Centers for Medicare & Medicaid Services
Special Open Door Forum:
2011 Physician Quality Reporting System
and Electronic Prescribing (eRx) Incentive Programs:
2011 Group Practice Reporting Option (GPRO)
and 2012 eRx Payment Adjustment
Wednesday, December 15, 2010 1:00-3:00 pm ET
Conference Call Only

The Centers for Medicare & Medicaid Services (CMS) will host a Special Open Door Forum on the 2011 Physician Quality Reporting System (previously known as PQRI) and eRx Incentive programs. This Special Open Door Forum will focus on:

1. The Group Practice Reporting Option (GPRO), available for the 2011 Physician Quality Reporting System and eRx Incentive Program. Group practices interested in participating in the 2011 GPRO for Physician Quality Reporting System and/or the GPRO for eRx Incentive Program must submit a self-nomination letter to CMS by no later than January 31, 2011. CMS will provide an overview of changes to GPRO for the 2011 program year and highlight the following:
   - Provide information on the eligibility requirements for participating in the 2011 Physician Quality Reporting System GPRO and/or the 2011 eRx Incentive Program GPRO;
   - Provide instructions for self-nominating to participate in the 2011 Physician Quality Reporting System GPRO and/or 2011 eRx Incentive Program GPRO;
   - Provide an overview of the data submission process for Physician Quality Reporting System GPRO and the eRx Incentive Program GPRO;
   - Describe the measures for the 2011 Physician Quality Reporting System GPRO;
   - Discuss the criteria for satisfactory reporting of Physician Quality Reporting System quality measures under GPRO; and
   - Discuss the criteria for successful reporting of the eRx measure under GPRO.

2. A description and overview of the eRx 2012 payment adjustment
   - Discuss how to avoid eRx payment adjustment; and
   - Provide hardship exemption guidance.

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

The requirements for the 2011 GPRO for the Physician Quality Reporting System and eRx Incentive Programs, the 2012 eRx payment adjustment, and 2013 eRx payment adjustment are

described in the 2011 Physician Fee Schedule Final Rule with comment period. The final regulation will be published in the Federal Register on November 29, 2010. To view the entire 2011 PFS Final Rule with comment period, go to the CMS PQRI website at http://www.ofr.gov/OFRUpload/OFRData/2010-27969_PI.pdf.

We look forward to your participation.

Special Open Door Forum Participation Instructions:
Dial 1-800-837-1935 Conference ID 24749053
Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880 and 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 January 13, 2011.

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.

Transcript & Audio File -
http://media.cms.hhs.gov/audio/PhysicianQualityReporting121510.mp3

CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: Barbara Cebuhar
December 15, 2010
12:00 p.m. CT

Operator: Good afternoon, my name is (Kyle) and I'll be your conference operator today. At this time, I would like to welcome everyone to the 2011 Physician Quality Reporting System and Electronic Prescribing Incentive Programs conference call. All lines have been placed on mute to prevent any background noise.

After the speakers' remarks, 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 one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you. Ms. Cebuhar, you may begin your conference.

Barbara Cebuhar: Good afternoon, everyone. Thank you (Kyle). Welcome to our special open door forum on the 2011 Physician Quality Reporting System and the 2011 Electronic Prescribing Incentive Programs. My name is Barbara Cebuhar, and I work in the Office of External Affairs and Beneficiary Services here at CMS. If you are at your desk and near a computer, we are going to be working off several slides that can be found on the PQRI Web site on the sponsored call page. I am going to go ahead and give you the link here. So I will repeat it after I say it.

http://www.cms.gov/pqri/04_cmssponsoredcalls.asp#topofpage.

That's www.cms.gov/pqri/04_cmssponsoredcalls.asp#topofpage. I just want to ensure people that the QualityNet Help Desk is available Monday through Friday from 7:00 a.m. to 7:00 p.m. Central Time at 1-866-288-8912. There is new TTY number for the hearing impaired.

And that's 877-715-6222 or you can send e-mail to QNETsupport@sdps.org. The help desk can assist with programming measures specific questions. I just want to also remind the callers that there will be an Encore of this call available this afternoon at 5:00 p.m. by calling 800-642-1687 and by providing the conference ID number, which is 24749053. The Encore of the call will be available until December 17, 2010 at midnight.

Today I am joined by several CMS colleagues. The first being Jacquelyn Kosh-Suber who is responsible for outreach and education for the Physician Quality Reporting System, who will provide several important announcements as well as Regina Chell who is the leading analyst for GPRO, who will the present the slides on the 2011 Group Practice Reporting Option. Then we will be joined by Michelle Allender-Smith who will provide the presentation on

the 2012 electronic prescribing payment adjustment. Finally, we will take your questions.

Be assured that you can always call the QualityNet Help Desk at 866-288-8912 if you need additional assistance. Jacquelyn, if you don't mind, thank you for providing the announcements for our callers.

Jacquelyn Kosh-Suber: Thank you very much Barb. Good afternoon everyone. I just wanted to give you some very important announcements. The very first one is our 2012 Call for Measures is currently accepting suggestions.

The deadline for that Call for Measures suggestion is December 17, that's this Friday, December 17. If you would like to have access to the documents, please go on two locations, that's, CMS PQRI Web site, you can go through the "Measures Codes" section. And in the downloads, you can pull all of the documents which you need down there, or as noted in the spotlight page you can also go on the Measure Management System Web site at http://www.cms.gov/mms/13_callformeasures.asp#topofpage.

Both locations have all three documents that you need in order to send your suggestions that are due by December 17. I would also like to announce that we have multiple 2011 educational products available on the PQRI Web site right now. I want to call your special attention to the Implementation Guide in the Measures special locations that are now on the PQRI Web site. We will be sending out a list of message and we will put on our spotlight page a listing of all of the 2011 Physician Quality Reporting System educational products that are now available.

On February the 9th, we will have from 10 o' clock to 4:00 p.m. Eastern Time, a Town Hall meeting. The purpose of the meeting is to solicit input from you on the individual quality measures and measures group, being considered for inclusion and the proposed set of quality measures for the 2012 Physician Quality Reporting System. The federal register notice went out on this Town Hall today. Registration begins on December 20 and that information is also on our Web site and is also in the Fed register page in the information for registrations.

And finally, in March of 2011, the date is to be scheduled; we are planning a special Open Door Forum, where we are seeking eligible professionals to present prescribing and physician quality reporting success stories. If you would like to present, please contact me at jacquelyn.koshsuber@cms.hhs.gov.

Now I would like to turn you over to the first presentation that will be done by Regina Chell.

Regina Chell: OK thanks Jacquie. So for those of you who have been able to open the slide deck, I will be talking to the presentation that's entitled "2011 Physician Quality Reporting System, Group Practice Reporting GPRO and e-Prescribing Incentive Program GPRO.

And if you turn to slide 3, that will just give you an overview of what our discussion will be today with regards to both the Group Practice Reporting Options for the 2011 program year GPRO I and GPRO II, as well as e-Prescribing GPRO.

And if you turn to slide 4, you would just see an overview of the Group Practice Reporting Option and to participate in GPRO or the Group Practice Reporting Option for 2011, a group practice must self-nominate to CMS. And you can find information on the self-nomination requirement on the PQRI Web site which is www.cms.gov/pqri and just go to the Group Practice Reporting Options section. And group practices who do participate and satisfactorily report will receive an incentive payment that is 1 percent of the total group's PFS allowed charges for the 2011 program year.

And under the 2011 Physician Quality Reporting, if a NPI or individual provider has reassigned their billing rights to a TIN, then they are included in that TIN for the purposes of reporting. And the definition for a group practice for 2011 program year is the TIN with two or more NPIs. So please note that the group practice definition for 2011 has changed from the previous year.

An eligible professional participating in GPRO as a Group Practice Reporting Option under a TIN is not able to participate as an individual under that same

TIN/NPI combination. But please note, if you are participating in a separate TIN or you've assigned billing rights to a separate TIN and that TIN is not participating in the Group Practice Reporting Option, then under that TIN/NPI combination, you would be allowed to participate in the Physician Reporting Program as an individual.

So if we turn to slide 7, we just see an overview of the eligibility requirements for the Group Practice Reporting Option. So first, you must meet the "group practice" definition to as is listed on slide 5. You must have billed Medicare Part B on or after January 1, 2010 through October 29, 2010. You need to self-nominate during the self-nomination period which is January 3 to January 31, 2011. If you are a large group practice currently participating in the Group Practice Reporting Option for the program year 2010, then – and you would like to continue participating in GPRO for 2011, you need to just send CMS an e-mail notifying us that you are planning to participate.

You also, when you are self-nominating do need to provide CMS with a group practice's TIN. And you need to agree to participate in kick-off meetings and mandatory training sessions.

Now let's turn to slide eight and begin discussing in more detail the Group Practice Reporting Option I. And this is a – GPRO I is for large group practices. And once a group practice is selected to participate in the 2011 GPRO program, then CMS will provide additional information regarding training.

For GPRO I, you must complete a partially pre-populated data collection tool that's provided by CMS. And if you take a look at slide nine, you can see that for GPRO I or self-nominated groups with 200 or more eligible professionals or NPIs who have assigned – reassigned their billing rights to the TINs. The reporting mechanism as we stated on slide eight is completion of the pre-populated data collection tool. The reporting period is for calendar year 2011; so January 1 to December 31, 2011.

And the criteria for satisfactory reporting is to report on all 26 measures included in four disease modules and for preventive care measures. And I

apologize there is a typo on slide nine that says preventive care module, and it actually should say "measures" because the four disease modules addressed chronic high-class diseases like diabetes, heart failure, coronary artery disease, and hypertension, and then there are four preventive care measures– four preventive care measures.

And you complete 411 consecutively assigned beneficiaries per disease module and preventive care measure. If for some reason a group practice does not have 411 beneficiaries, then it is required that you complete a 100 percent of the assigned beneficiaries.

And on slide 10, you just see further breakdown of the disease modules and the preventive care measures. And the preventive care measures as listed here are for screening mammography, colorectal cancer screening, influenza immunization, and pneumonia vaccination.

And then if you move to slide 11, you can see more information on GPRO I. Using Medicare claims, CMS will randomly assign a beneficiary to a group practice if the practice provides the plurality of office or other outpatient services to the beneficiary. To be considered as part of the sample, the beneficiary must have a minimum of two visits in that practice between January 1 and October 31, 2011.

