

**MOA MEMBERS  
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**INFORMATION ON EHRs, eRx, and PQRS FROM MEDICARE**

Registration opened on January 3<sup>rd</sup> for the Medicare and Medicaid EHR Incentive Programs and Medicaid payments have already been issued by two states!

On Wednesday, January 5, 2011 the first payments under the Medicaid EHR Incentive Program were issued by Oklahoma and Kentucky. Kentucky processed payment to the University of Kentucky 's teaching hospital, University of Kentucky Healthcare. The first payment, \$2.86 million, was one- third of the hospital's overall expected amount for participating in the program. Oklahoma issued payments to two physicians at the Gastorf Family Clinic of Durant, OK for \$21,250 each, for having adopted certified EHRs. These incentive payments for the adoption of certified EHR technology are federally-funded under the Health Information Technology for Economic and Clinical Health (HITECH) Act provisions of the American Recovery and Reinvestment Act of 2009.

For additional information on the these actions by Oklahoma and Kentucky please visit their websites: <http://www.okhca.org/EHR-incentive> and <http://chfs.ky.gov/dms/EHR.htm>

For more information on the Medicare and Medicaid Electronic Health Records Incentive Programs, please visit CMS' EHR website at <http://www.cms.gov/EHRIncentivePrograms/>

2011 Electronic Prescribing (eRx) Incentive Program Update

In November, the Centers for Medicare & Medicaid Services announced that, beginning in 2012, eligible professionals who are not successful electronic prescribers may be subject to a payment adjustment on their Medicare Part B Physician Fee Schedule (PFS) covered professional services. Section 132 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorizes CMS to apply this payment adjustment whether or not the eligible professional is planning to participate in the eRx Incentive Program.

From 2012 through 2014, the payment adjustment will increase each calendar year. In 2012, the payment adjustment for not being a successful electronic prescriber will result in an eligible professional or group practice receiving 99% of their Medicare Part B PFS amount that would otherwise apply to such services. In 2013, an eligible professional or group practice will receive 98.5% of their Medicare Part B PFS covered professional services for not being a successful electronic prescriber in 2011 or as defined in a future regulation. In 2014, the payment adjustment for not being a successful electronic prescriber is 2%, resulting in an eligible professional or group practice receiving 98% of their Medicare Part B PFS covered professional services.

The payment adjustment does not apply if <10% of an eligible professional's (or group practice's) allowed charges for the January 1, 2011 through June 30, 2011 reporting period are comprised of codes in the denominator of the 2011 eRx measure.

Please note that earning an eRx incentive for 2011 will **NOT** necessarily exempt an eligible professional or group practice from the payment adjustment in 2012.

### **How to Avoid the 2012 eRx Payment Adjustment**

- **Eligible professionals** – An eligible professional can avoid the 2012 eRx Payment if (s)he:
  - Is not a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of June 30, 2011 based on primary taxonomy code in NPPES;
  - Does not have prescribing privileges. Note: (S)he must report (G8644) at least one time on an eligible claim prior to June 30, 2011;
  - Does not have at least 100 cases containing an encounter code in the measure denominator;
  - Becomes a successful e-prescriber; and
  - Reports the eRx measure for at least 10 unique eRx events for patients in the denominator of the measure.
- **Group Practices** - For group practices that are participating in eRx GPRO I or GPRO II during 2011, the group practice **MUST** become a successful e-prescriber.
  - Depending on the group's size, the group practice must report the eRx measure for 75-2,500 unique eRx events for patients in the denominator of the measure.

For additional information, please visit the “Getting Started” webpage at <http://www.cms.gov/erxincentive> on the CMS website for more information; or download the *Medicare's Practical Guide to the Electronic Prescribing (eRx) Incentive Program* under Educational Resources.

**2011 Electronic Prescribing (eRx) Incentive Program Educational Products Are Now Available!**

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the posting of 2011 Electronic Prescribing (eRx) Incentive Program educational products to the eRx web page at <http://www.cms.gov/ERxIncentive> on the CMS website.

