



August 2013

Electronic Prescribing (eRx) Incentive Program: 2012 eRx Incentive Program Informal Review Made Simple

Background

The Electronic Prescribing (eRx) Incentive Program is a voluntary reporting program that provides an incentive payment to identified individual eligible professionals, or CMS-selected group practices participating in the eRx group practice reporting option (GPRO), who satisfactorily report data on the eRx Incentive Program measure for covered PFS services furnished to Medicare Part B FFS beneficiaries. Eligible professionals or eRx GPROs who do not successfully report the required number of eRx events may be subject to a payment adjustment. For complete information see the Centers for Medicare & Medicaid Services (CMS) eRx Incentive Program website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive>.

Those eligible professionals or group practices who participated in 2012 eRx GPRO may request that CMS conducts an informal review of their 2012 eRx Incentive Program incentive payment determination. This document provides information for the informal review of only the 2012 eRx Incentive Program incentive payment – **not** the eRx payment adjustment.

Purpose

This Fact Sheet provides step-by-step guidance for those eligible professionals and eRx GPROs who wish to request an informal review of 2012 eRx Incentive Program results during the informal review period, November 1, 2013 through February 28, 2014. This document applies only to 2012 eRx Incentive Program incentive payment eligibility, and does **not** provide guidance for the eRx payment adjustments or other Medicare or Medicaid incentive programs, such as the Maintenance of Certification Program or the Electronic Health Record (EHR) Incentive Program.

Informal Review – Quick Facts

- Eligible professionals or eRx GPROs can request a review of their 2012 eRx Incentive Program incentive payment determination.
- The informal review will be for **all reporting transmission methods**, including:
 - Claims
 - Qualified registry
 - Qualified EHR
- Informal review will cover data submitted for dates of service from **January 1, 2012 through December 31, 2012**.

- Those eligible professionals who reported via claims for the 2012 eRx Incentive Program can request an informal review of quality-data codes (QDCs) submitted and processed into the National Claims History (NCH) file by **February 22, 2013** for inclusion in 2012 eRx Incentive Program incentive eligibility analysis.
- CMS will utilize information in the Provider Enrollment Chain Ownership System (PECOS) for informal review processes. Be sure organization and provider information is accurate in PECOS.

How to Request an Informal Review of the 2012 eRx Incentive Program

Use the following steps to request an informal review of the 2012 eRx Incentive Program:

STEP 1: Individual eligible professionals or designated support staff will need to email a request with the following information:

- Organization's legal business name as enrolled in PECOS
- Individual Rendering National Provider Identifier (NPI) (must be a 10-digit number, do **not** send a Group NPI)
- Eligible professional's name as enrolled in PECOS
- Eligible professional's complete mailing address
- Eligible professional's phone number and extension if applicable
- Eligible professional's email address
- The requestor relationship to the eligible professional (i.e., self, support staff, vendor)
- Provide justification as to why the eligible professional(s) believes his/her 2012 eRx Incentive Program incentive payment determination should be reviewed

The eRx GPRO contact person will need to email a request with the following information:

- Organization's legal business name as enrolled in PECOS
- Organization's complete mailing address
- Contact person's phone number and extension if applicable
- Contact person's email address
- Provide justification as to why the group believes their 2012 eRx Incentive Program incentive payment determination should be reviewed

Note: To avoid security violations, do **not** include the full TIN in the email request to CMS.

STEP 2: To submit an eRx informal review request, email CMS at eRxInformalReview@cms.hhs.gov. Do **not** include the full TIN in the email request.

STEP 3: The above information must be emailed with the request to CMS. CMS **must** receive the informal review request during the informal review period, **November 1, 2013 through February 28, 2014**.

Informal Review Decision

Eligible professionals or support staff who submit valid requests for an informal review will be notified via email of the decision by CMS within 90 days of the submission of the original request for an informal review. ***The informal review decision will be final, and there will be no further review or appeal.***

Additional Information

- CMS will announce the availability of the final *2012 eRx Incentive Program Feedback Reports* via the CMS program website mentioned above, and also via the *MLN Connects Provider eNews* (enroll to receive listserv e-mail messages at <http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html>). Data provided in the *2012 eRx Incentive Program Feedback Report* will be eligible for analysis through the informal review process.
- For more information on participating in the eRx Incentive Program through the GPRO reporting option plus GPRO reporting requirements, go to <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/CMS-Selected-Group-Practice-Reporting-Option.html>.
- For eRx payment adjustment information, go to the CMS eRx Incentive Program payment adjustment website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/20_Payment_Adjustment_Information.html.