E-Rx: Background

- Electronic Prescribing (eRx) Incentive Program
- Created by Section 132 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)
- Began January 1, 2009
- Authorized separate incentive program for electronic prescribers
- Separate from and in addition to Physician Quality Reporting System-PQRS (formerly PQRI)
- Do not have to participate in PQRS to participate in eRx
- Still voluntary and do not have to register
  - Unless participating in group reporting option

E-Rx: Definition

- eRx - transmission of prescriptions or prescription-related information through electronic media
- Applies to:
  - Medication prescriptions and DME requiring Rx
  - Does not apply to spectacles
- eRx occurs between a prescriber, dispenser, pharmacy benefit manager, or health plan
- Can take place directly or more commonly through an intermediary (eRx network)
E-Rx: Why

Safety:
- Reducing the risk of medication errors —
  - No handwriting errors
  - Provides real-time checks for dangerous drug-drug & allergies
- Reducing the potential for fraud or tampering —
  - Eliminates potential to alter Rx (increase number of pills or refills)
    especially important for controlled substances (Now allowed by DEA)
- Providing access to a patient’s medication history —
  - Securely compiling patient-specific medication histories from different
    sources at point of care
  - More informed check for potentially harmful drug interactions

E-Rx: Why

Patient perspective:
- Rx directly from your computer to pharmacy
- Arrives at pharmacy before patient leaves office
- Time saving for Rx drop off and Rx pick up
- No paper to drop off
- No handwriting to interpret

E-Rx: Why

Time = Money:
- Point of care access to patient eligibility & formulary
  - Determine clinically appropriate, cost effective medication
- Single view of medication history across providers
  - Decrease risk of adverse drug event.
- Automation of the entire prescribing process
  - New prescriptions and renewal requests come into your e-prescribing application for authorization
E-Rx: Why

Two other reasons:

- All written Medicaid prescriptions must be on a tamper-resistant pads since October 1, 2008
  - Electronic prescriptions are excluded from requirement
- Prescribers will not be able to send Medicare Part D prescriptions by fax as of January 1, 2012
  - Hand Written or Electronic Prescription Only

E-Rx: Qualified Systems

Must be able to do all of the following:

- Generate complete medication list that incorporates data from pharmacies and benefit managers (if available)
- Select medications, transmit prescriptions electronically using the applicable standards, and warn the prescriber of possible undesirable or unsafe situations
- Provide information on lower-cost, therapeutically appropriate alternatives (tiered formulary information, if available, meets this requirement)
- Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient’s drug plan
- Note-e-prescribing software and EHR systems that transmit prescriptions to pharmacies only by fax are not considered to be ‘qualified systems’ under this program

E-Rx: Terms

- Electronic Prescribing (eRx) –
  - The transmission, using electronic media, of prescription or prescription-related information between a prescriber, dispenser, pharmacy benefit manager, or health plan either directly or through an intermediary, including an eRx network. Electronic prescribing includes, but is not limited to, two-way transmissions between the point of care and the dispenser (fax is not qualify as electronic prescribing)
- Electronic Prescribing Event –
  - For the purposes of this measure, an electronic prescribing event includes any prescriptions electronically prescribed during a patient visit
- Alerts –
  - Written or acoustic signals to warn prescriber of possible undesirable or unsafe situations, including potentially inappropriate dose or route of administration of a drug, drug-drug interactions, allergy concerns, or warnings and cautions
- DME Supplies –
  - Prescriptions for diabetic supplies may be electronically prescribed. Some pharmacies may require additional documentation secondary to internal policies which may be mandatory in case of audits; others may require a signed copy of the order with signature to be kept for verification purposes.
E-Rx: Getting Started

Two web addresses to remember

http://www.aoa.org/ehr.xml
http://www.getrxconnected.com/OPTOMETRIC/site.aspx

Get Rx Connected
Created under the auspices of The Center for Improving Medication Management (founded by the AAFP, Blue Cross Blue Shield Association, Humana Inc., Intel Corporation, the MGMA, and SureScripts–RxHub)

• Provides a step-by-step process to help transition from paper-based prescribing to e-prescribing with clinical decision support and pharmacy connectivity
• Over 75% of the nation's pharmacies process prescriptions electronically
• Helps prescribers and practice management professionals assess the financial impact of e-prescribing with an interactive feature to calculate an estimated value of the time and resources their practices are currently dedicating to the manual processing of prescriptions.

