



**PARTICIPATION REQUIREMENTS FOR
2012-2014 ELECTRONIC PRESCRIBING INCENTIVE PROGRAM
CY 2012 MEDICARE PHYSICIAN FEE SCHEDULE FINAL RULE
DETAILED SUMMARY**

**AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY
DECEMBER 2011**

KEY CHANGES FOR THE ELECTRONIC PRESCRIBING PROGRAM

- CMS defines “group practice” as a single TIN with at least 25 or more eligible professionals (EPs) for the purpose of the electronic prescribing (e-Rx) Group Practice Reporting Option (GPRO).
- For both EPs and group practices CMS has added a six-month reporting period (January 1, 2012-June 31, 2012) for purpose of the 2013 payment adjustment.
- CMS will recognize Certified Electronic Health Record (EHR) Technology as a “qualified” electronic prescribing system.

PAYMENT INCENTIVES AND ADJUSTMENTS

For 2012 and 2013, EPs and group practices who are successful electronic prescribers will receive an incentive payment on total estimated Medicare Part B physician fee schedule allowed charges for all covered professional services furnished during specified reporting periods.

2012 –	+1.0 percent
2013 –	+0.5 percent

However, the program turns punitive beginning in 2012 for those EPs and group practices who are not successful electronic prescribers, resulting in a reduction in the physician fee schedule amount for covered professional services furnished during the reporting period.

2012 –	-1.0 percent
2013 –	-1.5 percent
2014 –	-2.0 percent

In the final rule, CMS presents the requirements for the 2012 and 2013 incentive payments, as well as additional requirements for the 2013 and 2014 payment adjustments.

DEFINITION OF AN ELIGIBLE PROFESSIONAL

The determination of whether an EP is a successful electronic prescriber will be made at the individual professional level, based on the National Provider Identifier (NPI). As in previous years, CMS proposes that if an EP is associated with more than one practice, or Taxpayer Identification Number (TIN), the determination of whether an EP is a successful electronic prescriber will be made to the holder of each unique TIN/NPI combination.

DEFINITION OF A GROUP PRACTICE

For CYs 2012-2014, a group practice is defined as:

- A group practice participating in the Physician Quality Reporting System (PQRS); or
- In a Medicare-approved demonstration project that is deemed to be participating in the PQRS GPRO; and
- Has indicated its desire to participate in the e-Rx group practice option.

CMS has modified the definition of “group practice” to be a single TIN with at least 25 or more EPs, which is consistent with the definition of group practice under PQRS.

REPORTING PERIODS

2012 and 2013 e-Rx Incentives

The entire calendar year constitutes the reporting periods for the 2012 and 2013 incentive payment.

2013 and 2014 e-Rx Payment Adjustment

For the 2013 payment adjustment, the reporting period is January 1, 2011-December 31, 2011. CMS has added, however, for both individual EPs and group practices a six-month reporting period (January 1, 2012-June 31, 2012) for the purpose of the 2013 payment adjustment.

Similarly, for the 2014 payment adjustment, there is a 12-month reporting period (January 1, 2012-December 31, 2012) for individual EPs and group practices, and a six-month reporting period (January 1, 2013-June 30, 2013).

Reporting Criteria

EPs and group practices will be required to report on the e-Rx measure used in 2011 to determine whether an EP or group practice is a successful electronic prescriber. That measure is National Quality Forum (NQF) Measure #0486: Adoption of Medication e-Prescribing. However, CMS has modified the description statement of the measure to allow for use of Certified EHR Technology to report the measure. (*Additional details on this change below*).

REPORTING DENOMINATOR AND NUMERATOR FOR THE E-RX MEASURE

Denominator

The e-Rx prescribing measure is reportable by an EP any time he/she bills for one of the procedure codes for Part B services included in the measure’s denominator. The measure denominator consists of specific billing codes for covered professional services. The denominator codes used for 2011 reporting are not changing for the CYs 2012 and 2013 reporting periods. Those codes are as follows:

90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90862, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0109.

Numerator

As in prior years, when reporting the measure for the 2012 and 2013 incentive or the 2013 and 2014 payment adjustment, the numerator G-code for the e-Rx measure will be G-8553 (at least one prescription created during the encounter was generated and transmitted electronically using a qualified e-Rx system).

CMS will post the final e-Rx measure specifications at <http://www.cms.gov/ERXIncentive> by no later than December 31, 2011 for the 2012 reporting year.

QUALIFIED ELECTRONIC PRESCRIBING SYSTEM – REQUIRED FUNCTIONALITIES AND PART D E-RX STANDARDS

For the 2012 and 2013 incentives and 2013 and 2014 payment adjustments, individual EPs and group practices must have and regularly used “qualified” electronic prescribing system, which is defined as either a system with functionalities identified in the e-Rx measure specifications or Certified EHR Technology. “Certified EHR Technology” means EHRs certified for use in the Medicare and Medicaid EHR Incentive Program. CMS is including Certified EHR Technology because it believes the technological requirements for e-Rx in the EHR Incentive Program are similar to the technological requirements for the e-Rx Incentive Program.

