**Centers for Medicare & Medicaid Services**
**PQRS and eRx Incentive Program Payment Adjustment National Provider Call**
**Moderator: Aryeh Langer**
**June 18, 2013**
**1:30 p.m. ET**

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# Announcements and Introduction

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

I will now turn the call over to Mr. Aryeh Langer. You may begin.

Aryeh Langer: Hi. I'm Aryeh Langer from the Provider Communications Group here at CMS, and I will serve as your moderator today.

I'd like to welcome you to this National Provider Call on PQRS and the eRx Incentive Program Payment Adjustment. Today's National Provider Call is brought to you by the Medicare Learning Network, your source for official information for health care professionals.

This National Provider Call provides a general overview of the Physician Quality Reporting System, or PQRS, payment adjustment and Electronic Prescribing, or eRx, Incentive Program payment adjustment, as well as specifics on the 2015 PQRS and 2014 eRx adjustments, including eligibility, how to avoid future payment adjustments, key points, and tips for successful participation.

A question-and-answer session will follow the presentation. Before we get started, I have a few announcements. Links to the slide presentation for today's call were e-mailed to all registrants earlier this afternoon. These materials can also be downloaded from the CMS MLN National Provider Calls Web page at www.cms.gov/npc. Again, that URL is www.cms.gov/npc.

At the left side of the Web page, select National Provider Calls and Events, then select today's date from the call list. The announcements regarding today's call will be sent out via e-mail to registrants at a later date, and they'll also be posted on the CMS Web site. This call is being recorded and transcribed. An audio recording and written transcript will be posted soon to the National Provider Calls and Events section of the MLN National Provider Calls Web page that I just mentioned.

At this time, I'd like to turn the call over to Molly MacHarris. Molly?

# Presentation

Molly MacHarris: Thank you, Aryeh. We're going to go ahead and get started on the presentation. Again, you can access the slides where Aryeh was just mentioning. So what we're going to cover today is the E-Prescribing Incentive Program, focusing on the 2014 e-prescribing payment adjustment. And then for the Physician Quality Reporting System, the PQRS payment adjustment and what steps you need to take – you need to take to avoid the 2015 PQRS payment adjustment.

***eRx Incentive Program: Background and Payment Adjustment Overview***

So I'm going to start on slide 6 with some background on the E-Prescribing Incentive Program. This is a federally mandated Medicare Part B program. The program initially began as a measure in the PQRS program back in 2007 when that program initially began. In 2009, it was made a separate and distinct program, and we finalized our requirement through the e-prescribing program and the Physician Fee Schedule rule. The most recent set of requirements are included in the 2013 Physician Fee Schedule final rule.

The program was designed to promote electronic prescribing by eligible professionals and group practices. E-prescribing is widely believed to improve accuracy in the prescription process and reduce potential for medical errors and increase health care quality. Two thousand thirteen is the last year to earn an incentive payment under the e-prescribing program, and 2014 is the last year of the e-prescribing program, and that year will entirely consist of payment adjustments. After 2014, the e-prescribing program is complete.

Moving on to slide 7, this provides a breakdown of the years of the e-prescribing program and the corresponding incentive amounts and payment adjustments. As you can see, the program issued a variety of incentives and payment adjustments to increase participation and increase adoption of e-prescribing. One note is that for EPs who do not achieve Meaningful Use under the Medicare EHR Incentive Program, and that are also subject to the 2014 e-prescribing payment adjustment, will receive an additional 1-percent EHR Incentive Program adjustment in 2015.

So we do of course strongly encourage folks to e-prescribe for the 2013 year and for purposes of avoiding the 2014 e-prescribing payment adjustment.

Slide 8, the last reporting periods we have available. The 12-month period only applies to the 2013 e-prescribing incentive payment, and that's for dates of service January 1st through December 31st. The 6-month reporting period of January 1st through June 30th, 2013, only applies to the 2014 e-prescribing payment adjustment. It's the last reporting period available to avoid the 2014 e-prescribing payment adjustment, and the only method of submission for that reporting period is claims.

Moving on to slide 9. So, a little bit more information on how we do our analysis on the e-prescribing payment adjustment. So there's two ways that you can participate. First is as an individual eligible professional. And we analyze providers based off of their unique Tax Identification Number/National Provider Identifier, or the TIN/NPI combination. And then the second way to participate is as an e-prescribing group practice. The group practices would have had to have self-nominated back in January of this year, and that analysis is performed at the TIN level.

Moving on to slide 10, individual eligible professionals who meet all of the following criteria may be subject to the 2014 e-prescribing payment adjustment if the EP has more than 10 percent of an individual's allowed charges for the 2013 e-prescribing 6-month

reporting period comprised of codes in the denominator of the 2013 e-prescribing measure.

We also have some taxonomy criteria—doctor of medicine, doctor of osteopathy, doctor of podiatric medicine, nurse practitioner, or physician assistant—and this is based off of your NPPES primary specialty taxonomy criteria during the 6-month e-prescribing period. And you would need to have more than 100 cases containing an encounter code in the measure's denominator during the 2013 e-prescribing 6-month reporting period.

So, if you as individual provider do not have one of the above criteria, you would not be subject to the 2014 e-prescribing payment adjustment.

And then slide 11, for the e-prescribing group practices. If the group – if the group practice's charges have 10 percent or more of the Medicare Part B Physician Fee Schedule allowable charges for encounter codes in the measure's denominator for dates of service from January 1st through June 30th, so the 6-month reporting period.

Slide 12. So what we cover here are the remittance advice, so RARC and CARC codes, that providers can receive on their remittance advice so you can determine whether or not you are subject to the payment adjustment. There would be an LE indicator, and there would also be the CARC 237 code and the RARC N545.

So, if you as a provider have these on your remittance advice, it indicates that you are subject to the e-prescribing payment adjustment.

***eRx Incentive Program: How to Avoid the 2014 eRx Payment Adjustment***

Now I'm going to go ahead and move on to slides 13 and 14 of additional ways to avoid the 2014 e-prescribing payment adjustment.

So starting on slide 14, individual EPs and e-prescribing GPROs can avoid the 2014 e-prescribing payment adjustment through one of the following steps. So the first method is if you were a successful electronic prescriber for the 2012 e-prescribing reporting period. So if you were incentive-eligible for the 2012 e-prescribing program, you would avoid the 2014 payment adjustment.

An additional method to avoid the 2014 payment adjustment is if you are a successful electronic prescriber for the 6-month 2013 e-prescribing reporting period. An additional way to avoid the 2014 e-prescribing payment adjustment is to request a 2014 e-prescribing hardship exemption if one applies to you.

And then, there are two additional ways to avoid the 2014 e-prescribing payment adjustment. And these cover our Meaningful Use-related exemptions.

The first is to achieve Meaningful Use under the Medicare or Medicaid EHR Incentive Program during the 12 months of 2012 or the first 6 months of 2013, or if you demonstrate an intent to participate in the Medicare or Medicaid EHR Incentive Program

by registering for those programs and providing your EHR certification ID during the e-prescribing 6-month reporting period. And you would additionally had to have adopted certified EHR technology. But for those last two that I covered, as long as you achieve Meaningful Use or demonstrate your intent to participate, you would automatically be exempt from the 2014 e-prescribing payment adjustment. No additional steps are required.

Slide 15. So this outlines the different reporting periods and the reporting mechanisms that are available for the 2012 12-month reporting period. Individual eligible professionals would have had to have reported the e-prescribing measure 25 times, and the submission methods were claims, qualified registries, or if you're qualified EHR.

