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**Centers for Medicare & Medicaid Services
2011 Physician Quality Reporting System and Electronic Prescribing Incentive Program
National Provider Call
Moderator: Geanelle Griffith Herring
June 21, 2011
1:30 p.m. ET**

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Welcome and Announcements

Operator: Welcome to the 2011 Physician Quality Reporting System and Electronic Prescribing Incentive Program, Question and Answer Session Conference Call. 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 in the room, enter one. If there are between two and eight of you listening, 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 call over to Geanelle Herring. Ma'am, you may begin.

Geanelle Griffith Herring: Thank you Jessica.

Hello everyone and welcome to the 2011 Physician Quality Reporting System and Electronic Prescribing Incentive Program National Provider Conference Call. My name is Geanelle Griffith Herring and I will serve as your moderator today.

Following a few announcements and a brief presentation that will give an overview of the proposed rule CMS released on May 26, 2011, which addresses the proposed changes to the Medicare Electronic Prescribing Incentive Program, the phone lines will be opened to allow you to ask questions of our subject matter experts.

With me today are the Physician Quality Reporting System and Electronic Prescribing Incentive Program subject matter experts who have been instrumental in the development of the policies and procedures and all other aspects of both programs. I will now turn the call over to Dr. Michael Rapp.

Dr. Michael Rapp: Thank you Geanelle.

I would just like to welcome everybody to the call today. We have a large, actually a very large number of participants. I think the subject that we are talking about today principally on some additional ways to avoid the e-prescribing incentive payment adjustment for 2012 is an important topic in the proposed rule that we recently issued.

So we do appreciate your continued interest in the Physician Quality Reporting System and the Electronic Prescribing Incentive Program. We're happy that these calls are helpful to people in being able to understand the program better and to participate effectively in it.

So as I say, we will be discussing the proposed rule that was published on June 1st, 2011, as to the E-prescribing Incentive Program and particularly on avoiding the e-prescribing penalty, but in order to make sure folks have plenty of time for questions, I am going to limit my remarks and turn the meeting over to Lauren Fuentes for some announcements. After that we'll proceed to the presentation on the E-Prescribing Incentive Program Proposed Rule. Thank you again for calling in.

Lauren Fuentes: Thank you Dr. Rapp.

First, I'd like to remind eligible professionals participating in our program, to use – to make sure they are using the 2011 Measure Specifications. Program materials do change every year, so it is important to verify that you are using the correct program year materials.

Second, in November the Centers for Medicare & Medicaid Services, announced that beginning in 2012, eligible professionals who are not

successful electronic prescribers may be subject to a payment adjustment on their Medicare Part B Physician Fee Schedule covered professional services.

Section 132 of the Medicare Improvement for Patients and Providers Act of 2008 authorizes CMS to apply this payment adjustment, whether or not the eligible professional is planning to participate in the E-prescribing Incentive Program. From 2012 to 2014, the payment adjustment will increase each calendar year.

In 2012, the payment adjustment for not being a successful electronic prescriber will result in an eligible professional or group practice, receiving 99 percent of their Medicare Part B PFS amount that would otherwise apply to such services. In 2013, an eligible professional or group practice will receive 98.5 percent of their Medicare Part B PFS covered professional services for not being a successful electronic prescriber in 2011, or as defined in a future regulation.

In 2014, the payment adjustment for not being a successful electronic prescriber is two percent, resulting in an eligible professional or group practice, receiving 98 percent of their Medicare Part B PFS covered professional services.

The payment adjustment does not apply if less than 10 percent of an eligible professional's or group practice's allowed charges for the January 1, 2011, through June 30, 2011, reporting period are comprised of codes in the denominator of the 2011 e-prescribing measure. Please note that earning an e-prescribing incentive for 2011 will not necessarily exempt an eligible professional or group practice from the payment adjustment in 2011.

We have a few upcoming calls and meetings that we'd like to announce. Our next National Provider Call is scheduled for July 26, 1:30 to 3:00 p.m. Eastern Standard Time. On the July 26th call we will discuss the Proposed Physician Fee Schedule rule. Our next calls are scheduled for August 16th, also at 1:30 to 3:00 p.m. Eastern Standard Time and lastly we have a call September 13th, 2011, again 1:30 to 3:00 p.m. Eastern Standard Time.

At this time I would like to turn the call over to Christine Estella.

Slides 6-19

Christine Estella: Thanks Lauren. Today we're going to be talking about the E-prescribing Incentive Program, specifically the proposed changes that we have proposed for the 2011 E-prescribing Incentive Program.

So if you go to slide six, it discusses our latest rule that we proposed. On May 26, 2011, CMS proposed changes to the Medicare E-prescribing Incentive Program. This proposed rule may be viewed at the following link that's listed on slide six. There is a 60 day public comment period, which ends on July 25, 2011.

CMS has proposed these changes in an effort to address stakeholder concerns, including additional circumstances under which compliance with e-prescribing payment adjustment for 2012 requirement would constitute a significant hardship and inconsistencies between Medicare E-prescribing Incentive Program and the Medicare and Medicaid EHR Incentive Programs, which also encourages the adoption of electronic health record technology.

Slide seven gives you a background about Medicare E-prescribing Incentive Program. This program was established in 2009 to encourage providers to adopt electronic prescribing systems. There are incentive payments for participating in an E-prescribing Incentive Program and these incentive payments were paid out from 2009, and should last till 2013. However beginning in 2012, the program is legislatively mandated to assess payment adjustments on eligible professionals who fail to successfully report the e-prescribing measure, unless an exception applies.

The current requirements for earning an incentive through the e-prescribing program is listed on slide eight. Now to earn an incentive for 2011, an eligible professional must report the e-prescribing measure on at least 25 unique e-prescribing events for patients in the denominator of the measure during the January 1, to December 31, 2011, reporting period and 10 percent of an eligible professional's Medicare Part B PFS charges must be comprised of the codes in the measures denominator to be eligible for an incentive.

Now as I mentioned earlier, beginning 2012 we've introduced, we're legislatively mandated to apply a payment adjustment for unsuccessful e-prescribers. So on slide nine we discuss the current requirements regarding the 2012 e-prescribing payment adjustment, which was finalized in the 2011 PFS rule.

So for eligible professionals, the 2012 payment adjustment, which is one percent less than the PFS amount, is not applicable if one of the following applies: If the eligible professional is not a physician (which is an MD, DO or podiatrist), physician assistant, certified registered nurse anesthetist or certified nurse midwife as of June 30, 2011, and this is based on primary taxonomy code in the National Plan and Provider Enumeration System or NPES.

An eligible professional is also not subject to the payment adjustment, if the eligible professional does not have prescribing privileges and reports G-code G8644 at least one time on an eligible claim prior to June 30, 2011, or an eligible professional does not have at least 100 cases containing an encounter code in the e-prescribing measure's denominator between January 1, and June 30, 2011, or the eligible professional's total 2011 Medicare Part B PFS allowed charges for all such covered professional services submitted based on codes present in the e-prescribing measures denominator are less than 10 percent.

The eligible professional may also not be subject to the payment adjustment in 2012 if the eligible professional reports the significant hardship code, and CMS determines that the hardship code applies or finally, the eligible professional will not be subject to the 2012 payment adjustment if the eligible professional becomes a successful electronic prescriber for purposes of the 2012 payment adjustment.

So, in order to be a successful electronic prescriber for 2012, for the payment adjustment, the eligible professional must report the e-prescribing measure via claims only for at least 10 unique e-prescribing events for patients in the

denominator of the measure between the six months reporting period for the payment adjustment, which is January 1, 2011, and June 30, 2011.

For a group practice participating in the e-prescribing group practice reporting option, the 2012 e-prescribing payment adjustment is not applicable if the group practice reports the significant hardship code in 2011 in their self-nomination letter for participating in the Physician Quality Reporting System and E-prescribing Incentive Program as a group practice, and CMS determines the hardship exemption applies or the group practice is a successful electronic prescriber.

And depending on the size, the group practice must report the e-prescribing measure via claims for at least 75 through 2500 unique e-prescribing events for patients in the denominator of the measure, between January 1, and June 30, 2011.

