

CMS implementation guide for 2011 Medicare PQRS available online

CMS' 2011 Medicare Physician Quality Reporting System Implementation Guide is available in the "Downloads" section of the CMS physician quality reporting website at www.cms.gov/PQRI/15_MeasuresCodes.

The educational materials are intended to help physicians and medical office staff participate successfully in the 2011 program, which opened January 1, 2011. ❖

Avoid 2012 e-Rx penalties by reporting in 2011

In 2011, Medicare's reward for e-prescribing will begin to phase out; and in 2012, penalties for not e-prescribing will begin to phase in. The e-prescribing bonus payment will be 1 percent in 2011 and 2012, and 0.5 percent in 2013. The penalty for not e-prescribing will be a reduction in Medicare reimbursement by 1 percent in 2012, 1.5 percent in 2013, and 2 percent in 2014.

CMS announced in the final Medicare physician fee schedule rule that it plans to use 2011 data to determine 2012 penalties for e-prescribing (e-Rx). The American Medical Association has opposed this approach. In order to avoid a penalty for e-prescribing in 2012, physicians must now engage in claim-based reporting of G-code G8553 ten times between January 1 and June 30. Penalties will not apply to physicians (or group practices) where less than 10% of their allowed charges for this time frame are comprised of codes in the 2011 e-Rx measure.

Physicians should be cautioned that participating in the electronic health record (EHR) incentive program in 2011 will not protect them from the e-Rx penalty despite the fact that e-prescribing is a component of the EHR program. Individual physicians can avoid the e-Rx penalty if:

1. They are not a physician as of June 30, 2011;
2. They do not have prescribing privileges prior to June 30, 2011 (use G8644 at least once during reporting period);
3. They do not have at least 100 cases containing an encounter code in the measure denominator (2011 e-Rx measure specifications are available in the "Downloads" section of the E-Prescribing Measure section of the CMS website located at: www.cms.gov/ERxIncentive/06_E-Prescribing_Measure; or
4. They become a successful e-prescriber (reporting G8553 at least 10 times during reporting period). Group practices that are participating in the Group Practice Reporting Option (GPRO) I or GPRO II during 2011 must become a successful e-prescriber. Depending on the group's size, they must report the e-Rx measure for 75-2,500 unique e-Rx events for patients in the denominator of the measure.

CMS may, on a case by case basis, exempt an eligible professional from the application of the e-Rx payment adjustment if compliance would result in a significant hardship. This exemption is subject to annual renewal. For the 2012 e-Rx payment adjustment, the following circumstances would constitute a hardship:

1. The eligible professional practices in a rural area with limited high-speed internet access; or
2. The eligible professional practices in an area with limited available pharmacies for electronic prescribing. ❖

Managing adult migraine

The American Medical Association has released Management of Migraine in Adults, the latest in AMA's new series of CME-bearing newsletters called Therapeutic Insights.

Earlier editions of Therapeutic Insights treat hypertension, HIV, Alzheimer's disease, and community acquired pneumonia. All are available online at www.ama-assn.org/go/therapeuticinsights.

Therapeutic Insights offers concise, current treatment-oriented CME that goes a step beyond evidence-based disease management to offer state and national data on actual prescribing patterns for each disease. The data are provided by IMS Health.

Therapeutic Insights is a free online resource that highlights one disease condition per issue and is written by top disease experts in collaboration with the AMA. Each edition carries AMA PRA Category 1 CME Credit. ❖