



User Guide

2011

Electronic Prescribing (eRx) Incentive Program Feedback Reports

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Electronic Prescribing (eRx) Incentive Program Feedback Reports

Purpose

The *Electronic Prescribing (eRx) Incentive Program Feedback Report User Guide* is designed to assist eligible professionals, CMS-selected group practices, and their authorized users in accessing and interpreting the 2011 eRx Incentive Program feedback reports. For the 2011 eRx Incentive Program, the feedback reports reflect data from the Medicare Part B Physician Fee Schedule (PFS) claims received for the dates of service January 1, 2011 – December 31, 2011 that were processed into National Claims History (NCH) by February 24, 2012. Additionally in 2011, quality data was received from qualified registries and EHR systems for purposes of the eRx Incentive Program. The 2011 eRx incentive payment is scheduled to be distributed in the fall of 2012.

2011 eRx Incentive Program Overview

Section 132 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorized a new and separate incentive program for eligible professionals who are successful electronic prescribers as defined by MIPPA. This new incentive program, which began January 1, 2009, is separate from and is in addition to the quality reporting incentive program authorized by Division B of the Tax Relief and Health Care Act of 2006 - Medicare Improvements and Extension Act of 2006 (MIEA-TRHCA) and originally known as the Physician Quality Reporting Initiative (PQRI). Eligible professionals did not need to participate in PQRI to participate in the eRx Incentive Program. Note: In 2011 the PQRI program name changed to Physician Quality Reporting System (PQRS).

Eligible professionals who meet the criteria for successful submission of eRx data for services furnished during the reporting period, January 1, 2011 – December 31, 2011 may earn an incentive payment equal to 1.0% of their total estimated allowed charges for Medicare Part B PFS covered professional services furnished during that same period (the 2011 calendar year). Selected group practices who self-nominated to participate under the eRx Group Practice Reporting Option (eRx GPRO) could also qualify to earn a 2011 eRx incentive if it was determined that the eRx GPRO was a successful electronic prescriber. GPRO I consists of a single Tax Identification Number (TIN) with 200 or more individual eligible professionals or individual national provider identifiers (NPIs). GPRO II consists of a single TIN with 2-199 individual NPIs. Only group practices that self-nominated and were selected to participate in the 2011 PQRS GPRO were eligible to participate in the 2011 eRx Incentive Program as an eRx GPRO. Participation in the 2011 eRx Incentive Program was optional for all PQRS participants.

Participation in the 2011 eRx Incentive Program is analyzed at the individual-NPI level within a Tax ID (TIN/NPI) for individual eligible professionals, or at the TIN level for the CMS-selected eRx GPRO. eRx submissions were submitted through one of three reporting methods (claims, qualified registries, or qualified EHR systems) for the 12-month reporting period. All Medicare Part B PFS claims submitted with the applicable eRx quality-data codes (QDCs) via claims or quality data submitted via qualified registry or EHR for services furnished from January 1, 2011 to December 31, 2011 and processed into the National Claims History (NCH) file by February 24, 2012 were analyzed to determine whether the eligible professional earned an eRx incentive payment. During the 2011 eRx program year, the G8553 eRx QDC indicated that at least one prescription was created during an eRx denominator-eligible encounter and was transmitted electronically using a qualified eRx system. For more information on the 2011 eRx Incentive Program, please visit the CMS website at <http://www.cms.gov/ERXincentive>.

All eligible professionals had the opportunity to participate in the 2011 eRx Incentive Program. Participation was defined as individual eligible professionals or CMS-selected eRx GPROs submitting at least one valid eRx QDC via claims or quality data via qualified registry, or qualified EHR submission methods. Valid submissions were counted when 2011 eRx quality data was correctly submitted and all measure-eligibility criteria were met (i.e., correct Current Procedural Terminology, or CPT). At least 25 eligible eRx events for individual eligible professionals, or the required amount as specified by GPRO I (2,500) or GPRO II (varies by tier) for eligible professionals participating under the CMS-selected GPRO I or II, respectively, must have been reported during the reporting year. In addition, at least 10% of all allowable Medicare Part B PFS charges must have been composed of codes in the denominator of the 2011 eRx measure in order for the individual eligible professionals or the CMS-selected eRx GPRO to be incentive eligible.

2011 eRx Incentive Report Overview

2011 eRx feedback reports are packaged at the TIN level. Reports include information on valid QDCs reported (via claims) or quality data submitted (via qualified Registry or EHR) and incentives earned by individuals or individuals under a CMS-selected eRx GPRO, with summary information on reporting success and incentives earned at the practice (TIN) level.

- Eligible professionals who participated in the 2011 eRx Incentive Program as an individual NPI sole proprietor (submitted claims under a SSN) will be able to access their individual reports by two methods: 1) TIN/SSN level report via the Physician and Other Health Care Professionals Quality Reporting Portal, or Portal, (will show only their data), or 2) NPI-level report requested via the Quality Reporting Communication Support Page (will receive NPI report via email that also shows only their data) at <http://www.qualitynet.org/pqrs>.
- Eligible professionals who participated in the 2011 eRx Incentive Program as an individual NPI under a Tax ID practice (assigned benefits to a TIN) will be able to access their individual reports by two methods: 1) TIN-level report via the Portal (will show Table 1 TIN summary as well as all of the NPI-level reports for that TIN), or 2) NPI-level report requested via the Quality Reporting Communication Support Page.
- Eligible professionals who participated in the 2011 eRx Incentive Program under the CMS-selected GPRO will receive TIN-level based reports through the Portal. Eligible professionals under the CMS-selected eRx GPRO who reported at least one valid eRx QDC on a claim, or eRx data through a qualified registry or EHR system will have a feedback report available for each TIN under which they submitted services furnished during the 2011 reporting period.

CMS aims to distribute feedback reports as closely as possible to the incentive payment timeframe. 2011 eRx feedback reports are scheduled to be distributed in the fall of 2012. For more information on that process, see: <http://www.cms.gov/MLN MattersArticles/downloads/SE0922.pdf>.

The 2011 eRx Incentive Program's reporting period was from January 1, 2011 – December 31, 2011. Eligible professionals who submitted claims or reported under multiple TINs may have earned an incentive either under one or more than one TIN.

Note: *This 2011 eRx Feedback report may contain a partial or "masked" Social Security Number/Social Security Account Number (SSN/SSAN) as part of the TIN field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner with which the SSN is potentially associated. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.*

System Requirements

Minimum hardware and software requirements to effectively access and view the feedback reports are listed below.

Hardware

- 233 MHz Pentium processor with a minimum of 150 MB free disk space
- 64 MB Ram (128 MB recommended)

Software

- Microsoft® Internet Explorer version 7.0 and above, or Mozilla Firefox®
- Adobe® Acrobat® Reader version 5.0 and above
- JRE is 1.6.0_21 or higher (software available for download on the Portal)
- Windows® XP operating system
- WinZip version 7.0 or greater (or compatible zip programs using default compression settings) for Zip file creation to upload data

Internet Connection

- The Portal will be accessible via any Internet connection running on a minimum of 33.6k or high-speed Internet.

