CMS 2013 Medicare Incentives Programs Webinar
Thursday, April 11, 2013

Dial In: 1-877-267-1577
Passcode: 5917
No audio available through the webinar
Introduction

- Focus on three programs specifically: Physician Quality Reporting System (PQRS), e-prescribing (eRx), and the Electronic Health Records (EHR) meaningful use incentive program

- Today’s aim: show how decision to participate in one or more programs could affect incentive payments or payment adjustments to Medicare reimbursement
  - Aligns with new CMS e-Health initiative at http://www.cms.gov/ehealth/

- 2013 is a critical year for Medicare eligible professionals for these three programs
  - CMS adopted the concept of a “two-year look back period” for payment adjustments

- Topics covered: eligibility, important 2013 deadlines, and decision trees for each program
# Eligibility

## Who is Eligible for Which Programs?

<table>
<thead>
<tr>
<th></th>
<th>PQRS</th>
<th>eRx</th>
<th>EHR Incentive Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eligible for Incentive</td>
<td>Subject to Payment Adjustment</td>
<td>Eligible for Incentive</td>
</tr>
<tr>
<td><strong>Medicare Physicians</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor of Medicine</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Doctor of Osteopathy</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Doctor of Podiatric Medicine</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Doctor of Optometry</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Doctor of Oral Surgery</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Doctor of Dental Medicine</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Doctor of Chiropractic</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Practitioners</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Clinical Nurse Specialist (9)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetist (10)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Clinical Social Worker</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Clinical Psychologist</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Registered Dietician</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Nutrition Professional</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Audiologists</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Therapists</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Qualified Speech-Language Therapist</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
1. (eRx) Eligibility defined by Section 1848 (k) (3) of the Social Security Act; professionals must also have prescribing authority.

2. (eRx) Automatically exempt from eRx payment adjustment if provider did not have at least 100 cases with encounter code in measure’s denominator or did not have at least 10% of Medicare Part B allowed charges for encounter codes in measure’s denominator.
   - Also could have submitted G8642 (rural area); G8643 (insufficient pharmacies); or G8644 (no prescribing privileges).
3. (EHR) Eligible Professionals (EPs) are considered hospital-based (and therefore ineligible to participate as an individual) if 90% or more of services took place in POS 21 (inpatient) or POS 23 (emergency department)

4. (EHR) Medicare EPs may not receive EHR incentive payments under both Medicare and Medicaid

5. (EHR) To be eligible for the Medicaid incentive program EP must have a minimum 30% Medicaid patient volume (minimum 20% if a pediatrician), or practice predominantly in a federally qualified health center (FQHC) or rural health center (RHC) with a minimum 30% patient volume attributable to needy individuals

6. (EHR) Physician assistants (PA) are eligible for the Medicaid EHR incentive program if they furnish services in an FQHC or RHC that is led by a PA

7. (EHR) If a provider is eligible for the Medicaid EHR incentive program but has Medicare reimbursement, could be subject to Medicare payment adjustment if criteria are not met

8. (EHR) Per Stage 2 Final rule, doctors with the designation of radiology, pathology, or anesthesiology are automatically exempt from the EHR payment adjustment

9. Includes Advanced Practice Registered Nurse (APRN)

10. Also applies to Anesthesiologist Assistant
Eligible But Not Able to Participate (PQRS/eRx)

- Professionals paid under or based upon the physician fee schedule (PFS) Medicare Carriers/Medicare Administrative Contractors (MACs) who do not bill directly
- Professionals paid under the PFS billing Medicare fiscal intermediaries (FIs) or MACs (Part A)
- The FI/MAC claims processing systems currently cannot accommodate billing at the individual physician or practitioner level
Eligible But Not Able to Participate (PQRS/eRx), *cont.*

- Critical access hospital (CAH) method II payment, where the physician or practitioner has reassigned his or her benefits to the CAH
  - CAH bills FI/MAC for professional services