Currently as established in the 2011 PFS final rule, as you can see in slide 13, there are two significant hardship exemption categories that we currently have that are finalized. First – the first one is that an eligible professional practices in a rural area without sufficient high speed Internet access. The second one is that an eligible professional practices in an area without sufficient available pharmacies for electronic prescribing.

Now, in order to request a significant hardship exemption, you must report the G-code, which is listed on slide 13 for each respective significant hardship, at least one time on a claim between January 1, and June 30, 2011.

On slide 14 we discuss our proposed changes to the E-prescribing Incentive Program. The first change we are proposing is to modify the existing 2011 e-prescribing measure, to address technological requirements. Namely, we are modifying the current measure's description statement to recognize the use of certified electronic health technology or certified EHR technology. This provides eligible professionals and group practices the option of adopting either a qualified e-prescribing system or certified EHR technology.

Second, on slide 15 we have proposed to provide additional significant hardship exemption categories for the 2012 e-prescribing payment adjustment, the eligible professional or group practice must demonstrate one of the following applicable situations and its significant hardship exemption requests. These are the four that have been proposed.

Number one, eligible professionals who register to participate in the Medicare EHR incentive program or Medicaid EHR incentive program and adopt certified EHR technology. The second proposed significant hardship exemption is the inability to electronically prescribe due to local, State or Federal law. The third is limited prescribing activity and the fourth is insufficient opportunities to report the e-prescribing measure due to limitations of the measure's denominator.

On slide 16 you can see that if these hardship exemptions are finalized, we have proposed to extend the deadline to request significant hardship exemptions for the two original hardship exemption categories finalized in the 2011 PFS rule, as well as the new categories to October 1, 2011. So if these proposed significant hardship exemptions are finalized, October 1, 2011, is our proposed deadline to submit these significant hardship exemptions. In addition, you would get additional time to report the two significant hardship exemptions that we have already finalized in the 2011 PFS rule.

Also, as you can see on slide 17, we are proposing to allow submission of significant hardship exemption requests for the 2012 e-prescribing payment adjustment via web-based tools if technically feasible. If not technically feasible, CMS will accept mailed letters for these significant hardship exemptions.

Slide 18 was resources that you may browse. In case you have more information – need more information or have any other questions on E-prescribing Incentive Program as well you may call our QualityNet Help Desk or e-mail them. Their information is located on slide 19.

And now I will open up the call for any questions and answers anyone may have.

Questions and answers

Operator: We will now open the lines for a question and answer session. To ask a question, press 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 assure clarity. Please note, your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference.

Your first question comes from the line of Linda Baffett.

Linda Baffett: Where exactly are these slides that we can be viewing.

Christine Estella: The slides are available on our website, the CMS PQRS website and then if you go on that website, on the left hand side there is a navigation button. So if you go to the CMS Sponsored Calls, the slides are available in a download in a zip file.

Linda Baffett: The cms.gov website?

Christine Estella: Right. Forward slash PQRS.

Dr. Michael Rapp: Web page, www.cms.hhs.gov/pqrs right ?

Linda Baffett: And when are payments expected?

Dr. Michael Rapp: Payments for the 2010 program, is that what you're asking?

Linda Baffett: Yes sir.

Christine Estella: We anticipate distributing the 2010 incentive payment for PQRS around September of this year and the e-prescribing payment around August of this year.

Linda Baffett: Thank you.

Operator: Your next question comes from the line of Christie Hutchinson. Your line is open.

Christie Hutchinson: I'm calling from HCA and I'm wondering if the new preventive and annual visit codes that were issued January 1 will be included in the qualified encounters.

Christine Estella: Not for the 2011 e-prescribing measure. These proposed changes only apply to the 2011 program year, so that the only modifications we are making to the measure for 2011 are the – is to revise the description of the measure to allow for certified EHR technology.

Lauren Fuentes: And also the proposed changes would only go into effect once the final rule is published and effective, so then they would only apply to what remains of the 2011 reporting period.

Christie Hutchinson: Thank you.

Operator: Your next question comes from the line of Cathy Pickle. Your line is open.

Cathy Pickle: Hi, I want to know, if we have a doctor, a podiatrist, that is only in the nursing home and they prescribe generally narcotics, which cannot go to the pharmacies electronically. How are we supposed to do e-prescribing for them?

Christine Estella: Are you indicating that the podiatrist is not able to e-prescribe?

Cathy Pickle: The pharmacies don't take e-scribing for narcotics.

Christine Estella: Right.

Dr. Michael Rapp: So the issue that you're bringing up is one that would be covered potentially by the hardship exemptions that we have proposed in the regulation. So there is a hardship exemption which – well, there is a couple of them.

One, inability to electronically prescribe due to local State and Federal law and so you're indicating that although the person prescribes, the prescriptions

are much only for narcotics, in which case this would be a potential option for you to apply for the hardship exemption, assuming that the rule is finalized or in addition it would be perhaps one of these others, limited prescribing activity or insufficient opportunities to report the e-prescribing measure due to limitations of the measures denominator. So they are designed to address different things and it sounds like that potentially there is overlap.

But the basic idea here is to report the measure. First of all you have to fit within the denominator of it, so there are circumstances, which are the visit codes, which make it appropriate to submit the measure. But if you're prescribing, but just because of the way the measure works you wouldn't be able to report it, that is what the hardship exemption is designed as proposed to address.

Cathy Pickle: You know, where can I find these other hardship codes, because I only know of the two?

Dr. Michael Rapp: Well, so currently there are no other hardship codes.

Cathy Pickle: I know. The two codes, that's all that are available at this time.

Dr. Michael Rapp: That's the way it is currently and as Christine just went through, we recognize that the fact that there were some other circumstances like this that would be, we believe, appropriate to have additional hardship exemptions.

To get those in the program, we nevertheless have to go through this formal, what we call the rule making process. In other words we have a rule, in other words the terms of the program and we finalize those through the processes that we had to go through last year. To expand those we have to go through that process again and that's what we're doing right now.

To – that process involves giving the public notice of what we intend to do, giving them 60 days to comment on it, consider those comments, go through the internal processes and ultimately finalize it.

So assuming that these are finalized, these additional hardship exemptions would become available to you. Your opportunity right now is to comment on

this if you'd like. There is the mechanism and Christine on the slides shows you where you could make your comments. You could say, we think these are excellent hardship exemptions and you should finalize those or the hardship exemptions don't go far enough. They don't address my situation and I think you should modify how you're planning to do this, that's the stage we're at right now, so it's not final.

If we did finalize these and that is what we intend to do by making the proposal, but it's only after we consider the comments of the public, then these look like they would potentially apply to your situation.

Cathy Pickle: In the meantime, what are we doing?

Dr. Michael Rapp: In the meantime, you wait till we finalize this. In the meantime you do one or two things.

First of all you could do the 10 electronic prescribing events that's for circumstances and report it on claims, so it's still – until June 30, you can report the measure and it only requires again 10 such events for the on claims where you use billing codes that fit in the denominator, that's what's intended mostly by the program, which is to make sure that people are engaged in electronic prescribing. That's the essence of what the law has us implement. But we're recognizing that we believe there's some – we're also authorized to grant hardship exemptions.

We, as proposed, believe we were too narrow, when we finalized the rule last year and we seek to expand on. So in the meantime as I say, you can report the measure, in which case that's the main way to avoid the penalty or the negative payment adjustment in 2012 and then the other way is as Christine said, we proposed to give additional time to request the hardship exemption up till October 1.

So once the rule is finalized, assuming that happens, then you will be given information about how you can go on the web, assuming we finalize that or you will send in a letter or you can through a very hopefully simple process request the hardship exemption.

Cathy Pickle: OK, all right thank you.

Dr. Michael Rapp: You're welcome.

Operator: Your next question comes from the line of Sandra St. Thomas. Your line is open.

Sandra St. Thomas: Good morning. I have a question – I pulled up the frequently asked questions for today's call and question 10643. It says here that the electronic prescription can be completed during the visit, later in the day or even on the following day and my question is, we have a system where our claims are dropped to the carriers the night of, overnight processing.

