

Centers for Medicare & Medicaid Services
Special Open Door Forum:
Physician Quality Reporting Initiative (PQRI)
and Electronic Prescribing (eRx) Incentive Program Updates
Tuesday, October 19, 2010
2:00-3:00 p.m. ET
Conference Call Only

The Centers for Medicare & Medicaid Services (CMS) will host a Special Open Door Forum on the 2010 PQRI and Electronic Prescribing eRx Incentive Program updates. This Special Open Door Forum will focus on:

- 2009 PQRI and eRx Incentive Program payment distribution and provide instructions for understanding these payments;
- Providing an overview for the use of the 2009 Feedback Report User Guides for PQRI and the eRx Incentive Program;
- Discussing the changes to the electronic Remittance Advice for eligible professionals receiving PQRI and eRx incentive payments in 2010
- Participation in the 2010 eRX Incentive Program

Following the presentation, the telephone lines will be opened to allow participants to ask questions of the CMS subject matter experts.

The PQRI is voluntary quality reporting program that provides an incentive payment to identified individual eligible professionals, and beginning with the 2010 PQRI, group practices who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-For-Service (FFS) beneficiaries.

The PQRI was first implemented in 2007 as a result of section 101 of the Tax Relief and Health Care Act of 2006 (TRHCA), and further expanded as a result of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA), and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

The eRx Incentive Program is an incentive program for eligible professionals initially implemented in 2009 as a result of section 132(b) of the MIPPA. The eRx Incentive Program promotes the adoption and use of eRx systems by individual eligible professionals (and beginning with the 2010 eRx Incentive Program, group practices).

We look forward to your participation.

Special Open Door Forum Participation Instructions:

Dial: 1-800-837-1935 Conference ID 16269773.

Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

An audio recording and transcript of this Special Forum will be posted to the Special Open Door Forum website at, http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp and will be accessible for downloading beginning on or around November 1, 2010.

For automatic emails of Open Door Forum schedule updates (E-Mailing list subscriptions) and to view Frequently Asked Questions please visit our website at <http://www.cms.gov/opendoorforums/>.

Thank you for your interest in CMS Open Door Forums.

Audio file for this transcript

<http://media.cms.hhs.gov/audio/PQRIERxIcintvPrgrmUpdates101910.mp3>

CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: Natalie Highsmith

October 19, 2010

1:00 p.m. CT

Operator: Good afternoon. My name is (Caroline) and I will be your conference operator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Physician Quality Reporting Initiative and Electronic Prescribing Incentive Programs Update Special Open-Door Forum.

All lines have been placed on mute to prevent any background noise. After the speakers' remark, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star then the number 1 on your telephone keypad. If you would like to withdraw the question, press the pound key. Thank you.

Natalie Highsmith, you may begin your conference.

Natalie Highsmith: Thank you, (Caroline) and welcome everyone today's special open-door forum on the PQRI and e-prescribing initiative program.

Today, CMS staff will focus on talking about the 2009 PQRI and e-prescribing initiative program, payment distribution and provide instructions for understanding the payment, provide an overview for the use of the 2009 feedback report user guides, and discuss changes to the electronic remittance advice for eligible professionals receiving PQRI and e-prescribing incentive payment.

I will go ahead and turn the call over to Dr. Michael Rapp who is the director of Quality Measurement and Health Assessment Group and our Office of Clinical Standards and Quality.

Michael Rapp: Thank you, Natalie. I'm just going to make a few introductory remarks then turn it over to our other managers and staff for the physician quality reporting system and the e-prescribing reporting program.

So again, thank you for joining this. We want to go over a few things which Natalie mentioned. And but before we get started, I want to make a couple of point questions in regard to the e-prescribing or electronic prescribing incentive program and in particular the potential that you have for the those that have not began to participate in this program to qualify for full-year incentive payment even with starting now.

The requirements for the e-prescribing program is a separate incentive program from the physician quality reporting system with different reporting requirements to successfully meet the reporting criteria tend to be considered incentive eligible. Individual eligible specialist must report the e-prescribing measurably 25 times.

So in other words if they – if 90 percentage of the time is 25 specific encounters for eligible patient encounters and what patients are eligible to have it's measure reported are in the details of the measure itself. But in essence, these are, for the most part, outpatient office-based type services.

And so, if one does report a code 25 times for eligible patient encounters, then – and these eligible patient encounters make up at least 10 percent of the overall fees for a professional for 2010, then one is eligible for that, but as far as the 10 percent, you won't need to worry about that, we'll make that

determination, and most people that do report the measure end up having 10 percent of their fees applicable to those denominator codes.

But for 2010 eligible professionals have successfully report the e-prescribing measure will become eligible to receive an e-prescribing incentive equal to two percent of their total, Medicare Part B fee for service allowed charges for services before and during the reporting period.

So again, the incentive is the same as for the physician on the reporting – a system two percent of it and not two percent just on the patients for the one e-prescribed. The concept behind this is necessary to have qualified e-prescribing systems, and there are two types of systems. One, for e-prescribing standalone system or they can be part of the electronic health record system.

What is required for qualified system is indicated in our measure which you'll find posted. But basically, it requires all of the following capabilities – to generate a complete, accurate, medication list incorporating electronic data receive from applicable pharmacies and pharmacy benefit managers if available; selecting medications, printing prescriptions, electronically transmitting prescriptions, and conducting all alerts; providing information related to lower cost therapeutically appropriate alternatives, if any, availability of an e-prescribing system to receive tiered formularies available would need the requirement for 2010; and providing information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan, if available.

And so what constitutes a qualified system, I'm going through that fairly quickly of course, but for the most part, you'll be able to determine that in obtaining the system. But once one has a qualified system, then demonstrates the use of it by actually electronically prescribing for 25 cases where the patient system is (dominating the) measure, then we're able to qualify for the two percent for all of those services for the year.