- All institutional providers that bill for outpatient therapy provided by physical and occupational therapists and speech language pathologists

- Services payable under fee schedules or methodologies other than PFS are not included
<table>
<thead>
<tr>
<th>Date</th>
<th>Program</th>
<th>Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 30, 2013</td>
<td>eRx</td>
<td>• End of 6-month reporting period that coincides with the 2013 eRx incentive reporting period to avoid the 2014 eRx payment adjustment (see slide 9)</td>
</tr>
<tr>
<td></td>
<td>eRx</td>
<td>• Last day to apply for 2014 eRx Hardship Exemption (see slides 10 &amp; 11)</td>
</tr>
<tr>
<td>July 26, 2013</td>
<td>eRx</td>
<td>• Deadline for claims to be processed into the National Claims History (NCH)</td>
</tr>
<tr>
<td>Fall 2013 (TBD)</td>
<td>eRx</td>
<td>• Deadline for EPs to submit an email request for an informal review of 2012 eRx incentive payment due no later than 90 days from receipt of eRx feedback report</td>
</tr>
</tbody>
</table>
# eRx Payment Adjustments for 2014 (-2.0% of MFPS)

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>6 month (Claims ONLY)</td>
<td>Report the eRx measure’s numerator code at least 10 times between January 1, 2013 and June 30, 2013</td>
<td>Report the eRx measure’s numerator code at least 75 times between January 1, 2013 and June 30, 2013</td>
<td>Report the eRx measure’s numerator code at least 625 times between January 1, 2013 and June 30, 2013</td>
<td>Report the eRx measure’s numerator code at least 2500 times between January 1, 2013 and June 30, 2013</td>
</tr>
</tbody>
</table>
## eRx Hardship Exemptions

<table>
<thead>
<tr>
<th>Significant Hardship Exemption Category</th>
<th>Method of Submission</th>
<th>Deadline for 2014 Exemption</th>
</tr>
</thead>
<tbody>
<tr>
<td>The eligible professional or group practice practices in a rural area with limited high speed internet access</td>
<td>Web-based Communication Support Page</td>
<td>June 30, 2013</td>
</tr>
<tr>
<td>The eligible professional or group practice practices in an area with limited available pharmacies for electronic prescribing</td>
<td>Web-based Communication Support Page</td>
<td>June 30, 2013</td>
</tr>
<tr>
<td>The eligible professional or group practice is unable to electronically prescribe due to local, state, or Federal law or regulation</td>
<td>Web-based Communication Support Page</td>
<td>June 30, 2013</td>
</tr>
</tbody>
</table>
## eRx Hardship Exemptions

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<th>Significant Hardship Exemption Category</th>
<th>Method of Submission</th>
<th>Deadline for 2014 Exemption</th>
</tr>
</thead>
<tbody>
<tr>
<td>The eligible professional or group practice has limited prescribing activity, as defined by an eligible professional generating fewer than 100 prescriptions during a 6-month reporting period</td>
<td>Web-based Communication Support Page</td>
<td>June 30, 2013</td>
</tr>
<tr>
<td>2014 Adjustment: Eligible professionals or group practices who achieve meaningful use during the 2014 12- and 6-month eRx payment adjustment reporting periods (that is, January 1, 2012 – June 30, 2013)</td>
<td>EHR Incentive Program’s Registration/Attestation Page</td>
<td>June 30, 2013</td>
</tr>
<tr>
<td>Eligible professionals or group practices who demonstrate intent to participate in the EHR Incentive Program and adoption of Certified EHR Technology</td>
<td>EHR Incentive Program’s Registration/Attestation Page</td>
<td>June 30, 2013</td>
</tr>
<tr>
<td>Date</td>
<td>Program</td>
<td>Milestone</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>October 3, 2013</td>
<td>Medicare EHR Incentive Program</td>
<td>• Last day for EPs to begin 90-day reporting period for 2013 (first year of participation)</td>
</tr>
</tbody>
</table>
| October 15, 2013    | PQRS                             | • Last day to elect Administrative Claims option to avoid the 2015 payment adjustment  
|                     |                                  |   • A reporting mechanism under which an EP or group practice elects to have CMS analyze claims data to determine which measures an EP or group practice reports  
|                     |                                  |   • Deadline for group practices to submit a self-nomination statement via a CMS-developed website  
|                     |                                  |   • Group practices consisting of 100+ EPs, beginning in 2015, will be subject to the Value Based Modifier based on PQRS reporting in 2013  
|                     |                                  |   • Deadline for groups consisting of 100+ EPs to elect quality-tiering approach to VBM |
| December 31, 2013   | Medicare EHR Incentive Program, PQRS, eRx | • Participation year ends for all programs  
|                     |                                  |   **End of period to avoid 2015 PQRS payment adjustment** |
Did you report the eRx measure’s numerator code at least 25 times in 2012?