So it's possible that if the physician does this, enters this e-prescription the next day for the previous day's visit that it won't go out on the original claim. Is there a way that we can send the G8553 out after the original date of service, if the physician does this the following day?

Dr. Michael Rapp: Unfortunately, no. We don't allow claims to be resubmitted solely for the purpose of adding a G-code. So those instructions in that FAQ basically refer to our folks that may not submit their bill, until later the next day or even the day after that.

The idea is it needs to be associated with the visit, which it would be, but there are times that the physician may not have an opportunity to e-prescribe right while the patient's there or the patient may have to call in later and say, hey, can you send it to this Walgreens, as opposed to that Walgreens. So again, we recognize it may not literally occur right while the patient's in front of you, but it would need to go on that original claim for that service.

Sandra St. Thomas: OK. All right, thank you.

Dr. Michael Rapp: Thank you.

Operator: Your next question comes from the line of Catherine Colagiovanni. Your line is open.

Catherine Colagiovanni: Hi. I'm just wondering, we just started using the eRx on June 17. Would we qualify for a hardship because of our limited prescribing activity?

Dr. Michael Rapp: Again the – the hardship exemptions haven't been finalized. You would have to apply for them and we'd make a determination, but it sounds like that the essence of the intention is that you don't prescribe enough to be able to report in the 10 such events – it sounds like this is more a timing issue for you.

Catherine Colagiovanni: Yes, it is.

Dr. Michael Rapp: So, I think it's probably not defined that carefully just yet. This may be a comment that you would like to make, but you don't think you can get 10 e-prescribing events in between now and the end of the month?

Catherine Colagiovanni: We are not sure. We are working with – we are working with multiple physicians, so we would need 10 for each one, correct?

Dr. Michael Rapp: That's right. Now do remember this, that we're talking about 10 events with respect to claims through the 30th of June. It's not necessarily that you send in the bill by the 30th of June. You're given an additional month to get the claim in. It's for services through the June 30th.

Catherine Colagiovanni: So we have to have services through June 30th, not the actual event.

Dr. Michael Rapp: Well, by then I am talking – it is the event, but you don't have to send in the claim by June 30. Sometimes people do the service by a certain time and then they send in the claim later. And so the claim has to be sent in by the end of July. The service has to be rendered by June 30.

As far as Dr. Green was explaining, the prescription might not be done right at the office visit. It might be done some – otherwise in connection with the office. As long as it's put on the claim list with regard to the office visit for that particular day.

Dr. Daniel Green: And please also – I’m sorry. Please also remember that over-the-counter medications and durable medical equipment also are eligible e-prescribing events.

Catherine Colagiovanni: OK. I have one more question. Can optometrists participate in the eRx program?

Christine Estella: Yes, they can, but I – they are excluded from the penalty – from the payment adjustment. So they can participate to earn an incentive, but they won’t be subject to the payment adjustment.

Catherine Colagiovanni: So they can participate and they are excluded from the payment adjustment?

Christine Estella: Yes. We have, our program provides for incentives for e-prescribing up to 2013, so they can participate in 2011 for their 2011 incentives, but they wouldn’t be subject to the 2012 payment adjustment.

Dr. Michael Rapp: Based upon what Christine said at the beginning in outlining those, there’s a set of physicians and practitioners that are potentially subject to the negative payment adjustment and optometrists are not listed there.

Catherine Colagiovanni: OK. All right, thank you very much.

Operator: Your next question comes from the line of Wendy Oppenheimer Martorella. Your line is open.

Wendy Oppenheimer Martorella: Hi. I’d like to know what eRx has to do with PQRI for Physical Therapy.

Dr. Michael Rapp: Not sure if we grasped the question exactly, but physical therapists generally don’t have prescribing privileges.

Wendy Oppenheimer Martorella: Right.

Dr. Michael Rapp: So their inclusion in the broad category of people who are eligible professionals, they are able to earn the PQRS incentive, but because they are

not – don't have prescribing authority, one of the criteria that remove one from being able to either get the e-prescribing incentive or be able to be subject to the penalty is the – well, if you don't prescribe, then you can't e-prescribe.

Wendy Oppenheimer Martorella: Right. So really this is not for us, this phone call today.

Dr. Michael Rapp: Well, we're talking about – if your question is about PQRS you can certainly ask those as well. It's a dual call.

Wendy Oppenheimer Martorella: OK. So where do we learn what exactly to do, how do we do the PQRI and how many codes need to be put on the bills. Where do we learn about that?

Christine Estella: If you wanted to start with our Physician Quality Reporting System website, it's www.cms.gov/prqs. There is a section there that says how to get started and if you wanted to take a look at that, it tells you how to start participating in PQRS and any questions you may have, you can also contact the QualityNet Help Desk if you're finding it confusing. And the contact information for the Quality Net Help Desk is listed in slide 19. The number is 866-288-8912, or you can e-mail them at qnetsupport@svps.org.

Wendy Oppenheimer Martorella: Right. Yes, we called this number yesterday and really she didn't really help us much. OK, we're going to go online and try to figure it out there, because we want to know if we can go someplace. You know if we can – if you're going to have any telephone calls like this on the PQRI.

Christine Estella: Sure. We'll certainly have phone calls regarding the Physician Quality Reporting System and we welcome any participants who would like to participate in the program. So we'll try and help you out as best we can.

Dr. Daniel Green: And just briefly at a very high level, to participate in PQRS, each eligible professional needs to report three measures, or a measures group, and there are more details that are pretty self explanatory in the information that Christine just referred you to. But let's say your doc or your physical

therapist reports three measures; they would need to do that if they are doing it on claims in 50 percent of the eligible cases.

So they look at the measure and see which visits and which services you all provide, that's all in the denominator of the measure and then they would report a Quality Data Code that's associated with that measure and need this report, whether they do the quality action or not, at least 50 percent of the cases and if they do that for three measures, that is report on 50 percent or more, they would be eligible for the incentive payment.

Wendy Oppenheimer Martorella: OK, thank you very much. Do you have to do it on every visit with each patient?

Dr. Daniel Green: It depends on the measures. Some measures are one time per year, some measures are each episode and some measures are each visit. It really depends what measure they select or measures they select, excuse me.

Christine Estella: The measure specifications for PQRS are also in the website, so if you just wanted to take a look at the How to Get Started page, try to see which measures apply to you and see basically how you can participate in PQRS.

Wendy Oppenheimer Martorella: OK. Thank you very much.

Christine Estella: No problem.

Operator: Your next question comes from the line of Tammy Webb. Your line is open.

Tammy Webb: If I am with a hospitalist group and we are just now getting into the process or beginning the process of reporting for PQRS and I was given information that only six of the measures are applicable to the hospitalist from 2010's list. Is this true for 2011 as well?

Dr. Daniel Green: I can't give you an absolute number in terms of those that are eligible for – to be reported in a hospital setting. Unfortunately you have to look at the denominator codes of each particular measure.

I know there are definitely some measures that are – that have to do with patient hospitalization, discharge, et cetera, so they are available for the hospital setting. But off the top of my head, I'm sorry; I can't give you that information. You can call the QualityNet Help Desk though and they would be able to track down the specific measures for you probably.

Tammy Webb: And then the next question, on the e-prescribe, again our group is just – we've gone through major staffing transitions here, so some of our programs have been overlooked. We've not participated in e-prescribe – as hospitalists we would fall under being required to participating in that, correct?

Dr. Daniel Green: Now most of the codes if I'm not mistaken for hospitalists are obviously going to be inpatient codes. You're not talking about the outpatient E&M services, correct?

Tammy Webb: Correct.

Dr. Daniel Green: OK, so you wouldn't even fall in the denominator of the measure with those inpatient codes. The codes that are hosp – than an internist would report out of that measure, typically your 99211 through 215, 201-205, I think there is a GYN exam on there, but there is not the 99222 or 221, those codes are not in there.

Tammy Webb: OK.

Dr. Daniel Green: So you wouldn't have 100 eligible visits to be subject to the penalty in other words. Again, unless they are doing outpatient medicine as well.

