2013 E-Prescribing Incentive Requirements

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) created an e-prescribing reporting incentive that pays successful electronic prescribers a percent of Medicare billing. For 2009 and 2010, that was 2 percent; for 2011 and 2012, it was 1 percent; a 1 percent penalty started in 2012 for physicians not utilizing electronic prescribing. In 2013, the incentive is .5 percent and the penalty for not e-prescribing goes up to 1.5 percent. It is important to note that physicians must report in 2013 to avoid the 2014 penalty!

	2013	**2014**	**Beyond**
Incentive	.5%	None	None
Penalty	-1.5%	-2%	-2%

Potential E-Prescribing Benefits

- Increased patient safety resulting from harmful-interaction checks and alerts,
- Fewer medication errors through computerized transmission of legible prescriptions directly to the pharmacy,
- Fewer phone calls between physician and pharmacy for clarification, and
- Improved formulary compliance, which may result in higher patient compliance.

E-Prescribing Defined

E-prescribing is the electronic transmission of prescription or prescription-related information among a prescriber, dispenser, pharmacy benefit manager, or health plan either directly or through an intermediary, including an e-prescribing network. It includes, but is not limited to, two-way transmissions between the point of care and the dispenser. It is important to note that computer generated faxing does not qualify as e-prescribing.

Qualified E-Prescribing System

To qualify for the incentive, a physician must use a qualified e-prescribing system. This can be a stand-alone system, or one integrated with an electronic medical record system or through a qualified registry. A qualified e-prescribing system must be able to:

- Generate a complete active medication list incorporating electronic data from applicable pharmacies and benefit managers;
- Select medications;
- Print prescriptions;
- Electronically transmit prescriptions;
- Conduct safety alerts (written or audible signals that warn prescribers of possible undesirable or unsafe situations, including potentially inappropriate doses or routes of administration of a drug, drug-drug interactions, allergies, or warnings and cautions);
- Provide information on lower-cost, therapeutically appropriate alternatives;
- Provide information on formulary medications; and
- Electronically receive authorization requirements from the patient's drug plan.

Resources

SureScripts provides the network that connects physician to pharmacy and also certifies e-prescribing solutions. SureScripts' website (www.surescripts.com) provides a list of e-prescribing systems and a matrix of each system's functionalities.

2013 Incentive

To be eligible for the .5-percent incentive in 2013, physicians' estimated allowed Medicare Part B charges for the e-prescribing measure codes (listed below in Step 1) must be at least 10 percent of their total Medicare Part B allowed charges. The physician reporting period is for the entire calendar year. Physicians do not need to sign up to participate; submission of the e-prescribing G-code, **G8553** indicates participation. To receive the incentive, physicians must report that an e-prescription was generated for a minimum of 25 unique Medicare patient visits. Physicians working under multiple Taxpayer Identification Numbers (TINs) will need to meet the reporting criteria for each TIN.

> **Step 1**
> Bill under one of the following denominator codes (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. Electronically generated prescriptions not associated with one of these denominator codes will not count toward the minimum 25 e-prescriptions needed for eligibility.

> **Step 2**
> Use claims-based reporting to indicate participation to CMS. If an electronic prescription is generated with a patient visit, report G-code **G8553** on the claim form for the numerator for at least 25 unique visits for Medicare Part B patients during the reporting period. **G8553** indicates that at least one prescription created during the encounter was generated and transmitted electronically using a qualified e-prescribing system.

What type of encounter will count as an event?

A physician must generate at least one electronic prescription using a qualified system during a patient visit from a set of defined services. Multiple prescriptions to the same patient will only constitute one event.

Avoiding Penalties

To avoid a 2-percent penalty applied to the physician fee schedule (PFS) in 2014, physicians must submit 10 e-prescribing claims by June 30, 2013 (does not have to be with a visit tied to one of the denominator codes listed above). To avoid 2015 penalties, physicians can submit 25 e-prescriptions by December 31, 2013. You have until **June 30, 2013** to apply for an exemption for the 2014 e-prescribing penalty.