Participant Feedback Report Content and Appearance

Up to three tables may be included in the 2011 eRx feedback reports. 2011 eRx feedback reports will be generated for each TIN with at least one eligible professional reporting a valid, applicable eRx G-code via claims or submitting quality data via qualified Registry or EHR. The TIN-level feedback report is only accessible by the TIN. It is up to the health care facility to distribute the information in Tables 2-3 to the individual eligible professionals or eligible professionals under the CMS-selected GPRO. Individual eligible professionals will receive a breakdown of each individual eligible professional's earned incentive amount calculated at the individual TIN/NPI-level. The length of the feedback report for individual eligible professionals will depend on how many individual providers (NPIs) from that place of service (TIN) participated in the 2011 eRx Incentive Program. For eligible professionals reporting under the eRx GPRO, a total incentive payment amount will be calculated for the primary GPRO TIN.

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

Each TIN will receive only one report.

Individual eligible professionals will receive the following information in Table 1 of the feedback report, see Example 1.1:

- **Total Tax ID Earned Incentive Amount for NPIs:** The total incentive amount earned by the Tax ID/TIN. The actual incentive payment may vary slightly from this amount due to rounding. The total incentive amount earned per each Carrier or A/B MAC that processes payment is also reported.
- **Total Estimated Allowed Medicare Part B PFS Charges:** The total estimated amount of Medicare Part B PFS allowed charges associated with covered professional services rendered during the reporting period. The PFS claims included were based on the 12-month reporting period.
- **NPI Total Earned Incentive Amount:** The estimated total amount of Medicare Part B PFS charges per NPI and the 1.0% incentive amount earned for each TIN/NPI is displayed. This field will display "N/A" if the eligible professional is not incentive eligible, or \$0 if the NPI is incentive eligible but does not have any Part B PFS allowed charges.

CMS-selected eRx GPROs will receive the following information in Table 1 of the feedback report, see Examples 1.2-1.3:

- **Total Tax ID Earned Incentive Amount:** The total incentive amount earned by the group TIN. The actual incentive payment may vary slightly from this amount due to rounding. The total incentive amount earned per each Carrier or A/B MAC that process payment is also reported.
- **Tax ID Total Earned Incentive Amount:** The estimated total amount of Medicare Part B PFS charges per GPRO TIN by pre-selected method of reporting and the 1.0% incentive amount earned for each TIN is displayed.

For definition of terms related to 2011 eRx feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail.

Example 1.1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

2011 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT
(TIN-LEVEL REPORT WITH INDIVIDUAL NPIS)

Example 1.1

Eligible professionals may participate in the eRx program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, qualified registries or qualified EHR systems for services furnished between January 1, 2011 and December 31, 2011. All reporting methods were reviewed to evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. Participation by an eligible professional or a GPRO is defined as submitting at least one valid quality-data code (QDC) or quality action data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The amounts earned for each TIN/NPI are summarized below. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERXincentive.

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)
Sorted by NPI Number and sub-sorted by NPI Total Earned Incentive Amount

Tax ID Name*: John Q. Public Clinic
Tax ID Number: XXXXX2345

Total incentive amount earned for all NPIS reporting under one TIN

Total incentive amount earned for TIN under each Carrier/MAC

Estimated total amount of Medicare Part B PFS charges per individual

Total 1% incentive amount earned by each individual NPI

Total Tax ID Earned Incentive Amount for NPIS (listed below)		Distribution of Total Incentive Earned Among A/B MACs and Carriers That Processed Payments	
	\$3,833.33	A/B MAC and Carrier Identification #	Tax ID Earned Incentive Amount Under A/B MAC and Carrier
	\$3,833.33	12345	\$2,499.33
		6789	\$1,334.00

NPIS that did not earn an incentive will still appear in the report along with the reason they were not incentive eligible.

NPI	NPI Name*	Method of Reporting	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges ¹	NPI Total Earned Incentive Amount ²
1000000001	Not Available	EHR	Reporting Requirements Met	\$150,000.00	\$1,500.00
1000000002	Susie Smith	Claims	Reporting Requirements Met	\$100,000.00	\$1,000.00
1000000002	Susie Smith	EHR	Insufficient number of eRx events reported (≥ 25 required)	\$100,000.00	N/A
1000000003	John Doe	Registry	Reporting Requirements Met	\$133,333.33	\$1,333.33
1000000004	Jack Jacobs	Direct EHR	Reporting Requirements Met; NPI ineligible due to earning Medicare EHR incentive	\$245,800.00	NA
1000000005	Not Available	EHR	Insufficient percentage of allowed charges met from the measure's denominator codes (≥ 10% required)	\$354,250.00	N/A
1000000006	Jane Doe	Claims	Insufficient number of eRx events reported (≥ 25 required) and insufficient percentage of allowed charges from the measure's denominator codes (≥ 10% required)	\$390,000.00	N/A
Total:					\$3,833.33

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2011 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

¹The total estimated amount of Medicare Part B PFS charges associated with services rendered during the reporting period. The PFS claims included were based on the twelve month reporting period.

²The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the reporting period for which a TIN/NPI was eligible. If N/A, the NPI was not eligible to receive an incentive.

Note: The eRx incentive payments are subject to offsets. Payments are made to the first NPI associated with the Tax ID. If the first NPI associated with the Tax ID has an offset, A/B MACs and Carriers will apply the lump sum and/or sanction.

Note: NPIS within a Tax ID who have received an incentive payment from the Medicare EHR Incentive Program should be excluded from the eRx incentive distribution.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 1.1 Screenshot of Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

Example 1.2: Earned Incentive Summary for Taxpayer Identification Number (Tax ID) – eRx GPRO I

2011 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT

Example 1.2

(GPRO I REPORT)

Eligible professionals may participate in the eRx program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, qualified registries or qualified EHR systems for services furnished between January 1, 2011 and December 31, 2011. All reporting methods were reviewed to evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. Participation by an eligible professional or a GPRO is defined as submitting at least one valid quality-data code (QDC) or quality action data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The amount earned for the TIN is summarized below. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERXincentive.

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID) - GPRO I

Tax ID Name*: Jane Q. Public Clinic
Tax ID Number: XXXXX8789

Total incentive amount earned for all NPIs

Total incentive amount earned for GPRO under each Carrier/MAC

Total Tax ID Earned Incentive Amount: \$10,000.00	Distribution of Total Incentive Earned Among A/B MACs and Carriers That Processed Payments	
	A/B MAC and Carrier Identification #	Tax ID Earned Incentive Amount Under A/B MAC and Carrier
	12345	\$5,000.00
	6789	\$5,000.00

Pre-selected Method of Reporting	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges ¹	Tax ID Total Earned Incentive Amount ²
EHR	Reporting Requirements Met	\$1,000,000.00	\$10,000.00
Claims	Insufficient number of eRx events reported ($\geq 2,500$ required)	\$200,000.00	N/A
Registry	Insufficient percentage of allowed charges met from the measure's denominator codes ($\geq 10\%$ required)	\$600,000.00	N/A
Claims	Insufficient number of eRx events reported ($\geq 2,500$ required) and insufficient percentage of allowed charges from the measure's denominator codes ($\geq 10\%$ required)	\$300,000.00	N/A

Total 1% incentive amount earned by GPRO

Estimated total amount of Medicare Part B PFS charges for GPRO

Method of reporting indicated by GPRO during the self-nomination and selection process

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been updated in the PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not indicate that the provider's enrollment status or eligibility for a 2011 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

¹The total estimated amount of Medicare Part B PFS charges for services rendered during the reporting period. The PFS claims included were based on the twelve month reporting period.