- ***2011 eRx Measure Specifications and Release Notes*** – provides guidance on the 2011 eRx measure specifications for claims or registry-based reporting and release notes describing changes from the *2010 eRx Measure Specifications*.
- ***Claims-Based Reporting Principles for the 2011 eRx Incentive Program*** – provides guidance on the principles for reporting the eRx measure on claims for the 2011 eRx Incentive Program.
- ***2011 EHR Measure Specifications for eRx and Release Notes*** – provides guidance on the 2011 EHR measure specifications for eRx and release notes. In addition, the specifications contain a detailed description of data element names and codes.
- ***2011 EHR Downloadable Resource Table and Release Notes*** – an Excel spreadsheet and release notes listing 2011 EHR information.
- ***2011 eRx Incentive Program GPRO I Measure Specifications and Release Notes*** – provides guidance on the specifications for the eRx measure for use in 2011 eRx GPRO I and release notes.

To access the 2011 eRx educational products, visit the *Spotlight* section on the eRx webpage at [http://www.cms.gov/ERxIncentive/02\\_Spotlight.asp](http://www.cms.gov/ERxIncentive/02_Spotlight.asp) to view the listing of educational products and their corresponding section pages on the CMS website.

Further information on the 2011 eRx Incentive Program may be found in the final 2011 Medicare Physician Fee Schedule rule with comment period (75 FR 73490 through 73610) that was published in the Federal Register on November 29, 2010. The final rule can be found on the Statute/Regulations/Program Instructions section page at [http://www.cms.gov/ERxIncentive/04\\_Statute\\_Regulations.asp](http://www.cms.gov/ERxIncentive/04_Statute_Regulations.asp) on the CMS website.

**REMINDER:** Reporting for the 2011 eRx began January 1, 2011. There is no need to sign up or pre-register in order to participate.

### **2011 Physician Quality Reporting System Educational Products Are Now Available!**

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the posting of 2011 Physician Quality Reporting System educational products at <http://www.cms.gov/PQRI> on the CMS website

- **2011 Physician Quality Reporting System Measures List** – this document identifies and explains the measures used in Physician Quality Reporting, including information on the reporting options/methods for each and if it is a patient-level measure. Measure developers and their contact information are also provided.
- **2011 Physician Quality Reporting System Quality-Data Code (QDC) Categories** – a table that outlines, for each measure, each QDC that should be reported for a corresponding quality action performed by the individual eligible professional as noted in the measures specification. This determines how each code will be used when calculating performance rates. This also clarifies those measures that require two or more QDCs to report satisfactorily. Insufficiently reporting the QDCs (as specified in the 2011 Physician Quality Reporting System measure specifications) will result in invalid reporting.
- **2011 Physician Quality Reporting System Single Source Code Master** – this file includes a numerical listing of all codes included in 2011 Physician Quality Reporting for incorporation into billing software.
- **2011 Physician Quality Reporting System Measure Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes** – this zip file contains two documents which are the authoritative documents that describe 1) the 2011 measure specifications (including codes and reporting instructions) for the 194 individual Physician Quality Reporting measures for claims or registry-based reporting and 2) changes from the 2010 program year *Measure Specifications* in the form of release notes delineated by measure number.
- **2010 Physician Quality Reporting System Implementation Guide** – provides guidance about how to implement 2011 Physician Quality Reporting claims-based reporting of measures to facilitate satisfactory reporting of quality-data codes by eligible professionals.
- **2011 Physician Quality Reporting System Measures Groups Specifications Manual and Release Notes** – measures group specifications are different from those of the individual measures that form the group. The specifications and instructions for measures group reporting are, therefore, provided in a separate manual. This zip file contains two documents which are the authoritative documents that describe 1) the 2011 measures groups specifications (including codes and reporting instructions) for the 14 Physician Quality Reporting measures groups for claims or registry-based reporting and 2) changes from the *2010 Measures Groups Specifications Manual* in the form of release notes.
- **Getting Started with 2011 Physician Quality Reporting System of Measures Groups** – provides guidance on implementing the 2011 Physician Quality Reporting System measures groups.
- **2011 Physician Quality Reporting System Measure-Applicability Validation Process for Claims-Based Reporting of Individual Measures** – provides guidance for those eligible professionals who satisfactorily submit quality-data codes for fewer than three Physician Quality Reporting measures, and how the measure-applicability validation process will determine whether they should have submitted QDCs for additional measures.