And then for the last reporting period that's available, the 6-month period in 2013, again, the only method that you can submit is on claims, and we would need to have the e-prescribing measure's numerator code recorded at least 10 times on any payable Medicare Physician Fee Schedule service. It does not have to be on a denominator-eligible case for those 10 instances during 2013.

Moving on to slide 16. For the e-prescribing group practices, the methods of participation depend on your group size and the number of instances that you would have to report the e-prescribing measure. If you are a – well, for the 2012 period, if you're a group size 25 to 99, you would have had to have reported 625 times. If you're a 100 or above, you would have had to have reported 2,500 times.

For the 2013 reporting period, if you were a self-nominated e-prescribing GPRO and if you're a group size of 2 to 24, you would have to report the e-prescribing measure 75 times. If you're a self-nominated, e-prescribing GPRO and you're a group size 25 to 99, you would have to report the e-prescribing measure 625 times. And then if you are a large GPRO, 100 or greater, and you have self-nominated for the 2013 e-prescribing GPRO, you would have to report the measure 2,500 times to avoid the 2014 e-prescribing payment adjustment.

Slide 17 covers the 2014 e-prescribing payment adjustment hardship exemptions. They include the inability to electronically prescribe due to local, State, or Federal law or regulation; if you have or will prescribe fewer than 100 prescriptions for Medicare patients during the 6-month reporting period—again, that's January 1st, 2013, through June 30th, 2013; if you practice in a rural area without sufficient high-speed Internet access; if you practice in an area without sufficient available pharmacies for electronic prescribing; if you do not have prescribing privileges during the 6-month reporting period—again, that's January 1st through June 30th, 2013. And then the last two: if the eligible professional or group practice achieves Meaningful Use during certain timeframes, of if the eligible professional or group practice demonstrates the intent to participate in the EHR Incentive Program and have adopted certified EHR technology.

Again, the submission methods for those last two hardships are determined by CMS, and we utilize the data that's maintained within the EHR Incentive Program attestation and registration module.

Slide 18, additional information on the hardship. We do need to receive all of these hardships by the end of the reporting period, so by June 30th, 2013. They can be reported via the Communication Support page. And there are a few hardships that can be reported utilizing a G code. If you look back on slide 17, the hardships that have a "G" in parentheses at the end of the bullet, those are hardships that can be reported on claims.

Additionally, the 2013 e-prescribing GPROs have to indicate their hardship exemptions either during their self-nomination statement, or they would have to request an exemption via the Communication Support Page by June 30th, so by the end of this month.

Slide 19. This goes over the steps of requesting the hardship exemption. So the first is to go to the Communication Support Page. And the link is contained there on step 1 on slide 19. You then want to click on "Create Hardship Exemption Request." From there, you would want to select either "Individual Eligible Professional" or "Group Practice"—and again, you only want to select group practice if you are a group practice that's self-nominated and is approved to participate in the 2013 e-prescribing group practice reporting option. So if you are a group practice and you did not self-nominate by January of this year, you would need to select the individual eligible professional option.

Slide 20. Step 4 of requesting the hardship exemption is to fill out the contact information. And then step 5, we ask that you select the hardship that best applies and provide the justification statement.

Slide 21, we do have a Communication Support Page User Manual, which can be accessed by the "Help" icon. And we also have some tips for using the Communication Support Page on our PQRS Web site at cms.gov.

***PQRS: Background and Payment Adjustment Overview***

OK. Moving on to slide 23. We are now going to cover the Physician Quality Reporting System and the PQRS payment adjustment.

So just some brief background on PQRS: PQRS began in 2007; we additionally set forth our requirements through the Physician Fee Schedule final rule. The most current set of PFS requirements are included in the 2013 final rule. The Physician Quality Reporting System is designed to promote reporting of quality information. We additionally provide a series of incentive payments and payment adjustments to increase participation and reporting of quality information.

The last PQRS incentive payment is for program year 2014. For program years 2015 and beyond, we will only have negative payment adjustments. And slide 24 provides a fact – or a breakdown on the incentive payment and the payment adjustment amount for the years of the program.

Slide 25, the eligible professionals who can participate in PQRS: That includes your physicians, practitioners, and therapists.

Slide 26. For the 2015 PQRS payment adjustment, we perform the analysis very similar to how we do on the e-prescribing program. Individual eligible professionals are analyzed at the unique TIN/NPI combination, and group practices are analyzed at the TIN.

Slide 27. The PQRS payment adjustment application is applied 2 years after the reporting program year. So calendar year 2013 is the reporting period for the 2015 PQRS payment adjustment. Additionally, as is finalized in the 2013 Physician Fee Schedule final rule, calendar year 2014 is the reporting period for the 2016 PQRS payment adjustment.

For the 2015 PQRS payment adjustment, there will be a 1.5-percent reduction on all of the Medicare Part B allowed charges. For years 2016 and beyond, the reduction would be a 2-percent reduction on all of the allowed Part B charges.

An important note is that if you are a group practice consisting of 100 or more eligible professionals, beginning with the 2013 program year your physicians may also be subject to the 2015 Value-based Payment Modifier. We highly suggest that folks take a look at the CMS value modifier Web site for more information. And an additional note is that the value modifier downward adjustment does not apply to accountable care organizations.

### *2013 PQRS: How to Avoid the 2015 PQRS Payment Adjustment*

So moving on to slides 28 and 29, how to avoid the 2015 PQRS payment adjustment. Of course, if you are participating as an individual eligible professional, the first option would be to meet the criteria for satisfactory reporting for the 2013 PQRS incentive payment. An additional option is to report one valid measure or one valid measure group, and what we mean by valid is that it would have to be on a denominator-eligible patient, and the correct QDC or G-codes would have to be reported.

And then the third option is to elect to participate in the CMS-calculated administrative claims–based reporting mechanism. And that option will be available using the PV−PQRS registration system, which we covered a few weeks ago, and that will be open on July 15th through October 15th of this year.

Slide 30. So how to avoid the PQRS payment adjustment as a group practice. The first is to meet the criteria for satisfactory reporting for the 2013 PQRS incentive payment under the group practice reporting option. The second would be to report one valid measure. And then lastly, if the group practice elects to participate in the CMS-calculated administrative claims–based reporting mechanism, and again the PV−PQRS registration module will be available July 15th through October 15th, 2013. And you do need to have an IACS account to elect to participate in the CMS-calculated administrative claims–based option.

Moving on to slide 31. So this covers the individual eligible professional option of participating in the 2013 PQRS reporting option for incentive eligibility. There's individual measures reporting via claims, which would be 3 measures at at least a 50-percent reporting rate; individual measures via registry, which would be reporting on at least 3 measures at an 80-percent reporting rate. We have two different options for participation using a direct EHR product. The first would be our aligned option with the EHR Incentive Program, so the PQRS−EHR Incentive Program pilot, to report the three core Meaningful Use measures and/or the three alternate core or three menu set measures. And the additional option is to report 3 PQRS measures at an 80-percent reporting rate.

Slide 32. The additional option for individual eligible professionals is to participate using an EHR Data Submission Vendor. Again, we have our PQRS−EHR pilot option available and then our traditional PQRS option of reporting 3 measures at an 80-percent reporting rate.

And we have two measures group options available. The first is claims, to report on at least 1 measures group for 20 Medicare Part B patients, and then reporting on a measures group utilizing a registry for 1 measures group or 20 patients, the majority of which must be Medicare Part B.

Moving on to slide 33. There are three options available for group practices for the 2015 PQRS incentive. The first is utilizing the registry option, and this is available to all group practice sizes—so, a group practice of 2 to 24, 25 to 99, and 100 or above—and they would report on 3 measures for at least 80 percent of the group's Medicare Part B patients seen during the reporting period to which the measure applies.