²The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the reporting period for which a Tax ID was eligible. If N/A, the Tax ID was not eligible to receive an incentive.

Note: The eRx incentive payments are subject to offsets. Payments are made to the first NPI associated with the Tax ID. If the first NPI associated with the Tax ID has an offset, A/B MACs and Carriers will apply the lump sum and/or sanction.

Note: NPIs within a Tax ID who have received an incentive payment from the Medicare EHR Incentive Program should be excluded from the eRx GPRO incentive distribution.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 1.2 Screenshot of Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID) –eRx GPRO I

Example 1.3: Earned Incentive Summary for Taxpayer Identification Number (Tax ID) – eRx GPRO II

2011 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT
(GPRO II REPORT)

Example 1.3

Eligible professionals may participate in the eRx program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO II (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, qualified registries or qualified EHR systems for services furnished between January 1, 2011 and December 31, 2011. All reporting methods were reviewed to evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. Participation by an eligible professional or a GPRO II is defined as submitting at least one valid quality-data code (QDC) or quality action data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The amount earned for the Tax ID is summarized below. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERXincentive.

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID) - GPRO II

Tax ID Name*: Jack Q. Public Clinic
Tax ID Number: XXXXX6789

Distribution of Total Incentive Earned Among A/B MACs and Carriers That Processed Payments	
A/B MAC and Carrier Identification #	Tax ID Earned Incentive Amount Under A/B MAC and Carrier
12345	\$5,000.00
6789	\$5,000.00

GPRO II Group Size Tier	Pre-selected Method of Reporting	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges ¹	Tax ID Total Earned Incentive Amount ²
2-10	EHR	Reporting Requirements Met	\$1,000,000.00	\$10,000.00
11-25	Claims	Insufficient number of eRx events reported (requirements depend on tier size)	\$2,000,000.00	N/A
51-100	Claims	Insufficient percentage of allowed charges met from the measure's denominator codes (≥ 10% required)	\$325,000.00	N/A
101-199	Registry	Insufficient number of eRx events reported (requirements depend on tier size) and insufficient percentage of allowed charges from the measure's denominator codes (≥ 10% required)	\$950,000.00	N/A

*Name identified by matching the enrollment record or enrollment of the organization or professional's enrollment record and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is in no way intended to affect the organization's or professional's enrollment status or eligibility for a 2011 eRx incentive payment.

¹Medicare Part B PFS charges are based on the total estimated allowed Medicare Part B PFS charges for services rendered during the reporting period. The PFS claims included were based on the twelve month period ending on the last day of the reporting period.

²Payments are based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the reporting period for which a Tax ID was not eligible to receive an incentive.

Payments are subject to offsets. Payments are made to the first NPI associated with the Tax ID. If the first NPI associated with the Tax ID has an offset, A/B MAC may issue a lump sum and/or sanction.

Professionals who have received an incentive payment from the Medicare EHR Incentive Program should be excluded from the eRx incentive distribution.

Do not enter a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the information contained therein. This information is not to be used for any purpose other than the reporting of eRx data. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or identity theft risk.

Figure 1.3 Screenshot of Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID) – eRx GPRO II

Table 2: NPI or TIN Reporting Detail

Each individual eligible professional or eligible professionals under the eRx GPRO who submitted one or more Medicare Part B PFS covered professional service with the valid, applicable eRx G-code via claims or quality data submitted via qualified registry or EHR will receive Table 2 in the *2011 eRx Feedback Report*. Table 2 reflects 1) the eRx Incentive Detail listing the total earned incentive amount by NPI for individuals or by TIN for eRx GPROs and 2) an eRx Reporting Detail listing the number of valid QDCs or quality data submitted and the % of total estimated allowed Medicare Part B PFS charges.

Individual eligible professionals will receive the following information in Table 2 of the feedback report, see Example 2.1 (Claims, Registry, and EHR):

- **Total Estimated Allowed Medicare Part B PFS Charges:** The total estimated amount of Medicare Part B PFS allowed charges associated with covered professional services rendered during the reporting period. The PFS claims included were based on the 12-month reporting period by which the NPI was incentive eligible.
- **NPI Total Earned Incentive Amount:** The 1.0% incentive for each incentive-eligible professional's TIN/NPI.
- **Reporting Numerator: eRx Instances Reported (≥ 25 required):** (claims, registry, or EHR) the number of reporting events where the quality-data codes (QDCs) or quality action data submitted met the measure-specific reporting criteria. A successfully reported 2011 eRx measure has a reporting numerator of at least 25 unique events.
- **% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required):** Percentage of the total estimated amount of Medicare Part B PFS allowed charges associated with covered professional services rendered during the reporting period. The PFS claims included were based on the 12-month reporting period for the claims, qualified registries, or qualified EHR systems method by which the NPI was incentive eligible.

CMS-selected eRx GPROs will receive the following information in Table 2 of the feedback report, see Examples 2.2 (GPRO I Claims), 2.3 (GPRO I Registry), 2.4 (GPRO I EHR), 2.5 (GPRO II Claims), 2.6 (GPRO II Registry), and 2.7 (GPRO II EHR):

- **Total Estimated Allowed Medicare Part B PFS Charges:** The total estimated amount of Medicare Part B PFS allowed charges associated with covered professional services rendered during the reporting period. The PFS claims included were based on the 12-month reporting period for the claims, qualified registries, or qualified EHR systems by which the eRx GPRO was incentive eligible.
- **Tax ID Total Earned Incentive Amount:** The 1.0% incentive for each GPRO TIN.
- **Reporting Numerator: eRx Instances Reported:** The number of reporting events where the quality-data codes (QDCs) or quality action data submitted met the measure specific reporting criteria. A successfully reported measure has a reporting numerator of at least 2,500 unique visits for a GPRO I and minimum tier requirements for a GPRO II.
- **% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required):** Percentage of the total estimated amount of Medicare Part B PFS allowed charges associated with covered professional services rendered during the reporting period. The PFS claims included were based on the 12-month reporting period for the claims, qualified registries, or qualified EHR systems method by which the eRx GPRO was incentive eligible.

For definition of terms related to 2011 eRx feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail. All eligible TIN/NPIs or eRx GPROs will have detailed reports generated for them.

Example 2.1: Individual NPI Reporting Detail

2011 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT

Example 2.1

(INDIVIDUAL NPI REPORT)

Eligible professionals may participate in the eRx program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, qualified registries or qualified EHR systems for services furnished between January 1, 2011 and December 31, 2011. All reporting methods were reviewed to evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. Participation by an eligible professional or a GPRO is defined as submitting at least one valid quality-data code (QDC) or quality action data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The results below include: a Participation Summary table listing all of the individual NPI's reporting methods attempted, an Incentive Detail table listing the NPI's total earned incentive amount and a Reporting Detail table listing the individual NPI's reporting information. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERXIncentive.

