

Stage 2 MU & 2013 PQRS Updates Webinar Q&As

Tuesday, January 15, 2013

Q: I reported for 2012 for MU and PQRS. My practice has six physicians, uses e-prescribing and a registry. Do I need to submit codes for 2013?

A: You will need to report eRx codes for 2013 to avoid the payment adjustment in 2014. Please refer to slide #26 from the Pa REC Webinar review the requirements for eRx reporting.

Q: Will my practice be subjected to a payment adjustment if we report on PQRS, GPRO and MU?

A: If your practice is reporting PQRS through the GPRO, the providers in the group need to meet MU measures individually in 2013 in order to avoid the 2015 payment adjustment. If the providers are not attesting to MU, they will have to begin no later than July 1, 2014 to avoid the first 2015 MU payment adjustment. There is no group reporting option for MU.

Q: I thought we had to report for a full year for Stage 2 MU. Is that true?

A: If you have started MU before 2014, then for 2014 ONLY you only have to report for a three month period. The three month period is either: January 1- March 31; April 1- June 30; July 1- September 30; or October 1- December 31. This is to give EPs the opportunity to adapt to the new 2014 ONC standards for EHRs, and applies to all stages (those who will still be in stage 1 in 2014, or for those who will begin stage 2 in 2014).

Q: I attested to Meaningful Use in November 2012. What do I need to do for eRx reporting? If you did not report eRx codes in 2012, you will be subject to a payment adjustment unless you apply A: To avoid a payment adjustment in 2014, you need to submit 10 eRx codes by 6/30/13.

Q: Even though we reported for Meaningful Use in stage 1, do we still have to report for the 3 months in 2014?

A: Yes

Q: If an EP uses the Medicaid EHR incentive program, and if 2013 is the EP's first year in the program, can they opt for Meaningful Use right away, or do they still have to use AIU in their first year? If the latter, the EP will be subjected to penalties.

A: The EP may opt for MU through the Medicaid EHR program in the first year but cannot opt in subsequent years.





Q: If 2014 is the first year that our practice starts our 90-day MU reporting period for a Medicaid provider, can we choose any 90 days, and does the last day to start 90 days still apply for July 1st even though this is for Medicaid?

A: If you have any Medicare patients/reimbursement (even though you meet the requirements for the Medicaid MU program), then you would have to meet the October 1, 2014 deadline for the first year of MU to avoid a reduction in your Medicare reimbursement. This means that the latest you can start the 1st year of MU is July 1, 2014 (STONGLY DISCOURAGED TO DO THIS!) If you have no Medicare patients/reimbursements, this deadline does not apply to you as there is no Medicaid penalties.

Q: If my practice received the eRx adjustment on our 2012 EOBs but then meet all the standards for this year, will the adjustment be removed or will that continue to be deducted from our Medicare payments?

A: The eRx adjustments are for one year. If you met the criteria to avoid the payment adjustment for 2013, you should see the adjustment removed starting in 2013.

Q: If a practice did not attest to MU in 2012, I understand that they will be considered Stage I, but would they be Payment Year 1 or 2?

A: It depends on when you started. If you started in 2011and did not attest in 2012, 2013 would be year 3, still in stage 1, but you forfeit the year 2 payment since you did not attest in your year 2. If you successfully attest in 2013, you would be eligible for the year 3 payment.

Q: Do the measures that we report for PQRS need to be the same as the ones that we select to attest for MU?

A: No, you can participate in each program separately. However, if your EHR system is PQRS certified, you can participate and satisfy both programs reporting requirements through the PQRS/EHR Reporting Pilot.

Q: Do Physician Assistants either qualify to participate or count as part of a group practice?

A: Yes, PAs are eligible providers in the eRx and PQRS program. For the HER Incentive Program, a PA is eligible if the FQHC is led by the PA.

Q: How can I find out if my practice correctly submitted for e-prescribing in 2011 and 2012?

A: You can contact your MAC to see if your practice has a feedback report.

Q: We currently received bonus checks from Novitas Solutions. It says HPSA/PCIP/HSIP Incentive payment. What is this program and is it related to PQRS?

A: No, the payment is under the Primary Care Incentive Payment Program. The link below contains the MedLearn matters document describing the program and further references for Program. http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-

Q: We are a Rural Health Clinic and are currently exempt from PQRS reporting. What do you advise regarding PQRS participation and potential future penalty for not doing so?

A: Rural health clinics are not subject to the payment adjustment. Eligibility is mainly for providers that bill Part B.

Q: I noticed a change for CPOE that allows our certified MAs to enter CPOE. Is that correct?

A: Per the stage 2 final rule, credentialed medical assistants can enter CPOE.

Q: The GPRO process seems to be a good fit for our organization. We have 70 + providers billing under a single TIN but have submitted our data for the past two years both using the claims submission process as well as individually by provider through a registry. Is there any negative we need to be aware of prior to applying for this program?

A: This is a practice preference. If applicable to your practice the billing and reporting staff may report one set of quality measures data on behalf of all eligible professionals within a group practice under GPRO.

Q: The move to a GPRO process for submitting sounds like it would be more cost effective for us. Do we need to wait until we submit for the 2013 PQRS data to use the GPRO process?

A: For GPRO reporting of PQRS measures in 2013:

- GPROs can self-nominate starting 12/1/12 through 1/31/13
- GPROs may also utilize a second timeframe (summer 2013-October 15, 2013) to register for PQRS GPRO

Q: Is it too late to switch to a GPRO process for our 2012 submission via the registry?

A: Yes, the deadline for self-nomination for GPRO reporting in 2012 has passed.

Q: My practice submitted PQRS codes via the claims submission process from January 2012 through June 2012. How does that impact us in also submitting 2012 data using a registry? If we are going to go to a GPRO format for 2013, should we immediately stop submitting PQRS data via our claims submission process?

If you report measures through a Registry for 2012, you can report for the entire year so the incentive payment will be for a 12 month period, not 6 months.

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