

CMS E-Prescribing Incentives

MIPPA Incentive Program

Note: The information presented below reflects program details as of November 2009. Please refer to the CMS web site for the latest information about this program:

www.cms.hhs.gov/eprescribing/.

Overview:

- The Medicare Improvements for Patients and Providers Act (MIPPA), passed in July 2008, contains several new authorities and requirements for quality reporting and PQRI for 2009 and beyond.
- The program establishes both financial incentives for electronically prescribing in many physician practices and penalties for those that do not adopt by a certain threshold date.
- Those wishing to participate must use a 'qualified' e-prescribing system and report their use of e-prescribing per the requirements of the program.
- Section 132 of MIPAA contains the new electronic prescribing incentive provisions.

Who can participate?¹

Any medical professional defined as 'eligible' by CMS may participate. In general, an eligible professional is one of the following:

- Physician
- Physical or occupational therapist
- Qualified speech-language pathologist
- Nurse practitioner
- Physician assistant
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Certified nurse midwife
- Clinical social worker
- Clinical psychologist
- Registered dietitian
- Nutrition professional
- Qualified audiologist (as of 2009)

Incentive Payments:²

Successful e-prescribers can receive incentive payments as follows:

Increase in amount of total estimated allowed charges for covered professional services (Part B charges)

2009	2.0%
2010	2.0%
2011	1.0%
2012	1.0%
2013	0.5%

For prescribers that do not adopt e-prescribing, penalties³ begin to apply in 2012 as follows:

Decrease in amount of total estimated allowed charges for covered professional services (Part B charges)

2012	1.0%
2013	1.5%
2014 (and beyond)	2.0%

Qualified E-Prescribing Systems — Definition:

To participate, prescribers must use a "qualified e-prescribing system", whether it be a standalone software system or integrated into an electronic medical record (EMR).

A qualified system must be able to do all of the following using the standards currently in effect for the Part D program, if applicable:

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¹See http://www.cms.hhs.gov/ERxIncentive/05_Eligible%20Professionals.asp#TopOfPage.

²Based on the Secretary's estimate from claims submitted no later than two months after the end of the reporting period.

³In the form of adjustments to Physician Fee Schedule payments.

1. Generate a complete active medication list (with information from PBMs or pharmacies if available).
2. Select medications, print prescriptions, transmit prescriptions electronically using the applicable standards, and warn the prescriber of possible undesirable or unsafe situations.
3. Provide information on lower-cost, therapeutically-appropriate alternatives.
4. Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan.

An e-prescribing system's certification to connect to Surescripts®, the Nation's E-Prescription Network™ satisfies many (but not all) of these requirements.

Visit <http://www.surescripts.com/certified> to view a list of e-prescribing software systems that have been certified along with the functionality for which they have been certified.

Prescribers should **always** check with potential e-prescribing software vendors to confirm that their software is qualified under MIPPA guidelines and to request activation of services that deliver the required functionality.

What Are The Reporting Requirements?

- An eligible prescriber is considered a "successful e-prescriber" based on a count of the number of times said professional reports that at least one prescription created during a patient encounter was generated using a qualified e-prescribing system. The minimum threshold for this reporting

is 25 electronic prescribing events during the 2010 calendar year.

- The prescriber must identify whether the encounter is an applicable case using the following denominator codes:
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
- Note - At least 10% of the prescriber's total Medicare allowed charges must be for services in the measure denominator.
- The numerator includes the applicable G Code: G8553 — at least one prescription created during the encounter was generated and transmitted electronically using a qualified electronic prescribing system.

Additional Information:

- The Secretary of HHS has the authority to change the requirements for successful e-prescribing in the future.
- The MIPPA legislation allows for future use of Part D data in lieu of claims-based reporting by eligible professionals.
- The MIPPA E-Prescribing incentives are not available if the eligible medical professional earns an incentive payment under the HITECH provisions for those qualifying as "meaningful EHR users."

For more information about the MIPPA E-Prescribing Incentive Program, please visit CMS' online resource page at www.cms.hhs.gov/eprescribing/