 - ◇ **1.5% adjustment in 2015** (receive 98.5% of their Medicare Part B PFS amount that would otherwise apply to such services)
 - ◇ **2.0% adjustment in 2016** (receive 98.0% of their Medicare Part B PFS amount that would otherwise apply to such services)

Note: *If you are a group practice consisting of 100 or more eligible professionals, beginning with 2013 program year, your physicians may also be subject to the 2015 Value-based Payment Modifier (VM); see the CMS VM website for more information. The VM downward adjustment does not apply to ACOs.*

2013 PQRS

HOW TO AVOID THE 2015 PQRS PAYMENT ADJUSTMENT

Avoiding 2015 PQRS Payment Adjustment



◆ Individual Eligible Professionals

1. Meet the criteria for satisfactory reporting for the 2013 PQRS incentive payment; **OR**
2. Report 1 valid measure or 1 valid measures group; **OR**
 - ◆ One instance of a measure or measures group can be submitted according to the requirements set forth in the 2013 PQRS measure specifications
3. Elect to be analyzed under the administrative claims-based reporting mechanism
 - ◆ Details on how to select this reporting option will be made available in 2013

Avoiding 2015 PQRS Payment Adjustment (cont.)



◆ 2013 PQRS GPRO

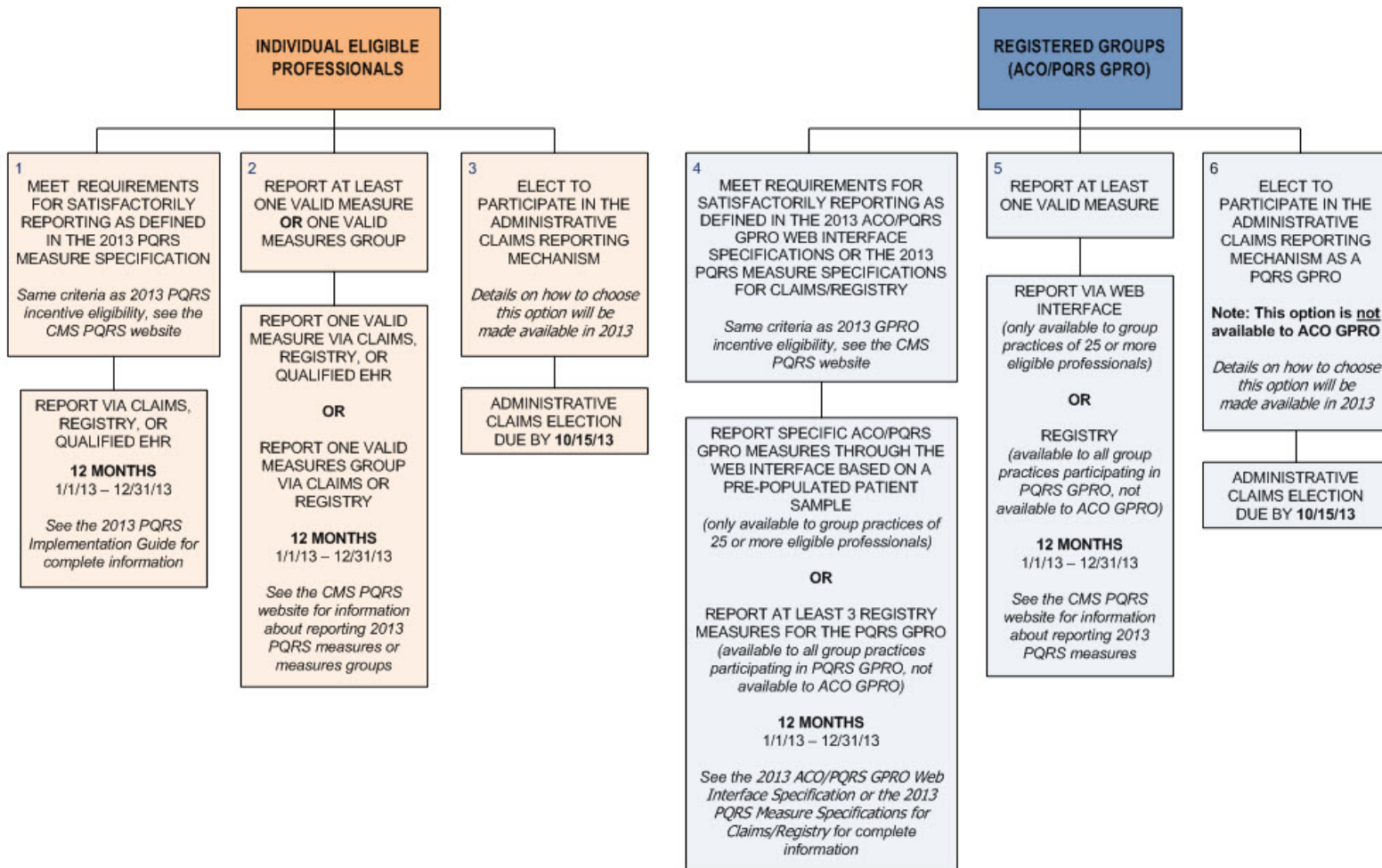
1. Meet the criteria for satisfactory reporting for the 2013 PQRS incentive payment under the GPRO; **OR**
2. Report 1 valid measure; **OR**
3. Elect to be analyzed under the administrative claims-based reporting mechanism
 - ◆ Details on how to select this reporting option will be made available in 2013
 - ◆ Not available to ACO GPROs

Note: *If participating in PQRS through another CMS program (such as the Medicare Shared Savings Program), please check the program's requirements for information on how to simultaneously report under PQRS and the respective program.*

Avoiding 2015 PQRS Payment Adjustment (cont.)