You are automatically exempt from the 2014 e-prescribing penalty if:
1) You submitted at least 25 e-prescriptions from Jan 1, 2012-Dec 31, 2012;
2) You submitted fewer than 100 denominator eligible claims to Medicare between Jan 1, 2013 – Jun 30, 2013; or
3) Less than 10% of your allowed charges from Jan 1, 2013 – Jun 30, 2013, are comprised of denominator eligible codes.
4) You participate in the EHR incentive program and attested that you achieved meaningful use in 2011, 2012, or up until June 30, 2013.
5) You register for the EHR incentive program AND provide your certified EHR number during the registration process. Please note that the Certified EHR Technology (CEHRT) field is optional during the EHR incentive program registration, but to receive the e-prescribing exemption, you must have purchased a certified EHR and provide that number during registration.

Requesting an E-Prescribing Exemption

Physicians have the opportunity to attest to one or more of the following exemptions (**Physicians with more than one exemption should include this in the text of the request*):
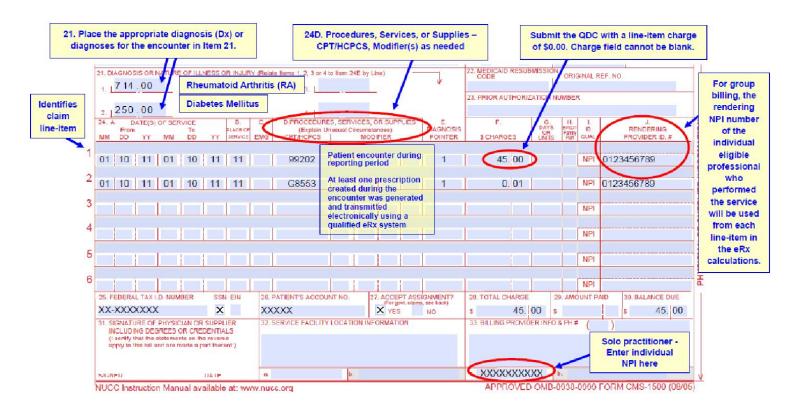
- Physician is unable to electronically prescribe due to local, state, or federal law or regulation (e.g., he or she prescribes controlled substances).
- Physician infrequently prescribes (e.g., he or she prescribes fewer than 100 prescriptions between Jan. 1, 2013, and June 30, 2013).
- Physician's practice is in a rural area without high-speed internet access (can also report G9642 on a claim form one time); and
- Physician's practice is in an area without sufficient available pharmacies for electronic prescribing (can also report G8643 one time).

To access the exemption request form, visit CMS' "Communication Support Page" at:
https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234

*See Appendix B for more information on exemption requests.

Appendix A: CMS-1500 Claim Electronic Prescribing Example

A sample of an individual NPI reporting successful e-prescribing on a CMS-1500 claim using G-code G8553.

The patient was seen for an office visit (99202). The physician is reporting an instance of successful e-Prescribing:
• G-Code G8553 – indicates a prescription generated via qualified e-prescribing system.
• Note: E-prescribing includes encounter (CPT Category I) codes only. All diagnoses listed in Item 21 from the encounter will be used for PQRI analysis.
• NPI placement: Item 24J must contain the NPI of the individual physician who rendered the service when a group is billing.

For more information on the CMS 1500 claim form, see
http://cms.gov/manuals/downloads/clm104c26.pdf

Appendix B: Requesting an E-Prescribing Exemption

To access the exemption request form, visit CMS' "Communication Support Page" at:
https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234
Submission of an e-prescribing exemption request requires the following:

- Identifying information (TIN, individual NPI, name, mailing address, e-mail address);
- The applicable exemption category; and
- A statement of justification that outlines how compliance with the e-prescribing program resulted in a significant hardship to you.

If you believe CMS has made a mistake in calculating e-prescribing penalties or incentives in 2011, 2012, or 2013 you can request an informal appeal via the QualityNet Help Desk. CMS representatives will review applicable data to determine whether or not a mistake has been made. Examples of informal appeals include:

- Physician is not included on the list of eligible professionals who are able to participate in the program; or
- Claims were submitted using your group NPI number instead of your individual NPI number.

Contact QualityNet Help Desk at (866) 288-8912 or via qnetsupport@sdps.org Monday through Friday from 7:00 am-7:00 pm CST.