And then we have two options for participating utilizing the group practice Web interface. For group size 25 to 99, it would report on all measures in the Web interface for 218 consecutively ranked patients. For groups of 100 or above, to report all measures in the Web interface for 411 consecutively ranked patients.

### *Resources and Where to Call for Help*

And to close out the presentation, slides 35, 36, and 37 include some common resources, including the CMS PQRS Web site, the E-Prescribing Incentive Program Web site, the Medicare Shared Savings Program Web site, the CMS Value-Based Payment Modifier Web site, as well as links to the Communication Support Page and the Medicare and Medicaid EHR Incentive Program site.

Slide 36 includes some commonly used acronyms that you'll hear us use during the remainder of this call. And slide 37, this contains information on our QualityNet Help Desk.

At this point, I'll turn the call back over to Aryeh.

## Keypad Polling

Aryeh Langer: Thank you, Molly. At this time we'll pause for a few minutes to complete keypad polling so that CMS has an accurate count of the number of participate – participants on the line with us today. Please note that there will be few moments of silence while we tabulate the results. We are 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 1. If there are between two and eight of you listening in, enter the corresponding number between 2 and 8. If there are nine or more of you in the room, enter 9.

Again, 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 1. If there are between two and eight of you listening in, enter the corresponding number between 2 and 8. If there are nine or more of you in the room, enter 9.

Please hold while we complete the polling.

Please continue to hold while we complete the polling.

Please continue to hold.

Thank you for your participation. This concludes the polling session. We will now move into the Q&A session for this call.

## Question-and-Answer Session

**Operator:** To ask a question, press star followed by the number 1 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 question, so anything you say or any background noise will be heard in the conference.

Please hold while we compile the Q&A roster.

Aryeh Langer: I would just like to remind everyone that the call's being recorded and before you ask your questions, to please state your name and the name of your organization. If you have a followup question, you can press star 1 to get back into the queue.

As soon as you're ready we'll take our first question.

**Operator:** Certainly. Your first question comes from the line of Tiffany Beaver.

Aryeh Langer: Go ahead. Tiffany? Should we take our next question?

Can we take our next question, please?

**Operator:** Please hold a moment.

Tiffany Beaver: Hello?

Aryeh Langer: Hello. Your line is open.

Tiffany Beaver: Can you hear me now?

Aryeh Langer: Yes.

Tiffany Beaver: OK. I don't know what's going on with my phone, I didn't do anything different. This is Tiffany Beaver with Community Health Network in Indiana. And on a previous call, we were told that PTAN – if you have a PTAN of nine characters or nine digits that you had to wait to hear more about the IACS account. And I submitted a question at the quality Help Desk and I still – has anything been resolved with that?

Tonya Smith: Yes, hi, this is Tonya Smith. In reference to the PTAN issue, for those who had PTANs that were less than 10 digits, and you needed to get a IACS account, you can now go into – let me get that Web site address for you where you can go in and put your PTAN account in as well, even if your PTAN account is less than 10 digits. You can go to https://portal.cms.gov and you can obtain your IACS user ID – I mean, get a user ID and password. If you already have it, you can enter that ID and password and submit your PTAN even if it's less than 10 digits.

Tiffany Beaver: Great. Thank you.

**Operator:** Your next question comes from the line of Rosemary Kruh.

Rosemary Kruh: Hi, good afternoon. My question is this. All right, we have – this is a group practice, but the doctors – we did the Meaningful Use on each doctor individually, OK, and they have both met the Meaningful Use. We report the PQRS on our claims, OK? So I'm – I want to know, is that adequate enough, or do we have to do something additional?

Molly MacHarris: Hi, this is Molly. So, I guess I'm not understanding your question. Are you…

Rosemary Kruh: OK. My question is this. For Dr. Grasso for 2012, we did the 90 days of Meaningful Use, OK? So now for 2013, he has to meet Meaningful Use for the whole year. OK, Dr. Weissman, we did Meaningful Use for the 90-day period this year so far.

And on our claims that we submit to Medicare and all the other insurance carriers, we do put the PQRS codes on the claims. So my question is, do we have to do something additional – additional reporting other than those two things? I mean, am I missing something here?

Molly MacHarris: And how large is your practice? Is it just a couple doctors?

Rosemary Kruh: Yes.

Molly MacHarris: OK, so for the 2013 year, the main programs that would be impacting your providers are the EHR Incentive Program (which it sounds like you have covered), the PQRS program, and the E-Prescribing Incentive Program. So, for the EHR Incentive Program, it sounds like your providers are participating in Meaningful Use in their reporting, as they should. We don't have any subject-matter experts here in the room on the EHR Incentive Program, so we can't speak to whether or not anything additional is required for that.

For the PQRS program, as we covered today, for purposes of earning the incentive, there are a variety of ways that they can participate. It sounds like your providers are participating via claims. And they can just continue to do that if they would like, so you can continue to report on claims utilizing the claims-based measures to avoid the payment adjustment. Again, just one measure would have to be reported, but we do strongly encourage all providers to try to earn the incentive, so to report to the incentive standards of 3 measures at a 50-percent reporting rate.

And then for the E-Prescribing Incentive Program, I didn't hear you mention anything about that, so…

Rosemary Kruh: Oh yes, that's fine. We do meet the criteria. They have already met their criteria for January to June of this year. We do meet the requirements for the e-prescribing.

Molly MacHarris: OK, so you should be good. Just one thing I do want to call out is that…

Rosemary Kruh: OK.

Molly MacHarris: …beginning in the 2014 program year, as mentioned in the stage 2 Meaningful Use rule, providers beyond their first year of Meaningful Use will need to electronically submit their CQMs. So one of the things you should take a look into is starting to electronically report your CQMs to the PQRS warehouse. And there are a number of steps involved in that, and in the interest of time, I suggest that you contact the QualityNet Help Desk. Their information is contained on slide 37, and they can walk you through the process of participating using one of the EHR options.

Again, it's not something you have to do for 2013, but we encourage folks to start looking at that because for 2014, again for providers beyond their year 1 of Meaningful Use would need to electronically submit their CQMs. Thank you.

Rosemary Kruh: All right. Thank you.

**Operator:** Your next question comes from the line of Maura Carver.

Maura Carver: Hi, this is Maura Carver from the Internal Medicine Practice at Serle Epstein's. I apologize in advance if I sound ignorant, but I just stepped into this job about a month and a half ago and I pretty much had no explanation as to what this was. The previous office manager had apparently started the e-prescribing education process, and I don't know if she finished it or got it completed in 2012. So I have two questions: number 1 is, how do I check and see if we have completed that measure?

Molly MacHarris: Sure. This is Molly. So, the 2012 – well, sorry, give us just one moment here in the room.

Maura Carver: Mm-hmm.

Molly MacHarris: OK, sorry about that.

Maura Carver: That's OK.

Molly MacHarris: So, do you know how you reported in 2012, or you don't have that information?

Maura Carver: I don't have that information.

Molly MacHarris: OK. So, one of the things that we were just conferring on is we did issue a 2012 – a 10-month snapshot report for providers who reported e-prescribing using claims, and that is available now on the PQRS portal.

But since you don't know whether or not you reported via claims, what we would encourage you to do is to go ahead and report the 10 e-prescribing instances by the end of this month. Again, since the e-prescribing instances do not have to be on an associated visit, you could report them on any payable Medicare Part B charge. We would encourage you to just go ahead and report those 10 e-prescribing instances before the end of this month.

Maura Carver: OK, OK. So, if – if there was a qualified visit last month, we can report that today?