Table 2: NPI Reporting Detail

Tax ID Name*: John Q. Public Clinic
 Tax ID Number: XXXXX2345
 NPI Number: 1000000003
 NPI Name: John Doe

Participation Summary			
Method of Reporting	Registry/EHR Name (If Applicable)	Qualified for Incentive	Reporting Method Used for Incentive ¹
Registry	ICLOPS	Yes	Yes
Claims	N/A	No	N/A
EHR	Epic	No	N/A

Detail from Table 1 for the reporting method in which the NPI earned an eRx incentive for 2011

Incentive Detail for eRx Measure			
Method of Reporting	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges ²	NPI Total Earned Incentive Amount ³
Registry	Reporting Requirements Met	\$100,000.00	\$1,000.00
Claims	Insufficient number of eRx events reported (≥ 25 required)	\$100,000.00	N/A
EHR	Insufficient percentage of allowed charges met from the measure's denominator codes ($\geq 10\%$ required)	\$100,000.00	N/A
EHR	Reporting Requirements Met, NPI Ineligible due to earning Medicare EHR Incentive	\$245,800.00	N/A

Total amount earned by each NPI based on the 1% incentive for 2011

Reporting Detail		
Method of Reporting	Reporting Numerator: eRx Instances Reported (≥ 25 required) ⁴	% of Total Estimated Allowed Medicare Part B PFS Charges ($\geq 10\%$ required) ⁵
Registry	180	25.0%
Claims	22	25.0%
EHR	50	8.0%

The Reporting Detail shows the measure reported and that the NPI successfully reported 180 valid instances (QDCs). A minimum of 25 eRx events and meeting the 10% denominator threshold are needed for successful reporting.

In this example, the NPI met both requirements.

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2011 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

¹The method of reporting deemed most advantageous will be indicated with a "Yes". If the NPI did not qualify for incentive through any reporting methods, the reporting method that was most advantageous would be populated with N/A.

²The total estimated amount of Medicare Part B PFS charges associated with services rendered during the reporting period. The PFS claims included were based on the twelve month reporting period.

³The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the twelve month reporting period for which the TIN/NPI was eligible.

⁴The number of reporting events where the quality-data codes (QDCs) or quality action data submitted met the measure specific reporting criteria. A successfully-reported measure has a reporting numerator of at least 25.

⁵A successfully-reported measure has denominator eligible codes on at least 10% of total estimated allowed Medicare Part B PFS charges.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 2.1 Screenshot of Table 2: Individual NPI Reporting Detail

Example 2.2: TIN Reporting Detail – eRx GPRO I Claims

2011 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT
(GPRO I CLAIMS REPORT)

Example 2.2

Eligible professionals may participate in the eRx program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, qualified registries or qualified EHR systems for services furnished between January 1, 2011 and December 31, 2011. All reporting methods were reviewed to evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. Participation by an eligible professional or a GPRO is defined as submitting at least one valid quality-data code (QDC) or quality action data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The results below include an Incentive and Reporting Detail table listing the GPRO's total earned incentive amount and reporting information. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERXincentive.

Table 2: Reporting Detail for Taxpayer Identification Number (Tax ID) - Claims (GPRO I)

Tax ID Name*: Jane Q. Public Clinic
Tax ID Number: XXXXX6789

In this example, the GPRO met the reporting criteria: at least 2,500 eligible eRx events reported and at least 10% of allowed charges met the denominator criteria

Incentive and Reporting Detail for eRx Measure Reporting via Claims					
Pre-selected Method of Reporting	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges ¹	Tax ID Total Earned Incentive Amount ²	Reporting Numerator: eRx Instances Reported (≥ 2,500 required) ³	% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required) ⁴
Claims	Reporting Requirements Met	\$1,000,000.00	\$10,000.00	2,500	25.0%

Total amount earned by GPRO TIN based on the 1% incentive for 2011 (1% of \$1,000,000.00 = \$10,000.00)

The percentage of total estimated allowed Medicare Part B PFS charges was 25.0%, thus meeting the 10% threshold requirement

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECCS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's ability to report eRx data.

Explanation of Columns

¹The total estimated amount of Medicare Part B PFS charges a GPRO is based on the total estimated allowed Medicare Part B PFS charges for the reporting period.

²The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges multiplied by the reporting period's incentive rate (1% for service years 2011-2012).

³The number of reporting events where the quality-data codes (QDCs) or quality action data submitted met the measure specific reporting criteria. A successfully-reported measure has a reporting numerator of at least 2,500.

⁴A successfully-reported measure has denominator eligible codes on at least 10% of total estimated allowed Medicare Part B PFS charges.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 2.2 Screenshot of Table 2: TIN Reporting Detail – eRx GPRO I Claims

Example 2.3: TIN Reporting Detail – eRx GPRO I Registry

2011 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT

(GPRO I REGISTRY REPORT)

Example 2.3

Eligible professionals may participate in the eRx program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, qualified registries or qualified EHR systems for services furnished between January 1, 2011 and December 31, 2011. All reporting methods were reviewed to evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. Participation by an eligible professional or a GPRO is defined as submitting at least one valid quality-data code (QDC) or quality action data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The results below include an Incentive and Reporting Detail table listing the GPRO's total earned incentive amount and reporting information. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERX/incentive.

Table 2: Reporting Detail for Taxpayer Identification Number (Tax ID) - Registry (GPRO I)

Tax ID Name*: Jane Q. Public Clinic
Tax ID Number: XXXXX6789

In this example, the GPRO met the reporting criteria: at least 2,500 eligible eRx events reported and at least 10% of allowed charges met the denominator criteria

Incentive and Reporting Detail for eRx Measure Reporting via Registry					
Pre-selected Method of Reporting	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges ¹	Tax ID Total Earned Incentive Amount ²	Reporting Numerator: eRx Instances Reported (≥ 2,500 required) ³	% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required) ⁴
Registry	Reporting Requirements Met	\$1,000,000.00	\$10,000.00	2,500	25.0%

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2011 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

- ¹The total estimated amount of Medicare Part B PFS charges assigned to the reporting period.
- ²The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges for services reported for services during the reporting period. In this example, the total amount earned by GPRO TIN based on the 1% incentive for 2011 (1% of \$1,000,000.00 = \$10,000.00).
- ³The number of reporting events where the quality-data codes (QDC) or quality action data met the measure specific reporting criteria. A successfully-reported measure has a reporting numerator of at least 2,500.
- ⁴A successfully-reported measure has denominator eligible codes on at least 10% of total estimated allowed Medicare Part B PFS charges. In this example, the percentage of total estimated allowed Medicare Part B PFS charges was 25.0%, thus meeting the 10% threshold requirement.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 2.3 Screenshot of Table 2: TIN Reporting Detail – eRx GPRO I Registry

Example 2.4: TIN Reporting Detail – eRx GPRO I EHR

2011 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT

(GPRO I EHR REPORT)

Example 2.4

Eligible professionals may participate in the eRx program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, qualified registries or qualified EHR systems for services furnished between January 1, 2011 and December 31, 2011. All reporting methods were reviewed to evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. Participation by an eligible professional or a GPRO is defined as submitting at least one valid quality-data code (QDC) or quality action data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The results below include an Incentive and Reporting Detail table listing the GPRO's total earned incentive amount and reporting information. More information regarding the eRx program and the eRx Measure Specification is available on the CMS website, www.cms.gov/ERXincentive.

