

Get Your 10 Electronic Prescriptions (eRx) Done Before June 30th to Avoid a 2% Cut in Medicare Payments in 2014



The deadline is fast approaching for both individual eligible professionals (EPs) and group practices participating in the Group Practice Reporting Option (GPRO) to complete their required number of electronic prescriptions. If you are an EP or an eRx GPRO participant, you must successfully report as an electronic prescriber before **June 30, 2013** or you will experience a payment adjustment in 2014 for professional services covered under Medicare Part B's Physician Fee Schedule (PFS.)

The 2013 eRx Incentive Program 6-month reporting period (January 1, 2013 to June 30, 2013) is the final reporting period available to you if you wish to avoid the 2014 eRx payment adjustment.

If you do not successfully report, a payment adjustment of 2.0% will be applied, and you will receive only 98.0% of your Medicare Part B PFS amount for covered professional services in 2014.

Avoiding the 2014 eRx Payment Adjustment

Individual EPs and eRx GPRO participants who were not successful electronic prescribers in 2012 can avoid 2014 eRx

payment adjustment by meeting specified reporting requirements between **January 1, 2013 and June 30, 2013**. Below are the 6-month reporting requirements:

- Individual EPs – 10 eRx events via claims
- eRx GPRO of 2-24 EPs – 75 eRx events via claims
- eRx GPRO of 25-99 EPs – 625 eRx events via claims
- eRx GPRO of 100+ EPs – 2,500 eRx events via claims

Exclusions and Hardships Exemptions

Exclusions from the 2014 eRx payment adjustment only apply to certain individual EPs and group practices, and CMS will automatically exclude those individual EPs and group practices who meet the criteria.

Here are the reasons you would not have to ePrescribe in 2013:

- You successfully **ePrescribed in 2012**.
- You are NOT an **eligible professional** such as a MD, DO, podiatrist, Nurse Practitioner, or Physician Assistant by 6/30/13 based on primary taxonomy code in the National Plan and Provider Enumeration System (NPES.)
- You do NOT have not have at least **100 Medicare Part B PFS cases** containing an encounter code in the measure's denominator for dates of service from 1/1/13-6/30/13.
- You do not have **10% or more of your Medicare Part B PFS allowable charges** (per TIN) for encounter codes in the measure's denominator for dates of service from 1/1/13-6/30/13.
- You've **already done at least 10 electronic prescriptions** and reported the G-code (G8553) via claims during the 2013 eRx 6-month reporting period 1/1/13-6/30/13.
- You've **achieved Meaningful Use** under the Medicare or Medicaid EHR Incentive Program during the 12-month eRx

reporting period (1/1/12-12/31/12) or the 6-month eRx reporting period (1/1/13-6/30/13) and you attested during the 6-month reporting period (1/1/13-6/30/13.)

- You've **demonstrated intent** to participate in the Medicare or Medicaid EHR Incentive Program by registering (providing EHR certification ID) during the 6-month reporting period (1/1/13-6/30/13) and adopting certified EHR technology.
- You've **submitted one of the hardship exemption G-codes** via any payable Medicare Part B PFS claim with a date of service during the 6-month eRx reporting period (1/1/13-6/30/13.)
- You've requested and CMS has **approved a hardship exemption** via the Physician Quality Reporting Communication Support Page (Communication Support Page.)
- More information on exclusion criteria and hardship exception categories can be found in this pdf: **Electronic Prescribing (eRx) Incentive Program: 2014 Payment Adjustment Fact Sheet.**