

**Centers for Medicare & Medicaid Services  
Physician Quality Reporting System and Electronic Prescribing Incentive Program  
National Provider Call  
Moderator: Geanelle Herring  
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### Slides 1-3

Operator: Welcome to the Physician Quality Reporting System and Electronic Prescribing Incentive Program National Provider cCall. All lines will remain in a listen-only mode until the question and answer session. Today's conference call is being recorded and transcribed, if anyone has any objections you may disconnect at this time.

CMS greatly appreciates that many of you minimize the government's teleconference expense by listening to these calls together in your office using only one line. Today we would like to obtain an estimate of the number of participants in attendance to better document how many members of the provider community are receiving this valuable information. At this time please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person on the room enter one, if there are between two and eight of you listening in, enter the corresponding number between two and eight. If there are nine or more of you in the room enter nine.

Thank you for participating in today's call. I will now turn the conference call over to Ms. Herring. Ma'am you may begin.

Geanelle Herring: Thank you Simon. Hello everyone this is Geanelle Herring from the Provider Communications Group here at CMS. I'd like to welcome you to the first in a series of National Provider calls on the 2011 Physician Quality Reporting System and Electronic Prescribing Incentive Program.

Today's presentation will cover the following: the Electronic Prescribing Incentive Program Payment Adjustment, The Centers for Medicare Incentive Programs Differences, Electronic Health Record Submission and Q&A with Physician Quality Reporting System and Electronic Prescribing Incentive Program subject matter experts.

For anyone who may not have the time to download today's presentation please go to the Physician Quality Reporting System website now. The web

address is [https://www.cms.gov/pqri/04\\_cmssponsoredcalls.asp](https://www.cms.gov/pqri/04_cmssponsoredcalls.asp) click on the National Provider Call materials January 27, 2011 link on the left side of the screen and you will be able to access today's presentation. Please note following today's presentation there will be a Q&A session giving you the opportunity to ask questions of our Medicare Fee-for Service subject matter experts in addition.

This call is being recorded and transcribed so please state your name and the organization in which represent so that we can get an accurate list. I would like to also mention that today the Provider Communications Group is using a new webinar feature as a part of today's call. This is the first time that we will be using this Internet-based webinar program. The program is called Adobe Connect Pro. This webinar program will allow participants who have an Internet connection the ability to follow the presentation online as it is given.

There are additional features that this type of webinar program offers and the Provider Communications Group may use them in the future. Please note that joining today's program via the webinar portion of this presentation is voluntary and it will not have any negative impact on those participants who have dialed in today and are listening to the audio only, you will not be at a disadvantage. If you have not yet logged in via the Adobe Connect Pro and would like to access the webinar for today's call please use the following URL, <https://webinar.cms.hhs.gov/PQRSandERX>, please sign in as a guest when prompted and enter your first and last name.

The Provider Communications Group thanks those of you who are able to participate in today's call via the Adobe Connect Webinar program as it will help to make future national provider calls more interactive, user friendly and most importantly, productive. If you have any technical issues with logging into the webinar please just join in as you normally would by telephone, you can then send me an e-mail to [Geanelle.Herring@cms.hhs.gov](mailto:Geanelle.Herring@cms.hhs.gov). Please state in the e-mail what technical issue you encountered while trying to access the webinar feature. As this is a trial, we will not address connectivity issues in the Q&A session. And I am also happy to take any positive feedback as well via my e-mail address.

I will now turn this call over to Dr. Daniel Green for opening remarks. Dr. Green?

Daniel Green: Thank you Geanelle. Just want to welcome everybody today. We appreciate your continued interest in the Physician Quality Reporting System Program and the Electronic Prescribing Incentive Program. Our numbers continue to increase and that's due in large part to all you for coming in on today's call and other calls to learn about the program. Since we have such a full agenda today I'm going to limit these remarks and I'll turn it over to Jacquie Kosh-Suber with some announcements. Thank you for dialing in.

Jacquelyn Kosh-Suber: Good afternoon everyone this is Jacquelyn Kosh-Suber. I have a few announcements that you all would like to take note of today. The very first one is concerning feedback reports. Beginning January 1<sup>st</sup> of this year eligible professionals who are requesting a feedback report via the alternative request process will be asked what year they want a feedback report and what type of feedback report they want i.e. Physician Quality Reporting System, E-Prescribing Incentive Program, the Quality and Resource Use report or all of the above.

Eligible professionals who are using a Registry to submit their 2010 Physician Quality Reporting System and/or E-Prescribing Incentive Program results need to make sure that they are providing the Registry with their individual NPI and not their group NPI.

I'd like to announce an apology again for the IACS issues that we have been having. When we switched over the IACS account people had difficulty accessing their 2009 PQRI and e-Prescribing feedback reports, we apologize for this. Some of the issues we encountered had to do with new roles with the switch over to the QualityNet Help Desk. We've addressed all of these things and we have resolved all the problems. Please note that a lot of the issues, the issues that we've corrected are now in the queue and so it may take a little additional time to process the pending requests.

In the meantime another option for those interested is to obtain the – is to obtain an individual NPI level feedback report is to call your Medicare carrier.

I'd like to announce our 2012 Measures Town Hall Meeting that's scheduled for February the 9<sup>th</sup> the registration for this Town Hall will end tomorrow January the 28<sup>th</sup> at 5:00 PM. The purpose of the Town Hall is to solicit input from participating stakeholders on individual quality measures and measures groups being considered for possible inclusion in the proposed set of quality measures for use in our 2012 Physician Quality Reporting System as well as key design components for the Physician Quality Reporting System.

Everyone's invited to participate, either onsite at CMS headquarters in Baltimore or via teleconference. If you are interested in attending the meeting either in person or by teleconference you must register by completing the online registration at <http://www.usqualitymeasures.org>. You can also access their website from our PQRI site on the Sponsored Calls Page in the Downloads for the web address outside of the CMS.

Individuals who require special accommodations should send their requests to me [Jacquelyn.KoshSuber@cms.hhs.gov](mailto:Jacquelyn.KoshSuber@cms.hhs.gov). We will be posting the agenda, the background paper and the PowerPoint on the CMS website next week.

Excuse me. The next information I wanted to share with you is about the list of measures for that. The list of measures and measures group is posted on the PQRI website on our Measures Code Page in the Downloads.

Our next National Provider Call will be February the 15<sup>th</sup> from 2:30 to 4:00. And I also would like to remind everyone that the 2011 Measures Specifications are posted so that everyone is using the most updated Measures Specifications that we have.

The final announcement that I have is concerning the Physician Compare. The Physician Compare Website was launched on December 30<sup>th</sup> 2010. It includes information about physicians and other professionals who satisfactorily reported quality measures for 2009, for the 2009 Physician Quality Report System. It does not yet contain physician and eligible professional performance information. You can access this website at <http://www.medicare.gov/find-a-doctor/provider-search.aspx>.

You must be enrolled in the provider – you must be enrolled in the Provider Enrollment, Chain, and Ownership System, PECOS, as of October 2010 to be included in the Physician Compare website. If you submitted information to your MAC the profile update may appear in February 2011, in the 2011 refresh of Physician Compare.

