

# **E-prescribing: Use it 10 times for Medicare Patients Between Now and June 30, 2011 or Lose Money in 2012**

## **Should I consider ePrescribing in 2011 if I'm not ready to install an EMR?**



- In 2012 eligible professionals who are not successful eprescribers, based on claims submitted between January 1, 2011 "“ June 30, 2011, may be subject to a “payment adjustment” (read payment cut) in their Medicare Part B Physician Fee Schedule (PFS) for covered professional services.
- Those that don't ePrescribe as a part of 10 Medicare patient encounters by June 30, 2011 will only receive 99% of their Medicare payment for all encounters in 2012.
- Those that don't ePrescribe as a part of 25 encounters by December 31, 2011, will only receive 98.5% of their Medicare payments for all encounters in 2013 and only 98% of their Medicare payments for encounters during 2014 and going forward.
- 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.

The **DENOMINATOR** is the visit code that is eligible for an eprescribing code (see list below.)

Patient visit during the reporting period (CPT or HCPCS):  
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

The **NUMERATOR** is a prescription generated and transmitted via a qualified eRx system and reported using a quality data code.

**G8553:** At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system (reported via claims, a registry, or an EHR.)

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 Payment Adjustment**

An eligible professional can avoid losing 1% in 2012 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. (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.

## **Exemptions from the Medicare Payment Adjustment in 2012**

- An (EP) eligible professional or selected group practice may request an exemption from the eRx Incentive Program and from the payment adjustment based upon a significant hardship.
- The qualifying circumstances are based upon two “hardship codes” that need reported on at least one claim prior to June 30, 2011 should one of the following situations apply:

**G8642** – The eligible professional practices in a rural area without sufficient high speed internet access and requests a hardship exemption from the application of the payment adjustment under section 1848(a)(5)(A) of the Social Security Act.

**G8643** – The eligible professional practices in an area without sufficient available pharmacies for electronic prescribing and requests a hardship exemption from the application of the payment adjustment under section 1848(a)(5)(A) of the Social Security Act

### **To Recap:**

1. Each Physician or practice that does not currently ePrescribe should consider whether or not ePrescribing is worthwhile. (Note: For group practices 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. Check out the Group Practice Reporting Option [here](#).)

2. In estimating the value of ePrescribing, the practice manager must consider on one hand the expense (which there is, even for free standalone eRx systems) surrounding the implementation of ePrescribing, and the potential income from the ePrescribing Incentive.
3. The practice must also determine if an EMR is in their future, and if so, if the installation will take place soon enough to report the 10 encounters with Medicare patients.
4. Individual eligible professionals (EPs) may choose to participate in either the PQRI, eRx, or both. PQRI and eRx are separate incentive programs.
5. If an eligible professional (EP) earns an incentive under the Medicare EHR Incentive Program, he or she cannot receive an incentive payment under the eRx Incentive Program in the same program year, and vice versa. However, if an EP earns an incentive under the Medicaid EHR Incentive Program, he or she can receive an incentive payment under the eRx Incentive Program in the same program year.
6. Eligible professionals must have adopted a "qualified" eRx system. There are two types of systems: a system for eRx only (stand-alone) or an electronic health record (EHR system) with eRx functionality. Regardless of the type of system used, to be considered "qualified" it must be based on **ALL** of the following capabilities:
  - Generating a complete active medication list incorporating electronic data received from applicable pharmacies and benefit managers (PBMs) if available.
  - Providing information related to lower cost, therapeutically appropriate alternatives (if any). Selecting medications, printing prescriptions,

electronically transmitting prescriptions, and conducting all alerts.

- Providing information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan, if available.

For a list of qualified registries and qualified EHR vendors and products, click [here](#).

An excellent article, ***Choosing the Right E-prescribing Application: Should you buy a standalone app or an EHR-integrated module?*** was published in January 2011 by Physicians Practice [here](#).

Image courtesy of Wikipedia

