

## **There's Still Time to Qualify for the 2010 Electronic Prescribing Incentive Program**

**Q: Can I still qualify if I have not yet started e-prescribing?**

A: Eligible providers (EPs) can begin reporting eRx at any time during the calendar year of January 1 through December 31, 2010.

**Q. Is this part of the Physicians Quality Reporting Initiative (PQRI) incentive program?**

A: No, this is a separate incentive with different requirements.

**Q: How would I qualify and what is the incentive based on?**

A: To become incentive eligible, individual EPs need to report the eRx measure at least 25 times during the calendar year. Those who successfully report will be eligible to receive an eRx incentive equal to 2.0% of their total Medicare Part B Physician Fee Schedule allowed charges for services performed during the reporting period.

**Q: What does the eRx system need to be able to do to be a "qualified" system?**

A: 1. Generate an active medication list of data received from pharmacies and Pharmacy Benefit Managers (PBMs); 2. Allow for the selection of medications, printing of prescriptions if necessary, electronically transmit medications and producing alerts when needed; 3. Provide information related to lower cost alternatives; 4. Provide information on formulary or tiered formulary medications, patient eligibility and authorization received from the patient's drug plan if available.

**Q: How do I send this information to CMS?**

A: Claims based reporting of the eRx measure on eligible prescriptions by submission of code G8553 for the 2010 calendar year or registry based reporting using a CMS-selected registry, submitting 2010 data to CMS during the first quarter of 2011. You may also choose the use EHR based reporting with a CMS selected electronic health record product, submitting 2010 data to CMS during the first quarter of 2011.

**Q: Do I have to “sign up” for this incentive program?**

A: EPs do not have to register to participate in the 2010 eRx incentive program. Reporting one G8553 code by any of the methods listed above indicates the intent to participate in the program.

**Providers need to follow these two steps when ePrescribing:**

1. Did you bill one of the following CPT codes on this patient visit (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, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0109)?
  - a. If NO, then you cannot report on this visit. Do nothing.
  - b. If YES, Proceed to #2.
2. You should report the following G-code on the claim form that is submitted for the Medicare patient visit during which the prescription was created for the Medicare patient visit:
  - a. G8553 - At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system.

More information: [https://www.cms.gov/ERxIncentive/03\\_How\\_To\\_Get\\_Started.asp](https://www.cms.gov/ERxIncentive/03_How_To_Get_Started.asp)

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