In the note to the provider section on the website there are detailed instructions if you are enrolled in PECOS but missing from the website. If you feel that you satisfactorily reported quality measures for the 2009 Physician Quality Reporting System, are enrolled in PECOS, and are not listed on the website, please contact the QualityNet Help Desk for assistance, the help desk can be reached at 1-866-289, excuse me 1-866-288-8912 or you can e-mail them at [qnet-support@sdps.org](mailto:qnet-support@sdps.org), that's S as in Sam, D as in Dog, P as in Paul, S as in Sam. For additional information on PECOS, please visit the provider enrollment website.

That will conclude my announcements for today. I will turn it over now to Molly MacHarris for some information on a frequently asked question we had.

Molly MacHarris: Thank you Jacquie. I would like to just give a brief update on a new FAQ we have created. This is in reference to the zero percent performance rate rule for Registries. This is new for the 2011 program where Registries, if they report on a given measure with a zero percent performance rate, that measure will not be counted. So the zero performance rule for Registry based reporting that is mentioned in the 2011 Final Physician Fee Schedule Rule is intended to only affect an eligible professional if he never performed a quality action for any of the eligible patients for a measure or measure within a measures group the eligible professional was intending to report.

An eligible professional reporting via Registry for a measures group needs to report all the measures in the group that are applicable to the population that is reported with a reporting rate of greater than or equal to 80 percent or 30 unique patients and a performance rate of greater than zero, for each

applicable measure during a specified reporting period to be considered incentive eligible.

In cases where a measure within a measures group is not applicable to a patient, the patient would not be counted in the performance denominator for that measure so those patients should not be affected. An example of that would be the preventive care measures group, specifically measure 39, screening or therapy for osteoporosis for women, would not be applicable to male patients according to the patient sample criteria. However it is unlikely that a measure within a measures group would not be applicable to any of the patients that are reported and may be subject to investigation if this is the case.

An eligible professional reporting via Registry for individual measures needs to report at least three measures with a reporting rate of greater than or equal to 80 percent and a performance rate of greater than zero during a specified reporting period to be considered incentive eligible. Measures reported by an eligible professional via a Registry with a zero percent performance rate will not be counted as a reported measure when determining the incentive eligibility. Therefore providers may not receive an incentive payment for the 2011 Physician Quality Reporting System if they do not have at least three measures reported satisfactorily with a zero percent or, I'm sorry with a greater than zero percent performance rate.

And please keep in mind that for measures where a lower performance rate indicates better performance, inverse measures, these would count as reported if less than 100 percent performance rate is reported by the Registry.

At this point I'll turn the call over to Aucha Pracharonarong to begin our presentation.

Daniel Green: Aucha let me, this is Dan I'm sorry to interrupt you but I just want to echo one thing that Jacquie mentioned in her announcements. And that is to please make sure you are using the updated 2011 Measure Specifications. Measures sometimes change slightly from year to year by the measure developer/measure owner. Last year we had the e-Prescribing program code change and folks were still using the 2009 codes, so please even if you've

been using and you want to continue reporting the same measure you did in 2010 please just check the specifications quickly to make sure there haven't been any updates. Aucha I'm sorry to interrupt you. I'll turn it back over to you.

#### **Slides 4-18**

Aucha Pracharonarong: That's OK Dan. So those of you who are following along on the slides we can go ahead and start slide five. In my presentation I'll be covering the e-Prescribing payment adjustment, including what is e-Prescribing, what is the e-Prescribing incentive program and the e-Prescribing payment adjustments that are planned for the future.

Moving on to slide six, so e-Prescribing is the transmission of prescriptions or prescription related information through electronic media and it takes place between a prescriber, dispenser, pharmacy benefit manager or health plan. And it can also take place directly or through an intermediary, like a e- Prescribing network.

Moving on to slide seven, the e-Prescribing incentive program was initially authorized under the Medicare Improvements for Patients and Providers Act of 2008, or MIPPA, and it was meant to promote the adoption and use of e- Prescribing system. The program provides a combination of incentives and payment adjustments for eligible professionals and group practices to encourage the use of electronic prescribing technology. More information on this program can be found on the CMS website at <http://www.cms.gov/eRxIncentive> .

Moving on to slide eight, as required by law payment adjustments will begin starting in 2012. This applies to whether or not eligible professionals are planning to participate in e- Prescribing incentive program or not. And they will start with a 1 percent payment adjustment in 2012 which means that eligible professionals who do not successfully report the e- Prescribing measure or are not successful electronic prescribers will have their Medicare Physician Fee Schedule amounts reduced by – to 99 percent of what they would otherwise be paid in 2012. In 2013 the payment adjustment increases to 1.5 percent.

Moving on to slide nine, in terms of the 2012 payment adjustment, to avoid this 2012 payment adjustment, the reporting period for reporting the electronic prescribing measures, January 1<sup>st</sup> through June 30<sup>th</sup> 2011 and the measure has to be reported through claims. A payment adjustment will not apply, however, if less than 10 percent of an eligible professional's or group practice's allowed charges between January 1<sup>st</sup> and June 30<sup>th</sup> are comprised of codes in the denominator of the 2011 e-Prescribing measure. Essentially those that were not even eligible for the incentive would not be subject to this payment adjustment in 2012. However earning an e-Prescribing incentive in 2011, will not exempt an eligible professional or group practice from the payment adjustment. An eligible professional must have 10 unique e-Prescribing events between January 1<sup>st</sup> and June 30<sup>th</sup> 2011 that are reported on claims in order to avoid the payment adjustment for 2012.

Moving on to slide 10, other ways that an individual eligible professional can avoid the 2012 payment adjustment are if the professional is not a physician, such as MD, DO or podiatrist, is not a nurse practitioner, or is not a physician assistant. We will use our eligible professionals primary taxonomy code in NPPES to determine whether a professional is physician, nurse practitioner or physician assistant. Or an eligible professional could report a G-code indicating that he or she does not have prescribing privileges. That G-code must be reported at least once on claims prior to June 30<sup>th</sup> 2011, and that G-code is G8644. Another way that an eligible professional can avoid the payment adjustment for 2012 is if they do not have at least 100 cases in the denominator of the e-Prescribing measure and, as I mentioned before, anybody who does not have at least 10 percent of their Medicare charges comprised of the code and the denominator is not subject to the payment adjustment and, of course, reporting the e-Prescribing measure 10 times between January 1<sup>st</sup> and June 30<sup>th</sup> 2011 will help you avoid the payment adjustment for 2012.

For eligible professionals that have elected to participate in the e-Prescribing group practice reporting option during 2011, the number of times that you would need to report the e-Prescribing measure between January 1<sup>st</sup> and June

30<sup>th</sup> 2011 to avoid the payment adjustment would depend on the size of the group. It would range from between 75 times for group practices with two to 10 physicians to 2500 times for those group practices that are participating in what's known as GPRO I or in other words group practices with 200 or more eligible professionals.

And again, if you elect to participate in the e-Prescribing group practice reporting option for purposes of qualifying for the 2011 incentive that means that we will also assess you for the 2012 payment adjustment as a group practice.