Table 2: Reporting Detail for Taxpayer Identification Number (Tax ID) - EHR (GPRO I)

Tax ID Name*: Jane Q. Public Clinic
Tax ID Number: XXXXX6789

In this example, the GPRO met the reporting criteria: at least 2,500 eligible eRx events reported and at least 10% of allowed charges met the denominator criteria

Incentive and Reporting Detail for eRx Measure Reporting via EHR					
Pre-selected Method of Reporting	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges ¹	Tax ID Total Earned Incentive Amount ²	Reporting Numerator: eRx Instances Reported (≥ 2,500 required) ³	% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required) ⁴
EHR	Reporting Requirements Met	\$1,000,000.00	\$10,000.00	2,500	25.0%

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2011 eRx incentive payment, only the system's ability to populate this field in the report.

Explanation of Columns

¹The total estimated amount of Medicare Part B PFS charges associated with the Tax ID during the reporting period were based on the twelve month reporting period.

²The amount of the incentive is based on the total estimated allowed Medicare Part B PFS charges for services reported during the reporting period.

³The number of reporting events where the quality-data codes (QDCs) or quality action data submitted met the measure specific reporting criteria. A successfully-reported measure has a reporting numerator of at least 2,500.

⁴A successfully-reported measure has denominator eligible codes on at least 10% of total estimated allowed Medicare Part B PFS charges.

Total amount earned by GPRO TIN based on the 1% incentive for 2011 (1% of \$1,000,000.00 = \$10,000.00)

The percentage of total estimated allowed Medicare Part B PFS charges was 25.0%, thus meeting the 10% threshold requirement

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 2.4 Screenshot of Table 2: TIN Reporting Detail – eRx GPRO I EHR

Example 2.5: TIN Reporting Detail – eRx GPRO II Claims

2011 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT
(GPRO II CLAIMS REPORT)

Example 2.5

Eligible professionals may participate in the eRx program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under eRx data may be submitted for this program through Medicare Part B claims, qualified registries or qualified EHR systems for services furnished between January 1, 2011 and December 31, 2011. The GPRO II will evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. Participation by an eligible professional or a GPRO is defined as the submission of eRx data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria. The results of the eRx data submission option, including the QDC or quality action data (QDC) or quality action code (QAC) (PCS code). The results of the eRx data submission option are available on the CMS website, www.cms.gov/ERXincentive.

Table 2: Reporting Detail for Taxpayer Identification Number (Tax ID) - Claims (GPRO II)

Tax ID Name*: Jack Q. Public Clinic
Tax ID Number: XXXXX1234

Explains if the GPRO II is incentive eligible or not

Total 1% incentive amount earned by the GPRO TIN

Required number of unique visits where an electronic prescription was generated to be a successful electronic prescriber:
 Tier size 2-10: 75
 Tier size 11-26: 225
 Tier size 26-50: 475
 Tier size 51-100: 925
 Tier size 101-199: 1,875

GPRO II Group Size Tier	Pre-selected Method of Reporting	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges ¹	Tax ID Total Earned Incentive Amount ²	Reporting Numerator: eRx Instances Reported (≥ tier minimum required) ³	% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required) ⁴
2-10	Claims	Reporting Requirements Met	\$1,000,000.00	\$10,000.00	250	25%
11-26	Claims	Insufficient number of eRx events reported (requirements depend on tier size)	\$2,000,000.00	N/A	200	20%
26-50	Claims	Insufficient percentage of allowed charges met from the measure's denominator codes (≥ 10% required)	\$325,000.00	N/A	500	8%
51-100	Claims	Insufficient number of eRx events reported (requirements depend on tier size) and insufficient percentage of allowed charges from the measure's denominator codes (≥ 10% required)	\$950,000.00	N/A	725	5%
101-199	Claims	Reporting Requirements Met	\$1,000,000.00	\$10,000.00	2,100	25%

In this example, the GPRO met the reporting criteria: at least 75 eligible eRx events reported and at least 10% of allowed Medicare Part B PFS charges met the 10% threshold (denominator criteria)

Only the applicable tier size of the GPRO II will be displayed; Shows the reporting method indicated during the GPRO self-nomination and selection process

Estimated total amount of Medicare Part B PFS charges for GPRO TIN

...dentificator number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record has been processed and established in the PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is the correct status or eligibility for a 2011 eRx incentive payment, only the system's ability to populate this field in the report.

... Medicare Part B PFS charges associated with services rendered during the reporting period. The PFS claims included were based on the twelve month reporting period.

Figure 2.5 Screenshot of Table 2: TIN Reporting Detail – eRx GPRO II Claims

Example 2.6: TIN Reporting Detail – eRx GPRO II Registry

2011 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT

(GPRO II REGISTRY REPORT)

Example 2.6

Eligible professionals may participate in the eRx program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO. Data may be submitted for this program through Medicare Part B claims, qualified registries or qualified EHR systems for services furnished between January 1, 2011 and December 31, 2011. Whether an eligible professional or GPRO successfully reported for the eRx incentive program. Participation by an eligible professional or a GPRO is defined as submitting at least one eRx event for the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (proportion of eRx events reported) and Reporting Detail table listing the GPRO's total earned incentive amount and reporting information. More information regarding the eRx program and the eRx Measure Specifications is available at www.cms.gov/ERXincentive.

Required number of unique visits where an electronic prescription was generated to be a successful electronic prescriber:
 Tier size 2-10: 75
 Tier size 11-26: 225
 Tier size 26-50: 475
 Tier size 51-100: 925
 Tier size 101-199: 1,875

Table 2: Reporting Detail for Taxpayer Identification Number (Tax ID) - Registry (GPRO II)

Tax ID Name*: Jack Q. Public Clinic
 Tax ID Number: XXXXX1234

Explains if the GPRO II is incentive eligible or not

Total 1% Incentive amount earned by the GPRO TIN

Incentive and Reporting Detail for eRx Measure Reporting via Registry						
GPRO II Group Size Tier	Pre-selected Method of Reporting	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges ¹	Tax ID Total Earned Incentive Amount ²	Reporting Numerator: eRx Instances Reported (≥ tier minimum required) ³	% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required) ⁴
2-10	Registry	Reporting Requirements Met	\$1,000,000.00	\$10,000.00	250	25%
11-26	Registry	Insufficient number of eRx events reported (requirements depend on tier size)	\$2,000,000.00	N/A	200	20%
26-50	Registry	Insufficient percentage of allowed charges met from the measure's denominator codes (≥ 10% required)	\$325,000.00	N/A	500	8%
51-100	Registry	Insufficient number of eRx events reported (requirements depend on tier size) and insufficient percentage of allowed charges from the measure's denominator codes (≥ 10% required)	\$950,000.00	N/A	725	5%
101-199	Registry	Reporting Requirements Met	\$1,000,000.00	\$10,000.00	2,100	25%

In this example, the GPRO met the reporting criteria: at least 75 eligible eRx events reported and at least 10% of allowed Medicare Part B PFS charges met the 10% threshold (denominator criteria)

Only the applicable tier size of the GPRO II will be displayed; Shows the reporting method indicated during the GPRO self-nomination and selection process

Identifier number in the CMS national Provider Enrollment Chain and Integrity System (PECIS) database as of the reporting period. If the organization's enrollment record or status is affected, only the system's ability to populate this field in the report.