Then if the group has been selected to participate in GPRO, they will be provided – GPRO I – they will be provided access to a partially pre-populated tool no later than the first quarter of 2012. The group practice then populates the remaining data fields for dates of service of January 1 through December 31, 2011.

Now if we move to slide 12, we can begin talking about the new Group Practice Reporting Option for 2011 which we refer to as GPRO II. And GPRO II includes group practices with 2-199 eligible professionals. CMS plans to select approximately 500 groups meeting the proposed requirements. And again the self-nomination time is not before January 3. So please do not mail your self-nomination letter prior to January 3, because we will only look

at self-nomination post January 3 and beyond with a cut-off date proposed as January 31, 2011.

For GPRO II, you must report via claims, unless the only applicable measures group for your specialty is registry-only. And then the reporting period for GPRO II is January 1 to December 31, 2011.

Selected groups then will use the 2011 Physician Quality Reporting Individual Measure specs for claims and registry as posted on our Web site. For GPRO II, there is no data collection tool. That is only for the GPRO I, large group practices of 200 or greater.

And if we turn to slide 14, we can see a little more detail about satisfactory reporting for GPRO II. The column on the left breaks down the group size. And as you see the group size is ranging from 2-10 and then with the tier all the way up to 101-199. The next column shows the number of measures groups required to be reported. So if your group size is 2-10 or 11-25, you must report one measures group.

And it goes up from there, all the way to 101-199, then you would report four measures group. The minimum number of Medicare Part B patients in the denominator for satisfactory reporting of measures groups for a group size of 2-10 is 35; for the group size of 11-25 and 26-50 is 50; for a group size of 51-100 is 60; and 101-199 is 100.

And with regards to the number of individual measures required to be reported, if your group size is 2-10 or 11-25, you would need to report three individual measures, and 26-50, four; 51-100, five individual measures; and 101-199, six individual measures.

And then the percent of Medicare Part B patients in denominator for satisfactory reporting of individual measures via claims is 50 percent regardless of group size. And then the percent of Medicare patients in the denominator for satisfactory reporting individual measures via registry is 80 percent regardless of group size.

Then, if we go to slide 15, we're going to shift gears a little bit here and now talk about the e-Prescribing Group Practice Reporting Option. And this is voluntary for group practices that have been selected to participate in GPRO. A pre-requisite for participating in e-Prescribing GPRO is that the group practice must be participating in the Physician Quality Reporting program via either GPRO I or GPRO II.

And then once a group practice is selected to participate in e-Prescribing GPRO, this is the only method of e-Prescribing reporting available to the group for all the NPIs who bill Medicare Part B FFS under the group's TIN for 2011. For those groups currently participating in e-Prescribing for 2010, you must notify CMS via e-mail if you are planning to continue participation in this program in 2011. Group practices participating in e-Prescribing GPRO for purposes of the 2011 incentive will be assessed for the 2012 and 2013 payment adjustments at the group level.

If we go to slide 16, we can look at how you can be a successful reporter. Participants must have adopted and use a qualified e-Prescribing system. The incentive payment only applies to groups whose Medicare Part B PFS allowed charges for services in the e-Prescribing measures denominator are 10 percent or more of the group's total 2011 estimated allowed charges.

In order to be assessed for a 2012 e-Prescribing adjustment, GPRO e-Prescribing submissions must be completed via claims by June 30, 2011. The 2012 payment adjustment will be applicable to all eligible professionals under the TIN. Newly graduated non-MD/DOs joining the group after July 1, 2011 will not be subject to the e-Prescribing payment adjustment.

To avoid 2012 payment adjustment Physician Quality Reporting GPRO I group must report the e-Prescribing measures at an eligible patient encounter, meeting the e-Prescribing measure's denominator, at least 2,500 times during the reporting period.

But please note again, as stated on slide 16, in order to not be assessed for the 2012 e-Prescribing payment adjustment, you must complete your reporting via claims by June 30, 2011. Now if we go to slide 18, we can look at the

requirements for e-Prescribing GPRO II. To avoid the 2012 payment adjustment, Physician Quality Reporting GPRO II groups must report the e-Prescribing measure at an eligible patient encounter according to group size.

And the chart you have here shows you how many encounters per group size. So, two to – if your group size is 2 to 10, the unique visits that you must report is 75. Group size of 11 to 25 is 225; 26 to 50 is 475; 51 to 100 is 925 and 101 to 199 is 1,875.

And then the last couple of slides are references to information you need with regards to the measure specs and then the QualityNet Help Desk. And I am not going to read off the URL because you are – either have that access to the site now or you will have access after the presentation.

So, I thank you for your time. We will have time for questions at the end of both of our presentations. So, now I would like to turn this over to Michelle Allender-Smith who is going to talk to you about the e-Prescribing incentive program.

Michelle Allender-Smith: Thank you Regina. I will be providing you some information on the e-Prescribing program as well as the future payment adjustments for e-Prescribing.

So let's just do a quick review of what e-Prescribing is. It's the transmission of prescriptions or prescription-related information through electronic media. E-Prescription takes place between a prescriber, a dispenser, and the pharmacy benefit manager, or health plan. This can take place directly or through an intermediary or an e-Prescribing network.

On slide 5, we talk about what the Medicare e-Prescribing Incentive Program is. The Medicare Improvements for Patients and Providers Act of 2008, referred to as MIPPA, authorized the Medicare e-Prescribing Incentive Program which began in 2009 to promote adoption and use of e-Prescribing system. This provides a combination of incentives and payment adjustments for individual eligible professionals and group practices who are successful electronic prescribers. For more information about the Medicare Incentive

Program, our Web site on e-Prescribing for additional information is www.cms.gov/erxincentive.

For e-Prescribing, there's been a lot of talk of course about the e-Prescribing payment adjustments that's planned for 2012. Per the legislation, payment adjustments may occur for not being a successful electronic prescriber. The adjustments will apply whether or not the eligible professional is planning to participate in the e-Prescribing Incentive Program.

Requirements apply to determine if payment adjustment will or will not be levied, and not determined – and does not determine the incentive eligibility. So, for 2012 the prescriber would – the adjustment would be 99 percent of the eligible professional's or group practice's Part B covered professional services, the 1 percent – so that's the 1 percent payment adjustment for 2012. And then in 2013 that payment adjustment increases by 1.5 percent and so the professional individual practice and/or group practice will receive 98.5 percent in 2013.

On slide 7, the Physician Fee Scheduled amount for covered professional services furnished by an eligible professional or group practice who is not a successful electronic prescriber, as I indicated, will be reduced by 1 percent in 2012. The reporting Period for – that we will be looking at is actually in 2011.

So you will need to do your e-Prescribing during the January 1 through June 30, 2011; and this is through claims only. The payment adjustment does not apply if it's – 10 percent of an eligible professional or group practice's allowed charges for that same period, January 1 through June 30, 2011. It also has to compromise or be comprised of the codes in the denominator of 2011 e-Prescribing measure. And I encourage you folks to take a look at the 2011 measure specifications, which is posted of course on our e-Prescribing Web site.

Earning that e-Prescribing incentive, there are 25 unique e-Prescribing events for – that need to occur between January 1 and December 31, 2011. So that's for the incentive payment. And that program reporting is for the full year.

For 2011, those folks will not exempt an eligible professional or group practice from the payment adjustment also must have ten unique e-Prescribing events between January 1 and June 30.

So, let me just go over that again. So with regard to the payment adjustment for e-Prescribing, we are looking at the period of January 1 through June 30, 2011. During those first six months, you need to have ten unique e-Prescribing events. And that is just with regard for the e-Prescribing adjustment. For the incentive payment, we are looking at the full year January 1, 2011 through December 31. And during that period you need to have the 25 unique e-Prescribing events at that time.

Slide eight talks about the eligible professional, so those folks that are the physicians that are considered MDs, DOs, or podiatrists or nurse practitioners, or physician assistants as of June 30, 2011. We take a look at the taxonomy code in our system which most physicians are familiar with, called NPPES, to determine that status.

The eligible professional reports the G-code indicating that he or she does not have prescribing privileges and at least once on a claim prior to June 30, 2011; and that G-code is G8644. Also to avoid the payment adjustment in 2012, the individual does not have or would not have at least 100 cases containing an encounter code in the measure of the denominator, or the eligible professional does not meet the 10 percent denominator threshold.

Another avoidance for the 2012 e-Prescribing payment adjustment would be that the eligible professional becomes a successful electronic prescriber. So, you report the e-Prescribing measure for at least ten unique e-Prescribing events for patients in the denominator of the measure. And again, that refers back to the previous slide of reporting those ten unique visits during January 1 through June 30 of 2011.

Slide nine, refers to how a group practice can avoid the 2012 e-Prescribing payment adjustments. For the group practices participating in e-Prescribing GPRO I or GPRO II during 2011, the group practice must become a successful electronic prescriber.

As Regina mentioned earlier in her presentation, it depends on the group size, in terms of the number of times the e-Prescribing measure should be reported. And that ranges from 75-2,500 unique e-Prescribing events for patients in the denominator of the measure for services again occurring between January 1 and June 30, 2011. So the 2,500 that max number is for the GPRO I, the large group practices. And then there's a range for the GPRO II and if you refer back to slides in the first presentation, it will give the breakdown of that information or you can certainly find it on our Web site.

There are hardship exemptions for the e-Prescribing payment adjustment. And CMS may on a case-by-case basis, exempt an eligible professional from the application of those e-Prescribing payment adjustments, if compliance with the requirement for being a successful electronic prescriber would result in a significant hardship.

The exemption of course is subject to an annual renewal. And for the 2012, the payment adjustment – the 2012 e-Prescribing payment adjustment, there are two circumstances which constitute a hardship, the first being that the eligible professional practices in a rural area with limited high-speed Internet access, or the eligible professional practices in an area with limited available pharmacies for electronic prescribing.

There are G-codes that have been established for those two hardship and those G-codes are G8642 and G8643. To request the hardship exemption for 2012 payment adjustment, an eligible professional must report the appropriate G-code on at least one claim prior to June 30, 2011, so the claim that you would submit between January 1 and June 30, if one of those hardships apply to you, you would indicate G8642 or G8643.