Moving on to slide 12, CMS may also on a case by case basis exempt an eligible professional from the payment adjustment if they have a significant hardship. We have created two categories for 2011, or for purposes of the 2012 payment adjustment, that would constitute a significant hardship that would be if an eligible professional practices in a rural area with limited high speed Internet speed access or if an eligible professional practices in an area with limited available pharmacies that can receive electronic prescriptions. These significant hardship exemptions are subject to annual renewals.

So moving on to slide 13, for the purposes of the 2012 payment adjustment, we've created two G-codes that can be reported between January 1<sup>st</sup> and June 30<sup>th</sup> 2011 to report to us that you have one of these hardships. They are G-codes G8642 and G8643. Again if you want to request a significant hardship based on one of these two circumstances that I've just described, you'll need to report one of these G-codes on a claim – at least one claim before June 30<sup>th</sup> 2011.

If you're one of the group practices participating in the e-Prescribing group practice reporting option then to request a significant hardship exemption you need to let us know at the time that your group practice self-nominates to participate in the e-Prescribing GPRO I or GPRO II.

Moving on to slide 14, for the 2013 e-Prescribing payment adjustment, like I said earlier, an eligible professional or group practice who is not a successful electronic prescriber will have their Medicare Physician Fee Schedule

amounts reduced by 1.5 percent in 2013. 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 purposes of the 2011 e-Prescribing incentive can essentially avoid being penalized or being subject to the payment adjustment in 2013. So in other words if you report the e-Prescribing measure 25 times between January 1<sup>st</sup> and December 31<sup>st</sup> 2011 then you will entirely avoid being subject to payment adjustment in 2013 if you are an individual eligible professional.

To summarize moving on to slide 15, beginning in 2012 those who are identified as not being a successful electronics prescriber may be subject to a payment adjustment. You must ensure submission of the required number of e-Prescribing events, that is 10 events for individual eligible professionals and 75 to 2,500 events for group practices before June 30<sup>th</sup> 2011 or you need to submit one of the hardship G-codes that I just described to avoid the payment adjustment in 2012.

You also need to ensure that your specialty information is correct in NPPES and you need a qualified e-Prescribing system to participate because that's required to report the e-Prescribing measure. The only way to report the e-Prescribing measure to avoid the payment adjustment is by claims but if you want to report via a Registry or a qualified EHR you can do so for purposes of qualifying for purposes of the 2011 incentive.

You also need to check for state-specific e-Prescribing requirements. All states allow e-Prescribing but some have certain regulatory requirements and remember it is possible to receive the e-Prescribing payment for 2011 and also an e-Prescribing payment adjustment for 2012.

Moving on to slide 16, for any questions about the e-Prescribing payment adjustment you can contact the QualityNet Help Desk at 866-288-8912 or at [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org).

Other resources that are available are listed on slide 17. You can visit the how to get started section of the CMS e-Prescribing incentive program website for

documents with additional information regarding how to get started with the electronic prescribing. For example the 2011 e-Prescribing measure specification document is listed on this website as well as the 2011 E- Prescribing Incentive Program Made Simple Fact Sheet, What's New for 2011 E- Prescribing Incentive Program and links to the Frequently Asked Questions.

I will now turn it over to Dr. Green who will talk about the differences between the various CMS Incentive Programs.

### **Slides 19-33**

Daniel Green: Thanks Aucha. Welcome everybody again. We're on slide 19 right now. So we're going to talk about the 2011 Physician Quality Reporting System, the Electronic Prescribing Incentive Program that Aucha just went over and we're going to talk at a very high level about the EHR Incentive Program, some of you know this as Meaningful Use. We'll talk about some of the dates that are important and we'll talk about different places you can go if you have – if you require additional information or need some help with the programs.

Looking on slide 20, you can see that the Physician Quality Reporting System which was formally PQRI which was, the Initiative was changed to System, has a one percent incentive for satisfactory reporting in 2011. However, for those folks that are not satisfactorily participating by 2015, there is actually a payment adjustment which starts at that time.

The Electronic Incentive Program, Prescribing Incentive Program that Aucha just detailed also has a one percent incentive for successful electronic prescribers in 2011, that's folks that submit 25 prescriptions electronically and report that in to us. However folks that don't report at least 10 prescriptions in the first six months of 2011 via claims would be subject to a payment adjustment which begins in 2012 unless one of the other caveats that Aucha presented in the last segment where to apply to you.

The EHR Incentive program again some folks know that as Meaningful Use. Incentives depend on the registration category. Payment adjustments for those folks not participating in the Meaningful Use program do start also in 2015. So a provider can participate in this program either as a – through

Medicare or through Medicaid and depending what year they actually start the incentives can vary.

So looking on slide 21, we'll talk about the 2011 Physician Quality Reporting System. As you all know folks can report on quality measures. We have a large selection of measures. The list seems to increase from year to year. That's in an effort to capture topics where there are gaps as well as try to make the program as inclusive as possible to all different specialties. There are individual measures, there are measure groups. Folks can participate as individuals, as a large group as a small group.

In addition in 2011 eligible professionals can earn an additional 0.5 percent incentive payment for the Maintenance of Certification Program. Folks can report their quality measures through a qualified Electronic Health Record, a qualified Registry, through claims, though GPRO I. If they're – I'm sorry if they are participating as a GPRO, through GPRO I, so meaning more than 200 NPIs attached to a particular group, there is a special tool that folks participating using that method would submit their information.

The incentives are independent of participation in any other program so you could participate in 2011 in the e-Prescribing program and still get a PQRS incentive payment, you could participate in a Meaningful Use program and still get a PQRS incentive payment again provided that you satisfactorily meet the requirements of each program.

So focusing on PQRS now on slide 22, there is a decision tree, and I like this slide a lot, it's a little bit busy but it basically breaks the reporting periods down into the 12 month reporting period and the six month reporting period. And then the first slide, 22 that is, talks about the 12 month reporting period and shows the different methods that an eligible professional can chose to participate. They can submit via claims, they can submit their information to a Registry and have the Registry send that information on their behalf. They can participate through an EHR or through a GPRO I or II. And again – so it's helpful in terms of trying to figure out which method makes the most sense for your practice.

On slide 23, we detail the different methods that an eligible professional can participate if they wanted to choose a six month reporting period.

Moving to slide 24, satisfactory reporting in the in the Physician Quality Reporting System, there is no registration required for individual participants, so if you're not coming in as a GPRO you don't need to do anything except begin reporting.

If you do want to participate as a GPRO, if you want to be a GPRO I, which again would be defined as more than 200 NPI's practicing under one Tax ID number. There is a self-nomination process that we'll talk about briefly in a moment. The same would apply for small groups or GPRO II and that would be defined as basically a group size of two NPIs under the same Tax ID number all the way up to 199 NPIs under a Tax ID number. Those reporting through registered EHR methods must use a qualified Registry or qualified EHR software. You can find list of qualified Registries and qualified vendors on our CMS PQRS website. The website there is [www.cms.hhs.gov/PQRI](http://www.cms.hhs.gov/PQRI) and look on the Alternate Reporting option tab on the left hand side and you'll see a download that will list the qualified Registries and the qualified EHR software for PQRS reporting.

If an eligible professional chooses to use claims they must report on 50 percent of patients that would be eligible for that particular measure. If however using a Registry or EHR we do require an 80 percent reporting rate.

