Frequently Asked Questions

e-Prescribing and Meaningful Use for Eligible Providers (EP’s)

1. What is the e-Prescribing requirement?
The Centers for Medicare and Medicaid Services (CMS) are encouraging the use of e-Prescribing—the goal being to improve patient safety. In 2012, providers who met this requirement were eligible to receive incentive funds. From January 2013 through December 2014, providers who do not meet the requirement will be penalized a certain percent of their charges to Medicare.

2. Why can’t PeaceHealth fulfill the e-Prescribing requirement?
Our current electronic health record (EHR) system, Centricity Enterprise, does not have this functionality.

3. What specifically is CMS’s recent ruling in regards to e-Prescribe?
CMS received feedback from a number of organizations, including PeaceHealth (read the PeaceHealth letter), requesting that allowances be made for providers who will soon be implementing a certified EHR to achieve Meaningful Use goals, which includes e-Prescribing.

Language from the final rule:
“As a result of such feedback, we believe that in certain circumstances it may be a significant hardship for eligible professionals and group practices who are participants of the EHR Incentive Program to comply with the successful electronic prescriber requirements of the eRx Incentive Program. Therefore, we proposed to revise the regulation at § 414.92(c)(2)(ii)(B) (77 FR 44984) to add the following two additional significant hardship exemption categories for the 2013 and 2014 payment adjustments:

• Eligible professionals or group practices who achieve meaningful use during certain eRx payment adjustment reporting periods.

• Eligible professionals or group practices who demonstrate intent to participate in the EHR Incentive Program and adoption of Certified EHR Technology.”

4. What action does PeaceHealth need to take to be eligible for this exemption?
PeaceHealth needs to register all Eligible Providers (EP’s), as defined by CMS, in the EHR Incentive Program by January 31, 2013. PeaceHealth is registering EP’s who are eligible for both the Medicare and Medicaid EHR Incentive Programs.

5. How much will we save by avoiding the e-Rx penalty?
The e-Rx penalty could have had a significant negative impact on our ability to fund the capital needs of our medical group for such things as Epic, clinic infrastructure and growth in our providers. By avoiding this penalty, we estimate that PHMG will preserve $50,000 to $100,000 each month of Medicare reimbursement that will fund these capital investments to build the future of PHMG.

6. How many PHMG providers will be registered for the EHR Incentive Program?
PHMG has over 500 providers who bill Medicare Part B and so are at risk for the e-Rx penalties. All of these providers will be enrolled in the EHR Incentive Program by January 31, 2013.

7. Why doesn’t it apply to everyone?
CMS has defined certain types of Medicare and Medicaid providers as eligible for EHR Incentives for demonstrating ‘meaningful use of a certified EHR.’ View eligibility details. (If the quick link doesn’t work, copy and paste this into your browser: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Eligibility_Flow_Chart-ICN905343.pdf)
8. How do eligible providers know they are eligible?
   EHR Incentive Program eligibility for PeaceHealth providers is being determined by a review of provider licensing and billing information. Eligible providers are being registered centrally by Provider Services staff and a provider will receive an email if they are being registered.

9. What do eligible providers need to do?
   For the most part, nothing! If you are contacted by PHMG Providers Services to assist with the registration process, please respond promptly so that the registration can be completed by January 31.

10. If penalties started in January, isn’t it too late?
    If penalties have already been assessed, monies will be refunded in bulk once the registration is processed by CMS.

11. Are refunds allocated to individual providers or networks?
    Refunds will be allocated to PHMG.

12. Why don’t the providers get the corresponding refund?
    In effect, our providers do get credit for these funds through our provider compensation formula and plan. Our plans are based upon benchmarked compensation levels for similar work by providers in other organizations. These benchmarks are based on the normal reimbursement levels provided by Medicare and so they do not account for any reduction due to a penalty from Medicare for not being able to prescribe electronically. Had we been unable to avoid this penalty, we would have had to find a way to make up this amount through some means of cost reduction. In effect, avoiding the penalty keeps PHMG and our providers whole.

13. I just got a request for a signature for PQRS on diabetes data and now this. Are there more things like this coming?
    Possibly. Several quality- and/or payment-related initiatives may require data-submission, attestation or other similar action steps in the future. We are planning to provide a more comprehensive look at the full scope of these elements in the coming months.