A group practice must submit this request at the time of it's self-nomination to participate in e-Prescribing GPRO I or GPRO II. So the difference is, is that will be individual or folks you can use, and to take that G-code on the claims form with the group practices, there's a different process a (inaudible) process and so that's done at this time of the self-nominations for the GPRO I and II.

There's also an e-Prescribing payment adjustment for 2013, as I mentioned that adjustment will be 1.5 percent. The Physician Fee Scheduled amount that would be paid for covered professional services furnished by an eligible professional or a group practice, and that's from 2013. The professional or group practice would receive in 2013, 98.5 percent of the 2013 Physician Fee Scheduled covered service amount.

The reporting period used to determine those who are subject to the payment adjustment will occur before 2013. An eligible professional or group practice who is a successful electronic prescriber for the 2011 e-Prescribing incentive program, that being the 25 unique e-Prescribing events in 2011 for an individual or the requisite number of e-Prescribing events for the group practice size will be considered exempt from the 2013 payment adjustment.

So again, if you are a successful e-Prescriber in 2011, during the reporting period of January 1 through December 31 of 2011, with the 25 unique e-Prescribing events for individuals or the requisite number, and I believe that number ranges from 75 to 2,500 for the GPRO I and IIs, then you would be exempt from the 2013 payment adjustments.

Slide 13, a bit more information about the e-Prescribing payment adjustment. Beginning in 2012, those identified as not "successful electronic prescribers" again may be subject to the payment adjustment. To ensure submission of the required number of e-Prescriptions before June 30, 2011 or one of the hardship G-codes should be applied to the claim to avoid the payment adjustment in 2012.

Please be ensured that your specialty information is correct in NPPES because we will look at that as the source for the taxonomy. You also need to have a qualified e-Prescribing system to participate. And again you can refer to our Web site www.cms.gov/erxincentive for more information about what constitutes a qualified e-Prescribing system.

There's only one way to report the e-Prescribing to avoid the payment adjustment and that is claims. It must be claimed in order to avoid the e-Prescribing payment adjustment. To be incentive eligible, you can use claims

or a qualified EHR or registry. Check for state-specific e-Prescribing requirements as all states allow e-Prescribing, but some have certain regulatory requirements. It is possible to receive an e-Prescribing incentive payment for 2011 and also an e-Prescribing payment adjustment for 2012.

If you have additional questions, or we will entertain those at the conclusion – also as mentioned earlier, we have a QualityNet Help Desk and they can assist you with portal password issues, if you have questions about your feedback report access or its availability, Physician Quality Reporting IACS registration questions or log-in issues. Also if there are program and/or measure-specific questions, the QualityNet Help Desk can assist you as well. Their number again, is 866-288-8912 or you can contact them by e-mail at or qnetsupport@sdps.org. There's also a new TTY number that's been announced a couple of times. But I will provide it again. It's 877-715-6222.

If you are just getting started with e-Prescribing, of course, we have numerous resources listed on our site How to Get Started section as well as information on the 2011 e-Prescribing incentive program made simple fact sheet, what's new for 2011 e-Prescribing Incentive Program, and of course a link to our frequently asked questions from our Web site. Thank you very much for your time and attention.

Barbara Cebuhar: Thank you Michelle. We are ready for questions (Kyle). Could you please give our callers instructions on how to queue up?

Operator: At this time, I would like to remind everyone, in order to ask a question, press star then the number one on your telephone keypad. We will pause for a moment to compile the Q&A roster. Your first question comes from the line of (Lidy Adeshu) from (Pacific Coast), your line is open.

(Lidy Adeshu): Hi, I have a question regarding e-Prescribe. We are a group of surgeons, four surgeons and three physician assistants. And our surgeons do meet the measures. They see at least 100 cases or you know new or established patient office visits. They will be seeing at least 100 in a six-month period.

However, it is less or – than 10 percent of their allowed amount for the year. So even though that they meet that 100 cases, are they exempt, because it isn't – doesn't make up 10 percent of their allowed amount for the year. So even though that they need that 100 cases, are they exempt because it isn't; does it make up 10 percent of their allowed amount.

Aucha: That's correct.

Lidy: OK I just want to make sure because Dr. Greene on Monday in the conference call said that all doctors should be able to prescribe something in a six month period but our surgeons and physician assistance never prescribe something for patients when they come in for an office visit, it's out of their customary and usual practice. If anything is going to be prescribed to the patient it's at their cardiologist's office.

Aucha: E-Prescribing in general only applies to a professional if the service is in the denominator of the measure of price more than because that's the (best source) for the incentive as well as the payment adjustment.

Lidy: So it's more than 10 percent even if – even if they still see over 100 patients in a six-month period it's not 10 percent.

Aucha: Right because you think of it as the program as a whole, it doesn't even apply to the …

Lidy: OK great because it was a little misleading on Monday when I listened in. It sounded like if you did see over 100 patients that there had to be some like 10 of those patients had they be prescribed something whether or not you were an orthopedic surgeon or you know an OB-GYN but specific to our doctors we never prescribe anything so that was a little disconcerting to us.

Aucha: It's not whether or not you subscribe again, it's whether the charge is for the services, the denominator of the measure comprised more than 10 percent of your overall Medicare Part B charges.

Lidy: OK because then – I'm just a little – the wording is a little odd though because it says your exempt is less than 10 percent or if you don't have at least 100

cases. So, it basically is the bottom line is less than 10 percent. It has nothing to do with how many cases you see right.

Aucha: There are different levels of analysis I guess.

Lidy: OK.

Aucha: First is through the (inaudible) make up more than 10 percent of your allowed charges, if not then we'll look at how many cases we have.

Lidy: Right. Well see that's what I'm saying. We do see more than 100 cases in a six-month period?

Regina: Right, they're charges for the cases that you see that are in the denominator of the measure make up more than 10 percent of your overall Medicare charges, that's the …

Lidy: OK, well thank you.

Aucha: So I think just to maybe simplify it I think just your reversing the order that is creating the confusion rather than looking at the number of cases first you need to look at the charges sorry.

Lidy: Well I did but then the next sentence is 'or if they do not have at least 100 cases and this and that scenario we do so that's where I was getting confused.

Regina: It's two different criteria.

Lidy: OK.

Lidy: So thank you.

Regina: Thanks.

Barbara: Next question (Kyle).

Operator: Your next question comes from the line of (Randy Thomas) from Westchester Square, your line is open.

(Randy Thomas): Yes, hello.

Regina: Hello.

(Randy Thomas): Hi, my question is if the group practice versus the individual practice reporting for (PQRS). Where would – you were given the slide information, I guess we're going to get that at the end again but it can't be both right like it has to be either a group reporting or an individual provider reporting.

Michelle Smith: That's correct. So if an MPI – if it's a 10 MPI combination then that 10 has elected to be part of the group practice reporting option then every MPI or eligible professional that's reassigned their billing rights to that 10 must – is considered part of the group practice reporting option and then they'll not participate as an individual unless they have a separate pin MPI combination.

(Randy Thomas): Right. So, our provider is – because we bill as a group we have several different providers who have their own MPI members but they are all linked to our tax ID number, which is our 10 that's what you're talking about but not a TPAN right?

Regina That's right the 10.

(Randy Thomas): OK. So, being that they are all linked to our tax ID we would be reporting as a group?

Michelle Smith: That's correct.

(Randy Thomas): OK and you guys are going…

Michelle Smith: (Inaudible) – Yes right so you have to sell – my colleagues are reminding me to clarify something here that you would be – to report as a group you have to self nominate and be selective to be in that GPRO reporting option. How big is the practice?

(Randy Thomas): We have about 13 different therapists.

Michelle Smith Thirteen different physicians within the practice?

(Randy Thomas): Right.

Aucha OK so you would be nominated for GPRO II then if you wanted to, it's voluntary you don't have to. So your team could get together and decide to report as GPRO II or they could decide to still report individually.

(Randy Thomas): OK. So two reports for GPRO II, we have to -– I'm sorry what did you say. We have to be accepted or what was that, I missed it.

Michelle smith: Yes you have to send a self nomination letter and if you go to the PQRI Web site there's information about what needs to be included in that but the important thing for you if you're even considering – if any group is even considering this is to send the self nomination letter between January 3rd and January 31, 2011. So then we'll go through a vetting process to determine your eligibility and CMS will select the group practices that will be participating in either GPRO I or GPRO II and keep in mind you will also have an opt out period. So there will be time for you to change your mind.

(Randy Thomas): OK and you said that date is January 3 through …

Regina January 31st.

(Randy Thomas): Through January through 31. I'm sorry to ask you another question. Our provider – we have – on individual provider has been reporting you know PQRI since 2007. We have not received any payment or anything to that effect so how do we even know if we're doing it right like we haven't received anything.

Regina: So you should call the quality helpdesk and then …

(Randy Thomas): … 2888912.

Regina: Yes that's correct. So I would contact them because then they'll get to say a level of expertise that you need to walk through that.

(Randy Thomas): OK, thank you so much.

Regina: Thanks for your question.

Barbara: Next question (Kyle).

Operator: Your next question comes from the line of (Michelle Gallagos) from Wisconsin, (inaudible); your line is open.

(Michelle Gallagos): I want to address the question that hasn't been answered either from Monday or today and it's regarding the zero performance rate for the registry recording and it says that you have to – it won't be counted with the zero performance rate and we're just trying to figure out how many times that has to be counted then in a measured group that at least each measure in that group has to be having been reported positively once or for all 30 patients in the measured group.

Aucha: I don't think we have the appropriate (inaudible).

(Michelle Gallagos): Who could I address that information too then that were likely to help me.

Aucha: You contact the help desk and then we'll make sure to follow-up with them.

(Michelle Gallagos): OK and then one other quick question for critical access hospital that cannot and all the ones that cannot use the PCARA IM Centers. Do they have to do the e-Prescribing incentives and payment adjustments apply to them then?

Aucha: All the professionals who practice in critical access hospital?

(Michelle Gallagos): Critical Access Hospitals and (RHDs), yes.

Aucha: And then that can't participate for purposes that are intended, right.

(Michelle Gallagos): Right. While they can't do PCARA because of being with you know getting the money through the rural health incentives so we're trying to figure out if they are going to get dinged for the payment adjustment.

Aucha: No they wouldn't because they don't have the individual MPI number on the claim right.

(Michelle Gallagos): OK so they don't even have to report on claims or the hardship or anything like that.