GPRO I reporting the practice would need to complete a patient sample and four disease modules and all the preventive care measures. So there are a few more measures that folks need to report if they're reporting as a GPRO I, but you can imagine that's spread out over 200 or more eligible professionals.

Looking on slide 25, it's important to be aware of the deadlines. If you want to participate either as a GPRO I again meaning more than 200 NPIs under a Tax ID or a GPRO II meaning 2 to 199 NPIs under a Tax ID you have to self-nominate by this Monday that's January 31<sup>st</sup> 2011. All claims need to be received by CMS by the end of February 2012. So if you're submitting your information on claims or even just if you've completed all the information

let's say you're participating through a Registry we still need to receive all of your 2011 claims by February 2012 so that we can calculate and include those covered Part B charges in your calculation of your incentive payment.

Registries, EHR and GPRO I must submit all data by the end of March of 2012, folks that are participating in the maintenance certification, that information has to be received by CMS by the end of March of 2012. The qualified Registries in EHR software as well the Maintenance of Certification entities will be listed on the CMS website and I gave you all that – that website and the alternate feedback mechanism tab for the Registries and the EHRs.

Looking on slide 26, again you can obtain reference information at that website [www.cms.gov/PQRI](http://www.cms.gov/PQRI). There you will find measure specifications for individual measure reporting, measure group specifications and that's important if you're reporting, measures groups the specifications can be slightly different from the individual measures that comprise the groups. That's done to harmonize or bring together the denominators so that – of the measures, so that folks can report on all the measures in most instances for the entire group. There's the EHR specifications on our website GPRO I specifications, there's additional educational materials, there's information about National Provider Calls both upcoming calls and past calls as well as special open door forums. Additionally there's information on how to contact our QualityNet Help Desk.

Looking on slide 27 we'll spend a minute to talk a little bit more about the electronic prescribing incentive program that Aucha just discussed and basically the – you need to report electronic prescribing events to receive an incentive. You need to report 25 unique events during 2011 for individual eligible professionals. So basically if Mrs. Jones comes in and you've e-prescribed for her today you can report G8553 that you electronically prescribed today. If she comes in next week and you have to prescribe for her again that would count as a second e-Prescribing event even though it's the same patient. However if you prescribe three medicine electronically for her at today's visit that's still only counts as one unique e-Prescribing event.

If you are a GPRO I you have to report 2500 events. The required numbers of events for GPRO II are dependent on the group size you can imagine, the more folks under a single TIN the more NPIs under a single TIN the more e-Prescribing events that are required.

To avoid a 2012 payment adjustment as Aucha said any e-Prescribing submission must be reported via claims. If you're using – let's say you are an individual, and you report 12 e-Prescribing events in the first six months of 2011, you would avoid the payment adjustment in 2012 but you could not then start reporting via a Registry and only report an additional 13 e-Prescribing events. In other words we won't take the 12 that you did from claims in the first six months and add it to the 13 that you – that Registry reports on your behalf and say, "Oh, they reported 25". You could do the 12 via claims in the first six months and then in the second six months you could choose to use a Registry and report 25 or more e-Prescribing events which again is not hard to achieve during the course of the year and reported through a Registry or qualified electronic health record. But again we cannot combine different methods to come up with the necessary 25.

GPRO I will still need to meet all of the requirements of the 2011 e-Prescribing measure specification for GPRO I, that's 2500 e-Prescribing instances and if they report the 2500 to avoid the payment adjustment they will also qualify for the incentive payment. You cannot receive the incentive, the e-Prescribing incentive payment, if you're also receiving the Medicare EHR incentive, this is important. If you're participating in Meaningful Use you cannot get a meaningful use Medicare payment and an e-Prescribing incentive payment. If you're doing the meaningful use Medicaid, you can get an incentive payment and at the same time get an e-Prescribing incentive payment, again if you satisfactorily report for both programs. You can however get a penalty or payment adjustment even if you are participating and you are successful under meaningful use, so if you're doing the Medicare meaningful use program but you don't do the Medicare electronic prescribing incentive program, you can get a payment adjustment for not reporting the Medicare electronic prescribing incentive program. So that's real important for folks to know.

Looking on slide 28. Again you need to report your electronic prescribing events via claims to avoid the 2012 payment adjustment we need to receive that information on services from January 1<sup>st</sup> through June 30<sup>th</sup> and you have until July 1<sup>st</sup> to send those claims in for those dates and service to be counted to avoid the payment adjustment.

You need to have 10 electronic prescribing events for individual participants. 2500 for GPRO I and again we talked about the size varying – the number varying based on the group size under GPRO II. Aucha described nicely about the hardship that's available for folks in rural areas that don't have high speed access or that don't have pharmacies that are able to receive prescriptions electronically. Again, please remember, for the first six months we can only accept this information via claims. Again you can receive the payment adjustment even if you're receiving the Medicare EHR or for that matter the e-Prescribing incentive. So you can imagine somebody doesn't e-prescribe in the first six months of 2011 but they do 30 prescriptions in the second six months, they would get an incentive for 2011 but they'd also get a penalty starting in 2012. So please be aware of that.

Looking on slide 29, talking a little bit more about the 2012 payment adjustment. It's one percent and it is prospective so it will start January 2012. GPRO Is and IIs will receive it at the Tax ID level, that it is the payment adjustment. Again if a hardship G-code is reported on a claim in the first six months of 2011 for an eligible service that appears as the denominator of the measure, the payment adjustment will be waived. We will entertain public comments during the 2012 Physician Fee Schedule Rule with comment period. That rule is expected to come out in the summer of 2011.

Looking on slide – excuse me – number 30. Again GPRO – just to review the deadlines one more time. GPRO I and II must self-nominate by the end of this month, that's Monday January 31<sup>st</sup>, and they have to indicate their reporting method. GPRO I uses a tool for normal reporting but we're talking about now for their reporting of the e-Prescribing. In fact since they'll need to do that for claims in the first six months, they may want to indicate that they'll be reporting via claims because they need to get all their claims in in the first

six months to both – well to avoid the payment adjustment and at the same time if they do successfully avoid the payment adjustment they will be receiving – eligible to receive the incentive.

All claims have to be received by the end of February 2012 to be considered for the incentive. Registry, EHR, and GPRO I must submit all data by the end of March 2012 for dates of service January 1, through December 31<sup>st</sup> 2011, and again to avoid the 2012 payment adjustments, report the required number of electronic prescribing events or the hardship code on a qualifying Medicare claim by June 30<sup>th</sup>. The service has to occur by June 30<sup>th</sup>. The claims can come in as late as the end of July.

OK so we're – just last thing for additional e-Prescribing resources, please see the e-Prescribing Incentive Program website at [www.cms.gov/eRxIncentive](http://www.cms.gov/eRxIncentive). There is a “how to get started” section, there is frequently asked questions there and if you still need additional help you can contact QualityNet help desk that number is 866-288-8912, they are available from 7:00 AM to 7:00 PM Central Time, Monday through Friday. You can also contact them at [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org).

