

2011 E-Prescribing Incentive Requirements

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) created an e-prescribing reporting incentive that pays successful electronic prescribers a percent of Medicare billing. For 2009 and 2010, that was 2 percent; for 2011, it is 1 percent; and a penalty begins in 2012 for physicians not utilizing electronic prescribing. It is important to note that physicians must begin reporting in 2011 to avoid the 2012 penalty!

	2011	2012	2013	Beyond
Incentive	1%	1%	.5%	None
Penalty	None	1%	1.5%	2%

Potential E-Prescribing Benefits

- Increased patient safety resulting from harmful-interaction checks and alerts,
- Fewer medication errors through computerized transmission of legible prescriptions directly to the pharmacy,
- Fewer phone calls between physician and pharmacy for clarification, and
- Improved formulary compliance, which may result in higher patient compliance.

E-Prescribing Defined

E-prescribing is the electronic transmission of prescription or prescription-related information among a prescriber, dispenser, pharmacy benefit manager, or health plan either directly or through an intermediary, including an e-prescribing network. It includes, but is not limited to, two-way transmissions between the point of care and the dispenser. It is important to note that computer generated faxing does not qualify as e-prescribing.

Qualified E-Prescribing System

To qualify for the incentive, a physician must use a qualified e-prescribing system. This can be a stand-alone system, or one integrated with an electronic medical record system or through a qualified registry. A qualified e-prescribing system must be able to:

- Generate a complete active medication list incorporating electronic data from applicable
 - pharmacies and benefit managers;
 - Select medications;
 - Print prescriptions;
 - Electronically transmit prescriptions;

- Conduct safety alerts (written or audible signals that warn prescribers of possible undesirable or unsafe situations, including potentially inappropriate doses or routes of administration of a drug, drug-drug interactions, allergies, or warnings and cautions);
- Provide information on lower-cost, therapeutically appropriate alternatives;
- Provide information on formulary medications; and
- Electronically receive authorization requirements from the patient's drug plan.

Resources

SureScripts provides the network that connects physician to pharmacy and also certifies e-prescribing solutions. SureScripts' website (www.surescripts.com) provides a list of e-prescribing systems and a matrix of each system's functionalities.

2011 Incentive

To be eligible for the 1-percent incentive in 2011, physicians' estimated allowed Medicare Part B charges for the e-prescribing measure codes (listed below in Step 1) must be at least 10 percent of their total Medicare Part B allowed charges. The physician reporting period is for the entire calendar year. Physicians do not need to sign up to participate; submission of the e-prescribing G-code, **G8553** indicates participation. To be eligible, physicians must report that an e-prescription was generated for a minimum of 25 unique Medicare patient visits. Physicians working under multiple Taxpayer Identification Numbers (TINs) will need to meet the reporting criteria for each TIN.

Step 1

Bill under one of the following denominator codes (CPT or HCPCS): 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. Electronically generated prescriptions not associated with one of these denominator codes do not count toward the minimum 25 e-prescriptions needed for eligibility.

Step 2

You can choose one of three reporting methods to earn an e-prescribing incentive. However, only claims-based reporting is the only accepted method to avoid an e-prescribing penalty.

1. Claims-Based Reporting
If an electronic prescription is generated, on the claim form, report G-code **G8553** for the numerator for at least 25 unique visits for Medicare Part B patients during the reporting period. **G8553** indicates that at least one prescription created during the encounter was generated and transmitted electronically using a qualified e-prescribing system.
2. Registry-based reporting using a "CMS-selected" registry to submit 2011 data to CMS.

