July 2013

# 2013 Electronic Prescribing (eRx) Incentive Program: 2014 Payment Adjustment

## Background

The Electronic Prescribing (eRx) Incentive Program is a reporting program that uses a combination of incentive payments and payment adjustments to encourage electronic prescribing by eligible professionals. The program provides an incentive payment to practices with eligible professionals (identified on claims by their individual National Provider Identifier [NPI] and Tax Identification Number [TIN]) who successfully e-prescribe for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). 2012 was the first year the program applied a payment adjustment to those eligible professionals who were not successful electronic prescribers on their Medicare Part B services. Additional information is available on the Centers for Medicare and Medicaid Services (CMS) website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive.

**The final eRx payment adjustment will be applied during the 2014 calendar year and is a 2.0% adjustment (eligible professional will receive 98% of his/her Medicare Part B PFS amount for covered professional services). The 6-month 2014 eRx payment adjustment reporting period, which began on January 1, 2013 and ended on June 30, 2013, was the final reporting period to avoid the 2014 eRx payment adjustment.** CMS strongly encourages eligible professionals and group practices participating in eRx Incentive Program as either an individual or part of a group practice under the eRx GPRO to avoid the 2014 eRx payment adjustment by following the guidelines presented in this document.

## Purpose

This article provides guidance on avoiding the 2014 eRx payment adjustment.

## Exclusion Criteria for Individual Eligible Professionals

An individual eligible professional will **not** be included in analysis for the 2014 eRx payment adjustment if ***one*** of the payment adjustment exclusion criteria as listed in Table 1 applies.

**Table 1: Payment Adjustment Exclusion Criteria for Individual Eligible Professionals**

| 2014 eRx Payment Adjustment Exclusion Criteria |
|---|
| The eligible professional is a successful electronic prescriber during the 2012 eRx 12-month reporting period (**1/1/12-12/31/12**) |
| The eligible professional is not an MD, DO, podiatrist, Nurse Practitioner, or Physician Assistant by **6/30/13** based on primary taxonomy code in the National Plan and Provider Enumeration System (NPPES) |
| The eligible professional does not have at least 100 Medicare Part B PFS cases containing an encounter code in the measure's denominator for dates of service from **1/1/13-6/30/13** |
| The eligible professional does not have 10% or more of their Medicare Part B PFS allowable charges (per TIN) for encounter codes in the measure's denominator for dates of service from **1/1/13-6/30/13** |
| The eligible professional does not have prescribing privileges and reported G8644 on a payable Medicare Part B service at least once on a claim between **1/1/13-6/30/13** |
| The eligible professional submits at least 10 electronic prescriptions and reports the G-code (G8553) via claims during the 2013 eRx 6-month reporting period **1/1/13-6/30/13** |
| The eligible professional achieves Meaningful Use under the Medicare or Medicaid EHR Incentive Program during the 12-month eRx reporting period (**1/1/12-12/31/12**) or the 6-month eRx reporting period (**1/1/13-6/30/13**) and attests by **6/30/13**<br>*Additional information below* |
| The eligible professional demonstrates intent to participate in the Medicare or Medicaid EHR Incentive Program by registering (and providing EHR certification ID) during the 6-month reporting period (**1/1/13-6/30/13**) and adopting certified EHR technology<br>*Additional information below* |
| The eligible professional submits one of the hardship exemption G-codes via **any payable** Medicare Part B PFS claim with a date of service during the 6-month eRx reporting period (**1/1/13-6/30/13**)<br>*Additional information below* |
| The eligible professional requests and CMS approves a hardship exemption via the Physician Quality Reporting Communication Support Page (Communication Support Page)<br>*Additional information below* |

**Note:** CMS will determine whether an individual eligible professional (defined by individual rendering National Provider Identifier, or NPI) is subject to future payment adjustments for each Tax Identification Number (TIN); therefore, if an organization or eligible professional changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.