Aucha: Right.

(Michelle Gallagos): OK. Is there a way to find out like for that surgeon person for the 10 percent to find out how – if CMS is counting them as a 10 percent. I know Dr. Greene said they would be taken off the list if that's the case but is there a way – a place you can check that information to make sure you're not on that list.

Aucha Well we would have to – we can't actually do that calculation until after all the claims through June 30, 2011 come in. So, the only way you could estimate it is maybe looking at your claims from the prior year I don't know how accurate.

(Michelle Gallagos): OK that would be a good idea. Thank you very much.

Barbara: (Kyle), the next question.

Operator: Your next question comes from the line of (Debbie McKenzie) from First Heath Family Care, your line is open. (Debbie McKenzie) your line is open.

(Debbie McKenzie): Yes, this is (Debbie). Hello, I'm sorry – I have two questions they're kind of both related. The first is what is the definition of unique event or unique patient? The definition of unique?

Michelle Smith: It's referring to …

(Debbie McKenzie): If they're e-subscribing yes.

Michelle Smith: Yes the patient encounter. So the patient comes to visit you today and that is considered one encounter, if the visit is within its denominator of the measure.

(Debbie McKenzie): Great OK.

Michelle Smith: That counts and even if you do five e-prescriptions that's still one encounter. The patient comes back to you two or three days later and that's a second visit

and if you e-prescribe at that time even though it's the same patient it would still be considered as a second visit as long as its within the denominator of the measure.

(Debbie McKenzie): Fantastic. The second question, you had mentioned if you've reported successfully in 2011 for e-Prescribing that you would be exempt from 2013 adjustments. If you reported during the period of January 1, 2011 to December 31, 2011 …

Michelle Smith: Yes.

(Debbie McKenzie): … does that mean if you successfully report by claims and registry or just by claims.

Michelle Smith: If you're – you can – it's a combination for that one.

(Debbie McKenzie): OK good.

Michelle Smith: (Inaudible) payment adjustment that for the first six months it has to be reported through claims.

(Debbie McKenzie): Got you. I kind of misunderstood that that's why I'm asking the question because it kind of all ran in together there and when you were talking of course not having the slides in front was kind of hard to take notes but I just wanted to make sure that if we successfully reported e-Prescribing in these calendar year of 2011 and we were using a registry that we would be exempt from the 2013 adjustments and that is the case, is that true.

Michelle Smith: Yes.

(Debbie McKenzie): OK thank you.

Barbara: (Kyle) the next question.

Operator: Your next question comes from the line of (Susan Litchi) from AMF Plus, your line is open.

(Susan Litchi): Hi. My question is for (inaudible) two submissions. Is the group practice in the (inaudible) accepted to do submission but does not meet the requirements, will the individual positions be penalized. I was told that because this is the first year pilot project for (inaudible) two that if the group practice didn't make it but individual physicians did the individual physicians would be able to get an incentive payment.

Regina: No.

Regina: You're talking about GPRO II and if the group practice failed so they've decided to report as a group; you're talking about e-Prescribing that right.

(Susan Litchi): From (PQRI).

Regina: OK so will we just look at you as a group? So if the group fails everybody who is in the 10 MPI combination failed. You cannot report individually unless it's a different 10 MPI combination.

(Susan Litchi): OK. So someone at your QualityNet desk is telling people that because GPRO II is a pilot program this year that the individual physicians would not be penalized if they managed individually.

Regina: OK thank you for that heads up and we will certainly look into that and correct that and I'm sorry for any confusion.

(Susan Litchi): All right, thank you.

Barbara: Next (Kyle) for the next question.

Operator: Your next question comes from the line of (Linda Guerra) from BIDPO, your line is open.

(Linda Guerra): Hi I apologize I joined the call late and I guess you're going to announce at the end where we can find these slides that were presented today.

Jacquelyn: Yes we will.

(Linda Guerra): OK great I'll hang in there then, thank you.

Regina: It'll be worth your while for all this Q&A.

(Linda Guerra): OK thanks.

Operator: Your next question comes from the line of (John Thomas) from Orthopedics Associated, your line is open.

(John Thomas): For the e-prescribe MPs and PAs that charge services incident to the physician are they considered an eligible as the physician charges.

Michelle Smith: Yes. Mr. Thomas do you have any further questions.

(John Thomas): Well I just want to be sure because I've gotten conflicting information from the other call.

Michelle Smith: Are you talking about – in terms of avoiding the 2012 e-Prescribing payment adjustment?

(John Thomas): Yes and also being eligible to participate for the charges.

Michelle Smith: The eligible professional is not a physician MDD or podiatrist or nurse practitioner or physician's assistant as of June 30, 2011.

(John Thomas): OK thank you.

Michelle Smith: OK.

Operator: Your next question comes from the line of (Jessica Johnson) from the University of Medical, your line is open.

(Jessica Johnson): Thank you. You mentioned that there would be an e-mail for self nominating for GPRO if you're already participating in both the electronic Rx and GPRO. Where will we find that e-mail address?

Regina: It's posted on the PQRI Web site.

(Jessica Johnson): Can you tell me where's that as I'm looking for it?

Regina: OK. Did you look under the group practice reporting option?

(Jessica Johnson): Yes.

Regina: OK do me a favor then, I don't have a live computer in front of me to be able to check that so would you call the quality net helpdesk and have them walk you through pulling that information up and that way if for some reason there is a glitch there then they'll notify me and we'll be certain to get it corrected so you'll have that information.

(Jessica Johnson): So the e-mail address should be right there.

Regina: Yes.

(Jessica Johnson): For 2011 because I can't find any stuff …

Courtney ?: Yes so if you looked in the group practice reporting – the requirements for self nomination for group practice reporting?

(Jessica Johnson): Yes.

Courtney?: Those downloads for (the) 2011 program.

(Jessica Johnson): Yes.

Courtney?: OK that's where it should be so …

(Jessica Johnson): OK, I'll call quality help.

Courtney?: If you will call the helpdesk and I also will be double checking on this end as well.

(Jessica Johnson): OK thank you.

Courtney?: And (inaudible) definitely participating in the GPRO 2010 and we do have our regularly scheduled meetings tomorrow afternoon. We can further address there.

(Jessica Johnson): That's a great idea. Thank you, I'll be on that call.

Courntey?: OK.

Barbara: (Kyle) our next question.

Operator: Your next question comes from the line of (Lydia Lansbury) from Northwest Eye Specialist, your line is open.

(Lydia Lansbury): Hi, I have two questions. We are an ophthalmology practice that also employs one optometrist. We're a little concerned about the first six months of 2011 with meeting his requirements for the eRx in counter captures of 10. He doesn't usually do that many since he's an optometrist and rarely sees the diseases, will he be penalized for that in 2012?

Michelle Smith: Are you reporting individually or as a group?

(Lydia Lansbury): Currently individually, we're still trying to decide for next year but if we do go individually I mean he probably won't fit 10 in the first six months of the year.

Michelle Smith: He doesn't have at least 100 cases containing the encounter close in, in the denominator measure.

(Lydia Lansbury): That's a 100 Medicare cases in the first six months right?

Michelle Smith: Yes.

(Lydia Lansbury): He probably does see at least that many.

Michelle Smith OK.

(Lydia Lansbury): I mean he sees them – a lot of them on routine. They don't all need prescriptions. He doesn't see a lot of infections, diseases things like that.

Michelle Smith: From what you're saying to me it sounds like he would be subject to the payment adjustment; however, he could still get an incentive for the 12 month period if he's able to do the 25 encounters – unique encounters …

(Crosstalk)

(Lydia Lansbury): He may get 25 in a year possibly but I mean I'm talking about the first six months for the 2012.

Michelle Smith: It doesn't sound like based on the information you're providing me with his practice that he would be able to avoid it.

(Lydia Lansbury): Even though he doesn't see those types of patients.

Michelle smith: Well if he does and its not – it's based on the code and the denominator of the measure so if his visits are not within those codes listed in the denominator of the measure then he's not subject to that but if they are then he is.

(Lydia Lansbury): OK we'll research those codes for now.

Michelle Smith: Yes let's take a look at the 2011 e-Prescribing measure specification it has all the benefits of the denominator codes in there.

(Lydia Lansbury): I'll take a look at those again. My second question is, we've had a lot of trouble trying to get our 2009 eRx report back from CMS. I still have not successfully gotten them. One, is it going to be that hard to get our 2011 reports and two, can you refer me to anyone else that can help with that.

Michelle Smith: So are you saying you've already attempted to go through the helpdesk?

(Lydia Lansbury): Yes the helpdesk is still working with me on it but I've been working on it currently with 10 right there for a week now and I've called (Meriden) our carrier and they say that all they can do is put through the request and that they have no authority to track it after that or check on where our reports are.

Michelle Smith: For the request coming through – if you request your reports through the carrier it can take up to eight weeks so I don't know if its been that long but let us take your name and your telephone number and then we'll get in touch with whomever you've been working with at the helpdesk.

(Lydia Lansbury): OK.

Michelle Smith: We're trying to improve you know that process and really make it so that you can pull those reports down yourself versus having to have someone push those out to you so CMS is working to improve that so give us your name and your contact information.

(Lydia Lansbury): All right my name is (Lydia Lansbury) Northwest Eye Specialist and our phone number is 520-293-6740. I have been working with Valerie at QualityNet.

Michelle Smith: OK.

(Lydia Lansbury): And I think she's trying to do her best on that. However, we are concerned because after all we're talking about the first six months of 2011 and we still don't know what our feedback is from 2009.

Michelle Smith: OK.

Barbara: Hey Lydia it's Barbara Cebuhar again. Is that 520-293-6740 your phone number?

(Lydia Lansbury): Correct.

Barbara: Thank you.

(Lydia Lansbury): OK thank you, thank you.

Barbara: We'll work on it.

(Lydia Lansbury): All right thank you.

Barbara Cebuhar: Next question please (Kyle).

Operator: Your next question comes from the line of (Cathy Evans) from (inaudible) Radiation, your line is open.

(Cathy Evans): Hi, I have a question. My physician is a radiation oncologist and we are going to do individual claims based e-Prescribing next year.

Regina: Can you get a little closer to the phone; we're having a little trouble hearing you.

