MPC, Inc.
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Avoiding The 2014 eRx Payment Adjustment

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MEDICAL PRACTICE CONSULTANTS, INC.

For the 12-month eRx reporting period (January 1 –December 31, 2012), valid QDC submissions were counted when the eRx QDC (G8553) was submitted via claims, qualified registry, or qualified EHR system, and all measure-eligibility criteria was met if applicable (i.e., correct Current Procedural Terminology, or CPT code). For the 6-month eRx reporting period (January 1– June 30, 2013), valid eRx Incentive Program QDC submissions were counted when the eRx QDC (G8553) was submitted via claims for any Medicare Part B PFS service.

Eligible professionals could have submitted the eRx Incentive Program QDC as an individual eligible professional, or as a CMS-selected group practice participating in the eRx GPRO. Only group practices who self-nominated, indicated the intent of reporting eRx as a 2012 eRx GPRO during the self-nomination period, and participated in the 2012 Physician Quality Reporting System (PQRS) GPRO were eligible to submit the eRx QDC during the reporting period as an eRx GPRO.

Inclusion Criteria

Individual Eligible Professionals

The 2014 eRx payment adjustment will only apply to those individual eligible professionals who met all of the following criteria:

- Met the aforementioned taxonomy criteria (doctor of medicine, doctor of osteopathy, doctor of podiatric medicine, nurse practitioner, or physician assistant) based on NPPES primary specialty taxonomy criterion for the 2013 eRx 6-month reporting period;
- Have more than 10% of allowed charges for the 2013 eRx 6-month reporting period (January 1– June 30, 2013) comprised of codes in the denominator of the 2013 eRx measure; AND
- Have more than 100 cases containing an encounter code in the measure's denominator during the 2013 eRx 6-month reporting period.

eRx GPRO

The 2014 eRx payment adjustment will only apply to those group practices participating in 2013 eRx GPRO who met all of the following criteria:

- Have more than 10% of the eRx GPRO's allowed charges for the 2013 eRx 6-month reporting period (January 1–June 30, 2013) comprised of codes in the denominator of the 2013 eRx measure.

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Individual Eligible Professionals

Individual eligible professionals who meet the above inclusion criteria may receive 98.0% of the PFS amount (or 2.0% less) for covered professional services rendered from January 1– December 31, 2014 if they did not:

- Become a successful electronic prescriber during the 2013 eRx 6-month reporting period (January 1 –June 30, 2013); or
- Request a 2013 eRx significant hardship exemption, or submit a lack of prescribing privileges G-code

Individual eligible professionals were required to submit at least 25 unique denominator-eligible eRx events during the 2012 eRx 12-month reporting period to be automatically exempt from the 2014 eRx payment adjustment. Analysis of all 2012 eRx data will be completed in the fall of 2013 for a final determination of whether or not eligible professionals will be automatically exempt from the 2014 eRx payment adjustment, or eligible for an incentive payment.

Individual eligible professionals have a second chance to avoid the 2014 eRx payment adjustment by requesting a significant hardship exemption, or indicate lack of prescribing privileges reporting, or report at least 10 eRx events on any billable Medicare Part B PFS claim with a date of service during the 2013 eRx 6-month reporting period (January 1–June 30, 2013). Individual eligible professionals need to meet the reporting criteria for each TIN under which (s)he worked during 2012 and/or 2013 to avoid the 2014 eRx payment adjustment for each TIN. Analysis of the 2012 and 2013 eRx reporting periods to determine subjectivity of the 2014 eRx payment adjustment is at the TIN/National Provider Identifier (NPI) level.

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eRx GPRO

Group practices participating in eRx GPRO who met the above inclusion criteria may receive the 2014 eRx payment adjustment of 98.0% of the PFS amount (or 2.0% less) for covered professional services rendered from January 1–December 31, 2014 if they:

• Failed to become successful electronic prescribers during the 2012 eRx 12-month reporting period (via reporting method provided during self-nomination); or

• Failed to become a successful electronic prescriber during the 2013 eRx 6-month reporting period (via claims); or

• Failed to request a 2014 eRx significant hardship exemption.