## Exclusion Criteria for eRx GPRO

A group practice who self-nominated to participate in eRx GPRO will **not** be included in analysis for the 2014 eRx payment adjustment if ***one*** of the payment adjustment exclusion criteria as listed in Table 2 applies.

**Table 2: Payment Adjustment Exclusion Criteria for eRx GPRO**

| 2014 eRx Payment Adjustment Exclusion Criteria |
|---|
| The group practice is a successful electronic prescriber during the 2012 eRx 12-month reporting period (**1/1/12-12/31/12**) |
| The group practice does not have 10% or more of their Medicare Part B PFS allowable charges (per TIN) for encounter codes in the measure's denominator for dates of service from **1/1/13-6/30/13** |
| The 2013 eRx GPRO submits the required number of electronic prescriptions according to size via claims during the eRx 6-month reporting period (**1/1/13-6/30/13)** |
| The eRx GPRO (every NPI within the TIN) achieves Meaningful Use under the Medicare or Medicaid EHR Incentive Program during the 12-month eRx reporting period (**1/1/12-12/31/12**) or the 6-month eRx reporting period (**1/1/13-6/30/13**) and attests by **6/30/13**<br>*Additional information below* |
| The eRx GPRO (every NPI within the TIN) demonstrates intent to participate in the Medicare or Medicaid EHR Incentive Program by registering (and providing EHR certification ID) and adopting certified EHR technology during the 6-month reporting period (**1/1/13-6/30/13**)<br>*Additional information below* |
| The 2013 eRx GPRO requests and CMS approves a hardship exemption via the Communication Support Page<br>*Additional information below* |

**Note:** This table was established in the CY 2012 PFS final rule. Group practices participating in 2013 eRx GPRO needed to self-nominate via the Communication Support Page before **January 31, 2013**. GPROs are analyzed at the TIN level under the TIN submitted at the time of final self-nomination/registration; therefore, if an organization or eligible professional changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.

## Avoiding the 2014 eRx Payment Adjustment

Individual eligible professionals and group practices participating in the eRx GPRO can avoid the 2014 eRx payment adjustment by meeting the specified reporting requirements during the appropriate reporting period. Please refer to the tables in **Appendix 1** for reporting options and criteria.

## 2014 eRx Hardship Codes and Hardship Exemption Requests

CMS may exempt individual eligible professionals and group practices participating in eRx GPRO from the 2014 eRx payment adjustment if it is determined that compliance with the requirement for being a successful electronic prescriber would result in a significant hardship.

**Hardship Exemptions**

- Inability to electronically prescribe due to state, or federal law, or local law or regulation
- The eligible professional prescribes fewer than 100 prescriptions during a 6-month payment adjustment reporting period
- The eligible professional practices in a rural area without sufficient high-speed Internet access (reportable via claims as **G8642**)
- The eligible professional practices in an area without sufficient available pharmacies for electronic prescribing (reportable via claims as **G8643**)

- Eligible professionals and members within a group practice participating in eRx GPRO who achieve Meaningful Use under the Medicare or Medicaid EHR Incentive Program during the 12-month eRx reporting period (**1/1/2012-12/31/2012**) or the 6-month eRx reporting period (**1/1/2013-6/30/2013**) and attest by **6/30/13**
  *Determined by CMS through review of the EHR Incentive Program Attestation and Registration system and will be automatically processed by CMS*
- Eligible professionals and members within a group practice participating in eRx GPRO who demonstrate intent to participate in the Medicare or Medicaid EHR Incentive Program by registering (**and** providing EHR certification ID) during the 6-month reporting period (**1/1/13-6/30/13**)
  *Determined by CMS through review of the EHR Incentive Program Attestation and Registration system and will be automatically processed by CMS*

In addition, eligible professionals who do not have prescribing privileges during the first six months of the 2014 eRx payment adjustment reporting period, 1/1/13-6/30/13, can report G8644 on a payable Medicare Part B service at least once on a claim between 1/1/13-6/30/13 to avoid the 2014 eRx payment adjustment.