And so the most – so even though it's now mid-October, assuming you'll have that many patients to electronically prescribed, and it only counts once for a

particular patient visit. But if the patient comes back on a separate visit and more e-prescribing is done for that patient, that would count, too. So it doesn't necessarily have to be different patients, it's just different encounters with the patient.

So if you have not yet participated in the e-prescribing program, you can begin by reporting e-prescribing data for January 1st to December 31st using any of those three options – one is claims-based reporting for you. And there's a particular G-code, the G8553, to use the report which indicates the one that's electronically prescribed. Dr. Green's going to go over that coding into more detail in just a second.

The second possibility is registry-based reporting using a CMS selected registry submitting 2010 data CMS during the first part of 2011. And those of you that are familiar with the registry would know that the registry, frequently the reporting to the registry, doesn't even come until after the closing reporting period.

So those of you that are using a registry and the registry will accept this information. Then, that can be done retrospectively, really. And so that definitely gives an important opportunity to qualify for the incentive. Of course, the electronic prescribing has to have occurred during the 2010 reporting here is not something that can be done in 2011. It has to be done for patients in the reporting period of 2011.

And finally, EHR-based reporting. We do have a limited set of qualified vendors that are able to using that product, submit data using the EHR to CMS and for that the reporting for both the physician quality reporting system measures and the e-prescribing measures can be done.

That is limited set of EHR vendors and a broader set of registry. And that information is available – or Web site. And the information by electronic prescribing is at the <http://www.cms.gov/erx incentive> and it has information on there on alternative reporting mechanism that you can go to.

Place based reporting doesn't bother in addition of the quality data codes through claims submitted for services occurring during the reporting period

when filling Medicare Part B so that the same mechanism is used for the physician quality reporting system.

Eligible professionals don't have the options I mentioned to use a qualified registry into a system eRx measure data collection in that registry would submit this quality data. And directly, the Medicare would eliminate the need for a physician or other eligible professional who had quality-data codes to the Medicare Part B claim.

For submission from the claims, eligible professionals do not need to sign up in order to participate in the 2010 e-prescribing. That's a frequent question again – is there some place for sign up. It's not necessary when – if they're using a registry. It has to sign up with a registry.

But for claims-based submission, it's not necessary or just reports the quality-data code on the claim along with the other field services and that is how one reports having e-prescribe. Working to get all available educational resources on e-prescribing by visiting the CMS Web site – cms.gov/erxincentive – that's E-R-X-I-N-C-E-N-T-I-V-E, and that has a wealth of information for you.

So again, the main point is we do follow on those who have gone to participate in the e-prescribing incentive. We feel there are quite a few more eligible professionals who would have the opportunity to do this. It is necessary for standard call side electronic prescribing system which can either be the standalone as I mentioned or coming from an EHR. But regardless at one point has that and demonstrates having reported 25 times that person would conceivably be eligible for the incentive.

I'm going to turn it over to Dr. Green who's going to review a bit the coding for e-prescribing and the change in the codes that are used for that from last year.

Dr. Green: Thanks, Dr. Rapp. Welcome everybody. Thank you for your participation in today's call. I just wanted to elaborate a little bit more on what Dr. Rapp was referring to.

In 2010, there's one G-code for the e-prescribing incentive program, and that basically is G8553. By appending that to one of your claims, basically what you're saying is that sent one prescription using a qualified electronic prescribing system, basically one that has the – all the functionality that Dr. Rapp described.

Anyway, you use that system to send – to transmit one prescription or more electronically. And you need to report that measure, as Dr. Rapp said, at least 25 unique times during the year.

So the nice thing about 2010 compared to 2009, in 2009, we were looking for a percentage – we're looking for a reporting percentage. So you had to report at least 50 percent on at least 50 percent of eligible patient, meaning there were times you didn't e-prescribe or that the patient requested a written prescription, whatever, and then what times did you electronically prescribed in total. And there were three different G-codes to indicate those different scenarios. However, and just as a reminder, for PQRI and e-prescribing, every year, we do update the measures as per the measure developers and that's – with respect to programmatic needs and changes, so we encourage folks.

We post the specifications typically by December 15th and often earlier. We strive to get them up earlier. But we technically have until December 31st to post-specifications. And we encourage folks, even if they reported all measure successfully in previous years, to check the measures specification at the end of each year to see if there are any changes.

And so for 2010, those three G-codes that were previously available and necessary in 2009 since the program changes they say that we're only looking for at least 25 e-prescribing events for covered services. And those would be the CPT codes that appear on the denominator of the measure.

There's only one G-code they were asking for folks to report. If no presentations were generated, you don't have to report that anymore. We're only looking for instances where a prescribing if that occurred. And again, that one G-code is G8553. So if you are submitting G-codes from the – that

were used in the 2009 program, please make sure that you start using the G8553.

If you do use one of the former G-codes, you will get an (i) indicator on your claim which basically means that that code was not accepted. It's not rejected like the N365 that you would get that says that you – that we received it but it's a non-paid code. You, in fact, will get an (i). But we have some folks here for payment who may be able to shed a little bit more light on that.

Luisa Louisa Rink: Hi. This is (Luisa Louisa). I just – the G-codes that were appropriate for last year but are no longer appropriate for this year will reject, and we have had a couple of providers who were reporting with those codes from last year that claims rejected for that. They should be reported this year with the new single G-code to which Dr. Green was referring earlier.

So if you see that you are submitting an e-prescribing G-code and you are getting that claim rejected saying it's not a valid code for Medicare. As Dr. Green was referencing, you should check the specifications and make sure that you're using the appropriate code for this reporting year.

Dr. Green: Thank you, (Luisa Louisa).

And so just reiterate a few points that Dr. Rapp made in his opening remarks, and you can find it in presentation, in fact, on our Web site at CMS – sorry – www.cms.gov. And if you go to the eRx incentive program and look under the downloads for – on the Sponsored Calls download, you'll actually see today's presentation.