Tammy Webb: No, it's primarily – it's the inpatient. So we only need to focus on the PQRS, correct?

Dr. Daniel Green: Right and that would be to earn an incentive. You can look at the eRx measure just to confirm that you don't bill any of those codes, but as I said, they are all outpatient codes.

Tammy Webb: OK, but the hospitalist can participate for incentive under the PQRS?

Dr. Daniel Green: That is correct.

Tammy Webb: OK, thank you.

Dr. Daniel Green: Thanks. Good luck.

Tammy Webb: Thank you.

Operator: Your next question comes from the line of Stephen Stephonowitz. Your line is open.

Stephen Stephonowitz: Yes, we have a – I have a group here with Peds /OB/GYN, Family Practice and Residency. Now many of our Pediatrics and OB/GYNs see no Medicare patients. How would that affect us and are we eligible for a group or does that – how is that defined?

Christine Estella: For the purposes of the e-prescribing incentive program, your incentives are subject to payment adjustments based on your Medicare Part B PFS charges. So if you're not billing Medicare, then these programs wouldn't apply to you.

Stephen Stephonowitz: OK, but we are through family practice and residency.

Dr. Daniel Green: Have you self nominated to be a group practice reporting option group?

Stephen Stephonowitz: We are actually running a little behind on checking into this, but we found one notice that we had to send a letter, but we just found it today and it was due by January 30, I believe.

Dr. Daniel Green: Right, so you've missed the deadline for this year. So you can report – your docs can report individually. So the folks like your family practice people that are billing Medicare, they can participate in PQRS as individuals and they should participate in the e-prescribing incentive program, because it sounds like they will be subject to a payment adjustment if they don't and again, all as individuals. You don't have to report, the whole group doesn't have to report.

So your pediatricians who probably see very few Medicare patients if any, you know, probably would not choose to participate in either of these programs, though of course they are welcome to. But it doesn't sound like they'd be subject to a payment adjustment, because I doubt they have 100 visits in a six month time period.

Your GYN, it will be a little surprising if they don't meet the denominator. Being an OB/GYN myself, I mean yes, the OB patients wouldn't fall in, but many of the GYN patients would. But that's you know subject to your own specific practice.

Stephen Stephonowitz: OK, because we see – I think we have had only one OB pregnant woman who was on Medicare and GYN; we really don't see that many on Medicare, we see a lot more on Medicaid.

Dr. Daniel Green: Right, then you know look, as far as the e-prescribing program goes, you know to be subject to the payment adjustment, you have to have 100 denominator eligible visits in the first six months. So if your GYNs are not seeing 100 E&M type services for Medicare patients, then it doesn't sound like, that's 100 each, it sounds like they would not be subject to the payment adjustment.

They still can participate in PQRS if they – you know if they choose, as could your pediatricians for that matter. Your family practitioners again most likely would be subject to the payment adjustment if they don't do the e-prescribing program.

Stephen Stephowitz: OK great. Thank you very much.

Dr. Daniel Green: Thanks.

Operator: Your next question comes from the line of Herby Puree. Your line is open.

Herby Puree: Yes, hi. I have a couple of questions. You mentioned that we can send in a letter regarding the hardships and now do we need to send that before June 30 or can it – or should we wait till October when new hardship measures are out

and the reason is, because this is an oncology office and it's hard for us to do the e-prescribing right now and of course the vendor is not ready also.

Christine Estella: For the significant hardship exemptions, the only two that we have finalized right now are the two that we finalized in 2011 and those are reported via a G-code on the claim, not a letter. However as I indicated earlier in the presentation, we are proposing changes and proposing to add additional significant hardship exemptions with respect to the 2012 payment adjustment, but these changes are just proposed.

As of now we have to undergo a 60-day comment period which ends on July 25, 2011, and so these significant hardship exemptions haven't been finalized yet. So right now there is no process to accept additional hardship exemptions besides the two that we've already finalized.

Herby Puree: Yes, but like I said, we don't fit in either of those two, so...

Dr. Daniel Green: No, at this point there would not be anything that you could report unless you're e-prescribing.

Herby Puree: I'm sorry.

Dr. Daniel Green: What Christine is saying, these are proposed and they may become – they may be finalized after the comment period, but we can't tell you that they will be finalized or this one will work or that one will work, because until the public's had an opportunity to comment, we consider the comments in developing the policy, we can't promise you for anything that will be available, because they may not.

Herby Puree: Right. But I think it was – if I'm not wrong, I think you had mentioned earlier in your discussion with other questions, that maybe we or we could be able to send a letter stating what hardships our office would have.

Christine Estella: Right, you would have to wait until the rule is finalized for that process to be in place. So that might be maybe August.

Herby Puree: August, OK.

Christine Estella: That that would be finalized. So I would say stay tuned to find out what the final rule is. You know view the rule – the link is available on your slide, send comments and then just you know stay on top of what happens with the rule and then at that time when it's finalized you will receive information on that – on mailing an exemptions hardship letter.

Herby Puree: OK. And what I'm understanding is that the penalty, if that is applied, is only on the E&M codes?

Christine Estella: No, it's on all Medicare Physician Fee Schedule allowed charges that are for 2012. You mean the measures denominator or are you talking about whether or not the 2012 one percent payment adjustment like what the...

Herby Puree: Right, I understand. Yes, the one adjustment. Since I don't think our office will be ready by the end of the year also, so that means starting next year.

Dr. Daniel Green: Right. Please understand that none of the proposed hardship exemptions are addressed to folks that are 'ready' to e-prescribe at this point. Not having implemented a system is not, does not fall under one of those hardships, proposed hardship exemptions, the additional ones. Those hardship exemptions as Christine pointed out has to do more with the local law not allowing it or you don't have enough opportunity to do it meaning, like you don't prescribe enough prescriptions to, you know, meet the 10 or what have you. It doesn't mean that – well, I just – I haven't gone out and purchased the system and started using it yet.

Herby Puree: No, no. I think for us is being an oncology office will fall more under the local State and Federal law because of the control substance prescriptions that we do, so, but I guess for that our system – there is no code for that as yet, so our system...

Christine Estella: Yes, there is a significant hardship exemption for that. It is proposed but it hasn't been finalized.

Herby Puree: OK so, the question then comes to, since I don't have any e-prescriptions or even the ten that I need to submit by June 30, I guess as time goes by, by

August if something is finalized we could be safe from the penalty. I guess it's asking for too much, yes.

Dr. Daniel Green: Again, we'll be speculating to say what's going to be finalized. So we can't predict how that will come out, but if the rule in it's current form were finalized and your hardship was such that you only can – you only prescribe narcotics and you felt that the State local law hardship applied to you, you would be able to send in your hardship letter and/or go on our website, if we have it up by then, to indicate the hardship. But there is a bunch of 'if's' in there I think you probably heard, because we don't know what will be finalized.

Herby Puree: Yes, that's right.

Christine Estella: Yes, and also please remember that these significant hardships exceptions, every one that we receive is reviewed by CMS. So really it would be your request and if the additional significant hardship exemptions were finalized and it was requested, it doesn't necessarily mean that CMS would approve the significant hardship exception request.

Herby Puree: And one other question, say we just wanted to the e-prescribing, do we have to the PQRS, are those two linked or we can only do one or the other.

Christine Estella: Those are two separate programs, you are welcome to participate in both of the programs but the 2012 payment adjustment applies only to the - Prescribing Incentive Program. But for participation in PQRS you can earn an incentive in 2011 if you wanted to participate in that program.

Herby Puree: Well OK, all right thank you so much.

Dr. Daniel Green: You can also earn an incentive in eRx so long as you're not doing the Electronic Health Record Meaningful Use Program. You can't earn for Medicare Meaningful Use EHR program and the eRx Incentive Program. But if you are only doing the ERx Incentive Program with or without PQRS you can earn an incentive in eRx and again you can earn an incentive in PQRS.

Herby Puree: OK. All right, thank you so much.

Dr. Daniel Green: Thanks.

Operator: Your next question comes from the line of Holly Stallings. Your line is open.