On slide 33 just a few other important dates. The EHR Meaningful Use, we began accepting registration for this program January 3<sup>rd</sup>. The e-Prescribing incentive program, again January 1<sup>st</sup> through December 31<sup>st</sup> to earn an incentive. January 1<sup>st</sup> through June 30<sup>th</sup> to avoid the payment adjustment. Individuals have to do 10 e-Prescribing submissions via claims in the first six months and the GPRO IIs are between 75 and up to 2,500 if you're GPRO I. And again it has to be submitted on claims. To earn the incentive an individual has to satisfactorily submit 25 e-Prescribing prescriptions and tell us about that during the course of the year and the GPRO as we have talked about numerous times now has the full year to earn the incentive but only the first six months to avoid the penalty.

So we are now on slide 34 and I'm going to turn it over to Molly MacHarris to talk a little bit about EHR submissions. Thank you for your attention.

## Slides 34-46

Molly MacHarris: Thank you Dr. Green. As Dr. Green mentioned I will now be going over highlights of the EHR submissions, this is specific to the physician quality reporting system and the e-Prescribing incentive program.

Starting on slide 35 we will be covering how to determine eligibility, the EHR-based reporting submission process and who contact for help.

Moving on to slide 36, starting with determining eligibility. To determine eligibility for the 2010 EHR-based reporting. Eligible professionals who choose to report on EHR measures must elect at least three EHR measures to be eligible for the incentive payment. You can review the 2010 PQRI EHR Measure Specifications to determine if three measures apply to your practice. You would also want to determine if your EHR product is a 2010 Physician Quality Reporting System qualified EHR system.

A list of qualified 2010 EHR vendors and their product versions is available as a downloadable document in the alternative reporting mechanism sections of the CMS Physician Quality Reporting web page at <http://www.cms.gov/pqri>.

Moving on to slide 37. The first thing you would want to do to begin your EHR-based reporting submission is register for an Individual's Authorized Access for CMS Computer Services or IACS account with two-factor authentication. New user registration begins at <https://applications.cms.hhs.gov>. You can also see <https://www.cms.gov/iacs> and under that the provider supplier community to begin. When you are registering for your IACS account, please make sure to select the EHR submitter role and, if you already have an existing IACS account, you will need to request adding the EHR submitter role to that account. You can refer to the IACS EHR Submitter Role Quick Reference Guide which is posted on the PQRI portal homepage. Please keep in mind that two factor authentication required to submit EHR data will be granted with the EHR submitter role.

Moving on to slide 38 you will want to work with your 2010 Physician Quality Reporting qualified EHR vendor to create the required reporting file

from your EHR system. If you are using a qualified system from the list that's available on the alternative reporting mechanism page, this file should already be programmed with the ability to generate so you shouldn't have to do much more than select a few indicators within your electronic health record, but if it's not readily available please work with your qualified vendor.

Moving on to slide 39. There is a required testing submission period and that's from January 1<sup>st</sup> to January 31<sup>st</sup> of 2011. We have received some EHR test submissions in this submission period. So for those eligible professionals, who are interested in reporting using the EHR-based reporting mechanism, please continue to submit your test files. Test submissions can only be uploaded through the portal during the testing submission period.

We do however have a submission engine validation tool which is located on the portal and it can be used to validate the format and or content of the file prior to submission. This tool will be available during the testing submission period and regular submission period. So if for some reason you cannot test your files before next Monday, the submission engine validation tool will be available through the end of the production submission period and that production submission period begins on February 1<sup>st</sup> and it is set to close on March 31<sup>st</sup>. So for those of you who are interested in reporting through the EHR-based reporting mechanism, please be sure to send your production payment data in during those times.

You can also refer to the submission engine validation tool or SEVT user guide for further information. This is located on the homepage of the portal which is [www.qualitynet.org/pqri](http://www.qualitynet.org/pqri), under that go to user guides. And there is a link on the bottom of page 39 providing where you can access that.

Moving on to slide 40. The image you're seeing is what the submission engine validation tool looks like. As you can see you have the capability to verify what submission you would like to validate. Of course for EHR submission you would want to select EHR and then there is a file browse functionality so you can locate the file that you've saved on your computer and once it's uploaded you can click the validate button.

Moving on to slide 41. You will want to submit final EHR files with the quality measure data during the production payment submission period of February 1<sup>st</sup> to March 31<sup>st</sup> 2011. Again for any of you – any individuals who will be reporting through the EHR-based reporting mechanism we do need to receive all of your payment data between those dates. We cannot receive any additional EHR data beyond March 31<sup>st</sup> 2011. The PQRI submission portlet can be accessed via the portal, again that website is <http://qualitynet.org/pqri> to upload your files created directly from your qualified EHR.

Moving on to slide 42. When you're uploading your files to the PQRI portal. First, you will be asked to log in to the portal using your IACS account credentials and remember with IACS account you do need that EHR submitter role which contains two factor authentication. Excuse me, you will to select EHR submission links, you will want to indicate that it is a test file during the testing period or a payment file during the final submission period. Then you will need to upload your EHR files. Please keep in mind that file uploads are limited to a 10 megabyte file size therefore complete data submission may require several files to be uploaded to the PQRI portal. Just please keep that in mind when you are uploading your files. Following a successful file upload, notification will be sent to the IACS user's e-mail address indicating the file was submitted and received.

Moving on to slide 43. Please refer to the PQRI e-Prescribing submission user guide for further detailed information. Again this user guide is contained on the homepage of the PQRI portal which is at [www.qualitynet.org/pqri](http://www.qualitynet.org/pqri). EHR submission reports will be available for your review via the PQRI portal to determine if there are any data submission issues. We do advise that everyone submitting through the EHR-based reporting mechanism verify in their submission report that all data was accepted. You can refer to the PQRI e-Prescribing report user guide to understand how to run view and access these reports through the portal and please review this report carefully and discuss any issues with your vendor. If for some reason your report comes back that your file was not accepted you will then want to speak with your qualified EHR vendor to remedy those errors.

Moving on to slide 44. A couple of reference documents that are available on the CMS Physician Quality Reporting website. They are the 2010 EHR measure specifications. These are located on the alternative reporting mechanisms page and we have the 2010 Physician Quality Reporting System, EHR Reporting Made Simple document. This is located on the educational resources page. We also have quite a few user guides located on the home page of the portal. They are PQRI/E-Prescribing Submission User Guides, PQRI/E-Prescribing Submission Report User Guide, the Portal User Guide, the Submission Engine Validation Tool User Guide and EHR Submitter Role Quick Reference Guide.

Moving on to slide 45. If you have any questions or concerns, you can contact your EHR vendor for any technical questions and also submission errors. Again when you submit your file and for some reason your submission report indicates that your file was rejected not accepted, you would want to speak directly with your vendor to remedy those errors. And again if your vendor is unable to answer your questions you can always contact the QualityNet Help Desk, they are available at 866-288-8912 from 7:00 AM to 7:00 PM Central, Monday through Friday or you can contact them via e-mail at [qnetssupport@sdps.org](mailto:qnetssupport@sdps.org).

Those are all the presentations we have for today. Geanelle, I will turn the call back to you.