(Cathy Evans): OK, my name is (Cathy Evans) and my doctor is a radiation oncologist we're going to do individual claims based (inaudible) next year. Many of my doctors meet the 10 percent threshold and they would see 100 patients but they do not write a prescription on that first visit, it's usually further into the treatment when the patient has developed nausea or other side affects from the radiation. So if I understood you correctly, I would be penalized because I'm not going to have an electronic prescription on the enumerator code when I submit, is that correct?

Michelle Smith: You need to have 10 within the first six months.

(Cathy Evans): OK but if they routinely do not write a prescription at that first visit because their med …

Michelle Smith: It doesn't have to be at the first visit you just need to have 10.

(Cathy Evans): Well the only time I would bill the numerator codes is at that first visit. The rest of my procedure codes are around the 7700 range so they don't qualify.

Michelle Smith: Which are not in the denominators (inaudible).

(Cathy Evans): Exactly. So what do I do, do I send a denominator code with a zero dollar amount when they write a prescription to record that we've sent one. What do we do so we don't – we get penalized.

Michelle Smith: I think we'll have to research that one a little bit further. What's your name?

(Cathy Evans): (Cathy).

Michelle Smith What's your phone number?

(Cathy Evans): … 704-333-7376.

Michelle Smith What was the area code again?

(Cathy Evans): Seven, zero, four.

Michelle Smith Seven, zero, four. OK I got the rest, 333-7376.

(Cathy Evans): Extension 221.

Michelle Smith Extension …

(Cathy Evans): … 221. Just (inaudible) call me back.

Michelle Smith: OK let me look into that and get back to you Cathy.

(Cathy Evans): Who will call me back?

Michelle Smith: It will either be me or someone from the help desk and my name is (Michelle).

(Cathy Evans): Michelle OK. I've been talking to (Jamie Welsh) a little bit about this.

Michelle Smith: Is (Jamie Welsh) on the …

(Cathy Evans): He's on the help desk.

Michelle Smith: … help desk.

(Cathy Evans): (Inaudible) maybe but if you could talk to her I'd appreciate it, thank you.

Michelle Smith: Thank you.

(Jamie Welsh): Hi Michelle, this is (Jamie Welsh). I did forward this information to (Jacquie this morning and I (inaudible) in the e-mail that would help out.

Michelle Smith: OK yes that would great. Just send this to me and I'd like to talk to Dr. Greene about this and then hopefully we can get an answer for Cathy and close this one out.

(Jamie Welsh): Thank you.

Female: Thank you.

Barbara Cebuhar: (Kyle) next call.

Operator: Your next question comes from the line of (Michelle Rojas) from Park Avenue Health, your line is open.

(Michelle Rojas): Hi, thank you for taking my call. I'm calling to ask a little bit more in regards to the e-Prescribing group reporting, (inaudible) the lady that was asking before if she can do – if the group can do group reporting and then some people can do individual or something like that. I was wondering if we do group reporting for e-Prescribing, can we do individual reporting for PQRI.

Regina Chell No because there are requirements to do group reporting for e-Prescribing is that you're participating in the Physician Quality Reporting Program through GPRO as a group.

(Michelle Rojas): OK and then another quick question. We're a multi-specialty group that provides services to residents in nursing homes. We don't have any control of what prescribing systems they have in place if they do it, if they do generate prescriptions annually or if they have a system to do e-Prescribing. So in that scenario are we still responsible for e-Prescribing?

Michelle Smith You said that the other locations have a system or they don't have a system?

(Michelle Rojas): We – our office we employ physicians and nurse practitioners and we have contracts with nursing homes and when the providers go out and provide services to the residents of the nursing homes so they utilize whatever systems are in place at the nursing home so we don't have control of implementing like e-Prescribing that's all up to the nursing home but we do …

Michelle Smith: Do you have a qualified system in your office?

(Michelle Rojas): No we do not because they just utilize whatever is at the nursing homes. I mean we participate with about 60 different nursing homes.

Michelle Smith I would suggest that you take a look at the e-Prescribing Web site and look at the qualifications for a qualified system and then you can determine whether any of those systems at those nursing homes have those capabilities. I mean there are nursing home code visits in the denominator of the measure but in

terms of whether the system itself is qualified you'd have to refer to those specifications in the measure.

(Michelle Rojas): Yes I've already looked at that but for those that don't have any systems at all that has not adopted any e-Prescribing system are we going to be held accountable for not e-Prescribing in those facilities under those providers?

Michelle Smith Most likely yes unless you are utilizing an e-Prescribing system that meets those qualifications and also you meet the other requirements in terms of recording the claims within the first six months and whether you have 10 unique visits during that time and if those measures -– I'm sorry or if the visits are in the denominator of the measure.

(Michelle Rojas): So it wouldn't …

Michelle Smith: Unless you have a hardship. If you're you know in a rural area or you don't have high speed Internet access you know then you would apply that (G-Code) to your claim if that's the case.

(Michelle Rojas): What if they -– it's not a rural area but they just don't have high speed Internet in the facility?

Michelle Smith I guess that would be potentially something that CMS will look at on an individual …

(Michelle Rojas): Case by case basis.

Michelle Smith Yes.

(Michelle Rojas): OK thank you.

Barbara Cebuhar: (Kyle) next question.

Operator: Your next question comes from the line of (Tony Ambrose) from (inaudible) North Houston Nephrology your line is open.

(Tony Ambrose): Tony from North Houston Nephrology. Would you just reconfirm if you're going to report a GPRO II for PQRI that regardless of the group size you will report a measures group plus individual measures.

Regina Chell Yes. So, the number of measures groups that you need to report and the number of individual measures varies based on group size, but yes each GPRO II group will have to do both but the number varies and when you get – if you don't have the slide deck, when you get the slide deck …

(Tony Ambrose): I do, I do. I have it. So the next question will be why is CMS asking to do reporting both ways?

Regina Why are we asking for group measures and individual?

(Tony Ambrose): Correct because everything else you know the last three or four years has been an either you know you're either doing measures group or you're doing individual measures.

Regina Well we were trying to create and opportunity for smaller group practices to participate in the group practice reporting option.

(Tony Ambrose): So that's why the requirement of having to report both measure groups and individual measures?

Regina Yes, well I don't know if that's a why but this is the way with the process that we determined (inaudible) making and we put a proposal out for the group GPRO II reporting options in the proposed rule and then responded to comments and felt that this was the best way to implement the GPRO II reporting option.

(Tony Ambrose): OK we were just trying to understand the benefit you know for a small group to reporting, having to report both ways, methodologies.

Regina Yes, well in – actually if you look as the group is really small they only have to do one measure group and (three) individual measures so the burden we don't anticipate -– didn't anticipate this to be a burden to the group but…

(Tony Ambrose): Because we already – we are a small group. We would sit in the two to 10 positions and we'd been reporting measures groups in 2009 and 2010 so it wasn't – actually that was easier than reporting the individual measures as far as our doctors you know being able to be eligible for the incentives requirements.

OK, the second question is and I know several people have asked this but if you could just once again clarify on the e-prescribe being – there is reporting the 10 encounters in the first six months in 2011 in order to not have the adjustment in 2012 is – what if you do not meet the 10 percent threshold but we're not going to know that until after the end of a calendar year?

Regina I think somebody did ask sort of that question and it was suggested that if you participated this year to take a look at your reporting practice and then you will be able to sort of estimate where you would be at that time, but you would also – I mean you have to meet the 10 percent denominated threshold or if you don't have at least 100 cases containing an account to code in the measured denominator you have to -– there's a combination of things that will be looked at.

So, although we're looking at the period of reporting from January 1st through June 30th that payment adjustment will apply 2012 you will get a report sometime in November you know unfortunately at that point you know the determination has been made – unfortunately we can't tell you sooner than that because we have to wait until all the claims come in, in order to calculate if a group or individual is subject to the payment adjustment for e-Prescribing.

(Tony Ambrose): OK because we are doing e-Prescribing this year in 2010 for the first time but we do not know if we will meet the 10 percent eligibility threshold. We know we have the number of encounters but we don't know about the 10 percent. So for 2011 reporting through June then if you don't meet the 10 percent threshold or the 100 percent of 100 patient encounters and even though you've tried and you've reported 10 but you don't meet those other two requirements then you will get a payment adjustment in 2012?

Michelle Smith But are they – are your visits are closed (inaudible) in the denominator of the measure?

(Tony Ambrose): I'm not sure I understand that when you say compromise, would you clarify please?

Michelle Smith: So when you look at the e-Prescribing measures specifications there is a whole list, I don't know maybe 30 or 40 various codes that say there's a denominator code such as the office visit code.

(Tony Ambrose): We do have those yes.

Michelle Smith OK. So, you're saying you don't know if your practice meets 10 percent of that?

(Tony Ambrose): No because based on our specialty our office is probably not the largest percentage of allowed charges versus the other types of charges that we submit.

Michelle Smith So you participated this year, have you gotten your 2009 feedback report yet?

(Tony Ambrose): Not for 2010.

Michelle Smith No you wouldn't get it for 2010 yet it would be your 2009 report that you would be getting.

(Tony Ambrose): We did not report e-Prescribing for 2009, 2010 is our first year.

Michelle Smith So this is your first – this will be your first time reporting then?

(Tony Ambrose): Correct.

Michelle Smith OK I'm sorry. Well, again it's hard for me to just tell you without looking – having your claims data that you will be subject to the penalty. You would have to report to that period January 1st through June 30th and then we would be reviewing those claims after that point and then a report will be issued about sometime in November to folks that reported information as to whether they are receiving a payment adjustment or not.

(Tony Ambrose): OK all right thank you very much.

Michelle Smith You're welcome.

Barbara Cebuhar: (Kyle) our next question.

Operator: Your next question comes from the line of (Vanessa Boucher) from (inaudible) your line is open.

(Vanessa Boucher): Hello. My question is regarding the report that we receive annually. I want to know is there any plans in the future for – is it going to become itemized at some point stating the patient's that we were successfully credited for?

Michelle Smith I don't know necessarily what you mean by itemized or if you're talking about having patient level – if you're talking (inaudible) level data then the answer would be no. information of benefit, how you listen to patients information; no we do plan to look at revising the report, streamlining them and making them more simplistic in terms of reviewing and understanding the information but it would not be at a beneficiary level.

(Vanessa Boucher): OK and anything about in the future – I know when you have to report a PQRI it has to be attached to your claims to the denominator, if anything where we can submit the information after.