Holly Stallings: Hi good afternoon. I got a couple of questions. I'm from a large medical oncology, radiation oncology, behavioral oncology, surgical oncology group with 20 practitioners and we actually started participating in e-scribe this month. We've been doing PQRI – PQRS since 2008, so we are really up on these things.

But what we are finding is, we have a lot of Medicare patients, but we are finding we just don't have a lot of opportunities and we were kind of surprised, but because of the schedule rule, you know, as we give a lot of schedule meds and so forth. So one of my questions is, if we do prescribe less than 10 we are trying to do that, and we are trying to as many as we can. But we don't reach 10 by June, how many even we do essentially get to 25 by the end of the year.

Do they consider that, I guess one of my questions is does Medicare have specific rules to determine would we fall under limited prescribing activity or how do they determine it? I'm sure it's just not subjective.

Dr. Daniel Green: First of all as you probably heard from the previous caller, you know, if the new hardship exemptions are finalized, you know and you felt that was applicable to your practice, certainly you can submit that on behalf of each of your doctors.

But to answer the first part of your question with respect to not reaching 10 by the end of the month, but perhaps getting 25 by the end of the year. If you have each of your doctors prescribe 25 times by the end of the year, again if you are not doing the electronic health record, you know HITECH Meaningful Use.

Holly Stallings: No we are not.

Dr. Daniel Green: Yes, you would get a 1 percent incentive for 2011, which would be paid in 2012. Additionally you would be exempt from the 2013 payment adjustment by being a successful e-prescriber in 2011.

Holly Stallings: But we would have the 2012 penalty.

Dr. Daniel Green: That is correct.

Holly Stallings: I guess, would the 1 percent incentive counteract...?

Dr. Daniel Green: What would happen is, you would – on January 1st, you would see a payment adjustment of one percent on your EOBs. But let's say your volume is the same year over year, you know, or pretty close to it. So let's say you did a \$100,000 worth of Medicare Part B billing, you know you would end up collecting by the end of 2012 only \$99,000 based on that.

So let's say you also did \$100,000, excuse me, in billing in 2011 sometime in August or September of next year you would also get a check for a \$1,000. So basically you would be made whole for 2012.

Holly Stallings: Right, we kind of counter it then. OK.

Dr. Daniel Green: Right, it's just that one is prospective with each payment that comes out and the other one is a lump sum payment.

Holly Stallings: OK. I also had another question. Have they thought about, because I know a lot of people you know when they start the e-prescribing, those who have started are finding, you know, especially if you are in a specialty that the 10 scripts is not as easy as you would think. Have they ever thought about just extending the deadline from June to another time?

Dr. Daniel Green: We would love to extend the deadline, but believe it or not we have – folks have until July, the end of July to send the claims in, and then we have to take that claims data and analyze it and calculate it all and wrap it up in time to give our payment folks a follow up, you know who's subject to the payment adjustment who's not and that takes a fair amount of time to be able to have it in place by the first of the following year to have it be prospective.

I mean I can tell you as a physician – nothing drove me crazier than when I'd get a notice from Medicare telling me that they were withholding funds for the next whatever because they paid me incorrectly for a hysterectomy or something. You can imagine that happening all year for – you know or let's say we didn't start adding the payments up until June on next year, and we had to recoup all that money. It would drive doctors and their office staff nuts to try to figure out you know the...

Holly Stallings: Sure.

Dr. Daniel Green: Accounting system. So that's the purpose behind it.

Holly Stallings: One other question. Have they thought about counting the hospital visit, and I know someone – another caller had asked about that and currently it's not being used but they do use it for the PQRS I believe, and so I was kind of surprised I didn't see it, that you know the hospital outpatient visit for the – that would also help bring our numbers up.

Dr. Daniel Green: I can't, I mean we are also at the same time working on our 2012 proposed rule and I can't really discuss the particulars, other than to tell you it will be published probably in the next one, two weeks and so there will be part in there about e-prescribing and I would suggest that you take a peak at that if you have a minute or an hour.

Holly Stallings: Or more, yes.

Dr. Daniel Green: And you can't sleep at night, oh, I'm sorry. But anyway if you could submit comments to that effect that would be helpful for us.

Holly Stallings: OK, great thank you so much.

Dr. Daniel Green: Thank you.

Marilyn Sherwood: And this is Marilyn with the help desk and I just want to add one thing to his first comment about submitting the claims for January through June 30 dates of service. They actually have to be processed by the end of July. So

you do have more time to submit them, but make sure it's early enough so that they can be completed processing by the end of July 2011.

Holly Stallings: Usually it's a couple day's turnover time, so but you know sometimes we'll have, our physician will have 10 Medicare patients and we are just so surprised, but we don't want – you know we don't prescribe like a primary care doc does and you know we don't want to prescribe unnecessarily either. You know, so it's just not having the opportunity that's the issue.

Dr. Daniel Green: Well we don't you prescribe unnecessarily of course either, but remember over-the-counter stuff does – you know, does count and so if there are you know any of the over- the-counter meds you know for nausea or what have you that your docs are writing, or may be just nausea meds in general.

Holly Stallings: Yes, we do do that. Thank God for Phenergan but you knows some of the other ones, like Lomotil is scheduled, you know, and some others ones we do, so it's just a little but of a challenge. But thank you so much.

Dr. Daniel Green: Thank you.

Operator: Your next question comes from the line of Jennifer Robinson. Your line is open.

Jennifer Robinson: Hi, I'm I have a – I just want to, we have done our original 10 claims that were due by June 31, and so now we're working on the 25 that are due by, I think it's the end of the year, and so I'm just trying to the ascertain what the next step is. I hear you all talking about signing up for, I guess it's signing up for the incentive plans, or what the steps are going from here because we are planning on doing the EHR incentive plans. So do I not need to sign up for PQRI incentives?

Dr. Daniel Green: Jennifer, I can't believe you are asking such a repetitive and redundant question.

Jennifer Robinson: Is it, I'm so sorry. I was trying to pay attention.

Dr. Daniel Green: Was there a time delay or something? I'm kidding with you. That's not redundant at all.

Jennifer Robinson: Oh, thank God. OK.

Dr. Daniel Green: I'm just teasing because these calls can get a little long-winded or dry if...

Jennifer Robinson: Yes.

Dr. Daniel Green: Just lighten them up, just a little.

Jennifer Robinson: Great.

Dr. Daniel Green: In any case, so let's take your first question first. So you've done your 10 by June 30, congratulations.

Jennifer Robinson: Thanks.

Dr. Daniel Green: Your doc should not be subject to a payment adjustment for 2012.

Jennifer Robinson: OK.

Dr. Daniel Green: Now if he or she continues to e-prescribe and you get let say another 15 say, you have 25 total for the year and it could be – you can be doing them now, you could be finished your 25 by the end of June if you so choose, you know getting up the volume.

Jennifer Robinson: Get it done with right.

Dr. Daniel Green: Then your doc would be protected from the 2013 – I'm sorry 2013 payment adjustment as well. So you know you wouldn't have anything to report to us for 2013 to avoid the payment adjustment.

Now as far as the EHR program goes, our HITECH Meaningful Use EHR you can – for that program you do have to register or sign up through the National Level Repository, the NLR. So you have to register to participate in that program and then it's an attestation after you've used your electronic health record and collected 90 days worth of data.

Jennifer Robinson: OK.

Dr. Daniel Green: Excuse me. So you would send in that information, and are entered into the NLR. Now, if you do participate in that HITECH EHR program, and you get an incentive for it, you cannot – and you do that under Medicare, not Medicaid but Medicare, you cannot not also earn an eRx incentive payment under Medicare. You can still be subject to the penalty but you can't earn an additional incentive. But again the benefit of those extra 15 prescriptions equaling 25 or more for the year is your doc gets out of the 2013 payment adjustment as well.

Jennifer Robinson: OK.

Dr. Daniel Green: And if for some reason you don't end up completing the Meaningful Use Electronic Health Record Program for whatever reason, your doctor could also get a 1 percent incentive for the E-prescribing Program.

Jennifer Robinson: OK, so just a follow up here. So it's one percent for the PQRS if we did not go the other route and then if we wanted to do that, if we don't go with the EHR HITECH deal then we would want to, we would have to register for the PQRS and there is a website for that somewhere I'm assuming.