I WANT TO AVOID THE 2015 PQRS PAYMENT ADJUSTMENT
SELECT ONE CRITERIA TO AVOID THE 2015 PQRS PAYMENT ADJUSTMENT



Criteria for Satisfactory Reporting for the 2013 PQRS Incentive



Eligible Professionals: 2013 PQRS Reporting Options for Satisfactory Reporting

Measure Type	Reporting Mechanism	2013 PQRS Reporting Options for Incentive Payment for Individual Eligible Professionals
Individual Measures	Claims	<p>Report at least 3 measures; OR If less than 3 measures apply to the eligible professional, report 1-2 measures (subject to the MAV); AND Report each measure for at least 50% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. <i>Measures with a 0% performance rate will be considered in analysis but will not be considered satisfactorily reported for incentive eligibility.</i></p>
Individual Measures	Registry	<p>Report at least 3 measures; AND Report each measure for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. <i>Measures with a 0% performance rate will not be counted.</i></p>
Individual Measures	Qualified Direct EHR Product	<p>Option 1: Report on ALL 3 PQRS EHR measures that are also Medicare EHR Incentive Program core measures. If the denominator for one or more of the Medicare EHR Incentive Program core measures is 0, report on up to 3 PQRS EHR measures that are also Medicare EHR Incentive Program alternate core measures; AND Report on 3 additional PQRS EHR measures that are also measures available for the Medicare EHR Incentive Program Option 2: Report at least 3 measures, AND Report each measure for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. <i>Measures with a 0% performance rate will not be counted.</i></p>

Criteria for Satisfactory Reporting for the 2013 PQRS Incentive (cont.)



Eligible Professionals: 2013 PQRS Reporting Options for Satisfactory Reporting (cont.)

Measure Type	Reporting Mechanism	2013 PQRS Reporting Options for Incentive Payment for Individual Eligible Professionals
Individual Measures	Qualified EHR Data Submission Vendor	<p>Option 1: Report on ALL 3 PQRS EHR measures that are also Medicare EHR Incentive Program core measures. If the denominator for one or more of the Medicare EHR Incentive Program core measures is 0, report on up to 3 PQRS EHR measures that are also Medicare EHR Incentive Program alternate core measures; AND Report on 3 additional PQRS EHR measures that are also measures available for the Medicare EHR Incentive Program</p> <p>Option 2: Report at least 3 measures; AND Report each measure for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. <i>Measures with a 0% performance rate will not be counted.</i></p>
Measures Groups	Claims	<p>Report at least 1 measures group; AND Report each measures group for at least 20 Medicare Part B FFS patients. <i>Measures groups containing a measure with a 0% performance rate will not be counted.</i></p>
Measures Groups	Registry	<p>Report at least 1 measures group; AND Report each measures group for at least 20 patients, a majority (11) of which must be Medicare Part B FFS patients. <i>Measures groups containing a measure with a 0% performance rate will not be counted.</i></p>

Criteria for Satisfactory Reporting for the 2013 PQRS Incentive (cont.)



PQRS GPRO: 2013 PQRS Reporting Options for Satisfactory Reporting

Reporting Mechanism	Group Practice Size	2013 Registered Group (PQRS GPRO) Reporting Options for Incentive Payment
Registry	All Group Practices	Report at least 3 measures, AND Report each measure for at least 80% of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. <i>Measures with a 0% performance rate will not be counted.</i>
GPRO Web Interface	25-99 eligible professionals only	Report on all measures included in the Web Interface; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample (with an over-sample of 283) for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100% of assigned beneficiaries.
GPRO Web Interface	100+ eligible professionals only	Report on all measures included in the Web Interface; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample (with an over-sample of 534) for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100% of assigned beneficiaries.

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RESOURCES & WHERE TO CALL FOR HELP

Resources



- ◆ **CMS PQRS Website**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>

- ◆ **CMS eRx Incentive Program Website**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive>

- ◆ **Medicare Shared Savings Program**

http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html

- ◆ **CMS Value-based Payment Modifier (VM) Website**

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>

- ◆ **Communication Support Page**

https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234

- ◆ **Medicare and Medicaid EHR Incentive Programs**

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

- ◆ **FFS Provider Listserv**

<https://list.nih.gov/cgi-bin/wa.exe?A0=PHYSICIANS-L>

- ◆ **Frequently Asked Questions (FAQs)**

<https://questions.cms.gov/>

Acronyms



- ◆ **ACO** – Accountable Care Organization
- ◆ **EHR** – Electronic Health Record
- ◆ **eRx** – Electronic prescribing
- ◆ **NPI** – National Provider Identifier
- ◆ **PFS** – Physician Fee Schedule
- ◆ **PQRS** – Physician Quality Reporting System
- ◆ **TIN** – Tax Identification Number (Employer Identification Number/EIN or Social Security Number/SSN)
- ◆ **VM** – Value-based Payment Modifier

Where to Call for Help

◆ QualityNet Help Desk:

- ◆ Portal password issues
- ◆ PQRS/eRx feedback report availability and access
- ◆ IACS registration questions
- ◆ IACS login issues
- ◆ PQRS and eRx Incentive Program questions

866-288-8912 (TTY 877-715-6222)

7:00 a.m.–7:00 p.m. CST M-F or gnetsupport@sdps.org

You will be asked to provide basic information such as name, practice, address, phone, and e-mail

◆ Provider Contact Center:

- ◆ Questions on status of 2012 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)
- ◆ See *Contact Center Directory* at <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

◆ EHR Incentive Program Information Center:

888-734-6433 (TTY 888-734-6563)

CMS Staff

QUESTIONS & ANSWERS

Evaluate Your Experience with Today's National Provider Call



- ◆ To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.
- ◆ To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.
- ◆ All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.
- ◆ We appreciate your feedback!