Required Functionalities

Required functionalities for a qualified electronic prescribing system are:

- a) Generate a complete active medication list incorporating electronic data received from applicable pharmacies and pharmacy benefit managers (PBMs), if available.
- b) Allow EPs to select medications, print prescriptions, electronically transmit prescriptions, and conduct alerts (written or acoustic signals to warn the prescriber of possible undesirable or unsafe situations including potentially inappropriate dose or route of administration of a drug, drug-drug interaction, allergy concerns, or warnings and cautions). This functionality must be enabled.
- c) Provide information related to lower cost, therapeutically appropriate alternatives (if any). The ability of an e-Rx system to receive tiered formulary information, if available, would again suffice for this requirement for CYs 2012 and 2013 until this function is more widely available in the marketplace.
- d) Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient’s drug plan (if available).

Part D Electronic Prescribing Standards

To be a qualified e-Rx prescribing system, electronic systems must convey the information listed above in (a)-(d) using the standards currently in effect for the Part D e-Rx program. Those standards can be found at <http://www.cms.gov/eprescribing>.

REPORTING MECHANISMS

For the 2012 and 2013 incentives and 2013 and 2014 payment adjustments, individual EPs and group practices can report on the e-RX measure using *one* of three reporting mechanisms:

claims, registries or EHRs. However, for the six-month reporting periods in 2012 and 2013, reporting is by claims only. An EP or group practice must make sure that the required number of e-Rx events for the incentive payment is reported to CMS via a *single* reporting mechanism. CMS will not combine data from multiple reporting sources.

Claims-Based Reporting

The EP or group practice must directly submit data on the e-Rx measure. All claims for services must be processed by CMS no later than two months after the respective reporting period for the claim to be included in CMS' data analysis.

Registry-Based Reporting

Only registries qualified to submit quality measure results and numerator and denominator data on quality measures on behalf of eligible professionals for PQRS will be qualified to submit the e-Rx measure for the e-Rx Incentive Program.

EHR-Based Reporting

Direct EHR technology, as well as EHR submission vendors qualified to submit extracted Medicare clinical quality data to CMS for PQRS, can be used by an EP or group practice to submit data on the e-Rx measure for the 2012 and 2013 incentives and 2013 and 2014 payment adjustments. A list of approved EHR technology and vendors for the e-Rx Program will be posted on CMS' Web site at <http://www.cms.gov/ERXIncentive>.

2012 AND 2013 E-RX INCENTIVES

A successful electronic prescriber is eligible for the 2012 and/or 2013 incentive only if the Medicare Part B allowed charges for covered professional services to which the e-Rx quality measure applies comprise at least 10 percent of the total Medicare Part B physician fee schedule allowed charges for all covered professional services furnished by the EP or group practice during the reporting period. For purposes of the 2012 and 2013 incentives, this analysis would be performed during the first quarters of 2013 and 2014, respectfully.

Individual EP Criteria

CMS will make the determination of whether an EP is a successful electronic prescriber based on a count of the number of times (minimum of 25) an EP reports that at least one prescription created during the denominator-eligible encounter is generated using a qualified electronic prescribing system, which would include Certified EHR Technology.

Group Practice Criteria

CMS will make a determination of whether a group practice is a successful prescriber. The group practice must report the e-Rx measure's numerator as follows:

- for at least 625 unique visits for group practices comprised of 25-99 EPs
- for at least 2,500 unique visits for group practices comprised of 100 or more EPs

No Double Payments

An individual EP who is affiliated with a group practice participating in the e-Rx GPRO that meets the requirements of being a successful electronic prescriber under a group practice would not be eligible to earn a separate e-Rx incentive payment.

2013 AND 2014 E-RX PAYMENT ADJUSTMENTS AND REQUIREMENTS

Individuals

The 2013 and 2014 payment adjustments would not apply if:

- The EP is a successful electronic prescriber.
- The EP is not a physician, nurse practitioner or physician assistant as of June 30, 2012 for the 2013 payment adjustment, and as of June 30, 2013 for the 2014 payment adjustment.
- Less than 10 percent of an individual EP's Medicare Part B allowed charges for the reporting period are comprised of codes in the denominator for the e-Rx measure.
- The EP does not have at least 100 cases (100 claims for patient services) containing an encounter code that falls within the denominator of the e-Rx measure for dates of services during the six-month 2013 payment adjustment period (January 1, 2012-June 30, 2012) and the six-month 2014 payment adjustment period (January 1, 2013-June 30, 2013).

