

**Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Program**  
**National Provide Call**  
**Announcements and Updates**  
**February 19, 2013**

**February System Maintenance Weekend Outage**

CMS will be conducting system maintenance on February 22 through 24, 2013. During this time, there will be no access to CMS systems or applications, including the PQRS Portal/Communications Support Page. We recognize that this is an inconvenient time for these systems to be unavailable, so we ask that you plan ahead to ensure your Program Year 2012 PQRS submissions are not impacted. While we have made every effort to postpone February's maintenance weekend due to its potential inconvenience to our stakeholders, doing so would have CMS-wide impacts that could not be absorbed.

We apologize for any inconvenience, and look forward to a successful Program Year 2012 PQRS submission period.

**Payment Adjustment Update**

**PQRS Payment Adjustment/Value Modifier**

Beginning in 2015, eligible professionals that do **not** participate in PQRS or elect Administrative Claims during the 2013 program year **will** be subject to a payment adjustment of -1.0%. In addition, new federal regulations require that medical practice groups comprised of 100 or more eligible professionals (as of October 15, 2013) will be subject to the value-based payment modifier- based on performance in 2013. Groups of this size that fail to self-nominate/register for PQRS – as a group – will see a 1% negative impact on all physician payment under the Medicare PFS in calendar year 2015. Groups meeting the size threshold must sign-up as a group during one of two sign-up periods to participate in the 2013 PQRS. The first opportunity for group practices to sign-up **ended on January 31, 2013. There will be a second opportunity to sign-up July 15, 2013 through October 15, 2013.**

For more information about avoiding the payment adjustment, please view the following resources:

- 2015 PQRS Payment Adjustment information is available on the **PQRS website**.
- Value Modifier for groups of 100 or more information is available on the **Medicare FFS Physician Feedback Program/Value-based Payment Modifier** website.

**eRx Payment Adjustment**

Individual eligible professionals who are not successful electronic prescribers may be subject to a 2.0% payment adjustment on their Medicare Part B services provided January 1, 2014 through December 31,

2014. Individual eligible professionals otherwise subject to the payment adjustment for 2014 may avoid the 2014 eRx payment adjustment by either of the following:

1. Report the electronic prescribing measure. Individual eligible professionals who report the G8553 code via claims only for at least 10 billable Medicare Part B PFS services provided January 1, 2013 through June 30, 2013 will meet the requirements to be a successful e-prescriber and avoid the 2014 payment adjustment. All G codes submitted on claims must be processed by no later than July 26, 2013;

OR

2. Request a hardship exemption for a 2014 payment adjustment through the Communication Support Page at [https://www.qualitynet.org/portal/server.pt/community/communications\\_support\\_system//](https://www.qualitynet.org/portal/server.pt/community/communications_support_system//).

OR

3. Register for the EHR Incentive Program at <https://ehrincentives.cms.gov/hitech/login.action> by June 30, 2013 to demonstrate your intent to participate in the EHR Incentive Program and adoption of Certified EHR Technology (NOTE: This exemption is only available to eligible professionals who have not previously achieved meaningful use. EHR participants must provide their entire CMS EHR Certification Number to receive this hardship.);

OR

4. Achieve Meaningful Use under the EHR Incentive Program during one of the 2014 eRx payment adjustment reporting periods (i.e., January 1, 2012 through December 31, 2012 or January 1, 2013 through June 30, 2013). For the 2014 eRx payment adjustment, this will include any eligible professional who met Meaningful Use during January 1, 2012 through June 30, 2013 has attested to this by June 30, 2013.

**February 28th is the Last Day for Eligible Professionals (EPs) to Submit Medicare Part B Claims for CY2012**

February 28, 2013 is the deadline for EPs to submit any pending Medicare Part B claims from calendar year (CY) 2012, as CMS allows 60 days after December 31, 2012, for all pending claims to be processed. This means that EPs have 60 days in 2013 to submit claims for allowed charges incurred in 2012.

Medicare Electronic Health Record (EHR) incentive payments to EPs are based on 75% of the Part B allowed charges for covered professional services furnished by the EP during the entire payment year.

If the EP did not meet the \$24,000 threshold in Part B allowed charges by the end of calendar year 2012, CMS expects to issue an incentive payment for the EP in March 2013 for 75% of the EP's Part B charges from 2012.

**Reminder:** Eligible professionals who participated in the EHR Incentive Program in 2012 must also complete attestation for the 2012 program year by **February 28, 2013**. In order to be eligible to attest you must have completed your 2012 reporting period by December 31, 2012.

### **CMS Has Added New and Updated Medicare EHR Incentive Programs FAQs to the CMS FAQ**

To keep you updated with information on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, CMS has recently added the following new and updated FAQs to the website (<https://questions.cms.gov/faq.php?faqId=7779>):

#### **New FAQs:**

1. How should an eligible professional (EP), eligible hospital, or critical access hospital (CAH) that sees patients in multiple practice locations attest when locations choose to implement different menu objectives and/or different clinical quality measures?
2. Can an appeal be filed if the Medicare EP or eligible hospital disputes the amount of the incentive payment received after successfully demonstrating meaningful use under the EHR Incentive Program?

#### **Updated FAQs:**

1. To meet the third measure of the objective of providing "a summary of care record for each transition of care or referral" for the Medicare and Medicaid EHR Incentive Programs, must the electronic exchange with a recipient using technology designed by a different EHR developer occur for each provider or can there be one exchange per location?
2. What if the provider chooses instead to exchange information with the CMS test EHR?
3. I am an EP who has successfully attested for the Medicare EHR Incentive Program, so why haven't I received my incentive payment yet?
4. After successfully demonstrating meaningful use for the Medicare and Medicaid EHR Incentive Program, will incentive payments be paid as a lump sum or in multiple installments?
5. How and when will incentive payments for the Medicare Electronic Health Record (EHR) Incentive Programs be made?

We encourage eligible professionals to check the CMS website Spotlight page for updates on the PQRS/eRx Incentive Program.

### **Upcoming Calls/Meetings/Updates**

**National Provider Calls** - March 2013 (Date to be determined)

**Topic:** 2013 Claims-based Reporting Made Simple

Please visit the National Provider Call webpage for updates at: <http://cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html>