Molly MacHarris: You can't go back and add the code to an already processed claim but the e-prescribing code for purposes of the payment adjustment does not have to be on a

denominator-eligible case. So, if there are 10 instances between now and the end of this month, you can report those.

Maura Carver: OK, all right. And that is done just through adding that G8853 to the claim, correct?

Daniel Green: 8553.

Molly MacHarris: Correct. It's actually G8553.

Maura Carver: OK. Well, it's a good thing I asked. OK.

Molly MacHarris: Thank you.

Maura Carver: And I have a follow – I have one followup question to that. What is the rule regarding the initial reporting period? If we did complete it in 2012, do we still need to continue reporting? You may have gone over this and I just missed it.

Molly MacHarris: So for the e-prescribing program, if your providers – if they were incentive-eligible for the 2012 e-prescribing incentive, they would not have to additionally report during the first 6 months of 2013. However, since it sounds like you don't have all of that documentation together, that's why we would encourage you to just go ahead and report those 10 e-prescribing instances by the end of this month, just so there's no chance that they would receive the 2014 e-prescribing payment adjustment.

Maura Carver: OK. Thank you very much.

Molly MacHarris: Thank you.

**Operator:** Your next question comes from the line of Sue Foster.

Sue Foster: Hi, this is Sue Foster with Highline Medical Services Organization in Washington State. And I do have two questions about the content. And the first – they're both on the eRx payment adjustment. And so, what if you were a fairly independent clinic and were doing your e-prescribing and then you joined or were purchased by a larger entity, tax ID changed, and it says here that the participation under the old TIN does not carry over to the new TIN, nor does it combine for final analysis. So is the – are the new providers in that new group – that have been added to that new group, are they kind of grandfathered into the new group's stats without having their stats actually in that? Or how do they – I just want to make sure they're recognized as they…

Molly MacHarris: Sure, I…

Sue Foster: …into 2014.

Molly MacHarris: Sure. This is Molly again. So, as we covered in the presentation today, for purposes of the e-prescribing program and then also for the PQRS program, we look at eligible professionals based off of their unique TIN/NPI combination. So for example, if you had a provider who is reporting under his solo practice in, let's say the month of January, and then he joined a larger practice in February, we would look in our analysis at that provider as actually two separate and distinct providers. And for him to avoid the payment adjustment, he would have to meet the reporting criteria exclusively under each of those combinations.

So, if it's the situation where the provider has joined an existing group and they have already been e-prescribing, we would just encourage you to have that provider report the 10 e-prescribing instances on his claims, based off of the new TIN and his NPI number, by the end of this month. And that way under that TIN/NPI combination, the provider would not be assessed the 2014 e-prescribing payment adjustment.

Sue Foster: OK.

Daniel Green: This is Dan. One little followup piece to that. If the group that the doctor is joining is reporting as a group practice reporting for e-prescribing, then the doctor that joined that group would sink or swim basically on how the group did. So, if they're reporting as a group and they met the requirements as a group, then by virtue of his or her claims being under that same tax ID number, they would be kind of grandfathered in, if you will.

Sue Foster: OK. That was – that – yes, that's great. And then, if I think both groups were meeting it, it's just – you know, I want to make sure nothing fell through the cracks on that.

And my second question kind of follows along the lines where they were talking about if you met your e-prescribing in 2012, then you are not going to be assessed the penalty in 2014. So along that line, if you had a hardship in 2012, do you still need to fill out your hardship request exemption again in 2013?

Molly MacHarris: Sure. This is Molly again, and yes, you do. The hardship exemption is on an annual basis. So if the provider still is subject to a hardship exemption, we would need to receive that request on an annual basis. So again, if they were subject to a hardship in 2012, we would need to receive an additional request in 2013, so by the end of this month, so they would avoid the 2014 e-prescribing payment adjustment.

Sue Foster: OK. Thank you.

Molly MacHarris: Thank you.

**Operator:** Your next question comes from the line of Afshin Ganjian.

Afshin Ganjian: Good afternoon. I'm Dr. Ganjian. I have two practices in New York State, but because they're in different counties, they are – I have two different PTAN number, so for the PQRS purpose, do I have to have two – do I have to meet the criteria for each office, or it's per practitioner?

Molly MacHarris: Sure. This is Molly. And did you say you have two different PTANs, or you have two different TINs?

Afshin Ganjian: Two different PTAN number.

Molly MacHarris: OK. So, as we covered in the presentation today, the PQRS analysis is based off of the TIN, the Tax Identification Number, and the NPI. We don't incorporate PTANs into our analysis.

Afshin Ganjian: OK. And then the – it says that you have to report at least three measures. What does that mean? That means three different patients?

Molly MacHarris: It would have to be on more than three patients. So, we mean three different quality measures. There's different reporting criteria based off of the option that you choose to participate in, and those were covered on, I believe, around slides 30, 31 of the presentation.

And if you're just getting started on PQRS, we suggest that you contact the QualityNet Help Desk—their information is on slide 37—and they can walk through with you the different reporting mechanisms. They can help you choose the quality measures that would work best for your practice.

Afshin Ganjian: OK. And to prevent the penalty, you just have to report on one patient, right? On one claim?

Molly MacHarris: So to avoid the 2015 PQRS payment adjustment, you would need to report one valid measure or one measure group on at least one patient.

Afshin Ganjian: OK, thank you.

Molly MacHarris: Thank you.

**Operator:** Your next question comes from the line of Anthony Hernandez.

Anthony Hernandez: Hi, this is Anthony Hernandez with Montgomery Orthopaedics. The first thing is, could you repeat that PTAN Web site? I didn't catch the whole URL. Hello, can you hear me?

Tonya Smith: Sure. Yes. It's in the slide presentation but I'll also give it to you again. It's https://application.cms.hhs.gov.

Anthony Hernandez: All right. Excellent. Now, I know that this has been answered before, but I want to make sure that I'm clear on this. I have a group of six physicians. We each individually attested for the 2012 and we already got payments on all that. And we're going to be good to go for the e-prescription requirements by the end of this month. The PQRS is the one that we're a little sketchy on, whether we do this or not, because depending on the conferences that you go, there is a lot of information about it. If you did Meaningful Use, you can – you don't need to do PQRS, and so forth. So, can I do both? Do I need to do both, or if I read this correctly, because we did the 2012, we don't have to meet the PQRS requirements for 2013?

Molly MacHarris: Sure. So this is Molly. Participation in the Medicare or Medicaid EHR Incentive Program has no bearing on PQRS. They're two separate programs and there are incentives and payment adjustments under each. So if you are participating in the Medicare EHR Incentive Program, if you're a meaningful user, that doesn't count towards PQRS. So you would also need to participate in the PQRS program if you want to avoid the PQRS payment adjustment.

Since it sounds like you're just getting started on PQRS, I'd refer you to the QualityNet Help Desk. Again, their information is on slide 37. They can really sit with you and help you sift through all the information that we have out there to determine what would be the best reporting option for you and your practice. Thank you.

Anthony Hernandez: OK. Thank you.

**Operator:** Your next question comes from the line of Richard Levine.

Richard Levine: Hi, good afternoon. Richard Levine with Physical Medicine in Englewood, New Jersey. I have a specific question about PQRS reporting options. I'm looking at, I guess, slide 31. I was told by the QualityNet Help Desk that we could report on one option. Now, if I'm reading this slide here at the bottom, it says that if you're using a qualified EHR product, you can't report on one? Am I reading this properly?

Aryeh Langer: Give us one second please.

Richard Levin: Hello?

Aryeh Langer: Can you give us one moment please?

Richard Levine: Absolutely.

Daniel Green: OK, I'm sorry. Could you repeat your question please?