3. EHR-based reporting using a “CMS-selected” electronic health record product, submitting 2011 data to CMS.

Avoiding Penalties

Physicians who did not submit 10 e-prescribing claims by June 30, 2011 will receive a 1-percent penalty applied to the physician fee schedule (PFS) starting Jan 1, 2012. You have until **November 1, 2011** to apply for an exemption. If you are unsure if you are subject to the penalty or unsure if you successfully sent 10 e-prescriptions by the June deadline, we recommend you review the exemptions and apply if one pertains to your hardship. **If you wish to be considered for an exemption to the penalty, TMA recommends you apply as soon as possible!**

To access the e-prescribing exemption request form, visit:

https://www.qualitynet.org/portal/server.pt/community/communications_support_system/

You are automatically exempt from the 2012 e-prescribing penalty if:

- 1) You submitted fewer than 100 denominator eligible claims to Medicare.
- 2) Less than 10% of your allowed charges from Jan 1, 2011 – Jun 30, 2011, are comprised of denominator eligible codes.

When you submit your exemption request, be sure to include the following information:

- Identifying information (TIN, individual NPI, name, mailing address, e-mail address);
- The applicable hardship exemption category; and
- A statement of justification that outlines how compliance with the e-prescribing program resulted in a significant hardship to you.

Physicians have the opportunity to attest to one or more of the following exemptions (**Physicians with more than one exemption should include this in the text of the request*):

- Physician is registered to participate in the Medicare or Medicaid Electronic Health Record (EHR) Incentive Program and has adopted certified EHR technology.
- Physician is unable to electronically prescribe due to local, state, or federal law or regulation (e.g., he or she prescribes controlled substances).
- Physician infrequently prescribes (e.g., he or she prescribes fewer than 10 prescriptions between Jan. 1, 2011, and June 30, 2011).
- There are insufficient opportunities to report the e-prescribing measure due to program limitations.
- Physician's practice is in a rural area without high-speed internet access; and
- Physician's practice is in an area without sufficient available pharmacies for electronic prescribing.

What type of encounter will count as an event?

A physician must generate at least one electronic prescription using a qualified system during a patient visit from a set of defined services. Multiple prescriptions to the same patient will only constitute one event.

EHR Medicare Incentive Program Participation

Physicians participating in the Medicare EHR incentive program are **not** eligible for participation in the e-prescribing incentive program during the same calendar year. Physicians can participate in the Medicaid EHR incentive program and Medicare e-prescribing incentive program in the same year. A physician participating in the Medicare EHR incentive program still needs to report on 10 e-prescriptions to avoid the e-prescribing penalty.

Appendix A: CMS-1500 Claim Electronic Prescribing Example

A sample of an individual NPI reporting successful e-prescribing on a CMS-1500 claim using G-code G8553.

21. Place the appropriate diagnosis (Dx) or diagnoses for the encounter in Item 21.

24D. Procedures, Services, or Supplies – CPT/HCPCS, Modifier(s) as needed

Submit the QDC with a line-item charge of \$0.00. Charge field cannot be blank.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.							
1. 7 14 .00 Rheumatoid Arthritis (RA)																			
2. 250 .00 Diabetes Mellitus																			
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OF SERVICE		H. EPSON FAMILY PLAN		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER											
1	01	10	11	01	10	11	99202		1	45.00							NPI	0123456789	
2	01	10	11	01	10	11	G8553		1	0.00							NPI	0123456789	
3																	NPI		
4																	NPI		
5																	NPI		
6																	NPI		
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE			
XX-XXXXXXX				X		XXXXX				X YES NO		\$ 45.00		\$		\$ 45.00			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ()							
NPI (NPI)						a.						b. XXXXXXXXXXXX							

Identifies claim line-item

Patient encounter during reporting period

At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system

Solo practitioner - Enter individual NPI here

For group billing, the rendering NPI number of the individual eligible professional who performed the service will be used from each line-item in the eRx calculations.

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

The patient was seen for an office visit (99202). The physician is reporting an instance of successful e-Prescribing:

- G-Code G8553 – indicates a prescription generated via qualified e-prescribing system.
- Note: E-prescribing includes encounter (CPT Category I) codes only. All diagnoses listed in Item 21 from the encounter will be used for PQRI analysis.
- NPI placement: Item 24J must contain the NPI of the individual physician who rendered the service when a group is billing.

For more information on the CMS 1500 claim form, see <http://cms.gov/manuals/downloads/clm104c26.pdf>