## **Questions and Answers**

Geanelle Herring: Thanks Molly. We have now completed the presentation portion of the today's call and we will move on to the Q&A session. Before we begin I would like to remind you that this call is being recorded and transcribed so please clearly state your name and the organization which you represent before asking your question. In an effort to hear from as many participants as possible we ask that you limit your questions to just one per person. At this time Simon I would like to open the lineup for questions.

Operator: We will now open the lines for a question and answer session. To ask a question press the star followed by the number one on your touchtone phone. To remove yourself from the queue please press the pound key. Please state

your name and organization prior to asking a question and pick up your handset before asking your question to ensure clarity. Please note your line will remain open during the time you are asking your question so anything you say or any background noise will be heard in the conference. One moment please for your first question.

Your first question comes from the line of Carmella MacLiner, your line is open.

Carmella MacLiner: Thank you. I'm from Pittsburg UPMC Physician Services Division and we are a little confused about the – for the e-Prescribing to avoid the penalty in 2012, the 100 cases related to the codes, less than that and you're exempt? I'm not really sure I understand that part of it. Does that mean then you can't get the incentive if after June you have then 25?

Aucha Pracharonarong: For the second part of your question, no. If you have...the 100 cases is not related to the incentive at all. But I'm trying to find the slide that has the denominator codes to the e-Prescribing measure listed. If you refer back to the 2011 e-Prescribing measures back – if you refer back to the e-Prescribing measure specification document, there is a denominator for it that includes a bunch of E&M and other types of office visit codes. So if you – excuse me?

Carmella MacLiner: I do have those, yes.

Aucha Pracharonarong: OK. So if you bill one of those codes more than – less than 100 times before June 30<sup>th</sup> then you won't be subject to the payment adjustment for 2011. But if you do bill those codes more than 100 times before June 30<sup>th</sup> then you need to report the e-Prescribing measure 10 times on the claim before June 30<sup>th</sup>.

Carmella MacLiner: OK, so the less than 100 events can only help us, it can't really hurt us?

Aucha Pracharonarong: Right.

Daniel Green: Unless you are a Steelers fan.

Carmella MacLiner: I know, we are Steelers fans. But the thing I was concerned about is we don't have a large straight Medicare population. So it's sometimes difficult over the years for us to get the 25 total for the year so we are really concerned from January to July and we have been e-prescribers for four years, so that really helps I think. Just wanting to make sure.

Daniel Green: And remember you only need 10 in the first six months anyway per provider. But as Aucha said there is no requirement, the 100 can only help you. If you don't have 100 visits that are comprised of those codes, then you would not be somebody who would be eligible for the payment adjustments. However you could still earn the incentive.

Carmella MacLiner: OK, that's great, thank you very much.

Operator: Your next question comes from the line of Laura Lee Haycock. Your line is open.

Laura Lee Haycock: Hi, I have a question on the e-Prescribing. I am from California Pacific Heart Institute. We have to have 10 claims per provider for the e-Prescribing January through June. And then July to December we are going to go to a Registry, do we need an additional 25 and of those 25 can we bill from January to June claims that we may have missed that we didn't send through claims?

Daniel Green: OK. So you would need – if the Registry is reporting for you they would need to report 25 or more e-Prescribing events for the year. Now if they are going to report for the whole year and you have a way to get the information from – let's say you did 11 in the first six months, you could tell them about that 11 that you did in the first six months and then do another 14 if you will in the second six months.

Laura Lee Haycock: So we would put those ones that we already sent to claims?

Daniel Green: You could do that; you don't have to do that. If you had 25 or 30 events between – let's say this month your providers all do 10 prescriptions; hypothetically, they finish it out in January. And you send it in – you send

these claims then let's say by the middle of next month. You could start up with the Registry, starting next month and then you would have 10 and a half months to report 25 e-Prescribing events. Or you could – if they can accept the information on these other 10 patients because we are only looking for 25 total for the year. What we can't do is we just can't combine methods ourselves. If you report – if they are able to accept the information from the first six months and in total you have over 25 for the year, that's great but they just can't report of that six months information at the beginning of the year.

Laura Lee Haycock: OK. Now the second part of my question is, like there was several of our doctors who reported e-Prescribing but for some reason it didn't get on the claim. We can use those through the Registry then, right?

Daniel Green: You can use them through the Registry but remember it has to come in to us via claims to avoid the payment adjustments.

Laura Lee Haycock: Right, they would all get their ten in addition to those we missed.

Daniel Green: Right.

Laura Lee Haycock: They get their ten in January to June and then we missed a few January through June so we could put those in to count toward the 25, correct?

Daniel Green: Absolutely. If you're reporting through a Registry.

Laura Lee Haycock: OK, great, thanks.

Daniel Green: You're welcome.

Operator: Your next question comes from the line of Bill Moye, your line is open. Bill Moye, your line is now open. Your next question comes from the line of Paula Feddy, your line is open.

Paula Feddy: Hi.

Aucha Pracharonarong.: Hello.

Paula Feddy: I'm calling from UHC Family Medical Center, my name is Paula Feddy and I just have a question regarding the e-Prescribing. Are there any plans for when a patient comes in for the new wellness exam that that can also be reported with those who are actually e-prescribed during that time.

Daniel Green: That's a great suggestion. Certainly feel free to include that in the comments to the proposed rule and for that matter if you want to either write in or participate in the Town Hall meeting that we are having in just a couple of weeks. It is a very good suggestion, and it is something that we can consider.

Paula Feddy: OK, thank you.

Daniel Green: Thank you.

Operator: Your next question comes from the line of Denise Blackston, you line is open.

Denise Blackston: Yes, hello. I would just like to clarify the zero performance rate for 2011. I want to find out if this affects the group measures as well. For example in the diabetes group measures there are six measures and hypothetically speaking if a provider doesn't complete a foot exam on all 30 of his patients would that disqualify this provider for the incentive?

Molly MacHarris This does apply – well let me just clarify, first the zero percent performance rate is only applied for Registry reporting and EHR-based reporting. So for Registry reporting for measures groups we would expect to see for the given measure whether you are doing the 80 percent or the 30 unique patients, that they have a performance rate of greater than zero percent.

Denise Blackston: OK. And then for any one of the six, they would all have to be a performance rate of greater than zero?

Molly MacHarris Right.

Denise Blackston: Thank you so much for your help.

Molly MacHarris Thank you.

- Operator: Your next question comes from the line of Patricia York, your line is open.
- Patricia York: Good afternoon, I have questions about particular screening measures, it's the bone density, I think that one's number 39, and the colorectal screening number 113. We have a large general practice. If Doctor A sees a patient on – let's say today and performs the screening measures and reports on them, and say in three months the patient comes back and sees Doctor B, does Doctor B then have to report those measures again? Since they fall onto the criteria of a female greater than 65 years old and – do you understand the question?
- Daniel Green: So you are saying if two different doctors see the patient, do they both have to report the information?
- Patricia York: That's my question. If they are both – we have about six general practitioners and they find it very tedious, why I'm I reporting it if Doctor A already did it two months ago?
- Daniel Green: OK. So if they are reporting as a GPRO II.
- Patricia York: No they are not, its claims.
- Daniel Green: Reporting individually then, yes, they would need to because PQRS is individual pay-per-reporting program. So it's based on the individual TIN NPI if you're not reporting as a GPRO.
- Patricia York: OK. And these same screening measures that I just mentioned, the bone density and the colorectal screening?
- Daniel Green: They don't need to reorder the test obviously.
- Patricia York: No, no, no. Just most of them, say review and document that you read the report and things like that. The new code the G0438 which is the annual well visit exam, that is not in the denominator of either of these screening measures which to me would be the time that you would do these screenings. But now when the doctor is doing these annual well visits, especially starting in January, we can't report those measures with those. I'm I correct?