I'm going to pick it up with slide number 20 and basically the question is do you have an opportunity to – I'm sorry – we're going to actually do a right turn here, but just to reiterate one more time, it's not too late, Virginia, to participate or yes, there is a Santa Claus which ever you like.

You're only required 25 prescriptions as Dr. Rapp said. And for those of you seeing any moderate volume of Medicare patients even in the last two and a half months of 2010, you should be able to report because if you are using a

qualified electronic prescribing system that you have in fact e-prescribing 25 times.

So not to take up any more time, I'm going to turn it over to (Michelle Allender-Smith) who has some other information for you.

Michelle Allender-Smith: All right. Thank you, Dan, and he'll be back on with some more information a little bit later in the presentation on e-prescribing.

But to start with the 2009 incentive payment information, as most folks know, the total estimated Medicare Part B physician fee schedule and that was two percent with the allowed charges covered for professional services furnished during the reporting period for both 2009 e-prescribing reporting and for satisfactory 2009 PQRI reporting as well.

I think Dr. Rapp actually already mentioned that the payment for e-prescribe has already been in process and those are expected to ramp up later this month. And then the PQRI payments for 2009 will begin October 25th, and those are scheduled to run through November 12, 2010.

These incentive payments will be paid at lump-sum to the TIN or the taxpayer ID under which the eligible professional's claims were submitted. And the TIN then will decide the distribution of those incentive payments. Changes to the electronic remittance advice or referred to as RA for the eligible professionals receiving and e-prescribing or PQRI incentive payments for 2010. You will note that there will be a capital "LE" indicator that appears instead of the "LS".

Also, there will be a four-digit code that indicates the incentive type with the reporting year. So for example, for the 2009 incentive payment for e-prescribing, it will read 2009 ERX equals capital RX 09. And then for the PQRI payment for 2009, it will read 2009 PQRI equals PQ 09. And you will see that with remittance advice.

Again, for the paper remittance advice, this is an e-prescribing incentive payment or if this is the PQRI incentive payment. That information will be noted on your paper remittance advice.

For the 2009 incentive payment understanding, for more information on how to understand the 2009 e-prescribing incentive payment, all this information is located on the PQRI Web site specifically for e-prescribing. It's http://www.cms.gov/erx incentive/downloads/508_Guide_Understanding_2009_eRx_Incentive_Payment_08-09-2010.pdf.

And if you have the download presentation of the URL that I just read to you, it's listed within that presentation as well. Otherwise, you can just go to www.cms.gov/eRx and you can still locate the information. But generally, the first couple of steps associated with processing those payments is that there is a completion factor that is applied to the claims information. And then the reporting period is identified.

So e-prescribing, the reporting period is six months or 12 months. And then after that, there's a calculation that's done for each incentive eligible TIN/NPI and then we add that to the Medicare Part B physician fee schedule total estimated allowed charges and multiply that out. But again, for more details, step-by-step explanation, see the guide for understanding the 2009 e-prescribe incentive payment.

Additionally, there's a separate incentive payment guide for PQRI as well in 2009, and you can go to <http://www.cms.gov/pqri/2009/list.asp?listpage=3>. And again, there – the completion factor that is added, there's a different completion factor for six months versus the completion factor that's added for the 12-month period.

Again, if you look at the incentive – the Guide for Understanding the 2009 PQRI Incentive Payments, it lists in section – in step two all the various ways that you can report regarding PQRI. As you know there are 12 months claims options and six months claims option. And then, there are 12 months and six months registry reporting. You can report as an individual, as a group. There's 80 percent that should be captured for measures group.

So again, more detail information is in the Guide for Understanding the 2009 PQRI Incentive Payments. So I encourage you to go the site and download this material for more explicit details.

For the 2009 feedback report availability, again, for e-prescribing since that payment is underway and was initiated for 2009 and 2010, typically, our feedback reports are available about two weeks after the payment distribution.

And for best information, you can go to the qualitynet.org/pqri for assistance. You also can contact our QualityNet Help Desk for assistance. And if you do not have IACS account, you can contact the IACS account of external users for help as well. They are available 7:00 a.m. to 7 p.m., and their phone number is 866-484-8049. Their e-mail address is EUS.support@cgi.com.

One thing to note is that there is going to be a transition or rather an upgrade to the IACS system. So after November 13, any assistance that will be required with your IACS account, whether you're having a problem, whether you need a new account or you need to enable a disabled account, you can contact the QualityNet Help Desk, which most of you are familiar with. And that's QNetSupport@SDPS.org and their phone number is 866-288-8912.

An additional note regarding the IACS account, during this transition, if your account is currently disabled, when the transition is completed, your account will be moved over in the same state as disabled.

So in order to view your feedback report through the port list at CMS, you will have to enable your IACS account. So make a note of that. And again, if you're doing after November 13th, you would contact the QualityNet Help Desk and not the EUS Help Desk.

We'll post additional information on this as well. We also have a presentation plan for our November national provider call by the help desk who will go over in detail of slide presentation about the changes to IACS, and again, that will be posted and it (will) be a download so that you'll have that information. But again, any problems or issues with that prior to the EUS Help Desk after November 13th, (go to) QualityNet Help Desk.

The alternative feedback report fulfilling this process, that was established a while ago. And in that instance, the carrier and the Medicare administrative

contractors known as MAC, you can contact those individuals and request an individual feedback report.

Each eligible professional in the group practice must individually call to request the NPI level feedback report through the alternative feedback report fulfillment method. To see a list of provider contact centers, you can go www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip. But if you go to the CMS Web site and you put it in a search for that information, it will come up.

In addition to the e-prescribing and PQRI information, this report also provide individual with Medicare Part B physician fee schedule allowed charges for the 2009 e-prescribing reporting period upon which incentive payment is paid.

