

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



2011 Electronic Prescribing (eRx) Incentive Program Made Simple

FACT SHEET

<http://www.cms.gov/ERxIncentive>

The Medicare Electronic Prescribing (eRx) Incentive Program, which began January 1, 2009, and is authorized under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), provides a combination of incentives and payment adjustments for eligible professionals who are or are not successful electronic prescribers. The scope of this fact sheet is limited to the steps an eligible professional needs to take to qualify for the 2011 eRx incentive. Beginning in 2012, eligible professionals who do not successfully report the eRx measure by June 30, 2011, will be subject to a payment adjustment. A web page dedicated to providing all the latest news on the eRx Incentive Program, including the eRx payment adjustment, is available at <http://www.cms.gov/ERxIncentive> on the Centers for Medicare & Medicaid Services (CMS) website.

Qualifying for a 2011 eRx Incentive by Reporting the eRx Measure

You do NOT need to register to participate in the eRx Incentive Program.

The reporting period is January 1, 2011 – December 31, 2011.

The reporting options for this measure include: claims-based reporting, registry-based reporting, Electronic Health Record (EHR)-based reporting, and the Group Practice Reporting Option (GPRO) I and II.

Before you report this measure, you should ask yourself the following questions:

QUESTION 1: Do I have an eRx system/program and am I routinely using it?

QUESTION 2: Is my system capable of performing the functions of a qualified system as defined in List 1?

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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 2) to make up at least 10 percent of my total Medicare Part B PFS allowed charges for 2011?

If the answer to all three questions is YES, you may be eligible for an incentive payment equal to one percent 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. However, you are encouraged to report the eRx 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 2011, you may be eligible for the incentive payment.

If the answer to either of the first two questions is NO, you cannot report this measure unless you obtain and use a qualified eRx system as defined in List 1.

List 1: What is a Qualified eRx System?

A qualified eRx system is one that is capable of **ALL** of the following:

1. Generates a complete active medication list incorporating electronic data received from applicable pharmacies and pharmacy benefit managers (PBMs), if available.
2. Selects medications, prints prescriptions, electronically transmits prescriptions, and conducts all alerts (defined below).
3. Provides information related to lower cost, therapeutically appropriate alternatives (if any).
4. Provides information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan (if available).

The system must employ, for the capabilities listed, the eRx standards adopted by the Secretary of the Department of Health and Human Services (HHS) for Medicare Part D by virtue of the 2003 Medicare Modernization Act (MMA).

List 2: eRx 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, 99344, 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 2 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: If you electronically prescribed for this patient, you should report the following G-code (or numerator code) on the claim form that is submitted for this Medicare patient visit.

G8553 - At least one prescription created during the encounter was generated and **transmitted electronically using a qualified eRx system.**

We encourage you to report the G-code listed in Step 2 above on all of your patient visit claims when an eRx event occurred along with one (or more) of the eligible denominator codes noted in List 2 above.

STEP 3: To be a successful eRx prescriber and be eligible to receive an 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 for individual eligible professionals and between 75 and 2,500 **unique** visits for GPRO (I or II) participants. Each visit must be accompanied by the eRx G-code attesting that, during the patient visit, at least one prescription was electronically prescribed. Electronically generated refills not associated with a face-to-face visit and faxes do not qualify as eRx events. 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 required eRx 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.

There is NO need to register to participate in the eRx Incentive Program. Simply begin submitting the G-code on your claims appropriately, 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.

NOTE:

- 1) You cannot earn an eRx incentive payment **and** a Medicare EHR/meaningful use incentive payment for the same program year.
- 2) The above illustration only addresses the eRx incentive payment. To avoid the payment adjustment, visit the Payment Adjustment Information page at http://www.cms.gov/ERxIncentive/20_Payment_Adjustment_Information.asp on the CMS website.

Resources

For more information on the registry-based or EHR-based reporting mechanisms, visit http://www.cms.gov/ERxIncentive/08_Alternative%20Reporting%20Mechanism.asp on the CMS website.

For more information on the GPRO (I or II) and requirements for submission of the eRx measure data under the GPRO (I or II), visit http://www.cms.gov/ERxIncentive/07_Group_Practice_Reporting_Option.asp on the CMS website.

For more information on the eRx Payment Adjustment, visit the Payment Adjustment Information page at http://www.cms.gov/ERxIncentive/20_Payment_Adjustment_Information.asp on the CMS website.

This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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