

# **Medicare This Week: June 22nd, 2012, Only 8 days Left For 2013 eRx Exemption, National Provider Call on Certified EHR Programs, New CME Modules**



- Only 8 Days Left to Apply for a 2013 ePrescribing Exemption: Will You Face a 1.5% Adjustment? (jump to story)**
- Register Now: CMS National Provider Call on Certified EHR Technology (jump to story)**
- Two New CME Modules on Medscape: Fraud and Abuse (jump to story)**

**If You Are Not Currently ePrescribing, and Have Not Applied for a Hardship Exemption, You Have Until July 1st, 2012 to Do So**

Reminder from CMS. All Emphasis Mine.

The 2013 eRx payment adjustment only applies to certain individual eligible professionals. CMS will automatically exclude those individual eligible professionals who meet the following criteria:

- The eligible professional is a successful electronic prescriber during the 2011 eRx 12-month reporting period (January 1, 2011 through December 31, 2011).
- The eligible professional is not an MD, DO, podiatrist, Nurse Practitioner, or Physician Assistant by June 30, 2012, based on primary taxonomy code in the National Plan and Provider Enumeration System (NPPES).
- The eligible professional does not have at least 100 Medicare Physician Fee Schedule (MPFS) cases containing an encounter code in the measure's denominator for dates of service from January 1, 2012 through June 30, 2012.
- The eligible professional does not have 10% or more of their MPFS allowable charges (per TIN) for encounter codes in the measure's denominator for dates of service from January 1, 2012 through June 30, 2012.
- The eligible professional does not have prescribing privileges and reported G8644 on a billable Medicare Part B service at least once on a claim between January 1, 2012 and June 30, 2012.

### ***Avoiding the 2013 eRx Payment Adjustment***

Individual eligible professionals and CMS-selected group practices participating in eRx GPRO who were not successful electronic prescribers in 2011 can avoid the 2013 eRx payment adjustment by meeting the specified reporting requirements between **January 1 and June 30, 2012.**

### ***6-month Reporting Requirements to Avoid the 2013 Payment Adjustment:***

- Individual Eligible Professionals – **10 eRx events** via claims

- Small eRx GPRO – **625 eRx events** via claims
- Large eRx GPRO – **2,500 eRx events** via claims

For more information on individual and eRx GPRO reporting requirements, please see the MLN Article SE1206 – 2012 Electronic Prescribing (eRx) Incentive Program: Future Payment Adjustments.

**CMS may exempt individual eligible professionals and group practices** participating in eRx GPRO from the 2013 eRx payment adjustment if it is determined that **compliance with the requirements for becoming a successful electronic prescriber would result in a significant hardship**.

### ***Significant Hardships***

The significant hardship categories are as follows:

- The eligible professional is unable to electronically prescribe due to local, state, or federal law, or regulation
- The eligible professional has or will prescribe fewer than 100 prescriptions during a 6-month reporting period (January 1 through June 30, 2012)
- The eligible professional practices in a rural area without sufficient high-speed Internet access (G8642)
- The eligible professional practices in an area without sufficient available pharmacies for electronic prescribing (G8643)

### ***Submitting a Significant Hardship Code or Request***

**To request a significant hardship**, individual eligible professionals and group practices participating in eRx GPRO must submit their significant hardship exemption requests through the Quality Reporting Communication Support Page (Communication Support Page) **on or between March 1 and June 30, 2012**. Please remember that CMS will review these requests on a case-by-case basis. All decisions on significant hardship

exemption requests will be final.

Significant hardships associated with a G-code may be submitted via the Communication Support Page **or on at least one claim** during the 2013 eRx payment adjustment reporting period (**January 1 through June 30, 2012**). If submitting a significant hardship G-code via claims, it is not necessary to request the same hardship through the Communication Support Page.

For more information on how to navigate the Communication Support Page, please reference the following documents:

- Quality Reporting Communication Support Page User Guide
- Tips for Using the Quality Reporting Communication Support Page

For additional information and resources, please visit the E-Prescribing Incentive Program web page.

If you have questions regarding the eRx Incentive Program, eRx payment adjustments, or need assistance submitting a hardship exemption request, please contact the QualityNet Help Desk at 866-288-8912 (TTY 877-715-6222) or via [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org). They are available Monday through Friday from 7am to 7pm CST.

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## **Registration Open for National Provider Call on Certified EHR Technology**

If you are feeling “a little lost” about switching from a paper record, Meaningful Use, and choosing an EHR to get you started, this is the national provider call for you!

*Wednesday, June 27; 2-3:30pm ET*

Join CMS and the Office of the National Coordinator for Health Information Technology (ONC) for a National Provider Call providing an overview of the use of certified EHR technology to meet meaningful use. Learn about the different types of certification and what certification actually tests. As of April 30, over \$5 billion has been paid in EHR incentives under both programs. This is the last year Medicare eligible professionals can begin to participate to earn the full Medicare Electronic Health Record (EHR) incentive payments.

*Target Audience:* Eligible Professionals and Eligible Hospitals as defined by the Medicare and Medicaid EHR Incentive Programs.

*Agenda:*

- **Overview of Meaningful Use**
- **How and Why of Certification**
- **Which EHR Products are Certified**
- **Resources**
- **Q&A with CMS and ONC experts**

***Registration Information:*** In order to receive call-in information, you must register for the call on the CMS Upcoming National Provider Calls web page. Registration will close at 12pm on the day of the call or when available space has been filled; no exceptions will be made, so please register early.

***Presentation:*** The presentation for this call will be posted prior to the call on the FFS National Provider Calls web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

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# **Two New CME Modules Now Available on Medscape on Fraud and Abuse**

In early June, Medscape posted two new CME modules entitled, “Reducing Medicare and Medicaid Fraud and Abuse: Protecting Practices and Patients” and “How CMS Is Fighting Fraud: Major Program Integrity Initiatives.” These modules highlight efforts by CMS to fight fraud and abuse and how health care professionals can be part of those efforts.

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