

February 2009



CELEBRATING 17 YEARS OF EXCELLENCE

MEDICAL PRACTICE CONSULTANTS, INC.

E-prescribing Incentive Program

Electronic prescribing (e-prescribing) is the transmission of prescription or prescription-related information through electronic media. E-prescribing takes place between a prescriber, dispenser, pharmacy benefit manager (PBM), or health plan. It can take place directly or through an intermediary (like an e-prescribing network). The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorized the Medicare E-prescribing Incentive Program beginning in 2009 to promote adoption and use of e-prescribing systems.

With e-prescribing, health care professionals can electronically transmit both new prescriptions and responses to renewal requests to a pharmacy without having to write or fax the prescription. E-prescribing can save time, enhance office and pharmacy productivity, and improve patient safety and quality of care.

Medicare e-prescribing incentive is a new program authorized under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

The program began January 1, 2009 and provides incentives for eligible professionals who are "successful e-prescribers". The E-prescribing Incentive Program is currently based on one e-prescribing quality measure that is currently included in the Physician Quality Reporting Initiative (PQRI). The PQRI is a reporting program that provides an incentive payment to eligible professionals who satisfactorily report data on a designated set of quality measures for covered professional services furnished during the applicable reporting period.

Beginning in 2009, the e-prescribing quality measure will be removed from the PQRI, and it will become the quality measure used in the E-

prescribing Incentive Program. This means that a physician or other eligible professional could potentially get two incentive payments: one for being a "successful e-prescriber" for reporting the e-prescribing quality measure under the E-prescribing Incentive Program, and one for satisfactorily submitting data on other quality measures under the PQRI. Specifications for the 2009 e-prescribing incentive measures are different from the 2008 PQRI program measures.

For 2009, e-prescribing incentive amounts will be 2% of the total estimated allowed charges for professional services covered by Medicare Part B and furnished by an eligible professional during the reporting period (one calendar year).

- 2009 – 2.0%
- 2010 – 2.0%
- 2011 – 1.0%
- 2012 – 1.0%
- 2013 – 0.5%

You must submit claims no later than 2 months after the reporting period ends.

Note: To be eligible for the incentive in 2009, you must be an eligible professional whose estimated allowed Medicare Part B charges for the e-prescribing measure codes are at least 10% of their total Medicare Part B allowed charges. These Healthcare Common Procedure Coding System (HCPCS) codes are in the denominator of the E-prescribing Incentive Program measure during the reporting period.

For example, in 2009 if an eligible professional has \$100,000 in estimated allowed Medicare Part B charges, at least \$10,000 of these charges must be based on the HCPCS codes that are in the denominator of the E-prescribing Incentive Program measure.

How to Participate in Medicare's E-prescribing Incentive Program



We choose those we like; with those we love, we have no say in the matter.
~ Mignon McLaughlin,

The Neurotic's Notebook, 1960

MEDICAL PRACTICE CONSULTANTS, INC.

Renee M. Brown, President
50 Penn Place

1900 NW Expressway, Suite 625
Oklahoma City, Oklahoma 73118
(405/848-8558)

A MEMBER FIRM OF: Physicians Viewpoint Network

This newsletter is published for our clients and other interested parties. There is no warranty or guarantee that this compilation is error free. Since this information may be of a generalized nature, no final decisions should be made on this information without first seeking professional advice for your specific circumstances.

The program provides incentives to eligible professionals who are “successful e-prescribers” and who are authorized under their respective state practice laws to prescribe.

An eligible professional is one of the following:

- Physician
- Physical or occupational therapist
- Qualified speech-language pathologist
- Nurse practitioner
- Physician assistant
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Certified nurse midwife
- Clinical social worker
- Clinical psychologist
- Registered dietitian
- Nutrition professional
- Qualified audiologist (as of 2009)

What is a “successful e-prescriber”?

For 2009, to be a “successful e-prescriber,” you must report the e-prescribing quality measure through your Medicare Part B claims on at least 50% of applicable cases during the reporting year.

MIPPA allows for future use of Part D data instead of claims-based reporting of e-prescribing quality measures. CMS is considering allowing this for future years.

To participate in the E-prescribing Incentive Program, you must use a “qualified” e-prescribing system. There are two types of systems: a system for e-prescribing only (a “stand-alone” system), or an electronic health record (EHR) system with e-prescribing functionality. Either of these systems may be used for the incentive program, as long as they are “qualified.” A qualified system must be able to do the following:

1. Generate a complete medication list that incorporates data from pharmacies and benefit managers (if available)
2. Select medications, transmit prescriptions electronically* using the applicable standards, and warn the prescriber of possible undesirable or unsafe situations
3. Provide information on lower-cost, therapeutically-appropriate alternatives (for 2009, tiered formulary information, if available, meets this requirement)
4. Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient’s drug plan

*The prescription must be sent electronically. If the network converts the electronic prescription into a fax because the pharmacy can’t get electronic faxes, this counts as e-prescribing. If the e-prescribing system is only capable of sending a fax directly from the e-prescribing system to the pharmacy, the system isn’t a qualified e-prescribing system. Detailed system requirements are in Measure #125 at www.cms.hhs.gov/pqri. Select “E-prescribing Incentive Program.”

To get the incentive in 2009, you have to report on the e-prescribing quality measure. When you have an applicable case, you can report on the e-prescribing measure with two steps:

STEP1.

Bill on one of the following denominator codes: 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, G0101, G0108, G0109

Even if you’re not sure if the Medicare service you bill for with these denominator codes will exceed 10% of your Medicare revenues, you should report the e-prescribing codes.

STEP2.

Report one of the three G-codes listed below on more than 50% of applicable cases for the numerator. Each of the three codes (even the code for not generating prescriptions) count toward the e-prescribing incentive. One of the G codes must be reported on the same claim as the denominator billing code.

- ◇ If you used a qualified e-prescribing system for all of the prescriptions report G8443.
- ◇ If you had a qualified e-prescribing system, but didn’t generate any prescriptions during this encounter report G8445.
- ◇ If you had a qualified e-prescribing system, but prescribed narcotics or other controlled substance* report G8446.
- ◇ If you had a qualified e-prescribing system and state or Federal law required you to phone in or print a prescription report G8446.
- ◇ If you had a qualified e-prescribing system, and the patient asked that you phone in or print the prescription report G8446.
- ◇ If you had a qualified e-prescribing system, and the pharmacy system can’t receive electronic transmission report G8446.

*The Drug Enforcement Agency (DEA) currently prohibits e-prescribing for controlled substances. The DEA has issued a proposed rule to allow e-prescribing for controlled substances under certain conditions. Even if the DEA allows e-prescribing measure for controlled substances without using an e-prescribing system to do so. Note: Prescribers must submit quality measure information through claims under the 2009 E-prescribing Incentive Program.

FOR ADDITIONAL INFORMATION GO DIRECTLY TO THE SOURCE: www.cms.hhs.gov/pqri; look for downloads—E-prescribing Fact Sheet & E-prescribing Incentive Program

Success

**“To laugh often and much;
To win the respect of intelligent people
and the affection of children;
To earn the appreciation of honest critics
and endure the betrayal of false friends;
To appreciate beauty, to find the best in others;
To leave the world a bit better, whether by
a healthy child, a garden patch or a
redeemed social condition;
To know even one life has breathed easier
because you have lived.
This is to have succeeded.”**

By Bessie Stanley- 1905

