

Electronic Prescriptions – Incentives and Penalties!!

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Incentives

Eligible professionals can earn a 1 percent incentive for sending at least 25 electronic prescriptions (e-Rx) on the same day as a qualified visit between January 1, 2012 and December 31, 2012 and reporting this information to Medicare. The bonus will be paid in a lump sum to the holder of the Tax ID number in the third quarter of 2013.

There are three reporting options for E-Rx Incentive

- Registry
 - Confirm registry is CMS approved http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2012_Qualified_Registries_Posting_Phase1_03-05-2012.pdf
 - Contact registry for reporting instructions
- Electronic Health Records (EHR)
 - Confirm EHR is CMS approved for E-Rx reporting http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2012QualifiedEHREndorsedVendors_03-05-2012-.pdf
 - Contact EHR vendor for reporting instructions
- Claims-Based Reporting – Report e-Rx events through the claims processing system
 - E-Rx Event
 - ❖ The e-Rx G-code, which supplies the **numerator** G8553. At least one prescription created during the encounter was generated and transmitted electronically using a qualified e-Rx system, must be reported on the same claim
 - ✓ for the same beneficiary
 - ✓ for the same date of service (DOS)
 - ✓ by the same EP (individual NPI) who performed the covered service as the payment codes, usually *ICD-9-CM*, *CPT* Category I or *HCPCS* codes, which supply the denominator
 - ✓ on the same claim as the denominator billing code
 - Psychiatric codes 90801 through 90809 and 90862
 - Eye codes 92002 through 92014
 - Health and behavior assessment/intervention codes 96150 through 96152
 - Office and other outpatient codes 99201 through 99215
 - Nursing facility codes 99304 through 99316
 - Domiciliary or rest home visit codes 99324 through 99337
 - Home visit codes 99341 through 99350
 - Cervical or vaginal cancer screening; pelvic and clinical breast examination code G0101
 - Diabetes outpatient self-management services codes G0108 and G0109

Penalties – Are You Safe for 2013 – Time is Running Out

Penalties do not apply to any optometrists regardless of date of enrollment and MDs, DOs, NPs, PAs, CNS, etc. who were not in practice before July 1, 2012.

E-Rx payment adjustments started in 2012. Eligible professionals who did not submit at least 10 e-Rx events between January 1, 2011 and June 30, 2011 or did not qualify for and submit an exemption request are being paid 1 percent less than what they would have received if they had been successful.

For 2013 and 2014 the payment adjustments (penalty) for unsuccessful e-Rx prescribers or those professionals who do not meet one of the exceptions are

- 1.5% in 2013
- 2.0% in 2014

As with previous years, unless the eligible professional is part of a group practice reporting e-Rx and Physician Quality Reporting System (PQRS) using the Group Reporting Option, e-Rx data is tracked by the eligible professional's personal National Provider Identifier (NPI).

2013 penalties will not be applied to any eligible professional who

- successfully met the 2011 e-Rx requirement of sending at least 25 e-Rx events between January 1, 2011 and December 31, 2011 (incentive will be paid the 3rd quarter of 2012)
- submits at least 10 e-Rx events between January 1, 2012 and June 30, 2012
- submits at least 10 claims for any Medicare covered service (other than visits) with G8553 indicating during the encounter at least one prescription was submitted electronically
- The eligible professional is not an MD, DO, podiatrist, Nurse Practitioner, or Physician Assistant by June 30, 2012, based on primary taxonomy code in the National Plan and Provider Enumeration System (NPPES)
- The eligible professional does not have prescribing privileges and reports G8644 on a claim including any covered Medicare Part B service at least one time between January 1, 2012 and June 30, 2012
- The eligible professional practices in a rural area without sufficient high-speed Internet access and reports G8642 on a claim including any covered Medicare Part B service at least one time between January 1, 2012 and June 30, 2012
- The eligible professional practices in an area without sufficient available pharmacies for electronic prescribing and reports G8643 on a claim including any covered Medicare Part B service at least one time between January 1, 2012 and June 30, 2012
- The eligible professional is unable to electronically prescribe due to local, state, or federal law or regulation – Must apply for Hardship Exemption
- The eligible professional has or will prescribe fewer than 100 prescriptions during the six-month reporting period January 1 through June 30, 2012 – Must apply for Hardship Exemption

Submitting a Significant Hardship Code or Request

- Significant hardships associated with a G-code may be submitted on at least one claim during the 2013 e-Rx payment adjustment reporting period (January 1 through June 30, 2012) OR requesting an exemption via the Communication Support Page
- Significant hardships not associated with a G-code must submit a significant hardship exemption requests through the Quality Reporting Communication Support Page on or between March 1 and **June 30, 2012**
 - CMS Quality Reporting Communication Support Page is located at https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234
 - Please remember that CMS will review these requests on a case-by-case basis. All decisions on significant hardship exemption requests will be final