Dr. Daniel Green: OK, so there is no registration for e-prescribing or PQRS. Remember e-prescribing is separate from PQRS. The only program of the three that we talked about is that HITECH Meaningful Use EHR

Jennifer Robinson: OK.

Dr. Daniel Green: That you do have to register for.

Jennifer Robinson: OK.

Dr. Daniel Green: But for the e-prescribing or PQRS which are separate programs you don't have to register for those, it's one percent for the E-Prescribing Program, if you do PQRS also you can get an additional 1 percent.

Jennifer Robinson: OK, I guess I'm failing to find the connection. If I, how would they – I guess we do an attestation for the HITECH and then if we don't then the PQRI would just know and just pay us 1 percent more.

Dr. Daniel Green: Well what will happen is, if you do the attestation through our HITECH, you register for it and complete it, they will send you an incentive payment and they will send us a list of the folks that they send an incentive payment for.

So we would look though and go oh, I see Dr. Jones, look they prescribed 25 times they are doing incentive and they are protected for 2013 and all that other good stuff. Oh, look they got an EHR incentive from our HITECH, we can't pay them the incentive but we will make a note that they are not due the payment adjustment for 2013.

Jennifer Robinson: OK, one more on that. So, OK you found out that I got a payment from them. So say I hadn't gotten a payment from them yet, because we're kind of like further along the e-prescribe than we are on the EHR, because we are switching systems right now, we are getting ready to go live in about two months with our new system.

Dr. Daniel Green: Right, we don't make – remember we don't make, we won't make our payments for 2011 until roughly September, August-September of next year. You have to have your information in for 2011 to our HITECH by February and they will make their payments by April.

Jennifer Robinson: OK, so then just 15 more and I'm set for a while.

Dr. Daniel Green: With 15 more and it covers you for 2013 - you know again we said 25 will cover you for the 2013 payment adjustment as well and it may earn you an incentive.

Jennifer Robinson: All right. OK. Thank you very much.

Dr. Daniel Green: Good luck.

Operator: Your next question comes from the line of Jillian Noah. Your line is open.

Jillian Noah: Hello, my question is in regards to patients that have Medicare as their secondary insurance carrier. Is it considered an e-scribe event if the G8553 code is submitted on claims for these patients.

Dr. Michael Rapp: Yes it would be, but please be careful with that because you were – sometimes the primary insurance company, when they forward a claim on to us they will strip it off, strip off the G-code that is. So, that's the one thing you have to be careful of with the Medicare as the secondary payer.

Jillian Noah: OK. Do you know which, specifically which payers would be doing that?

Louisa Rink: No we know that, there are thousands of payers to which Medicare can be secondary. So to the – you want to make sure that you are carefully watching your remittance advices from Medicare so that you can determine whether or not those codes have been stripped off for those beneficiaries if they have, then you may want to manually submit the claims to Medicare for the secondary payment that will stop that problem.

Jillian Noah: OK, thank you.

Dr. Michael Rapp: Thank you.

Operator: Your next question comes from the line of Nancy Child. Your line is open.

Nancy Child: Hi, I have actually three questions. Number one, we are – had questions regarding the claims-based submission, whether it's required that they are paper based or whether they can do it electronically, electronic submission versus the paper based by the June 30 deadline?

Dr. Michael Rapp: Yes, either one is fine.

Nancy Child: OK.

Dr. Michael Rapp: Well I mean assuming you can use paper claims, because most folks have to use electronic.

Nancy Child: Oh, well that's just the question that had been posed so I thought I would ask it. Secondly, is there any sort of notification on when the vendor – the list of approved registry vendors is going to be available?

Dr. Daniel Green: Yes, the approved registries probably will be up sometime in early September. We are little bit behind this year due to some transition with some of the folks that we work with outside of CMS.

Nancy Child: OK and then thirdly, the maintenance of certification program, the self-nomination letter that's due at the beginning, I'm sorry at the end of January, is that something that's going to be required every year for people to qualify for that extra half percent?

Molly MacHarris: Well the self-nomination letter is for organizations that are seeking qualifications to become a Maintenance of Certification entity – if a provider wants to participate in the Maintenance of Certification additional incentives we have a list of conditionally qualified groups that are currently posted on our website.

Nancy Child: Do you have that web link? Because I couldn't find it.

Molly MacHarris: It's www.cms.gov/pqrs and on the left hand navigation bar there is a Maintenance of Certification Program Incentive page, click on that and then under Download section there is a list of conditionally qualified Maintenance of Certification Program Incentive entities. And that was the group that has become conditionally qualified, we are doing a few more pieces on our vetting and we hope to re-post that list within the next month for the groups that are fully qualified.

So, any providers that are interested in participating in the Maintenance of Certification Program should review that list and contact those groups for additional participation details.

Nancy Child: So, is the list for the entities that want to self-nominate, is that always going to be due by January 31st, of that year or is it only for this year?

Molly MacHarris: We can't say, we can't comment on that yet because that would be subject to future rule making. But you can review the Physician Fee Schedule proposed rule, which we will be on its way with the next few weeks for additional information on that.

Nancy Child: And for the nomination, or the – for the vendor notification for September is that going to be posted on the website?

Dr. Michael Rapp: When it's available, it sure will be posted on the website. We have the 2012 approved – I'm sorry 2010 approved vendors up there, which is no guarantee that they will be approved for 2011 but you know that would be a good way to start if you are looking for registries.

Nancy Child: OK, excellent. Thank you very much.

Dr. Michael Rapp: Thank you.

Operator: Your next question comes from the line of Diane Delong. Your line is open.

Diane Delong: Yes, I'm calling from IESHA and I was curious. They've implemented this program and if we follow through with the 25 required by 2011, that will be for the 2012 incentive correct?

Christine Estella: Now, this is the 25 e-prescriptions for the 2011 year, would apply for the 2011 incentive. It would also apply, if you are a successful e-prescriber it would apply to avoid the 2013 payment adjustment.

Diane Delong: OK, so since this program continues on then every year this – you will at least be 25 is that correct by year-end?

Aucha Pranchanronarong: We haven't established that requirement for years after the 2011 incentives and after the 2013 payment adjustment yet. I think that will be discussed in the Physician Fee Schedule rule, or what at least we will be talking about, that should go out in the next couple of weeks.

Diane Delong: OK, thank you.

Operator: Your next question comes from the line of Rosemary Brant. Your line is open.

Rosemary Brant: Our question just got answered.

Christine Estella: Thank you.

Rosemary Brant: We don't want to be redundant.

Christine Estella: Exactly, no redundancies here.

Dr. Daniel Green: You will get chastised by the mean CMS folks.

Operator: Your next question comes from the line of Janet Catoldo. Your line is open.

Janet Catoldo: I have a question about the penalty for 2012. Early in the conversation you mentioned that it was by provider, or is that if one of the providers entered does not meet the qualifications of 10 by June that the entire group will be penalized? Can you clarify that for me?

Christine Estella: Are you participating – this payment adjustment applies to individual eligible professionals or a group practices participating under the Group Practice Reporting Option, the GPRO which is – is your group practice part of the GPRO option?

Janet Catoldo: I'm not familiar with the GPRO option.

Christine Estella: Yes. Then probably not, because you would have to self-nominate in order to participate in the E-prescribing Incentive Program via the Group Practice Reporting Option. So then your eligible professionals would be participating under the E-Prescribing Incentive Program under – so as individual eligible professionals which in that case they would report the e-prescribing measure 10 times for each eligible professional.

Dr. Daniel Green: So if one of your docs were not successful, those that were successful would be exempt from the penalty but the one doc that was not, assuming he or she

meets all the other qualifications, would be subject to the penalty. So it wouldn't be the whole group, it would just be the individual.

Janet Catoldo: OK, and if the proposed change that you have in effect that you are expecting an answer before by August comes into us, and there is a hardship, the fact that he works halftime. Would that be part of that hardship qualification?