Estimated total amount of Medicare Part B PFS charges for GPRO TIN

"N/A" will appear if the GPRO was unsuccessful using that reporting method

database. If the organization or professional's enrollment record or Carrier systems at the time this report was produced, this is indicated by "N/A". If the organization or professional's enrollment record or Carrier systems at the time this report was produced, this is indicated by "N/A".

¹ Medicare Part B PFS charges associated with services rendered during the reporting period. The PFS claims included were based on the twelve month reporting period.
² Based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the twelve month reporting period for which the Tax ID was eligible.

Figure 2.6 Screenshot of Table 2: TIN Reporting Detail – eRx GPRO II Registry

Example 2.7: TIN Reporting Detail – eRx GPRO II EHR

2011 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT
(GPRO II EHR REPORT)

Example 2.7

Eligible professionals may participate in the eRx program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) program. eRx data may be submitted for this program through Medicare Part B claims, qualified registries or qualified EHR systems for services furnished between January 1, 2011 and December 31, 2011. The eRx program will evaluate whether an eligible professional or GPRO successfully reported for the eRx incentive program. Participation by an eligible professional or a GPRO is defined as submitting at least one eRx claim via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (prop include an Incentive and Reporting Detail table listing the GPRO's total earned incentive amount and reporting information. More information regarding the eRx program and the eRx Measure can be found at www.cms.gov/ERX/incentive.

Table 2: Reporting Detail for Taxpayer Identification Number (Tax ID) - EHR (GPRO II)

Tax ID Name*: Jack Q. Public Clinic
Tax ID Number: XXXXX1234

Explains if the GPRO II is incentive eligible or not

Total 1% incentive amount earned by the GPRO TIN

Required number of unique visits where an electronic prescription was generated to be a successful electronic prescriber:
Tier size 2-10: 75
Tier size 11-26: 225
Tier size 26-50: 475
Tier size 51-100: 925
Tier size 101-199: 1,875

Incentive and Reporting Detail for eRx Measure Reporting via EHR						
GPRO II Group Size Tier	Pre-selected Method of Reporting	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges ¹	Tax ID Total Earned Incentive Amount ²	Reporting Numerator: eRx Instances Reported (≥ tier minimum required) ³	% of Total Estimated Allowed Medicare Part B PFS Charges (≥ 10% required) ⁴
2-10	EHR	Reporting Requirements Met	\$1,000,000.00	\$10,000.00	250	25%
11-26	EHR	Insufficient number of eRx events reported (requirements depend on tier size)	\$2,000,000.00	N/A	200	20%
26-50	EHR	Insufficient percentage of allowed charges met from the measure's denominator codes (≥ 10% required)	\$325,000.00	N/A	500	8%
51-100	EHR	Insufficient number of eRx events reported (requirements depend on tier size) and insufficient percentage of allowed charges from the measure's denominator codes (≥ 10% required)	\$950,000.00	N/A	725	5%
101-199	EHR	Reporting Requirements Met	\$1,000,000.00	\$10,000.00	2,100	25%

"N/A" will appear if the GPRO was unsuccessful using that reporting method

Only the applicable tier size of the GPRO II will be displayed; Shows the reporting method indicated during the GPRO self-nomination and selection process

Estimated total amount of Medicare Part B PFS charges for GPRO TIN

In this example, the GPRO met the reporting criteria: at least 1,875 eligible eRx events reported and at least 10% of allowed Medicare Part B PFS charges met the 10% threshold (denominator criteria)

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization is not processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time of reporting, the organization's enrollment status or eligibility for a 2011 eRx incentive payment, only the eRx data submitted for the reporting period will be used to determine reporting eligibility.

Figure 2.7 Screenshot of Table 2: TIN Reporting Detail – eRx GPRO II EHR

Accessing Feedback Reports

NPI-Level Reports (Available to Non-eRx GPRO Individuals)

Eligible professionals who submitted data as an individual NPI (including sole proprietors who submitted under a SSN) can request their individual NPI-level feedback reports through the Quality Reporting Communication Support Page (approximately 2-3 day processing), available at <http://www.qualitynet.org/pqrs> under the "Related Links" section in the upper left-hand corner of the window.

Individuals can access the TIN-level report (which includes NPI-level data for all individual eligible professionals under that TIN) through the Portal and Individuals Authorized Access to the CMS Computer Services (IACS) login as discussed in the next section.

TIN-Level Reports (Available to eRx GPROs)

TIN-level reports can be requested for individuals within the same practice or for CMS-selected group practices participating in eRx GPRO who submitted applicable eRx QDCs during the 2011 12-month reporting period. The TIN-level reports will be accessible through the Portal with IACS login at <http://www.qualitynet.org/pqrs>. TIN-level reports can only be accessed via the Portal.

The Portal is the secured entry point to access the 2011 feedback reports. Your report is safely stored online and accessible only to you (and those you specifically authorize). Eligible professionals will need to obtain an IACS account for an "end user" role in order to access their 2011 feedback reports through the secure Portal. As shown in Figure 4.1, the *IACS Quick Reference Guides* provide step-by-step instructions to request an IACS account to access the Portal, if you do not already have one.

Downloadable 2011 eRx Incentive Program feedback reports will be available as an Adobe® Acrobat® PDF in the fall of 2012 in the Portal. The report will also be available as a Microsoft® Excel or .csv file.

Assistance

Please see the *Portal User Guide* (<http://www.qualitynet.org/pqrs>) for detailed instructions on logging into the Portal.

CMS established the QualityNet Help Desk to support access to and registration for IACS. The QualityNet Help Desk can be reached at 1-866-288-8912 (TTY 1-877-715-6222) or by e-mail at Qnetsupport@sdps.org. Hours of operation are Monday through Friday from 7:00 a.m. to 7:00 p.m. CST.

Note: *The 2011 eRx Incentive Payment Feedback Report may contain a partial or "masked" Social Security Number/Social Security Account Number (SSN/SSAN) as part of the TIN field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner with which the SSN/SSAN is potentially associated. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.*

- Related Links**
- + CMS
 - + Quality Improvement Resources
 - + Measure Development
 - + Consensus Organizations for Measure Endorsement/Approval
 - + **Communication Support Page**

Guest Instructions

Welcome to the Physician and Other Health Care Professionals Quality Reporting Portal. Please click on the Sign In button located in the center of the page.

- User Guides**
- PQRS Portal User Guide
 - PQRS/eRx SEVT User Guide
 - PQRS/eRx Submission User Guide
 - PQRS/eRx Submission Report User Guide
 - PQRS MOCP Submission User Guide
 - 2010 PQRI Feedback Report User Guide
 - 2010 eRx Feedback Report User Guide
 - PQRS 2011 GPRO Web Interface User Guide

Verify Report Portlet

This tool is used to verify if a feedback report exists for your organization's TIN or NPI.