Yes

No

Group 25-99: 625 times
Group 100+: 2500 times
Q: Did you report the eRx measure’s numerator code at least 25 times in 2012?

A: Yes

You will avoid the 2014 eRx payment adjustment

Did you successfully attest to meaningful use of certified EHR technology in 2012 (Medicare)?

Yes

You cannot earn an eRx incentive in the same year in which you earn a Medicare meaningful use incentive

No

You may be eligible to earn a 1.0% 2012 eRx incentive payment (paid in 2013)
**2013 eRx Tree, cont.**

**Q:** Did you report the eRx measure’s numerator code at least 25 times in 2012?

**A:** No

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**Do you expect to report the eRx measure’s numerator code at least 10 times by 6/30/13?**

- **Yes**
  - You will avoid the 2014 eRx payment adjustment
  - You cannot earn an eRx incentive in the same year in which you earn a Medicare meaningful use incentive
  - You may earn 0.5% eRx incentive payment for 2013 (paid in 2014)

- **No**
  - Do you qualify for a hardship exemption for the 2014 eRx payment adjustment (see slides 10 & 11)?
    - **Yes**
      - You will avoid the 2014 eRx payment adjustment if you apply for an exemption by 6/30/13
    - **No**
      - You will be subject to a 2.0% eRx payment adjustment to Medicare Part B reimbursement in 2014

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**Do you plan to demonstrate meaningful use of certified EHR technology in 2013 (Medicare)?**

- **Yes**
  - You will avoid the 2014 eRx payment adjustment

- **No**
  - Do you expect to report the eRx measure’s numerator code at least 25 times by 12/31/13?*
    - **Yes**
      - You will avoid the 2014 eRx payment adjustment if you apply for an exemption by 6/30/13
    - **No**
      - You will be subject to a 2.0% eRx payment adjustment to Medicare Part B reimbursement in 2014

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**Group 2-24:** at least 75 times  
**Group 25-99:** at least 625 times  
**Group 100+:** at least 2500 times
Have you attested to meaningful use of certified EHR technology prior to 2013?

- Yes
- No
Q: Have you attested to meaningful use of certified EHR technology prior to 2013?

A: Yes

Do you plan to demonstrate meaningful use of certified EHR technology in 2013?

- Yes
  - You will avoid the 2015 meaningful use payment adjustment

- No
  - Do you expect to be subject to 2014 eRx payment adjustment?
    - Yes
      - You will be subject to a meaningful use payment adjustment of 2.0% in 2015
    - No
      - You will be subject to a meaningful use payment adjustment of 1.0% in 2015

In what year did you first demonstrate meaningful use?

<table>
<thead>
<tr>
<th>1st Year of MU</th>
<th>2013 Incentive Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$8,000</td>
</tr>
<tr>
<td>2012</td>
<td>$12,000</td>
</tr>
</tbody>
</table>
Q: Have you attested to meaningful use of certified EHR technology prior to 2013?