Again, once available and you've made your request; please allow two to four weeks for you to receive that report via e-mail. We also have a guide for understanding the 2009 e-prescribing report as well as a guide for understanding the 2009 PQRI feedback report. Again, these are both downloads.

You will find the Guide for Understanding the 2009 E-Prescribing Feedback Report on the e-prescribing incentive page. Again, that's www.cms.gov/ERXincentive. And for the User Guide for Understanding the 2009 PQRI Feedback Report, you will go to www.cms.gov/pqri. And again, as always, any questions our help desk is very willing and able to support you and that's our QualityNet Help Desk.

The feedback report are at the TIN level with individual reporting by the NPI for information for each eligible professional who report it at least one valid quality-data code or QDC on a claim submitted under that TIN for services furnished during the reporting period.

This also includes information on reporting rates, incentive earned by individual professionals, with summary information on the reporting success and incentives earned at the practice TIN level.

The system requirement in order to visualize and download some of this information, they'll need an operating system such as Microsoft Windows XP Professional or Microsoft System. This should be compatible as long as your Internet browser is available. We also recommend 166 megahertz Pentium processing with minimum of 125 megabytes on a free disk space or 32 megabytes of RAM for your feedback report.

The software, again, would be the Microsoft Internet Explorer 6.0 and above, Mozilla Firefox 2.0 and above or Apple Safari 2.0 and above. Also Sun Java Runtime Environment JRE 1.6.x or higher and also Adobe Acrobat Reader at 5.0 and above in order to visualize those reports.

The Internet connection and download time – accessible via the Internet connection running on a minimum of 33.6k modem for high speed connection. It's possible that some reports maybe as large as 15 megabytes which is pretty large. So downloading large report files may require some additional time to get that full report downloaded.

Reports generated for each TIN with at least one eligible professional reporting on a valid QDC will appear. The TIN-level report is only accessible by TIN and up to TIN. It's up to the TIN to distribute any information and the cables two or three. But again, as I commented a few minutes ago, the individual report can be reflected by the NPI and you can do those through the ultimate feedback report method through your carrier (mask).

The length of the report, again, depends on the number of participants, so you'll need to allow sufficient time to download. It shows the total incentive payment and the amounts calculated. It breaks down each individual NPI and the earned incentive amount as well.

Reports may contain a partial or "masked" social security number or social security account number as part of the TIN field. Care should be taken in handling and the disposition of these reports to protect privacy of the individual practitioner of which – with which the social security number is potentially associated.

With regard to the e-prescribing feedback report, the table one in that report is earned incentive summary for tax payer ID, table two will show the NPI reporting detail, and table three NPI QDC submission error detail.

The PQRI tables also include – table one will show the earned incentive summary for taxpayer identification number, table two will show the NPI reporting detail, and table three will show the QDC submission error detail, table four will show the NPI performance detail. The guide includes the appendixes and the definition.

Again, if you need assistance, please contact the PQRI of the provided contact center with any question, and you can always call in our QualityNet Help Desk as well. I'm going to turn this portion of the presentation over to Dr. Dan Green who's going to talk about the 2010 e-prescribing incentive program.

Dr. Green: Thanks, (Michelle). And for those of following with the presentation, we're actually on slide number 20 now. So I'm going to try to go as quickly as we can so that we have a little time at the end of the presentation if folks have questions.

So as Dr. Rapp mentioned and as I mentioned earlier, it's not too late to start participating. At two and a half months, you'll only need to report on 25 unique e-prescribing events. So – and that doesn't have to be every prescription that the patient had bring for him or her at the time of the visit but at least one was sent, you can have qualified system.

So you can start reporting at anytime. It's a separate incentive from PQRI. So folks have an opportunity to earn for 2010 two percent for PQRI and a separate two percent for the e-prescribing incentive program.

One program is not dependent on the other so you can do either of these or both of these, and we would encourage you to do both to try to maximize your incentive earning ability. So again, at least 25 times per patient encounter that appear and the denominator of the measure.

Medicare Part B Physician Fee schedule allows charges must comprise 10 percent or more of your eligible professional's total 2010 estimated allowed charges. So in other words, the codes that are in the denominator of the measure have to comprise at least 10 percent of your total Medicare Part B charges.

On slide 21, if you're trying to determine participation, you can first want to determine whether you're eligible to participate in the program. And a list of professionals who are eligible and able to receive an incentive is available on our emergency room Web site, and you can see the Web address there at www.cms.gov/ERXincentive – all one word.

Step two would be to review the 2010 eRx measure specs, and those are available as a downloadable document from the eRx measure section of the CMS eRx Web site that I just mentioned. Step three – you would need to determine if you have the resources necessary to participate. So, do you have a qualified eRx system or program should that is being used routinely?

And that would be defined as one, to generate a complete active medication list incorporating electronic data which received from applicable pharmacies and PBMs or pharmacy benefit managers. If that's available from PBMs, it needs to be able to select medications, prints prescriptions, electronically transmits prescriptions, and conducts all safety alert.

Companies that to provide information on lower-cost, therapeutically appropriate alternatives, if there are any; formulary information would (supply) for this requirement for 2010.

And then also, as I mentioned, needs to be able to do formulary or tiered formulary medications, patient eligibility, and authorization requirements that are received electronically from the pharmacy benefit managers. Second thing you want to do in part three – and step three is to determine if you expect 10 percent of your Medicare Part B charges that comprises at least 10 percent of the codes in the denominator of the measure.

And if you look at the codes in the denominator of the measure on slide 24, you can see that many of these are common (ENM) codes folks encounter in

their office both for new patients as well as problem visit that supply the geriatric codes or some GYN pelvic codes or some diabetic codes as well. So there's nursing home code, et cetera. Please look at the measure for more details as to services that are covered in this measure and that you may provide.