Large CMS-selected group practices participating in 2012 eRx GPRO (100 or more eligible professionals) were required to submit at least 2,500 unique denominator-eligible eRx events via the reporting method indicated during the self-nomination period for the 2012 eRx 12-month reporting period to be automatically exempt from the 2014 eRx payment adjustment. Small CMS-selected group practices participating in 2012 eRx GPRO (25-99 eligible professionals) were required to submit at least 625 unique denominator-eligible eRx events via the reporting method indicated during the self-nomination period for the 2012 eRx 12-month reporting period to be automatically exempt from the 2014 eRx payment adjustment. Exemption from the 2014 eRx payment adjustment based on 2012 eRx GPRO reporting assumes that the eRx GPRO status of each group remains the same through consecutive program years.

ERx GPROs have a second chance to avoid the 2014 eRx payment adjustment by requesting a significant hardship exemption or by meeting the reporting criteria as set forth in the final 2013 PFS rule to avoid the 2014 eRx payment adjustment. Analysis of the 2012 and 2013 eRx reporting periods to determine subjectivity of the 2014 eRx payment adjustment is at the TIN level for group practices participating in eRx GPRO. Additional information on 2013 eRx Incentive Program reporting requirements is available on the CMS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/.

2014 eRx Payment Adjustment Feedback Report Overview

The 2014 eRx Payment Adjustment Feedback Report provides interim analysis of partial-year data from Medicare Part B PFS claims received for services rendered January 1–October 31, 2012 that were processed into the NCH by December 31, 2012 (the last Friday in December is the 28th and data will not be processed throughout the weekend). The 2014 eRx Payment Adjustment Feedback Report provides a status check on where the eligible professional or CMS-selected eRx GPRO is in meeting the 2012 eRx Incentive Program requirements for being a successful electronic prescriber, and; therefore, automatically exempt from the 2014 eRx payment adjustment. Eligible professionals deemed unsuccessful at meeting the 2012 eRx Incentive Program requirements have a second chance to avoid the 2014 eRx payment adjustment by meeting the 2013 eRx 6-month reporting requirements (January 1–June 30, 2013).

The 2014 eRx Payment Adjustment Feedback Report will be accessible to individual eligible professionals who met the aforementioned taxonomy criteria and CMS-selected group practices participating in eRx GPRO who submitted at least one Medicare Part B PFS claim containing an eRx denominator-eligible service rendered January 1–October 31, 2012 that was processed into the NCH by December 31, 2012 (the last Friday in December is the 28th and data will not be processed throughout the weekend).

The 2014 eRx Payment Adjustment Feedback Report will not reflect the following:

• Data analysis of the full 2012 eRx 12-month reporting period and claims run-out processing period (claims with dates of service January 1–December 31, 2012, with a processing period through February 22, 2013)

• 2012 QDCs submitted via registry reporting, or qualified EHR systems

• Whether or not the individual eligible professional or eRx GPRO meets the 2013 eRx 6-month (January 1–June 30, 2013) reporting requirements or eligibility criteria

• 2014 eRx payment adjustment hardship exemptions (including hardship G-codes submitted via claims or requested through the Communication Support Page, or EHR Incentive Program participation)

• 2012 eRx Incentive Program Informal Review and/or 2014 eRx Payment Adjustment Informal Review final decision

2014 eRx Payment Adjustment Feedback Report provides individual/rendering NPI- and TIN-level data. Individual eligible professionals who met the aforementioned taxonomy eligibility criteria, and submitted Medicare Part B PFS claims containing an eRx denominator-eligible visit will be able to request NPI-level reports, in addition to viewing their NPI data within the TIN-level report.

Who dares to teach must never cease to learn.
~John Cotton Dana