Michelle smith No it has to be at the time of the (inaudible).

(Vanessa Boucher): So there's no talk about changing that either.

Michelle Smith Not to my knowledge at this time.

(Vanessa Boucher): OK that was all.

Regina Just keep in mind just for your – based on kind of your questions I think it maybe important at this point to remind the audience that we do – our decisions are made through the rule making process so we will begin – we will publish the proposed rule for 2012 program year June 2011 so keep that

in mind because that's time to see what CMS is proposing and then you can comment on that proposal and then the final will come out November 2011 for the 2012 program yet.

(Vanessa Boucher): All right thank you.

Barbara Cebuhar: (Kyle) our next question.

Operator: Your next question comes from the line of (Alan Towson) from the University of Texas, your line is open.

(Alan Towson): Hi, I'm (Alan Towson) from UT Southwestern Medical Center in Dallas and I just need to make sure that I have a clear understanding of this because it's somewhat confusing with the overlapping programs of (inaudible) and the e-Prescribing and the EHR incentive. Since we're required to do e-Prescribing to demonstrate meaningful use under EHR is what you're saying is that that does not qualify at all towards satisfying the e-Prescribing incentive to prevent us from having a reduction in payment, is that correct.

Michelle Smith That's correct for 2012. You know our plans going forward – actually in 2012 is to have a plan developed and to merge the two programs, because we've recognized that you know this is difficult for eligible professionals who are trying to do physician quality reporting, the e-Prescribing program, and the EHR through our HITECH. But at this point, you're correct. The qualifications for our HITECH are separate from the e-Prescribing programs.

(Alan Towson): OK. And then so someone like us, the university where you have 2,000 providers, we have multiple PTNs but we all bill under one tax identification number. Then in order to facilitate that easier as far as proving or avoiding the fees schedule reduction under the eRx incentive, then it would probably be much easier for someone our size to nominate – help nominate as a group practice.

Michelle Smith: Yes.

(Alan Towson): OK. All right. And then, hopefully these will be streamlined after 2012, that's what you're saying.

Michelle Smith: Right. As legislatives we are directed to develop a plan to merge the programs in 2012. I wouldn't see that merger probably occurring hopefully until sometime in 2013, because the plan itself is what will be developed in 2012.

(Alan Towson): OK, great. Thank you very much.

Michelle Smith: I just need to add to that, you mentioned that you would use fee to report as a group practice fee, electronic prescribing measure.

Michelle Smith Because of the (inaudible) of the group bid, he said I had over 2,000…

(Alan Towson): Two-thousand providers.

Regina Chell: Yes, yes.

Regina Chell: We just wanted to remind everyone that in order to do that though you would also have to be participating in PQRI as a group.

(Alan Towson): OK. Well, that wasn't the question I had. Actually do we need to self nominate as a group under for PQRI and eRx?

Regina Chell: Yes, that's correct.

(Alan Towson): OK. And so we participated in PQRI and we received – we just received a bonus for 2009 reporting, but we did that as individual eligible professionals, so we will need to self nominate for 2010, I'm somewhat confused there.

Regina Chell: That's OK. So what we're talking about is the – it wouldn't be for 2010, because we're almost finished the 2010 program here.

(Alan Towson): OK.

Regina Chell: So we're talking about – and don't feel about being confused, because they do all seem to run together – so we're talking about the 2012 program here and you wouldn't need to self nominate to participate as a group. And between January 3rd and January 31st, you find the requirements for that self

nomination on the PQRI Web site under the "Group Practice Reporting Option Download". Then, at that time, you also let us know if you are self nominating to do e-Prescribing as a group as well.

(Alan Towson): OK. And there would not be a situation where CMS would approve a group for one but not the other, right? That we're going to be approved as a group practice, maybe approve for both.

Regina Chell: For e-Prescribing, yes.

(Alan Towson): Yes PQRI, right.

Regina Chell: Today, I can't think of a reason why that would happen…

(Alan Towson): OK.

Regina Chell: … at this time.

(Alan Towson): All right. Thank you.

Regina Chell: Sure.

Barbara Cebuhar: (Kyle), our next question, please.

Operator: Your next question comes from the line of Lynn Scheps from SRSSoft. Your line is open.

Lynn Scheps: Hi, I have actually submitted this question to the QualityNet service, but I haven't gotten an answer, a satisfactory answer yet. If a provider does …

Regina Chell: Can you speak up just a little bit for us, please?

Lynn Scheps: Yes. If a provider does not e-prescribe sufficiently in the first half of 2011, let's say they don't even start e-Prescribing, so they don't – they don't meet that requirement, they're assessed to penalty for 2012, correct?

Regina Chell: Yes.

Lynn Scheps: But in 2011, in the second half, they get an e-Prescribing system, they are up and running, they do really well. And in 2012, they meet the e-Prescribing requirements, so now are they eligible for a bonus in 2012, even though they're already incurring a penalty in 2012?

Regina Chell: Yes, yes. So you could potentially be – get a payment adjustment, because you didn't meet the requirements in the first six months, but then you did meeting the requirements for the 12 months reporting and get an incentive.

Lynn Scheps: You meet the requirements in 2012. I'm not talking about the 2011.

Michelle Smith: For – well, we haven't even written the rules for …

Lynn Scheps: I know that.

Michelle Smith: … 2012. So it could be the – you know the requirements for e-Prescribing in 2012 could be different. But I'm saying with regard to the 2011 program year, you could get a payment adjustment, because you did meet qualifications in the first six months, but in the 12-month period January 1st, 2011 through December 31st, and you did 25 or more, you could get an incentive payment.

Lynn Scheps: No, that I understand.

Michelle Smith: Now, if you're wondering that's the case for 2012, I can't confirm that for you, because we don't have a proposed rule at this point.

Lynn Scheps: So, OK, so we don't know the answer to that question is the real answer.

Michelle Smith: Yes for 2012, that's in the future. But 2011 …

Lynn Scheps: Is it conceivable to you that you could be penalized based – because it's kind of odd basically that the penalty for 2012 is based on 2011 and you have no way of compensating for that by e-Prescribing in 2012. You know is (inaudible) e-prescribe in 2012 anymore, because now you've been assessed the penalty?

Michelle Smith Well, I mean, unfortunately we are driven by the way the legislature is presented and the rule making around that. And hence, I guess you know decisions about merging the programs at some point because of these overlapping issues. But I can only tell you what the requirements are for 2011 and the fact that it has already been determined that if you are a successful e-prescriber in 2011, you will not receive the payment adjustment in 2013.

Lynn Scheps: Right, that answers. OK, so the answer is just that the rule hasn't been written yet, we don't …

Michelle Smith: Right.

Regina: Yes, so you heard the dates I said earlier with regards to when the proposed rule comes out, because it sounds like you'll have a lot of interest in reading that rule and providing comment back to CMS, because we are interested in hearing your comments to the formal rulemaking process.

Lynn Scheps: So when does that rule out? I missed that part I was on other call.

Regina Chell: That's OK. So that rule will be published at the end of June 2011, and that will be for the 2012 program year.

Lynn Scheps: OK.

Regina Chell: And then the comment period usually runs and this is just a ballpark time, but usually runs 60 days from July till the end of August. And then you'll see the file and then CMS responds to all comments in the final rule which is published November of 2011.

Lynn Scheps: OK, perfect. Thank you very much.

Regina Chell: You bet.

Barbara Cebuhar: (Kyle), our next question, please.

Operator: Your next question comes from the line of (Anthony Little) from Penn State Hershey Medical Center. Your line is open.

(Anthony Little): Good afternoon. This is (Anthony Little) from Penn State Hershey Medical Center. I understand that we have to choose between e-Prescribing incentive program and the EHR incentive programs; we can't choose both in the same year. However, can you choose one in one year and then make the election to choose another program in that second year. In other words, choose e-prescribe incentive in 2011 and meaningful use incentive program in 2012.

Christine Estella You can actually participate in both e-Prescribing incentive as well as in Meaningful Use and our EHR, you can participate in both of them, but you'd only get paid for one.

(Anthony Little): OK.

Christine Estella: If you're a successful prescriber for both programs.

(Anthony Little): OK. And so then you can – you can elect and be participating in both, but yet you are only paid for one.

Michelle Allender-Smith: That's correct.

Michelle Smith That's correct.

(Anthony Little): How do you make the choice in between which one you're actually paid for?

Michelle Allender-Smith: It's my understanding, because the EHR or HITECH paid first, and that payment is larger than the e-Prescribing payment. You would receive that if you qualify and then we in turn receive files that tell us not to pay you, because you got that incentive already. So you definitely are only going to get one incentive.

(Anthony Little): OK. But yet will pay us the largest, I mean I was assuming.

Regina Yes, you will get the largest. And I know upfront that the largest is the HITECH EHR…

(Anthony Little): Definitely.

Michelle Allender-Smith: … is larger.

Regina Chell: Yes, and actually for all – for the – as Michelle described and for all of the reporting options in the physician quality reporting program, if a provider becomes incentive eligible under more than one reporting option, CMS always does look at the reporting option that's most advantageous to the provider.

(Anthony Little): And that's your case under the group practice option likewise.

Regina Chell: Well, no, the group action – the group practice option is that's the only option. So keep in mind, if you do the group practice option you are not allowed to participate as an individual.

(Anthony Little): Yes, of course. But yet you would still be able to participate in both the e-Prescribing program and the meaning use incentive program, but you're only paid for one.

Regina Chell: Yes, that's correct.

(Anthony Little): As a group practice likewise.

Regina Chell: Yes, I'm – I'm sorry, I misunderstood your statement.

(Anthony Little): OK, fine. Thank you.

Regina Chell: You bet.

Barbara Cebuhar: (Kyle) our next please.

Operator: Your next question comes from Joanne Warren from Dalton Medical. Your line is open.

Joanne Warren: And I probably have a question on the same line as the last gentleman, because I was understanding that if you participated in the ERX and you also went to an EHR for the HITECH money that you're only going to be paid for the HITECH money.

Michelle Smith You're only going to be paid for one, so …

Joanne Warren: For one, which would be EHR.

Michelle Smith … if you're successful with our HITECH, then you would get the incentive payment for our HITECH and you would not get the incentive payment under e-Prescribing.

Joanne Warren: Correct. But you still have to do the e-Prescribing to prove…

Michelle Smith: To avoid this payment adjustment, that' correct.