Once you've decided to participate in the 2010 eRx incentive program, you should follow the steps from slide 26. You have to perform one of the CPT codes that appear on the denominator and you'd also want to report this 8553 G-code that I was talking about before we face this issue, electronically transmitted prescription using one of the call – I'm sorry – using a qualified eRx prescribing system.

So again, you report the G-code 8553 on the same plane as your service code for you, the service that you provided for the patient. We had at least G8553 on slide 27 at least one prescription created and sent electronically using a qualified system.

One slide 28, you could see that in the – successful e-prescriber eligible to receive an incentive payment has to report one or more e-prescriptions associated with a patient visit – a minimum of 25 unique payments. So if you do five prescriptions on Mrs. (Jones) tomorrow, that's great but that only counts as one electronic prescribing event.

She could come in next week and she might count as number six in your order but it needs to be 25 times. It doesn't need to be 25 times in a row, it has to be 25 times for the year. Again, each visit must be accompanied by the eRx G-code attesting that the patient visit had at least one prescription electronically prescribed.

Refills don't count. Faxes don't count. Faxes don't count because they don't count and refills don't count because there's no service code. Patient calls you on a weekend, there's no – you're not billing them for one of the services. That appears the denominator of the measure.

So on slide 29, 10 percent of eligible professional's Part B charge must be comprised of the codes in the denominator as we discussed. And then going

to slide 30, this just talks about what the codes mean. Each measure has detailed specifications consisting of a reporting numerator and denominator. The numerator, in this case, includes a G-code, but it could be a CPT code which basically says hey, I performed a specific quality action or in some measures like in PQRI if I didn't perform a particular action, and this is the reason why I didn't do it.

In the e-prescribing incentive program, there is no "I didn't do it," there's only an "I did do it" code. So it makes it easier again with the one G-code. The reporting denominator defines the code where patient for whom the measure could or should be reported.

On slide 31, again, there's a two percent eRx incentive payment. There are different mechanisms as Dr. Rapp described. There's the claims mechanism. You can report for a qualified registry and those are available – a list of those is available on our Web site under alternative reporting options on the PQRI Web site which is www.cms.gov/pqri. And on the left-hand tab side, you'll see alternative reporting methods. There's a list of 2010 qualified registries, and it will also say whether they accept the eRx measure.

You're also six qualified EHRs which is also available at the download on that tab, and it will also say which of those six are able to report the electronic prescribing measure. If you are using one of the six systems and it has to be not just vendor but vendor and product specific, you could report conceivably using through your EHR directly and there'll be more information posted about that.

We talked about the reporting program being the whole calendar year at 2010. No need to register for the program. And then finally on slide 32, as (Michelle) mentioned, there is a how to get started section of CMS eRx incentive program Web site and that's www.cms.gov/ERXincentive. And there are documents there for – with additional information regarding how to get it started.

There's an eRx incentive program made simple fact sheet. I would encourage you to look at that. It was well-designed, created, and a brilliant idea on the

part of one of the CMS medical officers – oops, sorry – and what's new for the 2010 eRx incentive program. There's also a link to frequently asked questions.

And the last thing I just want to mention really quickly, please, please, remember to use that G8553 G-code when you're submitting – you did do a possible e-prescription because the three G-codes from 2009 will not make it into the system. They will be rejected. We won't have any way of knowing that you actually tried to report – how to qualify electronic prescribing event, and you won't get credit for the old – using the old specification.

So I thank you. Natalie, I'll turn it back over to you.

Natalie Highsmith: OK. Thank you, Dr. Green. (Caroline), we are ready to go ahead and move into our open Q&A portion of the call. You can just remind the folks on how they can institute to ask a question.

And, everyone, please remember when it is your turn to restate your name, what state you're calling from, and what provider or organization you are presenting today.

Operator: At this time, I would like to remind everyone that in order to ask a question, press star-1 on your telephone keypad. Your first question comes from the line of (JV Patel) from Arizona. Your line is now open.

JP Patel: With the presentation, very good information. Can you guys mention ...

Natalie Highsmith: I'm sorry. Can you speak up? We can barely hear you.

JP Patel: Can you hear me now?

Natalie Highsmith: Yes.

JP Patel: OK. This is JP Patel) calling from Little Rock, Arkansas, representing Little Rock Diagnostic Clinic. And during in the lecture you mentioned there is – in a Web site where we can download today's presentation. Could you repeat that Web site for me please?

Michelle Allender-Smith: Yes. The Web site is <http://www.cms.gov/PQRI>, and if you go over on the left side and click on Sponsored Call, go to the very bottom of the Sponsored Call page and the presentation is at the very first presentation.

JP Patel: Thank you very much of the information and it was very helpful for this forum.

Michelle Allender-Smith: Thank you.

We will also be doing a repeat of – a lot of the items from this presentation at the National Provider Call on November 10. So if your questions don't get answered today and there's something you – you know you – you know not got back from -- you know responses from the help desk, we really want to answer, we will have a question-and-answer session at the November 10th call also.

J P Patel: Great. Thank you.

Operator: Your next question comes from the line of (Lisa Alvarado) from Illinois. Your line is now open.

Lisa Alvarado: Hi. I was calling – we are a specialty-based practice and what the e-prescribing – the majority of our prescriptions are narcotic, and typically our narcotics are done doing for pre- and post-op.

So how or has there been any discussion on accommodating the specialty groups that right now cannot e-prescribe narcotics because we do have a volume – a large volume of Medicare patients that we see but unfortunately this time restricted spending narcotics through.

Dr. Green: Great question. What kind of practice did you say you were?

Lisa Alvarado: Orthopedic.

Dr. Green: Orthopedics. Very good.

Lisa Alvarado: Yes.

Dr. Green: So certainly I appreciate the challenges that you all made or have. If you are – you know for pre- and post-op, those visit codes are not covered in the denominator of the measure.

Lisa Alvarado: Correct.