Daniel Green: You're right. The decision to include the physical from the standpoint of health care reform with the subsequent new codes etcetera occurred after the measure developers had an opportunity to provide input for us to prepare for the program.

Patricia York: Yes, that was a major faux pas.

Daniel Green: Well, it was, I mean just with the passage of the legislation, the timing, it just didn't coincide. But still in all, yes, I understand that most folks would at a preventive visit – they would be doing these services. However, you know to check that somebody is up- to-date with their colonoscopy when they come in for a blood pressure check or whatever and report it, granted I get it that the preventive time would be the best time to report that and check on that. But it is not a big deal to report it at the other time. We will look into trying to add those codes for the future though.

Patricia York: OK. So then, if we only see that patient that once for the year, that's the only time that they came in, that won't be considered misreporting, correct? Because that E&M, the G0438 is not in the denominator so ...

Daniel Green: You're right.

Patricia York: Therefore we couldn't report it.

Daniel Green: You don't have to report it. The patient would not count against the Doc. But Aucha, if Kim is there, if she could make notes to add these codes to those – to consider these codes with the measure developers for next year. We'll take it up with the measure owners.

Patricia York: OK, thank you for clarifying.

Daniel Green: Thank you.

Operator: Your next question comes from the line of Mike Sutter, your line is open.

Mike Sutter: Oh yes, this is Mike Sutter from Carl Hospital. I just want to clarify, the one slide that indicated non-providers, the non-providers could constitute, assuming they hit the 10 percent threshold, could be audiologists, clinical psychologists, clinical social workers, just to make sure I understand. If between January and June 30<sup>th</sup> there is one of their claims, there's not some indication that they're not authorized prescribers, they will get a payment adjustment in 2012?

Aucha Pracharonarong: This is Aucha, are you referring to slide 10?

Mike Sutter: I have to pull that back up, but I believe it's the one where we talked about non-providers and eligibility, and that they had to have the G-code that indicated they were not an authorized prescriber, that was the only way that they could miss that payment readjustment in 2012. Because we certainly could have a clinical psychologist, audiologist, speech therapist or occupational therapist that could in fact bill on their NPI, they could meet the 10 percent threshold but they're not authorized prescribers so they would not be able to write prescriptions. But so if I understand correctly though, they could get dinged in 2012 if we don't have the G-code indicating they're not authorized to prescribe.

Aucha Pracharonarong: The first thing we would do is we would check whether the eligible professional, what the taxonomy code and NPPES is, so then ...

Daniel Green: The G-code is just intended to be a safeguard that those folks can report. But as Aucha said, we would look in NPPES and say, "Oh, Dr. Smith is a psychologist, ergo she doesn't have prescribing privileges so it doesn't apply to her." However, again, they can report that G-code if they – as a safety net if you will.

Mike Sutter: OK, so to make sure I understand, so it's optional whether they report on a claim that they do not have prescribing privileges, that G8644, they don't have to, but as a safeguard, if we want to, it would be OK?

Aucha Pracharonarong: Right, if for some reason maybe your information in NPPES is not correct, then that would be extra assurance to make sure that we know.

Mike Sutter: OK, good, all right. Thank you.

Daniel Green: They only need to report it one time.

Mike Sutter: What – prior to June 30th, on any claim prior to June 30<sup>th</sup>?

Daniel Green: Any claim for a service in the denominator of the measure.

Mike Sutter: Yes, yes, the G-code got it. OK, thank you very much.

Daniel Green: Thank you.

Operator: Your next question comes from the line of Sandra Peters, your line is open.

Sandra Peters: Hi, Sandra Peters thank you. Can you -- we've had questions from physicians asking if for 2010, what is the deadline for submitting for e-Prescribing?

Aucha Pracharonarong: This is Aucha, submitting via which mechanism?

Sandra Peters: Well, that's a good question. Still, can you go through all of the mechanisms, so for claims, for Registry. Is there an extended deadline for 2011, I believe it was at the end of February, so what is the deadline for 2010?

Molly MacHarris: So for 2010 and this is Molly, for 2010 e-Prescribing, if you are submitting via claim, it would have to be for claims with dates of service ending on December 31<sup>st</sup>, 2010, but they would need to be processed by the last Friday in February. I believe that's February 24<sup>th</sup> or 25<sup>th</sup>, somewhere around there, that's for claims' reporting.

For EHR or Registry reporting, the – for Registry they have until March 31<sup>st</sup> to submit the e-Prescribing data on your behalf, but you would have to have the appropriate business relationship with the Registry for them to submit your data. And then for EHR reporting, you would have to make sure that you have a qualified EHR vendor software, and then you would have to have the appropriate IACS account with the EHR submitter role, and you would again have until March 31<sup>st</sup> to submit the e-Prescribing data.

Sandra Peters: Excellent. Thank you so much.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Kara Webb, your line is open.

Kara Webb: Hi, this is Kara, I'm calling from the American Chiropractic Association. I believe you actually already addressed my question. Now I was also just wondering about the exemption for the e-Prescribing prescription, payment incentive, and whether reporting that G-code really was necessary if your taxonomy code did not fit the requirements of the program?

Daniel Green: Yes, I think that the same answer would apply.

Kara Webb: Right. So it is just a safeguard?

Daniel Green: It's – I mean look, I would encourage – if I were practicing and didn't have prescribing privileges I would submit it on one claim just to be on the safe side, but just in case NPPES as Aucha said, just in case NPPES was incorrect, but that's not very likely ...

Kara Webb: Right.

Daniel Green: So it's optional.

Kara Webb: OK, thank you.

Daniel Green: Thanks.

Operator: Your next question comes from the line of Teresa Cirelli, your line is open.

Teresa Cirelli: Hi, this is Teresa Cirelli with the Idaho Medical Association, and we had a question on if a primary care physician doesn't meet the e-Prescribing requirements because the majority of his patients have mail order prescriptions. Is there a way to avoid the penalty on that one?

Daniel Green: If I'm not mistaken, I do believe many mail order outfits do accept electronic prescriptions at this point, have you looked into that?

Teresa Cirelli: We have not, so what you're indicating now is if they do accept the mail order prescription – when they originally set it up or renew it, then it would qualify for the e-Prescribing?

Daniel Green: That's right, if – right, when you say when they renew it, I mean obviously they need to be accompanied by a visit ...

Teresa Cirelli: Right, right.

Daniel Green: But that's correct.

Teresa Cirelli: OK, thank you.

Daniel Green: Sure, thanks.

Operator: Your next question comes from the line of Douglas Blakard, your line is open.

Douglas Blakard: Hi, this is Doug Blakard in Houston, Texas. I'm curious -- what's happened with the penalties for Meaningful Use. I haven't really heard anything on the penalties other than there are penalties.