Dr. Daniel Green: Not necessarily. I mean possibility but not necessarily. I mean for someone to be subject to the payment adjustment as Christine pointed out in her talk, they need to have 100 eligible visits in the first six months of this year. So in other words they have to see 100 Medicare patients and bill those, let just say I'm going to use a couple of codes, let's say the 99211 through 215, or 201 through 205 because that would be for most primary care folks.

If they see 100 Medicare patients whether they are part time or full time and 10 percent of their charges are comprised of codes in the denominator of the measure then they would be subject to the payment adjustment. But if they are only working part time and they don't see 100 Medicare patients that for those services, they are not even subject to the payment adjustment to begin with.

Janet Catoldo: Right, well normally he does but we just got our e-prescribe program on June the 1st and of course he had vacation in the month of June so that cut into a lot of the patients that he saw in the month of June since we've had this e-prescribed program.

Dr. Daniel Green: Yes, unfortunately in that scenario it sounds like he would be subject to the payment adjustment.

Janet Catoldo: Even in the case of the hardship. Because we also do narcotics for interventional pain management, so our primary prescribing protocols would be for controlled substances.

Dr. Daniel Green: Again if it's – you know controlled substances often fall into the State or local hardship exemption if that is finalized. So under that scenario perhaps he would qualify. But you know the fact that you all got your system in June

instead of getting it January and stuff like that, that's really for folks though the hardship that in and of itself is not to sound mean, but it's irrelevant.

Janet Catoldo: Irrelevant, yes I though so. OK. I appreciate your help.

Dr. Daniel Green: Thank you.

Operator: Your next question comes from the line of Yolanda Parker. Your line is open.

Yolanda Parker: Hello. I'm calling from a podiatrist's office, and can we use the G-code if we write a prescription for antibiotic or does it have to be used only for the E&M code.

Dr. Daniel Green: So, yes you can use the G-code if you write an antibiotic but that code has to be appended to an "eligible service" and the eligible services are – excuse me, defined by the denominator of the measure.

Yolanda Parker: OK, so I couldn't use for 11730 or 11750.

Dr. Daniel Green: No.

Christine Estella: No.

Yolanda Parker: OK. OK and for the incentives we won't get, we want receive payments until next year, August or September of next year is that correct?

Dr. Daniel Green: Right, that's consistent with how e-prescribing and PQRS have been to this point as well.

Yolanda Parker: OK.

Dr. Daniel Green: They are sent to you after about seven or eight months into the year.

Yolanda Parker: OK, OK because a lot of the questions were answered already, but thank you so much.

Dr. Michael Rapp: Thanks for your question.

Operator: Your next question comes from the line of Judy Stephens. Your line is open.

Molly MacHarris: Hello. Is there someone on the line?

Judy Stephens: Yes, this is for – the question we had was a little bit more technical. We first were wondering about when you will start receiving the ICD-10 codes versus ICD-9 and when they might – we might expect to see them start show up in the specs?

Dr. Daniel Green: Next question, I'm kidding. ICD-10 has to be billed starting – Medicare will accept it on October 1st, 2013. So we would expect certainly by the December posting of the 2013 specs we would expect them to be in the measures at that time. More specifics or other dates regarding that, I can't tell you at this time because we don't know I don't think.

Judy Stephens: OK, you were honest. Thank you.

Dr. Daniel Green: Thanks.

Operator: Your next question comes from the line of Michelle Alexander. Your line is open.

Margarita Murphy: Hi, my name is Margarita Murphy and I am a surgeon and I have lots of other questions that have already been answered, but I do have one other question, it is what if we write for something and the patient doesn't pick it up, but does that account towards the numbers?

Daniel Green: It does.

Margarita Murphy: OK and then for the, you were just talking about incentives or payment adjustments and my understanding is, is this payment adjustment and what I means is just you take money away from us. Is that what I understand?

Dr. Michael Rapp: Well that sounds so much harsher.

Margarita Murphy: Well you are.

Dr. Daniel Green: I mean personally I'm still coming to work after that.

(unknown): (Laughter)

Dr. Daniel Green: It's in the wall I swear. No the payment adjustment, yes, you are correct the payment adjustment basically is a disincentive for not e-prescribing or something like that. But anyway you're right, it's – you will get paid 1 percent less on your services if you are subject to the payment adjustment.

Margarita Murphy: OK, if I get lucky and – and the changes for October then because they penalized everything that I prescribed is narcotics, I am a surgeon I don't do antibiotics or any of that stuff and will that be retroactive, meaning that if don't complete my 10 by June 30th, I will be still get my very hard earned money.

Dr. Daniel Green: I suppose not you are going to tell me that you are up all night operating on these patients, right?

Margarita Murphy: All night, every night and I'm also a mother of two babies.

Dr. Daniel Green: Oh my goodness. I think you just should send in the hardship request. Think about your poor OB that had to deliver those two babies. No I was kidding.

Margarita Murphy: Yes, he is probably getting the same treatment too.

Dr. Daniel Green: You're right. All kidding aside though, if those hardships are finalized that Christine described in her presentation and you only prescribed narcotics, as Dr. Rapp indicated earlier, you would likely fall under one of those hardships such as the State and local laws don't permit it.

Margarita Murphy: Right.

Dr. Daniel Green: Or you don't have...

Margarita Murphy: But it will be retroactive?

Dr. Daniel Green: And it would cover you for the 2012 payment adjustment. In other words you will not be subject to the 2012 adjustment.

Margarita Murphy: OK, all right and then.

Dr. Daniel Green: Excuse me one second. I'm sorry, be on the lookout because when that rule is published, there is not a tremendous – if it's finalized and what have you, there is not a tremendous amount of time to get these hardship codes in.

Christine Estella: OK, also depending on the volume of hardship exemption request that we receive we may not be able to process them all in time for – and I think this is what you were trying to get at. We may not be able to process.

Margarita Murphy: Right.

Christine Estella: On time to prevent everybody from not getting penalized since the beginning of the year but we will continue to process them as quickly as we can.

Margarita Murphy: Because really, I really don't understand how surgeons of every specialty are going to be able to do this much prescribing of non-narcotic medicine, especially if you don't allow me to prescribe on post-ops because 99024 is not included on the list. You don't allow me to prescribe – when I prescribe the meds, which is when they are taken into the hospital, and so I'm really in a tough position and I'm sure most surgeons around the country are in the same situation.

Dr. Daniel Green: Now we've certainly heard comments to that effect you know. And you know this, that has partly prompted the proposed rule but again until the rule is finalized whatever we can't, you know, say with certainty that this will be an option for you for this year.

Margarita Murphy: All right, well thank you very much.

Dr. Daniel Green: Thanks. Good luck with those babies.

Margarita Murphy: Thank you, bye.

Christine Estella: Bye.

Operator: Your next question comes from the line of Tracy Childress. Your line is open.

Tracy Childress: Hi this is Tracy Childress with Health Management and I have two questions that have sort of been addressed, but I just want to clarify. So, a provider can potentially avoid the 2012 payment adjustment, if they do not have those 100 cases designated by CMS as those denominator codes, but they still have to e-prescribe the 25 events before they ended the year. Is that correct?

Dr. Daniel Green: First part of your statement is correct. So they are not subject to the payment adjustment if they don't have 100 visits that appear in the denominator of the measure by June 30, of this year. To earn an incentive however, regardless of the number of the visits they have in the denominator of the measure they have to e-prescribe 25 unique times, so 25 unique visits, sometime during the course of the year.

Tracy Childress: And that will also avoid the 2013 payment as well.

Dr. Daniel Green: That's it. That's right.

Tracy Childress: OK, and we have a few providers who are seeing a patient, like say on Monday and they are doing a culture and they send it out and it's not necessarily the next day, but maybe the day after before you know they get the result and they determine what antibiotic it is that they want to prescribe. We are delaying the claim and we are holding on the claim and planning to attach the G8553 to that claim, it's just that the day that the e-prescribing event is occurring, is connected to that date of service, it's just not occurring on that same day.

Dr. Daniel Green: That's totally fine. You know the key is that you're holding the claim for a day or two to be able to do that. If you send the claim in after the patient left the office you know and the culture came back two days later and the patient needed antibiotic, unfortunately you have no way of getting that information in to us that they e-prescribed.