NOTE: The TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid PQRI quality data codes.

TIN NPI

TIN: e.g. 01-2123234 or 012123234

NPI: e.g. 0121232345

Guest Announcement

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRI feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the web application. TIN-level reports should be shared only with others within the practice who have a vested interest in the summarized quality data. Sharing of other PQRI participants' information is acceptable only if the individual EP has authorized the TIN to do so. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Physician and Other Health Care Professionals Quality Reporting Portal

to your Portal

Click here to request NPI-level reports

If you do not have an account, please [register](#).

Forgot your password?

For assistance with new & existing IACS accounts, review the **Quick Reference Guides**.

Notice: If you have not used your IACS account within the past 60 days or more, your account has been temporarily disabled as required by the CMS security policy. You should have received an e-mail at the e-mail address associated with your IACS account profile instructing you how to get your account re-enabled. If you need further assistance, please contact the QualityNet Help Desk at 1-866-288-8912, or qnetssupport@sdps.org.

Notice: If you are experiencing difficulties viewing the PQRS Community Explorer 8.0, please ensure that you are using the compatibility view in Internet Explorer. Select Tools, Select Compatibility View.

Click here for step-by-step instructions on how to register for an IACS account

For support, please contact the QualityNet Help Desk at 866-288-8912 or qnetssupport@sdps.org.

See the Portal User Guide for assistance with accessing the Portal

Figure 4.1 Screenshot of Physician and Other Health Care Professionals Quality Reporting Portal (Portal) at <http://www.qualitynet.org/pqrs>

Key Facts About eRx Incentive Eligibility and Amount Calculation

Lump-Sum 2011 eRx Incentive Payment

Payment Calculations

- The 1.0% incentive is based on CMS' estimate of all Medicare Part B PFS allowed charges for covered professional services: 1) furnished during the applicable 2011 reporting period, 2) processed by the Medicare Carrier or A/B MAC into the NCH by February 24, 2012, and 3) paid under or based on the PFS. 2011 eRx incentive payments are aggregated at the TIN level.
- For the incentive payment calculation, an eligible professional eligible for the incentive is defined as a TIN/NPI who met the eRx criteria for successful reporting for the 2011 eRx Incentive program year. An eRx GPRO eligible for the incentive is defined as a TIN who met the eRx criteria for successful reporting for the 2011 eRx Incentive program year.
- The analysis of successful reporting among individual eligible professionals will be performed at the individual TIN/NPI level to identify each eligible professional's services and quality data. The analysis of successful reporting among eligible professionals under the eRx GPRO will be performed at the TIN level to identify the group's services and quality data.
 - Incentive payments earned by eligible professionals will be issued to the TIN under which he or she earned an incentive, based on the Medicare Part B PFS covered professional services claims submitted under the TIN, aggregating eligible professionals' incentives to the TIN level.
 - For eligible professionals who submitted claims under multiple TINs, CMS groups claims by TIN for analysis and payment purposes. As a result, a professional who submitted claims under multiple TINs may earn an eRx incentive under one of the TINs and not the other(s), or may earn an incentive under each TIN.
- For further information related to the incentive payment, please refer to the 2011 eRx program pages on the CMS website at <http://www.cms.gov/ERXincentive>, including the *Guide for Understanding 2011 eRx Incentive Program Incentive Payment*.

Distribution

- 2011 eRx Incentive payments are scheduled to be issued to the TIN by the Carrier or A/B MAC in the fall of 2012, electronically or via check, based on how the TIN normally receives payment for Medicare Part B PFS covered professional services furnished to Medicare beneficiaries.
- Incentive payments for the 2011 eRx Incentive Program and 2011 PQRS will be distributed separately.
- If a TIN submits claims to multiple Medicare claims-processing contractors (Carriers or A/B MACs), each contractor may be responsible for a proportion of the TIN incentive payment equivalent to the proportion of Medicare Part B PFS claims the contractor processed for the 2011 eRx reporting period. *(Note: if splitting an incentive across contractors would result in any contractor issuing an eRx incentive payment less than \$20 to the TIN, the incentive will be issued by fewer contractors than may have processed PFS claims from the TIN for the reporting period).*

Frequent Concerns

- If the lump-sum incentive payment does not arrive, contact your Carrier or A/B MAC.
- If the incentive payment amount does not match what is reflected in the 2011 eRx Incentive Program feedback report, contact your Carrier or A/V MAC. The incentive amount may differ by a penny or two from what is reflected in the feedback report due to rounding. The proportion of incentive amount by Carrier or A/B MAC may not equal 100 percent due to rounding.
- The 2011 eRx incentive payment and the 2011 eRx Incentive Program feedback report will be issued at different times. The 2011 eRx payment, with the remittance advice, will be issued by the Carrier or A/B MAC and identified as a lump-sum 2011 eRx incentive payment. CMS will provide the 2011 eRx Incentive Program feedback reports through a separate process.
- The Electronic Remittance Advice sends a 2-character code (LE) to indicate incentive payments plus a 4-digit code for the type of incentive and reporting year (RX11) to accompany the incentive payment.
- The Paper Remittance Advice states: "This is an ERx incentive payment."
- 2011 eRx Incentive Program participants will not receive claim-level detail in the feedback reports.
- 2011 eRx Incentive Program feedback reports will be available in the fall of 2012.
- 2011 eRx Incentive Program feedback report availability is not based on whether or not an incentive payment was earned. Feedback reports will be available for every TIN under which at least one eligible professional (identified by his or her NPI submitting Medicare Part B PFS claims, registry, or EHR data) or eRx GPRO (identified by the TIN submitting Medicare Part B PFS claims, registry, or EHR data) reported the eRx measure a minimum of once during the 2011 eRx Incentive reporting period.

- Feedback reports for multiple years will be accessible via the Portal and will not be archived.
- If **none** of the 2011 eRx QDCs submitted via claims by individual eligible professionals are denominator-eligible events for the 2011 eRx measure, Tables 1 and 2 of the individual eligible professional's NPI-level reports will be populated with zeroes in most or all of the numeric fields of the tables. If **none** of the 2011 eRx QDCs submitted by eligible professionals under the CMS-selected eRx GPRO are denominator-eligible events for the 2011 eRx measure, Tables 1 and 2 of the eRx GPRO's TIN-level reports will be populated with zeroes in most or all of the numeric fields of the tables.
- In some cases for eligible professionals reporting as individuals, an individual NPI will be indicated in the feedback report as incentive eligible, but the incentive payment is determined to be zero dollars. This happens when there are no Medicare Part B PFS allowed charges for covered professional services billed under that individual's TIN/NPI combination during the reporting period. It is important to make sure you are submitting the correct TIN/NPI number when submitting data for calculation.