Richard Levine: Sure. I had been told by reaching out to the Quality Help net – Help Desk, that because of the specialty practice that we have, that I could report on one PQRS measure for the 2013 calendar year. Am I correct on that so far?

Daniel Green: You could do that to avoid – you have to successfully report one measure, so it has to – the quality action code has to match up with the, you know, denominator – the patient has to be in the denominator of the measure, and yes, that will avoid you so long as you're not in a group of 100 or more eligible professionals. You will avoid the 2015 PQRS payment adjustment.

Richard Levine: OK. So here is my followup question. Maybe I'm reading slide 31 incorrectly. Does this permit me to report that through a qualified EHR product, because as I'm reading this here, it says report on three measures through a qualified EHR product? Can I do my reporting through the EHR system with one measure?

Daniel Green: OK. So, first of all, the slide on – the slide 31 that you're reading are the criteria to earn an incentive, not to avoid the payment adjustment.

Richard Levine: OK, all righty, that's – OK, that's where I'm reading it incorrectly. So this is for the incentive as opposed to the penalty. All right, great. Thank you very much.

I have one other final followup question on payment adjustments for eRx. Our practice − individually the doctors qualified last year, but our reporting period was the last 3 months. Now, if I achieved Meaningful Use for the last 3 months of the 2012 calendar year, does that − is that included in the Meaningful Use incentive program, that I then don't have to report for 2013? Or did it have to be an entire calendar year last year?

Daniel Green: So, what year were you in Meaningful Use in 2012? Was that year 1 for you?

Richard Levine: That was year 1 for us and we did October, November, and December. And we qualified and received our Meaningful Use money; we attested.

Daniel Green: OK. So, by doing that – so, your Meaningful Use year, you have to – as you know, for 2013, you'd have to do the whole year to earn a Meaningful Use incentive. You know that, right?

Richard Levine: Yes, that I am correct and we are monitoring that. But, it says here that if you achieved Meaningful Use for 2012, then you automatically have received an exemption for the 2013 January through June reporting period.

Molly MacHarris: Sure. This is Molly. That refers to the e-prescribing.

Richard Levine: Right. Exactly. E-prescribing.

Molly MacHarris: It's the 2014 e-prescribing payment adjustment. So, you're correct that if you did achieve Meaningful Use under the Medicare or Medicaid EHR Incentive Program during calendar year 2012 or during the first 6 months of 2013, you would be exempt from the 2014 e-prescribing payment adjustment.

Richard Levine: So, I'm exempt even though I may have only qualified during the minimum 90-day period?

Molly MacHarris: That's correct.

Richard Levine: OK. Thank you very much.

Molly MacHarris: Thank you.

**Operator:** Your next question comes from the line of Sue O'Connell.

Aryeh Langer: I'd just like to remind everybody…

Sue O'Connell: I thank you.

Aryeh Langer: … try to limit their questions to one a piece. Go ahead.

Sue O'Connell: Hi, yes. This is Sue O'Connell. I'm calling from Schuyler Hospital in Upstate New York. I'm calling to see if you could confirm the eRx program. My understanding is that Critical Access Hospitals that bill under a Method II format are excluded from this program because of our inability to do the claims-based reporting. We have filed hardship exemptions in the past, and I will plan to do the same for 2014, but I am wondering if you can confirm the PQRS program as it relates to Critical Access Method II Hospitals. Are we included in that program, and if so, how do we report?

Molly MacHarris: Sure. So, this is Molly. So, CAHs—Critical Access Hospitals Method II and, I believe, Method III—are exempt from the e-prescribing program as well as the Physician Quality Reporting System. If any change were to be made on that, that would be represented in the Physician Fee Schedule final rule.

Sue O'Connell: OK. Is there any hardship exemption that needs to be filed for the PQRS, or is that just an automatic exemption for us?

Molly MacHarris: If you're not eligible to participate in the program, then you wouldn't need to take any separate action. So no, you don't need to do anything additional.

Sue O'Connell: OK. So, just do the eRx one. OK. Thank you.

**Operator:** Your next question comes from the line of Sue Brock.

Sue Brock: Hello, this is Sue Brock from Pinnacle Dermatology. I have an eRx penalty question. We have a new physician starting July 1st. She's coming from the military. So she will be listed as a hardship exemption because she has nothing from January 1st through June 30th?

Molly MacHarris: Hi, this is Molly. So, if you have a provider who is newly joining your practice on July 1st of 2013 or beyond, they do not need to take any separate action because they would not be included in our analysis for purposes of the 2014 e-prescribing payment adjustment.

Sue Brock: Oh, so I won't need a hardship, then?

Molly MacHarris: No. You're – they made it by a day, they're safe. Thank you.

Sue Brock: Excellent. Thanks.

**Operator:** Your next question comes from the line of Tina Lass.

Tina Lass: Hi, this is Tina Lass with AppMed Incorporated. I just had a question on slide 7. I was wondering with regards to the eligible professionals who did not achieve Meaningful Use under the Medicare EHR Incentive Program, what year you were looking at? Were you looking at 2013 or any prior years?

Molly MacHarris: Sure. So this is Molly. So, in—and I apologize, we don't have any Meaningful Use subject-matter experts here in the room—but there is a notation in the EHR Incentive Program statute that the 2015 EHR Incentive Program payment adjustment, that will incorporate the analysis for purposes of the 2014 e-prescribing payment adjustment. So if you are deemed as a not-successful electronic prescriber for purposes of the 2014 e-prescribing payment adjustment, it will negatively impact your 2015 Medicare EHR Incentive Program.

Tina Lass: Wait. I understand that. But what year does the eligible professional have to achieve Meaningful Use? So, if an eligible professional achieved Meaningful Use in 2012 but not 2013…

Christine Estella: So if the eligible professional…

Tina Lass: I guess I don't understand. I'm sorry?

Christine Estella: This is Christine. If the eligible professional meets – achieved Meaningful Use in 2012 for the e-prescribing exemption, then that would get them out of the 2014 e-prescribe payment adjustment. So for 2013…

Tina Lass: OK. So, what about if somebody is trying…

Christine Estella: Go ahead.

Tina Lass: Christine, what if 2013 is the first year?

Christine Estella: If 2013 is the first year that you achieve Meaningful Use?

Tina Lass: Correct.

Christine Estella: OK. So if you're achieving or attempting to achieve Meaningful Use in 2013 – so our reporting period – basically, you achieving Meaningful Use or attempting to achieve Meaningful Use coincides with the reporting period for the 2014 eRx payment adjustment. So, for the 2014 eRx payment adjustment, you have the 12 full calendar year of 2012 to achieve Meaningful Use. If you don't do that, then if within the first 6 months of 2013—so basically up until June 30th of this year, 2013—if you achieve Meaningful Use by that time, by June 30th, or if you are attempting to achieve Meaningful Use, meaning you are participating in the program, you registered for the EHR – to participate in the EHR Incentive Program, and you've provided your cert ID for your cert products on that registration page, then you would get out of the e-prescribing payment adjustment for 2014.

So, basically you have until June 30th…

Tina Lass: OK. So the additional 1 percent. The 1 percent − OK. So, the additional 1 percent would be those eligible professionals who pretty much are not doing anything, either EHR or e-prescribing at this time. So it's just an additional 1-percent penalty.

Christine Estella: For the 2014 e-prescribing payment adjustment it's actually a 2-percent penalty. The e-prescribing payment adjustment increases by a half percent each year. So, in 2012, it was 1 percent, in 2013 it was 1.5 – it is 1.5 percent, and in 2014, it will be 2 percent.

Daniel Green: And in 2015 is where your extra percent that you were asking comes into play. So, if they weren't e-prescribing beforehand and not meeting Meaningful Use…

Tina Lass: Right.