Joanne Warren: So you have to do this regardless of…

Michelle Smith: Yes.

Joanne Warren: … program. And if you do will you still if you do the PQRI, one of the measure say the diabetic measure even though you would prove meaningful use or you still get the PQRI money for say the diabetic measures or you don't get any of that money either.

Michelle Smith: You're saying if you're reporting the diabetes measure under physician quality reporting?

Joanne Warren: Correct.

Michelle Smith Well, as you know there is separate program. So …

Joanne Warren: Correct.

Michelle Smith … yes, so you're – the physician quality reporting is one program, e-Prescribing is the second program…

Joanne Warren: Right.

Regina Chell: … and EHR or HITECH is the third.

Joanne Warren: OK, so – because they're all separate programs, but you only get paid for one program.

Regina Chell: You can get a physician quality reporting payment and an e-Prescribing payment or physician quality reporting program and an EHR or a HITECH payment.

Joanne Warren: OK. That's what I thought. I just wanted to clarify that.

Regina Chell: Now, keep in mind; I just want to make sure for you and also for the listeners on the phone that it is very important to look at the measure specification for the program that you're reporting the measure.

Joanne Warren: Correct.

Regina Chell: OK.

Joanne Warren: Right, the specification – and if we send a letter to self nominate for group then we would be in the group with the PQRI and the eRx.

Regina Chell: If you – in your self nomination letter say that you also want to do GPRO eRx.

Joanne Warren: OK.

Regina Chell: That's not an automatic. That's …

Joanne Warren: OK.

Regina Chell: You have to ask.

Joanne Warren: You have to ask for both. OK. My other question was just, I had done the eRx in 2009 and never got paid for, and then realized that there was not a dollar or a penny in the amount.

We did it this year, they said to make sure look for the N365 at beginning of the claims, I saw them, and then I did not, and I called the help desk, they really couldn't give me any answers. I did call my – the MD on the clearing house, they couldn't help me. I did call Medicare, they were able to look at my claims in a different perspective I guess from what I'm seeing on my – that was not on my remittance advice, and he did find the N365 on there.

Now I was also asking was there any way – there is no way to look at the registry to see whether or not that you have been collecting my data. I was told that there is none, you have to wait till July and either they got it or they didn't. Do you think in the future we would ever be able to track the registry information as we go along so we could find out whether or not things were being done properly?

Regina Chell: I would think that would be something that you want to discuss upfront and in ongoing manner with your registry, because all registries are not exactly alike.

Joanne Warren: Well, I'm reporting claims phase, I was reporting claims phase. No one told me I could talk to the registry. When I called the PQRI help desk, she said there is no way to find out if they've gotten your information, you just have to wait till July of 2011, and just find out then whether or not things were done properly.

Regina Chell: You're reporting via claims or via registry.

Joanne Warren: Via claims.

Regina Chell: OK, so that's– you have to choose separate reporting option.

Joanne Warren: Correct, correct. I was reporting claims phase.

Regina Chell: And then you are saying that you would want to look at reporting via registry in the future.

Joanne Warren: Well, I – because the first year that we did it we didn't find out that it was never received. So when I went on, I have done a conference calls, and they said you need to look for the N365 remittance advice remark, which it did come out in the beginning, and then I was not getting them on my claims or on my electronic remittance advice. I was only able to call Medicare and they were able to look at some claims in the EDI department and see that I was getting N365 denials. But you don't want to have to call Medicare every week to find out that these claims have – do they have an N365.

Regina Chell: Right, so I think what I'm – I think maybe what I'm hearing you say is kind of referencing claims and registry reporting and then maybe confusing a little bit about – that's creating confusion around your question, because claims is one reporting option, registry is another reporting option.

Joanne Warren: OK.

Regina Chell: And then you had a question about registry reporting.

Joanne Warren: Well, I guess to clarify it maybe better, as I do claims reporting, but my understanding is when you do claims reporting that information is sent to a clearing house registry.

Regina Chell: You're talking about the clearing house, OK, yes that does.

Joanne Warren: Now do you understand.

Regina Chell: Yes (inaudible) important part in there.

Joanne Warren: It is sent to that clearing house reporting registry. There is no way for you to find out whether or not your data is getting there until it's too late.

Regina Chell: Yes so, why don't you give us – we really don't have the correct subject matter expert in the room today to address questions about the clearing house registry. So if you give us your contact information, we'll have somebody get in touch with you.

Joanne Warren: OK. My name is Joanne Warren, it's J-O-A-N-N-E, last name is Warren, W-A-R-R-E-N. My phone number is area code 413-684-0665.

Regina Chell: Thank you very much. Someone will get in touch with you.

Joanne Warren: OK, thank you.

Regina Chell: You bet.

Barbara Cebuhar: (Kyle), our next question.

Operator: Your next question comes from the line of Claudia Shedd from Falmouth Orthopedics Center. Your line is open.

Claudia Shedd: Hi, I am working in orthopedic practice, and I just want to clarify that it seems that if a physician only writes for controlled substances, because of the type of practice they're in writing pre-operative and post-operative medications, there – and because the systems do not allow for e-Prescribing of controlled substances that there is in fact no way to avoid the penalty. Is that correct?

Michelle Smith: A couple of, I guess, part to or responses to your question. We don't tell you within the e-Prescribing program that narcotic prescriptions don't count. It's the qualifications of your system, the unique visits, and those visits within the denominator of the measure. It's my understanding that in the Part D legislation that it has been approved that narcotics can be e-prescribed.

However, I also understand that there is a two factor of syndication process that is required in order to be able to do that, which I'm sure many offices don't have at this time, because it's something that's very new. But in terms of determining whether you are subject to the payment adjust, again we're going to look at the 100 denominator instances and whether your encounters are in the denominator of that measure.

So again within that six months period, January 1st through June, you would have to e-prescribe 10 times. So I don't know whether you are doing it as an individual or as a group practice, because again the requirements for group practice GPRO I versus GPRO II are different than an individual e-prescriber.

Claudia Shedd: We're doing it on an individual basis.

Michelle Smith: OK.

Claudia Shedd: And even just trying to get in the current year the 25 prescriptions.

Michelle Smith Within the 12 months.

Claudia Shedd: Yes, has been almost impossible for us. We have not been able to meet that because controlled substances include more than simply narcotics. They

include medications for anxiety, certain ones for neurological disorders, so it's really a broad spectrum of medications and they happen to be what the doctors write for.

And even though there is legislation that does now allow for e-Prescribing for controlled substances, our state DEA, the State of Maine, does not have the legislation in place or the processes in place to make that happen, even if we as a practice we're willing to put them in.

So what I'm wondering is whether there is some sort of hardship exemption or code where one can say I would if I was able to if there were systems in place or if it was allowed by my state to do so, but I can't, it is not physically possible. And whether there is anyway around that or whether we just know today that we will not be able to meet the standard, because we do have – we do meet the 10 percent and we do see more than a 100 individuals so.

Michelle Smith It maybe something that CMS can look at on an individual basis. At this time, we have the two hardships G code which are either that you don't have the high-speed Internet access where you're in the rural area, but if this is something that, I guess, is sort of state prohibited, if you will, maybe something else for CMS to look at it individually. But we would still look at your performance for January 1st through June 30th.

Claudia Shedd: Right. Is there a forum or a place to write a letter explaining the particular circumstances?

Michelle Smith: Forum or letter.

Michelle Smith I'm sorry, could you repeat that?

Claudia Shedd: I said, is there a division of CMS or a department with which one could write a letter to explain a particular circumstance that affect our surgical practice and probably some others as well, and to see whether there could be a hardship exemption?

Michelle Smith: Yes, I mean you could send it to CMS, and I would probably make it to the attention of Dr. Dan Green.

Claudia Shedd: OK. All right, thank you very much.

Michelle Smith You're welcome.

Barbara Cebuhar: (Kyle) our next question, please.

Operator: Your next question comes from the line of (Tony Newton from Guthrie Clinics). Your line is open.

(Tony Newton): Hi. First question is from Regina. I just wanted to see if tomorrow at the GPRO1 conference call we could get the date that we have to send that e-mail if that's the January 3rd through the 31st included as well?

Regina Chell: Yes, yes, we're going to go over that tomorrow on the conference.

(Tony Newton): OK, that would be great.

Regina Chell: Yes, because materials you've got I just realized it didn't have – they have an X place order, they didn't have a date in them, that's why you're asking that isn't it?

(Tony Newton): Yes.

Regina Chell: OK, great.

(Tony Newton): And second off, I was talking about the eRx penalty as a GPRO1. I just wanted to make sure that if we're successful we report the 2,500 within the first six months of 2011 that all MPIs under our TIN are exempt from the penalty.

Regina Chell: That's correct.

(Tony Newton): That is correct, OK.

Regina Chell: Yes. And that key date is that you do it in that first six months.

(Tony Newton): OK. And then if we did that in the first six months, we'd be exempt from the 2013 penalty as well.

Regina Chell: That's correct.

(Tony Newton): OK. All right, sums it then. All right, thank you.

Regina Chell: You bet.

Barbara Cebuhar: (Kyle) our next question, please.

Operator: Your next question comes from the line of (Marianne McNeil) from South Shore Neurology. Your line is open.

(Marianne McNeil): I had a question. I just want to make sure I understand this correctly. I have a small group, so we would definitely fall under the category of one measure – one measure group and three measures. And so that being said, my question is, is that what we need to do does have – I'm looking at all of the measures that are available, the 14 group measures, and we don't have the ability to take three measures out of one group, so what we've done this past year was take three measures out of two different groups. Are we not able to do that on a go-forward basis?

Regina Chell: Yes, so just to be clear. So there is the one reporting requirement is the measures group.

(Marianne McNeil): Right.

Michelle Smith: The other is individual measures. So for the individual measures, you have to take those three measures from the list of qualified individual measures for 2011. And then for the measures group for 2011, you have to look at the measure group…

(Marianne McNeil): Right.

Regina Chell: … and report the applicable measures within that measures group.

Michelle Allender-Smith: But they can't be the same. You can't report an individual measure from a measures group.

(Marianne McNeil): OK, so I'm just – I'm looking at the 14 groups right now just as an example. If you look at – if you take the diabetes one as an example, last year they had the diabetes for neurologic evaluation, which I don't see as one of the options in this group.