Criteria for individual EPs for being successful electronic prescribers for the 2013 e-Rx payment adjustment

Reporting Period	Reporting Mechanism	Criteria
12-Month (Jan. 1, 2011-Dec. 31, 2011)	Claims, Registry, EHR	Report the electronic prescribing measure's numerator code at least 25 times for encounters associated with at least 1 of the denominator codes (<i>same criteria as the 2011 e-Rx incentive</i>).
6-month – (Jan. 1, 2012 – June 30, 2012)	Claims	Report the electronic prescribing measure's numerator code at least 10 times (<i>regardless of whether the encounter is associated with at least 1 denominator codes</i>).

Criteria for individual EPs for being successful electronic prescribers for the 2014 e-Rx payment adjustment

Reporting Period	Reporting Mechanism	Criteria
12-month – (Jan. 1, 2012 – Dec. 31, 2012)	Claims, Registry, EHR (Direct EHR-based reporting & EHR Data Submission Vendor)	Report the electronic prescribing measure's numerator code at least 25 times for encounters associated with at least 1 of the denominator codes (<i>the same criteria as the 2013 e-Rx incentive</i>).
6-month – (Jan. 1, 2013 – June 30, 2013)	Claims	Report the electronic prescribing measure's numerator code at least 10 times (<i>regardless of whether the encounter is associated with at least 1 denominator codes</i>).

Important Change: Unlike the reporting criteria for the incentive payments where the numerator must be reported in connection with a denominator-eligible visit, for purposes of the 2013 and 2014 payment adjustments, an EP is permitted to report the measure's numerator for any Medicare Part B physician fee schedule service provided during the reporting period,

regardless of whether the code for such service appears in the denominator. CMS recognizes that EPs may generate prescriptions during encounters that are not necessarily included in the measure's denominator.

Group Practices

Criteria for group practices for being a successful electronic prescriber for the 2013 e-Rx payment adjustment

E-Rx GPRO Size	Reporting Period	Reporting Mechanism	Criteria
25-99 EPs	6-month – (Jan. 1, 2012 – June 30, 2012)	Claims	Report the e-Rx measure's numerator code at least 625 times.
100+ EPs	6-month – (Jan. 1, 2012 – June 30, 2012)	Claims	Report the E-Rx measure's numerator code at least 2,500 times.

Criteria for group practices for being successful electronic prescriber for the 2014 e-Rx payment adjustment

E-Rx GPRO Size	Reporting Period	Reporting Mechanism	Criteria
25-99 EPs	12-month – (Jan. 1, 2012-Dec. 31, 2012)	Claims, Registry, EHR (Direct EHR-based reporting & EHR Data Submission Vendor)	Report the e-Rx measure's numerator for at least 625 times for encounters associated with at least 1 of the denominator codes (<i>the same criteria as the 2012 e-Rx incentive</i>)
100+ EPs	12-month – (Jan. 1, 2012-Dec. 31, 2012)	Claims, Registry, EHR (Direct EHR-based reporting & EHR Data Submission Vendor)	Report the e-Rx measure's numerator for at least 2,500 times for encounters associated with at least 1 of the denominator codes (<i>the same criteria as the 2012 e-Rx incentive</i>)
25-99 EPs	6-month – (Jan. 1, 2013 – June 30, 2013)	Claims	Report the e-Rx measure's numerator code at least 625 times.
100+ EPs	6-month – (Jan. 1, 2013 – June 30, 2013)	Claims	Report the E-Rx measure's numerator code at least 2,500 times.

HARDSHIP EXEMPTIONS

On a case-by-case basis, an EP or group practice may be exempted from the application of the payment adjustment if it would result in a significant hardship. For 2013 and 2014, CMS is retaining the following two hardship exemptions from 2011.

- The EP or group practice practices in a rural area with limited high-speed Internet access.
- The EP or group practice practices in an area with limited available pharmacies for e-Rx.

Additionally, CMS is adding two hardship exemptions.

- Inability to electronically prescribe due to local, state, or federal law or regulation.
- EPs who prescribe fewer than 100 prescriptions during a 6-month payment adjustment reporting period.

PROCESS FOR SUBMITTING SIGNIFICANT HARDSHIP EXEMPTIONS – INDIVIDUAL EPs AND GROUP PRACTICES

EPs and group practices wishing to request a significant hardship exemption to the 2013 and 2014 payment adjustments may do so in the following manners:

- Report the following G-codes for the following significant hardship exemption categories on claims for services rendered during the respective 2013 and 2014 six-month reporting periods:
 - The EP or group practice practices in a rural area with limited high speed internet access (report G-code G9642)
 - The EP or group practice practices in an area with limited available pharmacies for e-Rx (report G-code G8643)
- EPs may submit requests for a significant hardship exemption with respect to any of the exemptions through CMS' Communications Support Page (www.qualitynet.org/portal/server.pt/community/communications_support_system/234).

To request a significant hardship exemption, the EP or group practice must provide all necessary information to CMS by June 30, 2012 for the 2013 payment adjustment and June 30, 2013 for the 2014 payment adjustment.