Daniel Green: …they get an extra 1-percent adjustment.

Tina Lass: OK. Thank you folks so much.

Daniel Green: Thanks.

**Operator:** The next question comes from the line of Nancy Rackley.

Nancy Rackley: Hi, this is Nancy Rackley with Mary Washington Surgical Specialists in Fredericksburg, Virginia. And my question is also about that the e-prescribing penalty. If the – I understand from the previous questions that if the physician achieved Meaningful Use in 2012, he doesn't have to be concerned about the 2014 penalty. But is that true even if achieving Meaningful Use with the rest of the EHR, you still write less than the 10 prescriptions required from January till June?

Christine Estella: So, I think you're confusing – this is Christine again. I think you're confusing the – our limitations for e-prescribing. So, we have a 10-percent limitation, meaning if less than 10 percent of your charges during a reporting period are comprised of codes in our denominator of our measure, then that means you would not be subject to our payment adjustment. Is that what you're…

Daniel Green: She's saying if she has less than 10 prescriptions. So if you meet Meaningful Use in 2012, you know, and prescribed the requirements as for Meaningful Use, so X percent of your prescriptions are electronically transmitted regardless of what the number of your prescriptions are for Meaningful Use, you would get out of the 2014 payment adjustment. So again, 2014…

Nancy Rackley: Even if they're not Medicare…

Daniel Green: Sorry?

Nancy Rackley: Even if they're not Medicare patients, just transcribing under commercial, self-pays, everything?

Daniel Green: Right, so again, you wouldn't report that to us obviously, but what you would be doing is by meeting the 2012 Meaningful Use, that's going to get you out of the 2014. We won't know that you prescribed, you know, 20 prescriptions for Medicare or no prescriptions for Medicare because, again you're not reporting those in to us on a claim. You're attesting that you met Meaningful Use criteria. So that's what gets you out of the eRx, nothing to do with direct eRx reporting in that circumstance.

Nancy Rackley: OK. And it is not necessary for me to put the G8553 on my claim any longer?

Daniel Green: Not in 2013, again, if you met Meaningful Use in 2012.

Nancy Rackley: OK. And how would we know – if we're bringing on a new doctor, if he had an exemption, how would we know that?

Daniel Green: Had an exempt…

Nancy Rackley: Is there some place you could – is there some place you can call or contact CMS to find out if you're on the exempt list for 2013?

Christine Estella: This is Christine again. This is for – are you asking for the 2013 payment adjustment or 2014?

Nancy Rackley: 2014.

Christine Estella: 2014. So, we don't have any…

Daniel Green: Well actually, hang on one second. So the new doctor that you're bringing on has been billing under an old tax ID − a different tax ID, and their NPI, is that correct?

Nancy Rackley: Correct.

Daniel Green: OK. And when are they joining you?

Nancy Rackley: July 1.

Daniel Green: OK, so then you don't have to worry because presumably you'll be billing that new doc under their existing NPI but with your new tax ID number, correct? New to him/her?

Nancy Rackley: Correct.

Daniel Green: OK, so then that's considered – that's almost like a new doc coming out of residency in our eyes, who won't be – if he or she did not meet e-prescribing before, we would ding their TIN/NPI combination, but since they won't be submitting any bills under their old TIN/NPI combination we can ding all we want, there's nothing that will get reduced. You – your tax ID number in conjunction with their NPI, since it will be new to the system, we'll look at that basically as a new doc, and they will not get an adjustment.

Nancy Rackley: But they would need to attest in 2013?

Daniel Green: OK. That's a whole separate thing. We're talking about e-prescribing right now for the payment adjustment in 2014.

Nancy Rackley: OK. OK. OK.

Daniel Green: Meaningful Use is different. They look at it at the individual NPI level. So it doesn't matter − you know they look at Dr. Jones as Dr. Jones, whether Dr. Jones is part of, you know, the Smith practice, the Doe practice, or some other common-name practice. The Chell practice.

Nancy Rackley: OK. So the Meaningful Use follows his NPI?

Daniel Green: Meaningful Use follows NPI, and e-prescribing follows TIN/NPI.

Nancy Rackley: OK. OK, nothing else. Thank you.

Daniel Green: Thank you so much.

Christine Estella: Thank you.

**Operator:** Your next question comes from the line of Glen Davis.

Glen Davis: Hi, this is Glen Davis at Healthmark Regional Medical Center in DeFuniak Springs, Florida. We're a rural hospital, and we contract with eight physicians individually to cover shifts in our emergency room. Would the hospital be subject to an e-prescribing payment adjustment if one or more of them did not meet the e-prescribing requirements by June 30th?

Daniel Green: So you're a − you said you're an ER group?

Glen Davis: No, we're a rural hospital, and we contract with individual physicians to cover shifts in our ER.

Daniel Green: OK, so are these docs that are covering shifts in your ER billing under your specific tax ID number when they're providing those services in the ER?

Glen Davis: No, we bill for both the facility and professional fees and the physicians are paid an hourly rate.

Daniel Green: OK, so they're billing under some tax ID number which is different from their daily tax ID number, is that correct?

Glen Davis: They're not billing for the ER services at all. Hospital's billing for them and we just…

Daniel Green: OK, so those docs under that TIN and NPI combination, so their individual NPI and the TIN of the hospital…

Glen Davis: Right.

Daniel Green: We would look at those services, and the services I imagine are going to be ER code − is that correct, ER business codes?

Glen Davis: Right, that's correct.

Daniel Green: OK. So ER business codes are not part of the denominator of the e-prescribing measure, therefore when we do one of our checks looking for at least 100 codes that appear in the denominator of the measure, we would not find that, so they would not be penalized while they're practicing in the ER. Their own private practice should be a separate issue, but in the ER they should not get an adjustment.

Glen Davis: And so, though, the hospital would not be subject to an adjustment either then, right?

Daniel Green: Correct.

Glen Davis: Correct. OK, thank you very much.

Daniel Green: Thank you.

**Operator:** Your next question comes from the line of Colleen Parker.

Daniel Green: Hello?

Colleen Parker: Hi, this is Colleen Parker with (inaudible) Medical Associates. I'm in the same boat with a couple of the other people that have called. I had just taken over the job over here. They've had a billing company, they just brought it in-house. They've done nothing except for the EHR Incentive Program. I have – from the month I've been in here, I have had a couple of the G-codes on the claims to get the eRx incentive, or actually just not to get the penalty. We have not done anything on PQRS. Is my best bet to get with the Help Desk then, and just start over and see what exactly we need to do for this practice?

Molly MacHarris: Hi, this is Molly. Yes, I mean, the Help Desk—they can sit with you, and they can work through the intersecting programs and help you determine what will be the best path forward. Again, their information is on slide 37.

Colleen Parker: Yes, I got that, and from all the calls that seems like where I should be. All right, I appreciate it. That's all I had.

Molly MacHarris: Thank you.

**Operator:** Your next question comes from the line of Angela Capaldi.

Angela Capaldi: Hi, I'm calling from Rochester, Michigan. I have a question: We bill for multiple physicians under our tax ID. So if this is all based off our TIN, then does each physician need to claim hardship?

Molly MacHarris: Hi, this is Molly. So did you – I take it you didn't self-nominate as an e-prescribing GPRO, is that correct?

Angela Capaldi: Correct.

Molly MacHarris: OK, so, yes, each individual NPI associated with that TIN would need to either meet the e-prescribing reporting requirements, or they would have to separately request the significant hardship exemption, because as we covered in the call today, we do look at providers based on their unique TIN/NPI combination. And the information on the different ways that they can avoid the e-prescribing payment adjustment is on slide—sorry, hold on—it's on slide 14.