Tracy Childress: OK, and...

Dr. Daniel Green: One other thing real quick. You know we keep talking about these 100 visits and all. The other way you could avoid the payment adjustment is if 10 percent of your charges are not comprised of the codes in the denominator. Similarly you have to have 10 percent of your codes comprised, sorry 10 percent of your charges comprised of the codes in the denominator to also to earn the incentive. So, I just want to remind – remember, remind folks that...

Tracy Childress: OK.

Dr. Daniel Green: Other questions.

Tracy Childress: My other question relates to being able to submit the letter to self-nominate for the group reporting option, are the deadlines to be able to submit letters to qualify for 2012 have those been set for 2011?

Dr. Daniel Green: Any information about that will be the subject of our – will be contained in our 2012 PFS rule which should come out in the next two weeks or so.

Tracy Childress: OK. All right, that's all thank you very much.

Dr. Daniel Green: Thank you.

Operator: Your next question comes from the line of Sue Dauber. Your line is open.

Sue Dauber: Yes, my name is Sue Dauber and I'm with Anesthesia Medical Alliance in Knoxville, Tennessee, and part of my question has already been answered but I just wanted to clarify something because we have a pain management clinic.

And as some have already said the majority of their prescribing is for narcotics and by regulation we are not allowed to e-prescribe and I understand that there is a proposed hardship rule that may or may not go into effect but if it does is there anything in the proposed rule that would negate the reduction in payment for that January through June if you have met the number of E&Ms but you were not able to meet the number of the e-prescribing because of the narcotics regulation.

Dr. Daniel Green: Basically if the regulation that's currently out for public comment, the proposed rule if that's finalized, let's say hypothetically in its current form and the narcotic issue is what applies to your folks, you would be able to submit that hardship code or that hardship that you know State and local law prohibits me from whatever.

You know again CMS will review each hardship code, but assuming it's approved then you would be, you would avoid the 2012 payment adjustments.

Sue Dauber: OK, now the hardship code is that via a letter of is that a submission of hardship code like a G-code.

Dr. Daniel Green: As it's proposed currently, it would be on a CMS website.

Sue Dauber: OK.

Dr. Daniel Green: You would log in and submit it there. But that's assuming it's technically feasible for us to have that website up and going by that time. If not that a letter would be the alternative.

Sue Dauber: OK and just one other really quick thing. If some of my docs have not met the 100 E&Ms that are applicable for the e-prescribing before June then they are exempt for the entire year, or do they have to meet some kind of a number for the entire year?

Dr. Daniel Green: Basically that would exempt them from the 2012 payment adjustment.

Sue Dauber: OK, how about the 2013?

Dr. Daniel Green: No to be exempt from that they have to actually report 25 e-prescribing events. There is no number in the denominator that's tied to that, in other words, there is no like you got to have a 150 or 75 or 100 visits or whatever.

Sue Dauber: OK, so the number of E&Ms goes away past June 30 and then it's just actually number of e-prescribing.

Dr. Daniel Green: Right, so in other words if you don't have 100 visits by June 30 you can avoid the payment adjustment that way.

Sue Dauber: OK.

Dr. Daniel Green: You can avoid the 2013 adjustment by actually e-prescribing 25 times, you know, during the whole calendar year of 2011.

Sue Dauber: OK.

Dr. Daniel Green: Just one another thing, let's say you had 25 visits in the first six months and your docs were able to e-prescribe at every one of those visits. So you know they would obviously avoid the payment adjustment because they would have 25 e-prescriptions.

Sue Dauber: Great.

Dr. Daniel Green: They would avoid the 2013 payment adjustment and they will be eligible for the 2011 incentive payment again provided 10 percent of their charges were comprised of those codes in the denominator. So the 100 is really, as a protection for docs so that you know we wanted to set something so that, you know if you only saw, if you only had 10 visits you know, it would be unreasonable to expect that you would necessarily be able to e-prescribe for them, for every one of those 10 visits. That's why we set the number at 100 because you know we figured that one out of very 10 visits at least, you know an eligible professional is likely to be able prescribe on a Medicare patient.

Sue Dauber: Right, well that is great. I'm getting ready to meet with my pain docs so this will be good news for them.

Dr. Daniel Green: Sounds good, thank you.

Sue Dauber: Thank you so much.

Operator: Your next question comes from the line of Linda Dickerson. Your line is open.

Linda Dickerson: Hi this is Linda and I have a question on one of the hardships that is actually finalized for the eligible professional practicing in an area without sufficient available pharmacies.

We have – where we practice we do have pharmacies that we can e-prescribe to, but a great majority of our patients are from smaller communities and they want to use their local pharmacies and they don't have e-prescribing. So I just wanted clarification, does that have to – you know since we do have pharmacies in our area would we not be eligible for that hardship?

Dr. Daniel Green: Really it's a subjective call on you guys' part. I mean if most of your patients are coming from rural areas, as you said without e-prescribing then I mean, yes, that hardship would apply to you because it's not like you can prescribe something for patients, and say no you have to go down street here. You know when they what to go home and pick it up. So you know that's something beyond your control.

So, you know it sounds like; again, it's awkward and hard for me to tell you absolutely do this, don't do that, but it sounds like that would apply to you in that case.

Linda Dickerson: OK. OK that's what I needed to know. Thank you.

Dr. Daniel Green: You're welcome. Good luck.

Geanelle Griffith Herring: OK, Jessica we have time for just one more question.

Operator: OK, your final question comes from the line of Aaron Smith. Your line is open.

Aaron Smith: Yes, there is a question on slide 15 one of the proposed exceptions talks about eligible professionals who register to participate in the Medicare and Medicaid EHR incentive program. Is it as long as they register by the October deadlines, or do they actually have to have done the attestation process as well?

Aucha Prachanronarong: Good, they register. But as part of that registration they need to provide the certification number for the certified EHR technology.

Aaron Smith: OK. One more question as well. How would CMS view it, if a physician did, if say these proposed exceptions did go through and the physician did apply for one of the exemptions in October, but then somehow kicked it up a notch and was able to the 25 by December 31st, is it possible to be exempt and receive an incentive?

Dr. Daniel Green: Yes. It's possible to be exempt and receive an incentive. For instance let me give you a little different example, let's say that your doc doesn't e-prescribe 10 times by June 30, but then, let's say they even get an e-prescribing program, you know July 10th, and they are cranking out their prescriptions and they have 25 in the rest of the year or more. So they would be incentive eligible conceivably assuming you know if they meet the 10 percent denominator requirement or whatever. They would earn an incentive but they would also be subject to the penalty because they didn't e-prescribe in the first six months.

So you know that's an example where you could get both. You know, I don't know this but I have to give it more though but if you are requesting a hardship exemption let's say because you know State and local law doesn't permit you to e-prescribe you know because you are doing – because you are doing narcotics.

Aaron Smith: Right.

Dr. Daniel Green: But then when the 25 prescriptions come in, so you are trying to claim an incentive. That's a little bit of a, seems like an oxymoron.

Aaron Smith: Right.

Aucha Prachanronarong: Yes, if they go with the 10 months for each person. Only one I can think of may be that wouldn't be questionable is the limited prescribing activity let's say maybe you didn't even start practicing until June, that I could

see requesting a hardship exemption for not prescribing and then subsequently in the last half of the year being able to electronically prescribe 25 times.

Aaron Smith: That's a good example.

Aucha Prachanronarong: That's the only thing I could think of right now.

Aaron Smith: Thank you.

Dr. Daniel Green: That's why I left her to answer that, she is the smart one.

Geanelle Griffith Herring: All right. Thank you for your questions.

CMS would like to thank everyone for joining us here today and for your participation in the question and answer portion of the call. The audio file and transcript of today's call will be made available shortly at <http://www.cms.gov/pqrs> on the CMS website.

If you were unable to ask a question of the CMS subject matter experts gathered here today, please feel free to contact the QualityNet Help Desk at 866-288-8912. They are available 7:00 a.m. to 7:00 p.m. Central Standard Time, Monday through Friday.

Thank you and have a great day.

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

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