

eRx: Overview, Website Resources

- Most of the information covered in the portion of the program comes from below sources:
- <http://www.cms.gov/eRxIncentive/>
- http://www.cms.gov/ERxIncentive/09_Educational_Resources.asp#TopOfPage (Medicare's Practical Guide to the eRx Incentive Program)
- <http://www.cms.gov/MLNGenInfo/>

http://www.cms.gov/ERxIncentive/03_How_To_Get_Started

- Beginning 2012, CMS will apply payment adjustments to **eligible professionals (EPs)** who are not successful electronic prescribers under the eRx Incentive Program.
- To become successful electronic prescribers for purposes of avoiding the 2012 eRx payment adjustment, EPs must report the electronic prescribing measure for a **required minimum number of unique electronic prescribing events (10) via claims between January 1, 2011 and June 30, 2011.**
- [To avoid the 2013 eRx payment adjustment, EPs must report the electronic prescribing measure for a **required minimum number of unique electronic prescribing events (25) as further defined between Jan 1, 2011 and Dec 31st, 2011.**] RVO

Reporting Periods & Corresponding Payment Adjustments

Program Year	Bonus	Penalty	Successful Provider Criteria
2011	1.00%	----	Report G-code G8553 at least 25 times during reporting period January 1- December 31, 2011
2012	1.00%	-1.00%	Report G-code G8553 at least 10 times during reporting period January 1- June 30, 2011
2013	0.50%	-1.50%	Report G-code G8553 an additional 15 times during reporting period July 1 – December 31, 2011 (or at least 25 times for July 1 – Dec 31, 2011 to avoid the adjustment, RVO)
2014	----	-2.00%	Not currently available

- **Eligible Professionals** may begin reporting the eRx measure at **any time** throughout the 2011 program year of January 1-December 31, 2011 to be **incentive eligible**, but must do so prior to June 30, 2011 to be exempt from the 2012 eRx payment adjustment.

Eligible Professionals (EPs)

- Provider type – Medicare has designated physicians and a list of non-physician professionals as eligible for the program (see website list).
- Medicare Part B charges – To be eligible for the program at least 10 percent of a provider's Medicare Part B Physician Fee Schedule (PFS) charges should be made up of (generally E & M) visit codes. This list includes evaluation and management visit codes for new and established patients commonly used for consultations and follow-up visits. (List of codes below).
- Eligible Cases - You must have at least 100 eligible cases within the first six months of 2012 (to receive the incentive).

EPs must have a "qualified" electronic prescribing system in order to be able to report the electronic prescribing measure.

- There are two types of systems.
 - 1) a system for eRx only (stand-alone)
 - 2) an electronic health record (EHR system) with eRx functionality.
- Regardless of the type of system used, to be considered "qualified" it must be based on **ALL** of the following capabilities:
 - Generating a complete active medication list incorporating electronic data received from applicable pharmacies and pharmacy benefit managers (PBMs) if available.
 - Selecting medications, printing prescriptions, electronically transmitting prescriptions, and conducting all alerts.
 - Providing information related to lower cost, therapeutically appropriate alternatives (if any). (The availability of an eRx system to receive tiered formulary information, if available, would meet this requirement for 2011)
 - Providing information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan, if available.

- **If you have not yet participated in the eRx Incentive Program**, you can begin by reporting electronic prescribing data for January 1-December 31, 2011 using any of the following three options for purposes of qualifying for the 2011 incentive:
 - **1. Claims-based reporting** of the electronic prescribing measure. Report only one G-code (G8553) for 2011.
 - **2. Registry-based reporting** using a CMS-selected *registry to submit 2011 data to CMS during the first quarter of 2012.
 - **3. EHR-based reporting** using a CMS-selected *electronic health record product, submitting 2011 data to CMS during the first quarter of 2012
- ***Only registries and EHR vendors who have been vetted by CMS for the 2011 Physician Quality Reporting System/eRx Incentive Program and are on the posted list of registries/EHR vendors are eligible to be considered "qualified" for purposes of reporting the 2011 eRx Incentive Program.** These registries/EHR vendors are qualified to report electronic prescribing information to CMS. However, please note that their systems have not been checked for electronic prescribing functionality as defined in the specifications of the measure. A list of EHR Vendors for the 2011 eRx Incentive Program is available in the "**Downloads**" section of this (cms.gov website) page. (More on this below). **A list of qualified registries for the 2011 eRx Incentive Program will be available later this year.**

For purposes of the 2012 payment adjustment, you need to report electronic prescribing data for January 1, 2011 through June 30, 2011 via claims. **Before you report this measure, you should ask yourself the following questions:**