Dr Green: Those visits wouldn't count anyway from a prescribing standpoint. If more of your folks coming in for an (ENM) service you know a sprain or what have you. Now, if you're prescribing narcotics at one of those visits, are you aware of the DEA's new rule that has come out allowing electronic prescribing of narcotics?

Lisa Alvarado: We have been following that progress. Has there been any update? Because the last time we checked, it still was not ready to go.

Dr. Green: Yes. My understanding is that it is doable but a special electronic prescribing system that has proper authentication features, if you will. So they – if I recall correctly, they require a two-factor authentication.

So it is not just you run of the middle e-prescribing system that you would you know used to prescribed you know Naprosyn or something like that. For the controlled substances, it is a little bit more involved. I believe that is permissible now but again, you need a special system that has the functionality to you know for security reasons.

Lisa Alvarado: OK.

Dr. Rapp: But part of it is also that there are only 25 instances that you have to do it. And so, we ...

Lisa Alvarado: Correct. And that seems to be – I mean that is our biggest issue at this time because I am in charge of monitoring that information in making sure that you know we're capturing those measures.

And unfortunately, like I said you know it's – majority of the narcotics which cannot be pushed through at this time. And then when they do e-prescribe

anything else, it's typically they're in the pre or post because that's really when a lot of the medicines are given out after surgery not typically before.

So that's just the problem we've been having is trying to capture that information.

Dr. Green: Just one other quick question; having been somebody that unfortunately had a frequent orthopedic surgeon quite a bit for my clumsy ways, you know a lot of times if a narcotic is dispensed, they'll give non-steroidal medication as well so that you know Harry used this for the first three days because I know you're going to be pretty you know uncomfortable. But you know for the last week, you can use you know this non-steroidal medication.

You know and since it's not all prescriptions have to be electronically prescribed at a visit; it's just at least one prescription. That maybe another way for your eligible professionals to you know still be in compliance with the measure.

Lisa Alvarado: OK. Excellent. Thank you.

Dr. Green: Thank you.

Operator: Your next question comes from the line of (Barbara Sack) from Kansas. Your line is now open.

Barbara Sack): Thank you. We are also orthopedic. And so, I am definitely sympathetic to what you've been hearing. But I have a couple of questions. On slide eight, I believe it is you described the completion factor on both slides eight and nine. Can you go over again what the completion factor is?

And then I'm also curious if the alternative feedback report method available for both PQRI and electronic prescribing. And then just comment, I went to a presentation just September 25th in which they said that the reality of electronically prescribing for narcotics is probably at least a year out because of the requirements for the systems and then for pharmacies to adapt systems that will also accept them.

Michael Rapp: This is Michael Rapp on. The completion factor, what that has to do with is we – we accept claims or we require 200 statutes to the first two months of the year. After that, then is the calculations are made, but not all of billings during the reporting period.

So it's – by the end of February, we're going to basically lock down all of the claims for the prior year. But we recognize that although claims are put in much more rapidly than they used to be due to electronic of billing, still there's a few claims that have made it in by the end of February.

So because of that, there's a completion fact here. In other words, there's an add-on. So depending on whether it's a six months –it's different for the six months than it is for the 12 months so that percentage of all your claims for the calendar year will – that are in by the end of February was higher than the percentage for just the last six months.

So it's not very much but a few percentage more that's added on to those that we have in by the end of February. So that's that as far as the alternative reporting mechanism, yes, that's available.

And the idea here is they're going to the portal that's somewhat complex for people than as for large groups. It's necessary to do that just because of the size of the file that's going to be provided. And so, that's the reason why it's necessary to go into the CMS system and go through various security hurdles that one has to do.

But we thought it was important to also make these reports available for the individuals within our practice so they'll be able to get their reports and also sometimes the practice might be small and it's easier for two or three people to call in and get a report individually than ever would be to go through the hurdles necessary to get group level report.

So that's the idea. But they're available both ways and they're available for both the physician quality reporting and the electronic prescribing. As a matter of fact, if you call up as an individual (managed group) or you'll get sent all the reports that pertain to you.

Barbara Specks: OK. And when you discuss the completion factor, it appears that the completion factor is different for PQRI than it is for eRx. Is that correct or is that just because the claims reporting timeframe?

Dr. Rapp: I'm not sure. I don't have the thing in front of me. But basically, it's a completion factor based upon claims aging one of the same fit because there may have been ...

Barbara Specks: And there is a different one?

Dr. Rapp: ... a different one for e-prescribe.

Michelle Allender-Smith: Yes. For e-prescribing, it's 1.036 percent while QRI it's 1.069 percent.

Michelle Allender-Smith: And it's – and the 69 percent is based on six months of claims and for 12 months is 1.0 ...

Barbara Specks: I see it – 1036, which is the same as the eRx.

Michelle Allender-Smith: OK, because the eRx is a 12-month reporting.

Barbara Specks: OK. So, for PQRI, it's only 1.069 if you are reporting for six months.

Michelle Allender-Smith: Correct.

Michelle Allender-Smith: Otherwise, if you are doing the full year, it's 1.036.

Barbara Specks: Yes.

Barbara Specks: OK. Thank you very much.

Barbara Specks: You're welcome.

Operator: Your next question comes from the line of (Karen Webb) from Kentucky. Your line is now open.

(Karen Webb): Yes, hi. I am a radiation therapy practice with (Asian) Radiation Oncology. And my question also has to do with the people that the orthopedics were talking about.

We prescribe narcotics basically. Rarely, as our prescription done at another time that there's you know one of those denominators, it's done during the course of treatment which – and there's also the 90-day global period.

So what do you all do for practices like ours? Because you know in CMS, it looks like we're not complying with you know e-prescribing when really we have no patient that that applies to.

Dr. Green Well, for the 2010 reporting period you know a question that you might consider is to the codes that appear in the denominator of the measure as stated, so they comprised 10 percent of your charges.

(Karen Webb): No. Yes, I did see that and you know my concern is down the road when you all start cutting payments.