Michelle Allender-Smith: OK.

Regina Chell: Yes, I don't – we don't have the measures in front of us, so…

(Marianne McNeil): But there's only one, two, three, four. There's six – it looks like there is six measures within that group.

Regina Chell: Right, so that's the measures group. So if you were selecting that to report under the group practice option two for the 2010, then you will record those measures under that group as one of your group measures. You'd have to pick something separate from the other individual measures to report your individual measures.

(Marianne McNeil): OK, so out of the 14 measures, pick one group measure, and then you have to pick three individual measures…

Regina Chell: That's correct.

(Marianne McNeil): … out of the other groups.

Regina Chell: No, the three individual measures come from – if you go to the PQRI Web site …

(Marianne McNeil): Yes.

Regina Chell: … and look at the list of individual measure through 2011, I think there was probably a 194, somewhere on that.

(Marianne McNeil): OK, yes, there were 216 last year, OK, yes.

Regina Chell: So you look at that list of a 194 individual measures and you select three.

(Marianne McNeil): OK, just wanted to make sure I have that right.

Regina Chell: Sure.

(Marianne McNeil): And you know the same rules apply if you don't do it as a group, but you do it as an individual – individual position.

Regina Chell: No, these rules are just for group practice reporting. So it sounds like you are new to their physician quality reporting systems, would that be a correct assumption?

(Marianne McNeil): Well, we're doing it to this year.

Regina Chell: OK.

(Marianne McNeil): We're doing it to 2010.

Regina Chell: Yes, so what I would encourage you to do, because we have some – we're kind of getting started tips on the Web site, you can go to those and kind of use some of those helpful tips, as well as go to the QualityNet Help Desk and let them know that you know I just – I have some kind of getting started questions…

(Marianne McNeil): OK.

Regina Chell: … with regards to individual reporting versus group reporting, and they'll drill down to the detail for you.

(Marianne McNeil): OK, perfect. Thank you very much.

Regina Chell: You bet.

Barbara Cebuhar: (Kyle) our next question, please.

Operator: Your next question comes from the line of (Joan Peters from UNA). Your line is open.

(Joan Peters): Hi, I wanted to ask a couple of questions about the large group PQRI. As I understand it from your paperwork here, we are going to have to fill out the data collection tool for 411 individual patients.

Regina Chell: Yes, so it's 400 – so you are assigned – your patient is done based on your Medicare Part B claims data. And the tool is populated and we do an oversampling of, I believe it's 615. And then you need to complete 411 consecutive patients for each disease module and for preventive care measures.

(Joan Peters): OK. So, like for instance, you will send us tool for a patient with diabetes, and then when they come in next, we fill it out for that.

Regina Chell: Right. Well, actually the tool is, we'll provide you access to the tools, and the tool has all of the – all of the 26 measures in it.

(Joan Peters): OK.

Regina Chell: And it's partially populated with some data from the claims, demographics, ID numbers, that type of thing. And so then, when the patient comes into your practice or you go into your EHR or your paper extracted record and you may pull out some of the information like slab data, a mammogram result.

(Joan Peters): So we can – we can – if you send us the patient's name, Mary Smith, we can go into Mary Smith's record and pull out that information and send it to you. We don't have …

Regina Chell: Yes.

(Joan Peters): … to actually figure.

Regina Chell: Well, you do see her, but you also can extract some of the information. So it's a combination.

(Joan Peters): OK. But it has to be at a visit. She has to have had a visit in …

Regina Chell: Yes, she will have a visit, but you're going to be able to update information in the tool outside of that business. So when you get the tool you'll be able – you'll see that you have Mary Smith. And you want to go in and find her hemoglobin A1C last lab value; you want to see when she had her mammogram. You can do that outside of her actual visit.

(Joan Peters): OK. But let's say Mary just doesn't come in, in 2011.

Courtney Rose Then you self report on her.

(Joan Peters): Then I can't report on her.

Regina Chell: Yes, so the tool allows you a certain percentage of skips, and it has to be for certain reasons. And one of the reasons is the patient no longer comes to the practice.

(Joan Peters): OK.

Regina Chell The patient has expired, so there are a couple of things in there that are allowable to you.

(Joan Peters): OK. So it's a skip I can't give you what I have from the chart, I just have to skip her all together, because she didn't come in.

Regina Chell: That is correct, yes.

(Joan Peters): OK, that's going to be complicated.

Regina Chell: And to help clarify that a little bit, when you receive this tool, they'll have – it will be pre-populating with patients sampled for each disease module like Regina mentioned. And the data collection is actually done retrospectively, so the data collection will actually occur in I believe the first quarter of 2012 for patients did in 2011.

(Joan Peters): All right that's clear as mud.

Regina Chell: Well …

(Joan Peters): Once we see that tool, it will probably make a little more sense.

Regina Chell: Yes, so keep in mind, if we could kind of help you with this is that, you can go on the – I believe it's a – Courtney correct me if I'm wrong, but I think it's still up there – if you go on the MCMP Web site it's a kind of, they have a

demo that shows how that – how this tool was used in their program and maybe that would help this provider kind of understand it a little better.

(Joan Peters): OK. And so it's just – it will be – like I have about 600 providers, it will just be 411 patients that I have to submit for or 411 per specialty or?

Regina Chell: Now, so you're going to be assigned for each disease module and each preventative care measure.

(Joan Peters): Yes, 411 patients.

Regina Chell: Four hundred and eleven patients.

(Joan Peters): So it's 411 times eight then, four disease modules and four preventive care measures.

Regina Chell: That would be correct.

(Joan Peters): OK, OK. And the other thing I wanted to bring up to you that in your paperwork on your Web site it says to send an electronic version of our self nominating letter and then proceeds to give us a real address in Baltimore, Maryland.

Regina Chell: OK, thank you, we'll look at that.

(Joan Peters): OK, and let's see, let's see – OK, I think that's all I had. OK, well, thank you.

Barbara Cebuhar: (Kyle), we have time for one more question.

Regina Chell: Excuse me, one minute. If I can just clarify, because I had just we would check on that, but I want to make sure that last caller does understand that you do have to mail your self nomination in. OK, go ahead.

Barbara Cebuhar: (Kyle), one more question, and then we need to close. So if anybody has any other questions, please address them to qnetsupport@sdps.org. Thank you.

Operator: Your next question comes from the line Heidi Harting from Summit Medical Group. Your line is open.

Heidi Harting: Yes, thank you very much. My name is Heidi Harting. And two things real quick; I would like to have confirmation any adjustments calculated are based on Part B as a whole, and then incentives are based on Part B physician fee schedule which is a subset then of Part B. Is that correct?

Michelle Smith: The – you're talking about the e-Prescribing payment adjustment it's based on Part B.

Heidi Harting: Yes, yes, I'm sorry, yes.

Michelle Smith Yes, it's based on Part – Medicare Part B is the adjustment.

Heidi Harting: Yes. And the incentive is based on a subset being the physician fee schedule.

Michelle Smith They're both – they're both the same. Part B.

Heidi Harting: No according to documentation I think.

Michelle Smith Documentation on the Web site or …

Heidi Harting: Yes.

Michelle Smith: We will take a look at it.

Heidi Harting: OK. Yes, if you can get back to me on that that would be great. And the other thing is I'd like to echo and I was the last caller on the National Provider call the other day as well. I'd like to echo (Cathy) from the radiologist oncologist and also Claudia from the ortho surgery in Maine, we have both of the situations where my providers – some – subset of my providers meet the 10 percent requirements for e-Prescribing and they're 100 percent – and the 100 cases. So they would be – and but they are not able to reach that magic 25.

Michelle Smith: No, it would be 10 in the first six months.

Heidi Harting: In the first – or 10 prescription in the first six months. They have – they're not able to due to either controlled substances or their patients don't need a lot of prescriptions or whatever it is…

Michelle Smith Are your visits in the denominator of the e-Prescribing measure?

Heidi Harting: They meet that 10 percent requirement, yes. Yes, I mean, there's nothing that can exempt them.

Michelle Smith OK, right.

Heidi Harting: And that's not meeting that – the magic numbers of either 10 in the six months or the 25 to the year. And we can handle the fact that we don't earn an incentive, but now we're getting into the adjustment phase, we won't say penalty, the adjustment phase which is going to hurt then. So there was mention that that (Jaime Welsh), I think had sent some documentation or has some documentation. That information could be sent to me or as well I would great appreciate it.

Michelle Smith Are you asking (Jaime) to send you those documents, or are you asking CMS for documentation?

Heidi Harting: Whoever can send me official documentation from the discussion with (Cathy), when (Cathy) – from the radiologist oncologist group was on, I think (Jaime) spoke up and said she had sent documentation. I think that's how I heard it.

Courtney Rose Heidi I was going to send documentation to Michelle or on behalf of (Cathy Evans). If you're looking …

Michelle Smith Right. That I wouldn't be able to share with you, but what we can share which would – it's depending on the outcome it may depend that it comes out as a frequently asked question type of thing where we would have that question and a response posted on the site. But that was an internal help desk inquiry that they're submitting to me for some additional follow-up.

Heidi Harting: OK, I misunderstood on that part a bit, but yes I would definitely like whatever answers CMS can provide us in the public eye.

Michelle Smith OK.

Heidi Harting: OK. So, yes, the percentages then for what is based on for the adjustment and incentive and then also regarding our providers who just don't read an – reach an exemption of some sort, but they're also not able to reach the – either the 10 in the six months or the 25 for the end of the year.

Michelle Smith All right, thank you.

Barbara Cebuhar: Thank you, Heidi. This is Barbara Cebuhar again. I wanted to re-read the Web site where people can get the slides that were used today. It's http:\\www.cms.gov/pqri/04_cmssponsoredcall.asp#topofpage. You can find both presentations there. Just a reminder that the QualityNet Help Desk is available Monday through Friday from 7:00 a.m. to 7:00 p.m. Central Time at 1-866-288-8912 or by writing qnetsupport@sdps.org.

You can listen to an encore of this call after 5:00 p.m. today by dialing 1-800-642-1687 and asking for call number 24749053. The transcript and an MP3 recording of this call will be available on the special open door forum Web site around January the 13th. Thank you all very much for joining us today and best wishes for a Happy Holiday season.

(Kyle)?

Operator: This concludes today's conference call. You may now disconnect.

END