Steps on Get Connected:

1. Complete form for free, personalized report
2. Assess certification status of existing software for eRx services
3. Listings of e-prescribing solutions that meet your stated needs
4. Provides next steps to take with vendor to ensure access
5. Questions for vendors when begin evaluating various solutions
6. Additional product information/demos directly upon request
7. Prescribers should confirm that eRx system
   a. meets the definition of a “Qualified E-prescribing System”
   b. have access to all appropriate services through the technology they have deployed in their practice

E-Rx: 2011 Bonus Program

Code to use (Numerator)
G8553
At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system

• 1% Incentive Payment
  – not available to professionals receiving 2011 Medicare EHR Incentive
• Reporting Period
  – Jan 1, 2011- Dec 31,2011
• Reporting Mechanisms
  – Claims, qualified registry, qualified EHR, Group Reporting Options
• Report for at least 25 unique eRx events
E-Rx: 2011 Bonus Program

**DENOMINATOR:**
- Any patient visit for which one (or more) of the following denominator codes applies and is included on the claim
  - 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90802, 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

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E-Rx: 2011 Bonus Program

Claims Based Reporting – paper or electronic filing

**G8553**
- must be reported on the claim(s) with the billing code(s) that represent the eligible encounter
- for the same beneficiary
- for the same date of service (DOS)
- by the same eligible professional who performed covered service as payment codes
i.e.: same individual National Provider Identification number (NPI)

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E-Rx: 2011 Bonus Program

- When a group bills, the individual rendering/performing physician's NPI must be placed on each line item, including all allowed charges and quality-data line items
- Solo practitioners should follow their normal billing practice of placing their individual NPI in the billing provider field, (#33a on the CMS-1500 form or the electronic equivalent)
- Claims may **NOT** be resubmitted for the sole purpose of adding or correcting an eRx code
- Phone requests for refills do not count. No visit No Claim.
E-Rx: 2011 Bonus Program

- Must be submitted before February 24, 2012 to be included in the analysis
- Claims for services furnished toward the end of the reporting period should be filed promptly
- Claims that are resubmitted only to add QDCs will not be included in the analysis

E-Rx: 2011 Bonus Program

- The submitted charge field cannot be blank
- The line item charge should be $0.00 or use nominal amount ($0.01) if needed
- Entire claims with a zero charge will be rejected
- Total charge for the claim cannot be $0.00
- eRx G-code line is denied and tracked
- eRx line items are passed through the claims processing system to the National Claims History database (NCH)
- Remittance Advice (RA) which includes a standard denial remark code (N365)
- N365: “This procedure code is not payable. It is for reporting/information purposes only”
- BUT N365 does NOT indicate whether the eRx G-code is accurate for that claim
  Only indicates that the eRx G-code passed into NCH
EHR Incentive Program and E-Rx Bonus

- Electronic Health Record (EHR) Incentive Program
  - The American Recovery and Reinvestment Act of 2009 (Recovery Act) includes the Health Information Technology for Economic and Clinical Health Act, or the "HITECH Act."
  - Established programs under Medicare and Medicaid to provide incentive payments to providers, hospitals, and critical access hospitals for the "meaningful use" of certified EHR technology
- E-prescribing is a key component of 'meaningful use'
- If participate in EHR Medicare program should ensure EHR system includes eRx
- If get 2011 EHR Medicare incentive money, cannot get 2011 eRx bonus

Other Reporting Mechanisms

- Registry Reporting
  - No registry currently appropriate for optometry
- EHR Reporting
  - For more information see:
    http://www.aoa.org/ehr.xml
- Group Reporting
  - Group Reporting I: Have 200 or more providers
  - Group Reporting II: Have 2 – 199 providers
  - More information can be found at:
    https://www.cms.gov/ERxIncentive/06_E-Prescribing_Measure.asp#TopOfPage
    Under downloads pick 2011 eRX Measures link

E-Rx: Possible Penalties

- In 2012 you will get 1% reduction if do not eRx in 2011 BUT
- Per CMS, Optometrists will not be penalized 1% for 2011
- BUT most likely will be penalized in future years

Definition in the final rule:
The eligible professional is a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of June 30, 2011
BUT THIS CAN CHANGE SO BEGIN eRX NOW
E-Rx: Possible Penalties

Per CMS:
1. Providers reporting eRx through EHR or a registry need to submit eRx code on claims at least 10 times in the first six months of 2011 to avoid 2012 penalty
2. Providers who don't write prescriptions may have to write 10 eRx to avoid the penalty or use hardship code
3. Providers must report eRx measure 25 times over 12 months in 2011 to avoid 2013 penalty

E-Rx: The Future

Bonus structure:
• 2011 and 2012: 1.0 % of allowed charges
• 2013: 0.5 % of allowed charges

Penalty structure:
• 2012: Not successful e-prescribers in 2011 without hardship exception 1.0 % payment reduction allowed charges
• 2013: Not successful e-prescribers in 2011 without hardship exception 1.5 % payment reduction allowed charges
• 2014: Not successful e-prescribers in 2013 without hardship exception 2.0 % payment reduction allowed charges
E-Rx: Summary

• Begin E-Rx ASAP to get 2011 1% bonus
• Begin E-Rx ASAP to avoid penalties in future
• Visit www.aoa.org/HIT for tools to get started
• Cannot get EHR Medicare bonus & eRx bonus in 2011
• Encourage all Optometrists to participate in eRx, PQRS and EHR bonus programs

E-Rx

QUESTIONS????

E-Rx

Thank You!!

Happy Coding....