A: No

Do you plan to demonstrate meaningful use of certified EHR technology in 2013?

- Yes
  - You may earn a MU incentive of $15,000 and avoid 2015 MU payment adjustment (90-day reporting period)

- No
  - Do you plan to demonstrate meaningful use of certified EHR technology by 10/1/14?
    - Yes
      - You may earn $12,000 incentive in 2014 and avoid the 2015 & 2016 MU payment adjustment if you start by 7/1/14
    - No
      - Do you qualify for a hardship exemption for the 2015 payment adjustment for MU? (see next slide)?
        - Yes
          - You will avoid the 2015 MU payment adjustment if you apply for an exemption by 6/30/14
        - No
          - Do you expect to be subject to 2014 eRx payment adjustment?
            - Yes
              - YES: You will be subject to a meaningful use payment adjustment of 2.0% in 2015
            - No
              - NO: You will be subject to a meaningful use payment adjustment of 1.0% in 2015
1. **Infrastructure** — EPs must demonstrate that they are in an area without sufficient internet access or face insurmountable barriers to obtaining infrastructure (e.g., lack of broadband).

2. **New EPs** — Newly practicing EPs who would not have had time to become meaningful users can apply for a 2-year limited exception to payment adjustments. Thus EPs who begin practice in calendar year 2015 would receive an exception to the penalties in 2015 and 2016, but would have to begin demonstrating meaningful use in calendar year 2016 to avoid payment adjustments in 2017.

3. **Unforeseen Circumstances** — Examples may include a natural disaster or other unforeseeable barrier.

4. **Patient Interaction:**
   a) Lack of face-to-face or telemedicine interaction with patients
   b) Lack of follow-up need with patients

5. **Practice at Multiple Locations:** Lack of control over availability of CEHRT for more than 50% of patient encounters
Do you also have Medicare reimbursement?

Yes

No
Q: Do you also have Medicare reimbursement?

**NO:** You will not be subject to MU payment adjustments; you may earn a maximum of $63,750 through 2021

**YES:** Have you adopted/implemented/or upgraded (A/I/U) certified EHR technology prior to 2013?

- **Yes**
  - Do you plan to demonstrate meaningful use of certified EHR technology in 2013?
    - **No**
      - You may earn an $8,500 MU incentive and avoid 2015 Medicare MU payment adjustment
    - **Yes**
      - Do you plan to demonstrate meaningful use of certified EHR technology in 2013?*
        - **No**
          - See next slide
        - **Yes**
          - You may earn $21,250 MU incentive in 2013

- **No**
  - Do you intend to A/I/U certified EHR technology in 2013?
    - **Yes**
      - **YES:** You may earn $21,250 MU incentive in 2013 and avoid 2015 Medicare MU payment adjustment
    - **No**
      - See next slide

* Possible to do MU without having done A/I/U previously
If you have not attested to meaningful use before 2014, do you plan to demonstrate MU by 10/1/14?

No

Do you qualify for a hardship exemption for the 2015 payment adjustment for MU? (see slide 20)?

No

Do you expect to be subject to 2014 eRx payment adjustment?

No

You will be subject to a Medicare MU payment adjustment of 1.0% in 2015

Yes

You will avoid the 2015 Medicare MU payment adjustment if you apply for an exemption by 6/30/14

Yes

You may earn a MU incentive* in 2014 and avoid the 2015 & 2016 Medicare MU payment adjustment if you start by 7/1/14

*Earn $21,250 if no prior year of A/I/U and 2014 is first year of MU; earn $8,500 if there was a prior year of A/I/U and 2014 is first year of MU

You will be subject to a Medicare MU payment adjustment of 2.0% in 2015
2013 PQRS Decision Tree: 
*Individuals and Groups <100*

Do you plan to participate in PQRS in 2013?