- **2011 Physician Quality Reporting Measure-Applicability Validation Process Release Notes** – the release notes for the changes occurring for the 2011 Physician Quality Reporting Measure-Applicability Validation Process (MAV).
- **2011 Physician Quality Reporting System Measure-Applicability Validation Process Flow** – a chart that depicts the Measure-Applicability Validation Process (MAV).
- **Group Practice Reporting Option I (GPRO I) Requirements for Submission of 2011 Physician Quality Reporting System Data** – provides guidance on how a large group practice of over 200 eligible professionals can self-nominate to participate in GPRO I for 2011 data submission.
- **2011 Physician Quality Reporting System Group Practice Reporting Option I (GPRO I) Measures List** – a document containing a list of the 2011 Physician Quality Reporting GPRO I Measures.
- **2011 Physician Quality Reporting GPRO I Narrative Measure Specifications and Release Notes** – this document contains descriptions of the 2011 Physician Quality Reporting GPRO I measures and changes in the program since the 2010 reporting year.
- **Group Practice Reporting Option II (GPRO II) Requirements for Submission of 2011 Physician Quality Reporting System Data** – This document provides guidance on how a group practice ranging in size from 2-199 eligible professionals can self-nominate to participate in 2011 GPRO II for Physician Quality Reporting System data submission.
- **Qualified EHR Vendors for the 2011 Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Programs** – list of EHR vendors and their programs that have become "qualified" to submit quality data to CMS by eligible professionals for 2011 Physician Quality Reporting System reporting. Each of these EHR vendors has gone through a thorough vetting process for the product and version listed including checking their capability to provide the required Physician Quality Reporting System data elements for the Physician Quality Reporting System measures. Some EHRs are also capable of reporting the electronic prescribing measure. In addition to capturing the required data elements for the measure calculation, these "qualified" EHR products can also transmit the required information in the requested file format. While the listed EHR vendors and their EHR products have successfully completed the vetting process, CMS cannot guarantee that any other product or version of software from the listed vendors will be compatible for EHR based submission for Physician Quality Reporting System.
- **2011 EHR Documents for Eligible Professionals** – this zipped file contains the following:
  - **2011 Physician Quality Reporting System EHR Measure Specifications** – the detailed description of data element names and codes related to each of 20 2011 Physician Quality Reporting System and eRx quality measures available for electronic submission.
  - **2011 Physician Quality Reporting System Physician Quality Reporting System EHR Measure Specifications – Release Notes** – the corresponding release notes for the 2011 EHR Measure Specifications.
  - **2011 EHR Downloadable Resource Table**
  - **2011 EHR Downloadable Resource Table - Release Notes**

- **2011 EHR Documents for Vendors** – this zipped file contains the following:
  - **Data Submission Specifications Utilizing HL7 QRDA Implementation Guide Based on HL7 CDA Release 2.0**
  - **Updated EHR Data Submission Specifications Utilizing QRDA – Release Notes** – release notes for Data Submission Specifications Utilizing HL7 Quality Reporting Document Architecture Based on HL7 CDA Release 2.0
  - **2011 EHR Downloadable Resource Table**
  - **2011 EHR Downloadable Resource Table – Release Notes**
  - **Updated EHR Data Submission Specifications Utilizing QRDA Header Errors and Edits**
  - **Updated EHR Data Submission Specifications Utilizing QRDA Body Errors and Edits**

To access the 2011 Physician Quality Reporting System educational products, visit the *Spotlight* page at [http://www.cms.gov/PQRI/02\\_Spotlight.asp](http://www.cms.gov/PQRI/02_Spotlight.asp) on the CMS website for the listing of educational products and the corresponding section page where they can be found.

Further information on the 2011 Physician Quality Reporting System may be found in the final 2011 Medicare Physician Fee Schedule rule with comment period (75 FR 73377 through 73621) that was published in the Federal Register on November 29, 2010. The final rule can be found on the CMS Physician Quality Reporting System webpage at [http://www.cms.gov/PQRI/05\\_StatuteRegulationsProgramInstructions.asp](http://www.cms.gov/PQRI/05_StatuteRegulationsProgramInstructions.asp) on the CMS website. Click on the Statute/Regulations/Program Instructions section page on the left.