Michael Rapp: Well, the way that if you – we don't have the final rule out for the “cutting things” as far as penalty goes.

(Karen Webb): Yes.

Michael Rapp: So one of the things – the way we described it in the proposed rule is if you don't have 10 percent as your charge that's been in the denominator of the measure, you're not subject to the penalty. So that's one thing.

(Karen Webb): OK.

Michael Rapp: And then the other thing is that you have to have a certain number of cases that would fit into that. So we basically try to parallel in such that people that weren't able to get the incentives also wouldn't be subject to the penalty.

And insofar as we were imperfect on that, we – at least, that was what we were attempting to do when we set forth the proposal, the final of the rule is not out – I want to be able to see how that finally is resolved.

(Karen Webb): Right. Do – Dr. (Green), do either you or Dr. Rapp have an e-mail address that you're willing to share with us?

Michael Rapp: Yes. You can also send this incident to the helpdesk but if you want to send us an e-mail ...

(Dr. Green): If you give us your number, we'll get in touch with you and ...

Michael Rapp: If there's something specific you have for one of us or if it's about the program, we have (Nina) who will address it for you.

(Karen Webb): Yes. I can guarantee, the minute we hang up and finish this conference, I'll think of something I wish I would have asked.

Michael Rapp: OK.

(Dr. Green): If that's the case, I'll keep choosing a side, you might go through the QualityNet Help Desk because those folks are readily available and actually make it back to you a little bit quicker than we do but – and certainly, if there's an issue that they can address or something specific to your practice there, we have call done weekly that are problem calls, if you will, that they can address or escalated to us anyway.

(Karen Webb): They will forward those to you? OK.

Michael Rapp: OK?

(Karen Webb): Wonderful. Thank you.

Michelle Allender-Smith: Do you have call in – that contact information?

(Karen Webb): Yes.

Michelle Allender-Smith: OK. Great.

Operator: Your next question comes from the line of (Shari Thompson) from Florida. Your line is now open.

(Shari Thompson): Thank you, but my question has been answered.

Operator: Your next question comes from the line of (Donna McLain) from Kentucky.
Your line is now open.

(Donna McLain): Yes. I was wondering what happens if you don't meet the 10 percent threshold for e-prescribing? In the future when penalty has come down, would those people who don't meet the thresholds still be penalized?

Michael Rapp: You know as I've just indicated the proposal we have for 2012 which is the first time a penalty would apply would be that the proposal is we're going to look at what goes on in the first six months in 2011. And if you don't have 10 percent of the charges been in the denominator, the proposal would be that you will then be subject to the penalty in 2012.

(Donna McLain): OK.

Michael Rapp: So, that's the intention, as the proposal is draft to the final rule, it will be out on or about November 1st.

(Donna McLain): And we're just wondering because some of our providers will meet that threshold but some of them don't and we just wanted to make sure that we weren't going to be penalized for ...

Michael Rapp: Well, if they meet the threshold then the idea would be to go ahead and e-prescribe.

(Donna McLain): Right. But a few of our providers don't.

Michael Rapp: And they would be exempt from it as the proposal is written. But when we – we did go over some of those in the proposed rule for 2011 and the penalty for 2012 at our national provider call.

As soon as the regulation is finalized then we'll give out a lot of information because I know people are concerned about that and we'll make sure we can make it as clear as possible as to how one can avoid the penalty.

(Dr. Green): But this is – just a quick follow-up to what Dr. Rapp said you know even though professionals that you have working with you that do not have the 10

percent, I mean I can appreciate your concern about the penalty and I understand all that, but you still may want to have those folks e-prescribe when they can you know as their other incentive programs that CMS has you know that do take into account the electronic prescribing too. So it's always good to e-prescribe.

(Donna McLain): Yes. We're going to still do it for our providers. We just want to make sure when can we penalize.

(Dr. Green): Great. Thank you.

(Donna McLain): Thank you.

Operator: Your next question comes from the line of (Heidi Harting) from New Jersey. Your line is now open.

(Heidi Harting): Yes. My name is (Heidi Harting) from Summit Medical Group in New Jersey. And I just want to echo the same concerns. We are a multi-specialty with different surgeries here.

And we are running into the same issue of not being able to qualify for the 25 e-prescriptions because they're falling – they're prescribing during their postoperative. It's not even just the narcotics; it's the antibiotics, anything, or the steroids that was mentioned.

Michael Rapp: Well, then I'd like to alert you a note for 2010, but for 2011, as we've described in the proposed regulation there, when you're dealing with a multi-specialty group as you've indicated, for the e-prescribing, we have a group practice option.

And so one can report as a group level; that means not every individual has to actually e-prescribe, only a subset of the people in the multi-specialty group. So if you have 30 percent primary care doctors, for example, that do a lot of prescribing and a lot of opportunity to electronically prescribe which has many of orthopedics and surgeons and so forth that may not the primary care doctors could in effect do enough e-prescribing that it means the requirements

and the requirements are similar although at a group level, similar in terms of quantity as we have in the individual level.

And so it's not a huge amount of e-prescribing as necessary but since the – as the group level, that incentive is for the 2 percent or 1 percent multiplied by all of the charges for everybody in the group not just the ones who are actually doing the e-prescribing.

So I think that's probably the answer for most of the people that at least for 2011, again, this is as it's proposed. It's not final way to – for any final word on this until on or about November 1st when that is published and they will provide more detailed information as to kind of potentially address issues that we're talking about in 2011.

(Heidi Harting): OK. And was that an option that was available in 2010? And if so, is that the option that you had to have I think over 250 providers?

Michael Rapp: It was 200 NPIs associated with the same tax ID number. So that again is proposed to be available for 2011 but we have an additional one which is for groups – between two NPIs associated with it and 1999. So basically, any-size group could potentially participate which way.

(Heidi Harting): Great. Looking forward to it. Thank you.