- Yes
- No
Q: Do you plan to participate in PQRS in 2013?

Yes

Will you participate in a qualified Maintenance of Certification program in 2013?

Yes

You will earn a 1.0% PQRS incentive (paid in 2014) and avoid the 2015 PQRS payment adjustment

No

You will earn a 0.5% PQRS incentive (paid in 2014) and avoid the 2015 PQRS payment adjustment

No

You will be subject to a PQRS payment adjustment of 1.5% in 2015 (no Value Based Modifier adjustment)

*You can avoid the 2015 payment adjustment by applying for the Administrative Claims option OR by submitting one valid measure or measures group

**Satisfactorily reporting on GPRO quality measures through the Shared Savings Program qualifies each eligible professional within the ACO for the PQRS reporting requirements and payment incentive.
2013 PQRS Decision Tree: Groups ≥ 100

Do you plan to participate in PQRS in 2013?

- Yes
- No
**2013 PQRS Decision Tree: Groups ≥ 100, cont.**

**Do you plan to participate in PQRS in 2013?**

- **No**
  - You will be subject to a PQRS payment adjustment of 1.5% in 2015 AND a Value Based Modifier downward adjustment of 1.0% in 2015
  - *You can avoid the 2015 PQRS payment adjustment by applying for the Administrative Claims option OR by submitting one valid measure or measures group*

- **Yes**
  - Will you elect the quality-tiering calculation method for application of Value Based Modifier?
    - **Yes**
      - You may earn a 0.5% PQRS incentive (paid in 2014 based on 2013 Medicare payments; 1.0% if MOC); avoid 2015 PQRS payment adjustment
    - **No**
      - You may earn a 0.5% PQRS incentive (paid in 2014 based on 2013 Medicare payments; 1.0% if MOC); avoid 2015 PQRS payment adjustment; no VBM adjustment

**How do you expect CMS to rate your QUALITY of care?**

- **High**
  - Low: +2.0x
  - Med: +1.0x
  - High: none

- **Medium**
  - Low: +1.0x
  - Med: None
  - High: -0.5%

- **Low**
  - Low: None
  - Med: -0.5%
  - High: -1.0%
EPs can submit data on the same sample of beneficiaries through his/her ONC-certified EHR system to meet the core objective for reporting CQMs for the Medicare EHR Incentive Program and meet the requirements for satisfactory reporting under PQRS for the 2013 program year.

EPs who wish to participate in the PQRS-Medicare EHR Incentive Pilot must indicate within the EHR Incentive Program Registration and Attestation System their intent to fulfill the meaningful use objective of reporting CQMs through participation in the Pilot.

To participate in the pilot, EPs must electronically report CQM results via one of the following methods:

- Use a PQRS “Qualified” EHR Data Submission Vendor
- Direct EHR-Based Reporting
NEW!!! CMS eHealth Webpage
http://www.cms.gov/ehealth/

- PQRS Website
- eRx Incentive Program Website
- Medicare and Medicaid EHR Incentive Programs
- Value Based Modifier (VBM)
  - http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html
- Frequently Asked Questions (FAQs)
  - https://questions.cms.gov/
Where to Call for Assistance

- **QualityNet Help Desk:**
  - Portal password issues
  - PQRS/eRx feedback report availability and access
  - IACS registration questions
  - IACS login issues
  - Program and measure-specific questions
    - 866-288-8912 (TTY 877-715-6222)
    - 7:00 a.m.–7:00 p.m. CST M-F or qnetsupport@sdps.org
    - You will be asked to provide basic information such as name, practice, address, phone, and e-mail

- **Provider Contact Center:**
  - Questions on status of 2012 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)
  - See Contact Center Directory at:

- **EHR Incentive Program Information Center:**
  - 888-734-6433 (TTY 888-734-6563)
Contact Info

Region I: CT, ME, MA, NH, RI, VT
Rick Hoover (617-565-1258)
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