**Submitting a Hardship Request**

- CMS established the Communication Support Page at http://www.qualitynet.org/pqrs (see link in upper-left hand corner) for eligible professionals and 2013 eRx GPRO primary contacts to submit hardship requests, including those associated with a G-code. For more information on how to navigate the Communication Support Page, please reference the following documents:
  - *Quality Reporting Communication Support Page User Guide* posted on the QualityNet website at https://www.qualitynet.org/portal/server.pt/community/ communications_ support_system/234
  - *Tips for Using the Quality Reporting Communication Support Page* on the CMS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/20_Payment_Adjustment_Information.html
- Those hardships with G-codes may also be submitted by individual eligible professionals only at least once on a claim during the 6-month 2014 eRx payment adjustment reporting period, if applicable (1/1/13-6/30/13).
  - The hardship G-code must be submitted on a claim with a payable Medicare Part B service.
  - The hardship G-code does not need to be submitted on a claim that contains eRx measure denominator codes.
- Medicare or Medicaid EHR Incentive Program exemptions will be determined by CMS through review of the EHR Incentive Program Attestation and Registration system and will be automatically processed by CMS. See the Automatic Exemptions section that follows.
- Group practices participating in the 2013 eRx GPRO must indicate hardship exemptions during self-nomination/registration or submit an exemption request via the Communication Support Page.

**Automatic Exemptions**

The following 2014 eRx payment adjustment exemptions will be determined by CMS through review of the EHR Incentive Program Attestation and Registration system, and will be automatically processed by CMS:

- Those eligible professionals and members within a group practice participating in eRx GPRO who achieve Meaningful Use under the Medicare or Medicaid EHR Incentive Program during the 12-month eRx reporting period (**1/1/12-12/31/12**) or the 6-month eRx reporting period (**1/1/13-6/30/13**) and attest by **6/30/13**
- Those eligible professionals and members within a group practice participating in eRx GPRO who demonstrate intent to participate in the Medicare or Medicaid EHR Incentive Program by registering (and providing EHR certification ID) during the 6-month reporting period (**1/1/13-6/30/13)** and adopting certified EHR technology

***Note:*** *If CMS subsequently determines a payment adjustment was applied in error, the claim will be re-processed to return the 2.0% adjustment, and the Remittance Advice for the re-processed claim will indicate*

*that the payment represents a previous reduction based on the Electronic Prescribing (eRx) Incentive Program. Please allow a couple months for claims to be re-processed and adjustments to be corrected.*

## eRx Incentive Program Participation Feedback

Refer to the Remittance Advice (RA) to determine whether or not eRx quality-data codes (QDCs) submitted to the Carrier or A/B Medicare Administrative Contractor (MAC) are processed into the National Claims History (NCH) database. CMS uses the NCH data for eRx program analysis. Take the following steps to ensure the eRx QDCs are processed into the NCH:

- eRx line items will be denied for payment, but are passed through the claims processing system to the NCH used for eRx claims analysis.
- The RA will include a standard remark code (N365). N365 reads: "This procedure code is not payable. It is for reporting/information purposes only." The N365 remark code on the RA is an indication the QDC is associated with current program year eRx Incentive Program measure specification, but does **not** confirm whether the QDC was accurately reported per program requirements.
- If the entire claim is rejected, please review claim for errors before re-submitting. eRx G-codes will **NOT** be processed or tracked if the claim is rejected.
- Claims may **NOT** be resubmitted for the sole purpose of adding or correcting QDCs.

Eligible professionals reporting eRx via claims can find additional information about claims submission and claims processing in the 2013 eRx Claims-Based Reporting Principles document on CMS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Electronic_Prescribing_Measure.html.

## Additional Information

- For information on the CMS eRx Incentive Program, go to http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive.
- For more information on eRx payment adjustments, go to http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/20_Payment_Adjustment_Information.html.
- For information on the CMS EHR Incentive Program, go to http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms.