Operator: Your next question comes from the line of (Carrie Prince) from California. Your line is now open.

(Carrie Prince): Hi. My name is (Carrie). I'm calling from (inaudible) in California. I currently have a problem where our EHR system is M.D.s which is not on the list of qualified registries but we use Surescripts as our eRx provider. So I haven't been able to get an answer to my question of whether or not we're qualified to be reporting the G-code or not.

(Dr. Green): That's a great question you bring up. So when we were talking about qualified EHR systems, those are qualified systems, if you will, to report qualify measure data to CMS for the (P-drive) 1:09:58 program or for the eRx

program. Those are not the only qualified systems, if you will, for e-prescribing.

So we don't have a list that you know this system or program is qualified to actually e-prescribe or not. What we have is we have the functionalities that an e-prescribing system must have and I ran through this pretty quickly on my presentation but they're available on the measure on the eRx incentives Web site and it basically has to do with transmitting prescription electronically, getting certain information from the pharmacy benefit managers if that information is available.

(Carrie Prince): How do you know that our system can facilitate that?

(Dr. Green): OK. So first of all, what I would do is I would go to the measure and look at the ...

(Carrie Prince): Hang on a second; I don't want to waste your time. I understand our system can do that. I know it can do that but how does CMS know that it can or can't do that?

(Dr. Green): Well, we're taking your word for it. I mean you know it's subject – anything you report to CMS for billing purposes and understanding and subject to the false claim facts ...

(Carrie Prince): Great.

(Dr. Green):... you know it's just like if you billed like a Level 5 business and you only had a Level 1 business that I mean you know CMS you know always become potentially audit. I mean we're not looking to start trouble for folks obviously but – and you know it will be like (partially) billing a claim which I'm sure you wouldn't do either.

(Carrie Prince): OK. Well, I've been in the yoyo situation where one person says, "Yes, we're qualified. We can bill," but then half of the stuff I read tells me no because we don't have the qualified EHR system. So I'm you know and yet, Surescripts is supposedly certified ...

(Dr. Green): Yes. Let me ...

(Carrie Prince)... but on our EHR system so it's very – I'm totally confused.

(Dr. Green): Right. Well, let me try to clear it up again. So the qualified systems, there are six of them, I think, if you look on the EHR portion of our PQRI Web site. These systems are qualified to report PQRI quality measures for the electronic prescribing measure not the e-prescribing event but just the measure like you know instead of spending the G-code on the claim, they can send back code to us electronically – not a claim, just the G-code itself.

These systems are qualified to report the measure. They're not the only system that is qualified to actually be e-prescribing. You could have a standalone e-prescribing system. Dr. (First), I think, is one for instance. There are numerous ones that use the Surescripts network to actually generate and accept the qualified e-prescribing event, and not the measure, just the actual e-prescribing activity or event.

If you're using one of those systems that has those four functionalities, you can report this, be it on the claims, be it through a registry or be it through one of those six qualified EHRs.

The first thing is you have to have a system that has four functionalities. Use it to generate an electronic prescribing event and have a service that appears to then denominator of the measure like a 99213 or whatever.

(Carrie Prince): Right.

(Dr. Green): If you do all that and you want to participate with – through claims through the eRx incentive program, you would put in Dr. (Jones) and his or her NPI and all that other stuff on the claim then you would put 99213 as the level of service that you provided and you would put that G-code, G8553, and that would be it. So again, don't confuse those six qualified EHR systems as the only six that you can have to be able to report the eRx measure.

(Carrie Prince): OK.

(Dr. Green): Those two again are only qualified to actually report quality measures data if you don't want to use claims or don't want to submit the data through our registry.

(Carrie Prince): Thank you.

(Dr. Green): Thank you.

Operator: Your next question comes from the line of Jeff Hamel. Your line is now open.

Jeff Hamel: Yes. We are billing service and we have a particular client who has been inputting the G-code, G653 for the eRx, however, their system that they're using is not qualified. How do we get them to reverse those charges?

(Dr. Green): You mean, so they have submitted the G8553 that they participating using a qualified systems?

Jeff Hamel: Yes. They submitted that on a claims based reporting as a zero-dollar claim, however, they find out – they found out that their vendor still is not 100 percent qualified as a true eRx system.

(Dr. Green): They expect to become qualified you know during the course of this reporting period?

Jeff Hamel: I don't think so. That's the question. They're a little fearful. They don't want to you know have any fraudulent claims out there so they want to be able to reverse those. You know I have searched all over the various CMS Web sites and others to see if there's any means of reversing out that zero-dollar claim and I can't find anything that gives any instructions on how to do that.

(Dr. Green): So a great question. Can you give us your name and phone number? Again, we'll take this offline and have somebody get in touch with you and see what we can – how we can help you.

Jeff Hamel: Sure thing. My number is 985-893-2550 and my name is Jeff Hamel – H-A-M-E-L.

(Dr. Green): OK. We will work – someone will get in touch with you and we'll figure out a way for you to keep your folks in compliance.

Jeff Hamel: I appreciate it. Thank you.

Natalie Highsmith: OK. (Caroline), we're going to go ahead and end the call now since we just went a little bit past 3 o'clock hour on the East Coast. I'll pass on the call over to Dr. (Green) for closing remarks.

(Dr. Green): Well, thanks, Natalie. We just want to thank everyone once again for your time and attention today. We appreciate your interest in the e-prescribing program and keep your eye for that matter.

Again, if you have any questions that were not addressed on today's call, you can call the QualityNet Help Desk. That number is 866-288-8912. Again, that's 866-288-8912. Their hours are 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday. Their e-mail is qnetsupport – all one word, so Q as in Q, N-E-S-U-P-P-O-R-T@sdps.org.

So again, thank you for your time and attention. We'll have a national providers call in November and we look forward to talking to everybody at that time. November 10th I'm told. Thank you.

END