- **QUESTION 1:** Do I have an electronic prescribing system/program and am I routinely using it?
- **QUESTION 2:** Is my system capable of performing the functions of a qualified system as described above?
- **QUESTION 3:** Do I expect my Medicare Part B Physician Fee Schedule (PFS) charges for the codes in the denominator of the measure (as noted in List 1) to make up at least 10 percent of my total Medicare Part B PFS allowed charges for 2010?
- **If the answer to all three questions is YES,** you may be eligible for an incentive payment equal to one percent as well as a one percent payment adjustment of your Medicare Part B PFS allowed charges for services furnished during the reporting period and you should report the eRx measure.
- **If the answer to the first two questions is YES, but the answer to the third question is NO,** you may not be eligible for the incentive payment or the payment adjustment. However, we encourage you to report the electronic prescribing measure. In the event that your Medicare Part B PFS charges for the codes in the denominator of the measure (as noted in List 2) do make up at least 10 percent of your total Medicare Part B PFS allowed charges for 2010, you may be eligible for the incentive payment and payment adjustment.
- **If the answer to either of the first two questions is NO,** you cannot report this measure unless you obtain and use a qualified electronic prescribing system as defined.

List 1: Electronic Prescribing Measure Denominator Codes (Eligible Cases)

- **Patient visit during the reporting period (Current Procedural Terminology [CPT] or Healthcare Common Procedure Coding System [HCPCS] G-codes):**
- 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, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0109
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Once You Have Decided That You Want to Participate in the eRx Incentive Program for 2011, You Should Take the Following Steps to Report the Measure:

- **STEP 1:** Did you bill one of the CPT or HCPCS G-codes noted in List 1 for the patient you are seeing?
- **NO:** You do not need to report this measure for this patient for this visit.
- **YES:** Proceed to Step 2.
- **STEP 2:** You should report the following G-code (or numerator code) on the claim form that is submitted for the Medicare patient visit.
- **G8553** - At least one prescription created during the encounter was generated and **transmitted electronically using a qualified electronic prescribing system.**
- We encourage you to report the G-code listed in Step 2 above on all of your patient visit claims along with one (or more) of the eligible denominator codes noted in List 1 above. An example of reporting the electronic prescribing measure on the Form CMS-1500 (Health Insurance Claim Form) is available in the "**Downloads**" section of this (cms.gov website) page. Click on the link titled "**eRx Claims Based Reporting Principles**".

- **STEP 3:** To be a successful electronic prescriber and be eligible to receive an eRx incentive payment, you must generate and report one or more electronic prescriptions associated with a patient visit; a minimum of 25 unique visits per year. **To avoid the 2012 eRx payment adjustment, you must report on a minimum of 10 unique visits via claims from January 1, 2011 through June 30, 2011.** Each visit must be accompanied by the electronic prescribing G-code attesting that during the patient visit at least one prescription was electronically prescribed. Electronically generated refills do not count and faxes do not qualify as an electronic prescription. New prescriptions not associated with a code in the denominator of the measure specification are not accepted as an eligible patient visit and do not count towards the minimum unique electronic prescribing events.
- **STEP 4:** Additionally, 10 percent of an eligible professional's Medicare Part B PFS charges must be comprised of the codes in the denominator of the measure to be eligible for an incentive or payment adjustment.

Under CMS 'FAQ' Section

- The 25 electronic prescriptions requirement to avoid the **2013 eRx** Payment Adjustment may be completed using claims-based reporting, registry-based submission, or EHR-based submission; however, all 25 must be completed through a single reporting method. Reporting a portion through more than one method (such as 10 via claims and 15 via registry) but totaling 25 will not count as meeting the requirement.

- **There is NO need to register to participate in this reporting program.** Simply begin submitting the G-code on your claims appropriately, or, for eligible professionals attempting to qualify for the incentive only, report the information required by the measure to a qualified registry, or submit the information required by the measure to CMS via a qualified EHR, if you satisfy the above requirements.
- **Other ways an eligible professional may avoid the 2012 payment adjustment are if the eligible professional:**
 - Is not a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of June 30, 2011, based on primary taxonomy code in the National Plan and Provider Enumeration System (NPPES);
 - Does not have prescribing privileges and reports G-code G8644 (defined as not having prescribing privileges) at least one time on an eligible claim prior to June 30, 2011;
 - Does not have at least 100 cases containing an encounter code in the measure denominator
 - Does not meet the 10% denominator threshold
 - Meets and reports a significant hardship exemption.

Can eligible professionals participate in the 2011 Physician Quality Reporting System (formerly called PQRI), 2011 Electronic Prescribing (**eRx**) Incentive Program, *and* the EHR Incentive Program (aka Meaningful Use) and earn incentives for each?