CMS provides the following resource to answer inquiries regarding the PQRS and eRx Incentive Program, incentive payments, feedback reports, and IACS registration:

**QualityNet Help Desk** – 7:00 a.m.–7:00 p.m. CST

- General CMS PQRS and eRx Incentive Program information
- Portal password issues
- Feedback report availability and access
- PQRS/eRx-IACS registration questions
- PQRS/eRx-IACS login issues

Phone: **1-866-288-8912**
TTY: 1-877-715-6222
Email: Qnetsupport@sdps.org

# Appendix 1: Reporting Options for Avoiding the 2014 eRx Payment Adjustment

**Individual Eligible Professionals – 12-Month Reporting Period**
(dates of service **1/1/2012-12/31/2012**)

| Reporting Method | Data Processing | Criteria |
|---|---|---|
| **Claims** | Data must be processed into the National Claims History (NCH) no later than **February 22, 2013** | Report G8553 for **at least 25 unique denominator-eligible eRx events** |
| **Registry** | Submit data during the 2013 submission period | |
| **EHR eRx** | Submit data during the 2013 submission period | |

**Note:** Successful submission of the required number of eRx events in the 12-month reporting period may allow for receipt of 2012 eRx incentive payment and allow the eligible professional to avoid the 2014 payment adjustment.

**Individual Eligible Professionals – 6-Month Reporting Period**
(dates of service **1/1/2013-6/30/2013**)

| Reporting Method | Data Processing | Criteria |
|---|---|---|
| **Claims** | Data must be processed into the National Claims History (NCH) no later than **July 26, 2013** | Report G8553 for **at least 10 Medicare Part B PFS encounters**. The eRx G-code can be reported on any Medicare Part B claim that includes a payable Part B service regardless of whether the claim contains coding in the eRx measure's denominator |

**Note:** For purposes of avoiding the 2014 eRx payment adjustment, the eRx G-code can be reported on any Medicare Part B claim that includes a payable Part B service, regardless of whether the claim contains coding in the eRx measure's denominator. However, only those events reported on denominator-eligible events will count toward 2013 eRx incentive payment eligibility.

**2012 eRx GPRO – 12-Month Reporting Period**
(dates of service **1/1/2012-12/31/2012**)

| Group Size | Reporting Mechanism | Criteria for Being a Successful Electronic Prescriber |
|---|---|---|
| 25-99 eligible professionals | Mechanism selected during 2012 self-nomination period | Report the electronic prescribing measure for **at least 625 unique denominator-eligible visits** |
| 100+ eligible professionals | Mechanism selected during 2012 self-nomination period | Report the electronic prescribing measure for **at least 2,500 unique denominator-eligible visits** |

**Note:** Successful submission of the required number of eRx events in the 12-month reporting period may allow for receipt of 2012 eRx Incentive Program incentive payment and allow the eRx GPRO (TIN) to avoid the 2014 payment adjustment.

**2013 eRx GPRO – 6-Month Reporting Period**
(dates of service **1/1/2013-6/30/2013**)

| Group Size | Reporting Mechanism | Criteria for Being a Successful Electronic Prescriber |
|---|---|---|
| 2-24 eligible professionals | Claims | Report the electronic prescribing measure's numerator for **at least 75 unique visits** |
| 25-99 eligible professionals | Claims | Report the electronic prescribing measure's numerator for **at least 625 unique visits** |
| 100+ eligible professionals | Claims | Report the electronic prescribing measure's numerator for **at least 2,500 unique visits** |

**Note:** For purposes of avoiding the 2014 eRx payment adjustment, the eRx G-code can be reported on any Medicare Part B claim that includes a payable Part B service, regardless of whether the claim contains coding in the eRx measure's denominator. However, only those events reported on denominator-eligible events will count toward 2013 eRx incentive payment eligibility.