Angela Capaldi: OK, I'm looking at slide 10. If they do not meet any of those criteria, then they do not need to apply for a hardship because they're automatically exempt?

Molly MacHarris: That's correct. So if each of the TIN/NPIs had less than 10 percent of the allowed charges based off of the e-prescribing measure's denominator during the first 6 months, if they don't meet one of the taxonomy criteria listed, and if they have less than 100 denominator-eligible cases, then no, you would not need to take a separate action.

Angela Capaldi: And it's the same thing with Meaningful Use? If they have achieved Meaningful Use, nothing further needs to be done?

Molly MacHarris: So if your providers did achieve Meaningful Use, they wouldn't have to do anything separate because, as indicated on slide 14, the fourth number there is that if they have achieved Meaningful Use under the Medicare or Medicaid EHR Incentive Program during the 12-month or the 6-month period, they would avoid the 2014 e-prescribing payment adjustment.

Angela Capaldi: OK, one more quick question. On page 12 they talked about the codes on the remittance advice—is this for 2014? We wouldn't be seeing this on our current claims?

Molly MacHarris: I'm sorry, can you repeat the question?

Angela Capaldi: The indicators on the remittance advice—this is only for 2014 claims, we would not already be seeing this on our claims for 2013?

Molly MacHarris: If you're seeing those codes now, that means that your providers are subject to the 2013 e-prescribing payment adjustment. These codes would not apply on your claim if you are not subject to the 2014 e-prescribing payment adjustment. So if you're seeing these codes now, that means that your providers are subject to the 2013 e-prescribing payment adjustment.

Angela Capaldi: OK. Thank you so much.

Molly MacHarris: Thank you.

**Operator:** Your next question comes from the line of Rashida Outlaw.

Aryeh Langer: Go ahead, your line's open. Can we take our next question, please?

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

Michelle Wong: Hi. Thank you for taking the question. My question is, we have – one of the physician assistants only visit at the nursing facility. So for – in order for him to be exemptions for – how can you apply for the hardship? Because I look at the options—looks like none of them apply to us. So – because when they are visiting the nursing facility, the nurse would take the order, and they will do it electronically through their electronic – I mean EHR system, and send the request over to the pharmacy. And – so

how when we – we would like to, like, apply for the exemption for this provider, but which option that I can go for?

Daniel Green: So does your doctor only work at nursing homes?

Michelle Wong: Yes. Yes. He's a visiting physician – I'm sorry, physician assistant – but he comes to the office only like half a day and sometimes, the office, we don't really have – we have a combinations of commercial patients and Medicare patients. So, you know, in order for him to get 10 or 25 by the end of the year for the e-prescribing is a little bit difficult. So we would like – I know the deadline is approaching, so we want to get the exemption for him. So, what's your process to check him at this point?

Daniel Green: So if he doesn't bill at least 100 E&M services that appear in the denominator of the measure, like your 99211 through 215 or 201 through 215, which he would not bill of course on the nursing home, then he wouldn't even be subject to the payment adjustment. If he does have at least 100 of those visits in the first 6 months, then the question is − you know, he would – that he's billing Medicare, that is; not just commercial but Medicare specifically—then the question is, why wouldn't he be – you know, 1 out of 10 times, he probably would prescribe something, right?

Michelle Wong: Yes, definitely.

Daniel Green: So, again, if he doesn't have at least 100 E&M services that appear in the denominator of a measure for Medicare patients only—not for all of his patients, just Medicare—then he wouldn't even be – he wouldn't be subject to the payment adjustment.

Michelle Wong: Oh. So in other words, that if he comes to the office and seeing less than 100 of Medicare patients in the first 6 months, then he's automatically exempt from the hardship?

Daniel Green: Yes.

Michelle Wong: OK. Do I − you know, for safe side, do I – you have to, you know, go for the hardships or, you know…

Daniel Green: If you believe − there is a hardship – Patricia, do you know which one it is? If you were going to − HU7 would be the hardship that he would apply for.

Michelle Wong: Say that again? Sorry.

Molly MacHarris: That would be if you have fewer than 100 − it would be if you have fewer than 100 prescriptions during the reporting period.

Michelle Wong: OK. And the nursing home bills, like a 993 code, those are not going to be count as denominator, is that correct?

 

Daniel Green: That is correct.

Michelle Wong: Oh, OK. Good, thank you so much for your help.

Daniel Green: Thank you.

**Operator:** Your next question comes from the line of Anke Clodfelter.

Anke Clodfelter: Hey, this is Anke Clodfelter with Novant Health Medical Group in Winston-Salem. We have multiple specialties and primary care physicians all under one tax ID. And we were wondering if the measures for BMI, med rec, and tobacco screening and cessation intervention would be applicable measures for all the specialties, in addition to the family practice and internal medicine.

Daniel Green: Well, I'm an OB-GYN and if I were participating, I would do the med rec and smoking for sure, and BMI would be a perfectly good one to do. So, I mean, I think it's easy – easily applicable to any type of provider, that's me personally. But, you know, your providers can make that call. I mean, there is a blood pressure screening measure which, you know, basically says you took the patient's blood pressure, which again is a very easy measure, and we would probably both agree that most docs should be doing that.

Anke Clodfelter: OK. Well – and, because we were just concerned because we only had – we have some limitations on the measures that we have built in our system, so we just wanted to make sure that we were OK. Thank you so much.

Daniel Green: Thank you.

**Operator:** Your next question comes from the line of Holly McDaniel.

Holly McDaniel: Hi, this is Holly McDaniel. I'm with Alabama Internal Medicine. We did achieve our Meaningful Use in 2012, and my question is about reporting for the eRx. We are using EHR, but our claims are another Web-base – that we're not – you know, we're not sending through EHR. Our codes have not been transferred over to the claims so they have not been sent with the claims, and I didn't know if there was a report we can send from EHR to file with Medicare to show that we have been using the eRx.

Molly MacHarris: Sure. So you're saying that you have achieved Meaningful Use, however you haven't been reporting the e-prescribing numerator on claims?

Holly McDaniel: Yes, ma'am. That's right. Yes, I have a – I used the G code when we were doing the Meaningful Use, and we are still using – we are still doing eRx, but it's through our EHR and it's not being transferred to the claims.

Molly MacHarris: OK. So, a couple things: One, you will probably want to talk to your EHR provider and have them look into exactly why that's not happening. And then secondly though, if you did achieve Meaningful Use – when did you last achieve Meaningful Use?

Holly McDaniel: We did that in 2012.

Molly MacHarris: OK. So, as we have on slide 12, number 4, that if you achieve Meaningful Use under the Medicare or Medicaid EHR Incentive Program during the 12-month period, you would not be assessed the 2014 e-prescribing payment adjustment. So your providers should be good.

Holly McDaniel: OK. I know you're probably having to reiterate this and I'm sorry.

Molly MacHarris: That's OK. Thank you.

Holly McDaniel: All right. That's all I needed.

Molly MacHarris: Thank you.

Holly McDaniel: Thanks.

**Operator:** Your next question comes from the line of Suzanne Herstad.

Suzanne Herstad: Hi. I'm Suzanne Herstad, and I'm calling from Orthopaedic Associates of Duluth, Minnesota. I have a question on two of the reporting mechanisms that are listed on slides 32 and 33, the qualified direct EHR product and the participating EHR data submission vendor. What's the difference? How do we – I guess what's the difference between the two, and is there a list of these qualified products and/or vendors? Is it a vetting process or – can you talk a little bit about that?