- The Physician Quality Reporting System, **eRx** Incentive Program, and EHR Incentive Program are three distinctly separate CMS programs.
- The Physician Quality Reporting System incentive can be received regardless of an eligible professional's participation in the other programs.
- There are three ways to participate in the EHR Incentive Program: through Medicare, Medicare Advantage, or Medicaid.
- If participating in the EHR Incentive Program through the **Medicaid** option, eligible professionals are able to also receive the **eRx** incentive.
- If participating in the Medicare or Medicare Advantage options for the EHR Incentive Program, eligible professionals can still report the **eRx** measure but are only eligible to receive one incentive payment. Eligible professionals successfully participating in both programs will receive the EHR incentive.

HOWEVER

- Eligible professionals should continue to report the **eRx** measure in 2011 even if their practice is also participating in the Medicare or Medicare Advantage EHR Incentive Program because claims data for the first six months of 2011 will be analyzed to determine if a 2012 **eRx** Payment Adjustment will apply to the eligible professional.
- If an eligible professional successfully generates and reports electronically prescribing 25 times (in 2011) for **eRx** measure denominator eligible services, (s)he would also be exempt from the 2013 **eRx** payment adjustment (Note: CMS has contradicting information on the CMS website on this issue in the Q & A section, RVO).
- For questions on the Physician Quality Reporting System and **eRx** Incentive Program, contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) from 7:00 a.m. - 7:00 pm. CST Monday through Friday or via Qnetsupport@sdps.org.
- For more information, please see the CMS EHR Incentive Programs website at <http://www.cms.gov/EHRIncentivePrograms>. Questions on the EHR Incentive Program should be directed to the EHR Information Center at 1-888-734-6433 (primary number) or 888-734-6563 (TTY number) from 7:30 a.m. - 6:30 p.m. (Central Time) Monday through Friday, except federal holidays.

Where can I find the list of qualified EHR vendors?

- The CMS document "Qualified Electronic Health Record (EHR) Vendors for 2010 PQRI and Electronic Prescribing Incentive Programs" lists the vendors with qualified EHR products for **PQRI and eRx**. This document is found on the Alternative Reporting Mechanisms section of the CMS PQRI website at
- <http://www.cms.gov/PQRI/Downloads/QualifiedEHRVendorsRvsd10282010.pdf>
- Reference: <http://www.cms.hhs.gov/pqri>

Is my EHR “Qualified”

- 24 EHRs are listed as being “Qualified EHR Vendors” for the eRx Incentive Program.
- All of them have an “*” attached.
- What does the “*” mean?
- *Note: EHR-based reporting for the eRx measure only applies for reporting of the eRx measure in 2011 **for purposes of the 2011 eRx incentive, not for the reporting of the eRx measure in 2011 for purposes of the 2012 eRx payment adjustment.**

FAQ

(CMS Gov Website)

- Visit our Frequently Asked Questions by scrolling to the "**Related Links Inside CMS**" section of this page and click on the **All eRx FAQs** link. There you will be able to enter keywords in the search box to find answers on "How do I get started" or any other area of the program you may have questions about.
- The **Physician Quality Reporting System and Electronic Prescribing Quick-Reference Support Guide** is also available to print by clicking on the link in the "**Downloads**" section.
- To review all of the 2010 Physician Quality Reporting System Program Requirements click on the link titled **2010 PFS Final Rule -- CMS-1503-FC** in the "**Related Links Inside CMS**" section. To review further background information about the Electronic Prescribing Incentive program stroll down on that page to the link titled "**CMS-1503-FC- Published November 25, 2010**" in the "**Related Links Outside of CMS**" and go to page 73551.
- **Education and Outreach**
- *Coming this spring we will be providing web-based training and educational videos as educational outreach efforts to assist you with implementing our program.*

Need Assistance

- **QualityNet Help Desk**
 - General CMS Physician Quality Reporting System & E-Prescribing Information
- 7:00 AM – 7:00 PM CT
- Phone: 1-866-288-8912
- Email: qnetsupport@sdps.org

Downloads On CMS Website

- [Introduction to the Electronic Prescribing Incentive Fact Sheet \[PDF 180 KB\]](#)

[Introduction to the Electronic Prescribing Incentive Fact Sheet-Spanish Version \[PDF 186 KB\]](#)

[2011 eRx Claims-Based Reporting Principles \[PDF 153KB\]](#)

[2011 EHR Qualified Vendors for Physician Quality Reporting System and eRx Incentive Program \[PDF 55 KB\]](#)

[Requirements for EHR Vendors to Participate in the 2011 PQRI EHR Program \[PDF 30KB\]](#)

[Physician Quality Reporting System and Electronic Prescribing Quick-Reference Support Guide \[PDF 31KB\]](#)