Aucha Pracharonarong: This is Aucha, we don't have anybody in the room who's a subject matter expert on the EHR incentive program.

Douglas Blakard: OK, so we just know they're penalties but we don't know what the penalties are?

Daniel Green: No. We can tell you that the penalties per the legislation are due to start in 2015, if you're not participating by that time. But more than that we really can't we don't have that information.

Douglas Blakard: OK.

Operator: Your next question comes from the line of Andrea Cunningham, your line is open.

Andrea Cunningham: This is Andrea with Our Lady of the Lake Physicians Group and I need to know how is it reported if no prescription is given but a provider is an eligible professional?

Aucha Pracharonarong: This is Aucha. Then you wouldn't have an opportunity to report unless there was a prescription given at the – one of those visits, in the denominator of the measure.

Andrea Cunningham: So if a provider has enough claims that qualify, 100 or more, but they did not prescribe any medications to those patients, they still would be penalized?

Aucha Pracharonarong: That's correct.

Andrea Cunningham: And do you have a listing of eligible providers so if I call the NPPES line or a line and ask for a listing of our providers or confirm if our providers are eligible, are they able to do that?

Aucha Pracharonarong: We'll have to follow up on that. Do you want to give me your information?

Andrea Cunningham: Yes, it's XXXXXXXX @) XXXX for Our Lady of the Lake RMC for Regional Medical Center .com so that's XXXXXXXXXXXX @ XXXX.com.

Aucha Pracharonarong: OK. Thank you.

Andrea Cunningham: Now, I'm sorry, one last thing now for rural health areas they are exempt from participating but if they would like to participate for the incentive are they allowed?

Aucha Pracharonarong: Are you talking about eligible professionals who practice in a rural health setting or rural health centers?

Andrea Cunningham: Both.

Aucha Pracharonarong: Both. Eligible professionals who practice in a rural health setting could avoid the penalty by recording a G-code to indicate that they practice in an area that doesn't have Internet, high speed Internet access, but that doesn't

necessarily preclude them from getting their incentives. In terms of the Rural Health Centers who, those are not eligible professionals to participate in this program. They are not among one of the categories of professionals.

Andrea Cunningham: OK. And are you going to get in contact with us?

Aucha Pracharonarong: Yes we will get back to you regarding the question of whether you will be able to look up or how to look up your information in NPPES.

Andrea Cunningham: Thank you.

Operator: Your next question comes from a line of Nancy Costello, your line is open.

Nancy Costello: Thank you, this is Nancy Costello with Percy Physicians Group. If we have several physicians in our group, can some of them go for the Meaningful Use incentive program and some of them do the e-Prescribing incentive program? Have a mixture in our group?

Aucha Pracharonarong: This is Aucha, you can participate in both programs. Anybody can participate in both programs but the only thing you have to remember is you cannot get an incentive under both programs and if you don't participate in the e-Prescribing incentive program you could potentially be subject to an e-Prescribing payment adjustment.

Nancy Costello: Well for those that want to the Meaningful Use incentive program, if they go ahead and submit the 10 codes for the e-Prescribing so their adjustment is not done in 2012 they can do that and then some other physicians in the same group can go ahead and do the 25 e-Prescribing and get that incentive bonus.

Aucha Pracharonarong: That's correct.

Nancy Costello: OK, great. And then so those that send in those 10 to make sure we don't get that adjustment, how do we make sure that you received all 10, because if they keep sending them and then they send in 27, will that then give them the bonus and then no longer will they be eligible for the Meaningful Use incentive?

Molly MacHarris: No and this is Molly, if you are reporting under both programs, the Meaningful Use program and the E-Prescribing Incentive program, you have an opportunity for the EHR incentive program the Meaningful Use too. First, you have to register and then you have attest that you have performed the necessary items, and if for some reasons you are considered incentive eligible for the e-Prescribing incentive program and then also incentive eligible for the EHR incentive program based off of that attestation you would automatically receive the EHR incentive program incentive over the e-Prescribing incentive. Because by virtue of attestation that's our indicator that that is the incentive you want to receive.

Nancy Costello: Great thank you very much.

Geanelle Herring: We have time for just one more question.

Operator: OK, your next question comes from the line of Steven Beck your line is open.

Steven Beck: Thanks, Steven Beck, I'm with Catholic Health Partners. I just wanted a clarification of the interaction of the three programs Meaningful Use, PQRI and e-Prescribing. So my understanding is as you have identified e- Prescribing and Meaningful Use, so if you qualify for Meaningful Use you will not get the e- Prescribing dollars. Is that correct?

Molly MacHarris: That's correct.

Steven Beck: OK, however you can qualify for PQRI in 2011 and Meaningful Use, and that's correct as well?

Molly MacHarris: Correct.

Steven Beck: So my last question is, I have providers who expect to attest for Meaningful Use and may by Registry attest for e- Prescribing, but you are telling me despite that we are all electronic, we still must submit on claims-based the e- Prescribing in the first six months of this year or face penalty.

Molly MacHarris: That's correct, the only way we can receive information for the e- Prescribing payment adjustment at this time is via claim.

Steven Beck: And that is most unfortunate. There's no plans for meaning – I think you understand those that have gone out of their way to do, ease the hassle through Registry reporting that claims-based reporting is a lot of extra effort for those of us that are already electronic and plan to achieve Meaningful Use this year.

Molly MacHarris: Right, we understand your concern and as we have mentioned previously in the call we are having in upcoming Town Hall, where a comment such as that would be great for you to provide to us and then also you can provide comments on our upcoming proposed 2012 Physician Fee Schedule Rule. So please make sure you get those comments sent to us.

Steven Beck: Absolutely will do so. Thank you so much.

Molly MacHarris: Thank you.

Daniel Green: Just a quick point of clarification, you can participate and earn an incentive under the Meaningful Use Medicaid section and still get an e-Prescribing incentive payment through our program. So if you're Medicaid Meaningful Use and again Medicare, e-Prescribing you can earn an incentive. The other thing is, you can use the patients that you are collecting for the Meaningful Use, you could use those to report on the claim. I mean you can use the same patient in both programs to get in your 10 prescriptions and we will be looking at different methods for accepting stuff depending on what happens in the rule in terms of 2012 if there are any other new methods to avoid the 2013 penalty.

Steven Beck: Appreciate that clarification. I was just trying to find a way again in the electronic world that we might ease the pain of having to do this claims-based Registry for e-Prescribing.

Daniel Green: We can appreciate that but it's unfortunate at this time there is still no way we can do it.

Steven Beck: OK, thank you so much.

Daniel Green: Thank you.

Geanelle Herring: At this time I would like to thank everyone on the line for joining us today as well as our subject matter experts here at CMS. Please remember to send feedback to me via – regarding the webinar that you experienced today at [Geanelle.Herring@cms.hhs.gov](mailto:Geanelle.Herring@cms.hhs.gov). Our next Physician Quality Reporting System and e-Prescribing call will be on February 15<sup>th</sup>. So please be on the lookout for listserv of the message announcing the call details. Have a great day.

Operator: Ladies and gentlemen this concludes today's conference call. You may now disconnect.

END