Daniel Green: OK. So, we were going to actually ask you the same question. So, what – no, I'm kidding. I have to introduce a little levity. I've been on my better behavior in this call and, you know – anyway, yes, we have them listed on our Web page and in a second I'll – Lauren Fuentes will give you that link.

But a data submission vendor basically is a data intermediary that takes the information − they collect all the quality information needed to report the measures from your EHR and they basically act as the intermediary to get that information in the proper format into the CMS portal. So they are qualified, and we've tested them and what have you.

EHR direct would be if your docs wanted – were using a qualified system and wanted to upload the information directly from an EHR without the benefit of a – without the benefit of an EHR – I'm sorry, without the benefit of an intermediary. And Lauren can give you that Web site.

Lauren Fuentes: Sure. So, this is Lauren. If you go to our PQRS Web site, which the link to that is on slide 35. And once you're on the PQRS Web site, there are separate section pages on the left-hand side. And so if you go to the EHR reporting page, you will see there a list − separate list for direct EHRs and EHR data submission vendors.

Suzanne Herstad: OK. Thank you.

Lauren Fuentes: Sure.

**Operator:** Your next question comes from the line of Sarah Hodson.

Aryeh Langer: Sarah, your line's open.

**Operator:** She disconnected, and your next question is from Lisa Jordan.

Lisa Jordan: Hello? Hi, this is Melissa Jordan at Reliant Medical Group. I have a question. We are a Pioneer ACO and we have several individual providers excluded from the Pioneer ACO. They are basically our urgent care providers and our SNF providers, within the nursing home. I'm only interested in avoiding future payment penalties, I'm not interested in incentive payment, so I would like to understand if I am eligible to sign these providers up for the administrative claims–based reporting?

Alexandra Mugge: Hi, this is Alex Mugge, and first I would recommend that you check with the Pioneer program to make sure that you have all of the guidance that they're going to be providing for 2013. I know they've recently done a few presentations on reporting – PQRS reporting for Pioneer ACOs. And I think they would be your best resource for information. You should be qualified to sign up your – those providers that you're concerned about to the administrative claims option in order for them to not receive the PQRS payment adjustment, as long as you have the authority to sign your group up for that option.

Lisa Jordan: OK. I think I understand. But it would only be – I would only be signing up those individual excluded providers, not my entire group, because most of them are part of the ACO.

Alexandra Mugge: Yes, you can – those individual providers can sign – and how many providers are you talking about?

Lisa Jordan: I think it's like 100, 110 that are our SNF or our urgent care providers, so they would have been excluded.

Alexandra Mugge: So, they would have to − I mean, you would have to individually sign each of those individual providers up for the administrative claims option, or they could do it themselves. They would just need to register for…

Lisa Jordan: Oh, that's not going to happen. OK.

Alexandra Mugge: Yes, then I mean you would probably end up having do that 100 separate times, one for each of them.

Lisa Jordan: OK.

Alexandra Mugge: Yes. …

Daniel Green: Was that just doctor-bashing?

Alexandra Mugge: No, Dan, no doctor-bashing.

Daniel Green: All right, I was just checking.

Lisa Jordan: I was doctor-bashing, I fully admit that.

Daniel Green: Can we get your tag …

Lisa Jordan: Thank you very much. That was very helpful.

Alexandra Mugge: Sure, thank you.

**Operator:** Your next question comes from the line of Kelly Hammons.

Kelly Hammons: Yes, hi. I have heard a lot of questions about how eRx and Meaningful Use kind of correlate, but I haven't heard the answer to my specific question. We are a group of more than 100 providers and did self-nominate for GPRO eRx. We did have some of our providers that were able to attest for Meaningful Use last year.

And so my question is, will those e-scribing events be counted towards our group 2,500 required e-scribed if the code is still being submitted on those claims?

Molly MacHarris: Sure. So this is Molly. So you're saying you are a 2013 e-prescribing GPRO, correct? You did self-nominate?

Kelly Hammons: That is correct.

Molly MacHarris: Where you a e-prescribing GPRO in 2012?

Kelly Hammons: No.

Molly MacHarris: OK. So to avoid the 2014 e-prescribing payment adjustment, you have two options. One is as a group practice—so it's based off of the TIN, not the NPI—that there would have to be 2,500 e-prescribing instances reported by the end of this month. So hopefully, you've been reporting from January through June.

And then, the second option is if you had less than 10 percent of the allowed charges that make up the e-prescribing measure's denominator, then you would avoid the payment adjustment.

Kelly Hammons: Right. And I understand that. I guess my fear comes from the fact that everything that I've read says that those professionals – eligible professionals that have attested for Meaningful Use will be automatically excluded in the analysis for eRx. And so I want to make sure that their e-scribing events will not be automatically excluded as well. And then if we have only, you know, 15 providers that have not attested. Are those 15 providers going to be the ones that have to get 2,500 – report the code 2,500 times?

Molly MacHarris: Right. So, to avoid the payment adjustment by having your providers achieve Meaningful Use, each of those providers would have – they would have had to have achieved Meaningful Use individually, because there's not a group practice option available in the Meaningful Use program yet. So, if they all did achieve Meaningful Use, then, again, they would be exempt from the 2014 e-prescribing payment adjustment.

Kelly Hammons: I know they are, but will there – if we're still dropping the G-code on their e-scribe events, will their e-scribe events still count towards our overall group total of 2,500 needed?

Molly MacHarris: Yes. It will, because as a group practice, we look at you as the entire TIN, not as individual providers. So yes, the fact that you're reporting on those particular providers who have already achieved Meaningful Use, that's perfectly fine.

Daniel Green: And if your group…

Kelly Hammons: Wonderful. I'm sorry?

Daniel Green: …and if they earned an incentive – the group earned an incentive this year, the group would get the incentive, minus those that were meaningful users, charged out of it.

Kelly Hammons: OK. OK. So, for the purpose of penalty they'll all be – or payment adjustment, they'll be counted, but not for the purpose of incentive?

Daniel Green: Right. That's correct.

Kelly Hammons: OK.

Daniel Green: So, they can't get two incentives. You know, if they're – unless they did Medicaid Meaningful Use, but assuming they did Medicare Meaningful Use, they can't get both incentives in the same year.

Kelly Hammons: Right. I do understand that. I just wanted to make sure we – we're still able to count their e-scribe events as a – for our group total. I appreciate your answer. Thank you. And then, real quickly…

## Additional Information

Aryeh Langer: Unfortunately − I'm sorry. Unfortunately, I'm going to have to cut you off now, we've run out of time. If we did not get to your question or you want to submit another question, you can reference slide number 37, the Quality Help – the QualityNet Help Desk, and the e-mail address that's listed on that slide. In addition, on slide 38 of the presentation you'll find information and a URL to evaluate your experience with today's call. Evaluations, as always, are anonymous and strictly confidential.

In addition, there was a Web address that that Tonya mentioned. Two callers asked about it. It was on – actually listed on slide 29, in reference to the IACS Web portal.

I should also point out that all the registrants for today's call will receive a reminder e-mail from the CMS National Provider Calls Resource Box within 2 business days regarding the opportunity to evaluate the call. You may disregard this e-mail if you've already completed the evaluation. Please note, evaluations will be available for completion for 5 business days from the date of today's call. CMS appreciates your feedback. As mentioned earlier, an audio recording and written transcript as today's call will be posted soon to the CMS MLN National Provider Calls Web page that I mentioned at the beginning of the call.

Again, my name is Aryeh Langer. It's been a pleasure serving as your moderator today. Thanks to everyone for participating in today's National Provider Call. Special thanks to Molly for the presentation, and all our subject-matter experts here in the room.

And have a great day, everybody. We'll speak to you next time.

**Operator:** This concludes today's conference. Presenters, please hold.

**END**