Help/Troubleshooting

Following are helpful hints and troubleshooting information:

- Adobe® Acrobat® Reader is required to view the feedback report in PDF format. You can download a free copy of the latest version of Adobe® Acrobat® Reader from <http://www.adobe.com/products/acrobat/readstep2.html?promoid=BUIGO>.
- The report may not function optimally, correctly, or at all with some older versions of Microsoft® Windows, Microsoft® Internet Explorer, Mozilla® Firefox, or Adobe® Acrobat® Reader.
- Feedback files are generated in the 2007 version of Microsoft® Excel. Microsoft offers a free viewer application for opening Office 2007 files to users running Windows Server 2003, Windows XP, or Windows Vista Operating Systems. With Excel Viewer, you can open, view, and print Excel workbooks, even if you do not have Excel installed. You can also copy data from Excel Viewer to another program. However, you cannot edit data, save a workbook, or create a new workbook. This download is a replacement for Excel Viewer 97 and all previous Excel Viewer versions. See <http://www.microsoft.com/download/en/details.aspx?DisplayLang=en&id=10> to download the free Microsoft® Excel Viewer.
- One of the format options for the feedback report is Character Separated Values (.csv) files. This is a commonly recognized delimited data format that has fields/columns separated by the comma character or other character and records/rows separated by a line feed or a carriage return and line feed pair. Csv files generated for the eRx feedback report will use the [tab] as the delimiting character. The .csv file type is generally accepted by spreadsheet programs and database management systems using the application's native features.
- Users may need to turn off their web browser's Pop-up Blocker or temporarily allow Pop-up files in order to download the eRx feedback report.
- Regardless of the format, users should preview their feedback reports prior to printing. In Microsoft® Excel, view Print Preview to ensure all worksheets show as fit to one page.
- If you need assistance with the **IACS registration process** (i.e., forgot ID, password resets, etc.) **or with questions regarding your eRx Feedback Report**, contact the QualityNet Help Desk at 866-288-8912 or qnetsupport@sdps.org (Monday-Friday 7:00 a.m.-7:00 p.m. CT).
- Contact your Carrier or MAC with general payment questions. The *Provider Contact Center Toll-Free Numbers Directory* offers information on how to contact the appropriate provider contact center and is available for download at http://www.cms.gov/MLNGenInfo/01_Overview.asp.

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Appendix A: 2011 eRx Feedback Report Definitions

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

Term	Definition
Tax ID Name	Legal business name associated with a Taxpayer Identification Number (TIN). Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or A/B MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2011 eRx Incentive payment; only the system's ability to populate this field in the report.
Tax ID Number	The masked TIN, whether individual or corporate TIN, Employer Identification Number, or individual professional's Social Security Number submitted when reporting eRx data.
Total Tax ID Earned Incentive Amount for NPIs (Individuals only)	The total incentive amount earned by all NPIs under the TIN.
Total Tax ID Earned Incentive Amount (eRx GPROs only)	The total incentive amount earned by the CMS-selected eRx GPRO TIN.
A/B MAC and Carrier Identification #	A/B MAC and/or Carrier number to which the TIN bills their claims.
Proportion of Incentive per Carrier/MAC	The percentage of the total incentive amount earned by the TIN/NPI or eRx GPRO TIN, split across carriers based on the proportionate split of the TIN's total estimated allowed Physician Fee Schedule covered charges billed across the carriers (100% of incentive will be distributed by a single carrier if a single carrier processed all claims for the TIN for all dates of service for the applicable reporting period).
Tax ID Earned Incentive Amount Under A/B MAC and Carrier	The total incentive amount earned by the Tax ID (TIN) billing to each carrier. More information regarding incentive calculations can be found on the CMS website, http://www.cms.gov/ERxIncentive .
NPI (Individuals only)	National Provider Identifier of the eligible professional billing (rendering provider) under the TIN.
NPI Name (Individuals only)	Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2011 eRx payment; only the system's ability to populate this field in the report.
Method of Reporting (Individuals) or Pre-selected Method of Reporting (eRx GPRO only)	Represents how the individual NPI or the eRx GPRO submitted data for the eRx Incentive Program. The three methods include: claims, qualified registries, or qualified EHR systems.

Term	Definition
Incentive Eligibility Rationale	<p>The rationale for those NPIs or eRx GPRO TINs who were or were not eligible for incentive.</p> <p>NPI</p> <p>Eligible</p> <ul style="list-style-type: none"> ○ Reporting Requirements Met <p>Not Eligible</p> <ul style="list-style-type: none"> ○ Insufficient number of eRx events reported (≥ 25 required) ○ Reporting Requirements Met: NPI Ineligible due to earning Medicare EHR Incentive Program incentive payment ○ Insufficient percentage of allowed charges met from the measure's denominator codes (≥ 10% required) ○ Insufficient number of eRx events reported (≥ 25 required) and insufficient percentage of allowed charges from the measure's denominator codes (≥ 10% required) <p>CMS-Selected GPRO I</p> <p>Eligible</p> <ul style="list-style-type: none"> ○ Reporting Requirements Met <p>Not Eligible</p> <ul style="list-style-type: none"> ○ Insufficient percentage of allowed charges met from the measure's denominator codes (≥ 10% required) ○ Insufficient number of eRx events reported (≥ 2,500 required) ○ Insufficient number of eRx events reported (≥ 2,500 required) and insufficient percentage of allowed charges from the measure's denominator codes (≥ 10% required) <p>CMS-Selected GPRO II</p> <p>Eligible</p> <ul style="list-style-type: none"> ○ Reporting Requirements Met <p>Not Eligible</p> <ul style="list-style-type: none"> ○ Insufficient number of eRx events reported (requirements depend on tier size) ○ Insufficient percentage of allowed charges met from the measure's denominator codes (≥ 10% required) ○ Insufficient number of eRx events reported (requirements depend on tier size) and insufficient percentage of allowed charges from the measure's denominator codes (≥ 10% required) <p>More information regarding incentive calculations can be found on the CMS website, http://www.cms.gov/ERxIncentive.</p>
Total Estimated Allowed Medicare Part B PFS Charges	Represents the total dollar amount of estimated allowed Medicare Part B PFS charges for the codes in the measure's denominator.
Total Estimated Allowed Medicare Part B PFS Charges	The total estimated amount of Medicare Part B PFS allowed charges associated with covered professional services rendered during the reporting period. The PFS claims included were based on the 12-month reporting period.
NPI Total Earned Incentive Amount (Individuals only)	The 1.0% incentive for each incentive-eligible professional's TIN/NPI, based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the reporting period for which a TIN/NPI was eligible. If N/A, the NPI was not eligible to receive an incentive.
TIN Total Earned Incentive Amount (eRx GPROs only)	The 1.0% incentive for incentive-eligible group TIN, based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the reporting period for which a TIN was eligible. If N/A, the group TIN was not eligible to receive an incentive.

Table 2: NPI or TIN Participation Detail

Term	Definition
Tax ID Name	Legal business name associated with a TIN. Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2011 eRx payment; only the system's ability to populate this field in the report.
Tax ID Number	The masked Taxpayer Identification Number, whether individual or corporate TIN, Employer Identification Number, or individual professional's Social Security Number submitted when reporting eRx data.
NPI Number (Individuals only)	Individual National Provider Identifier of the eligible professional (rendering provider) billing under the TIN.
NPI Name (Individuals only)	Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2011 eRx incentive payment; only the system's ability to populate this field in the report.
Participation Summary (Individual only)	The first table section shows the following for the individual NPI (non-eRx GPRO) listed: All Methods Reported, Registry/EHR Associated, Qualified for Incentive, and Reporting Method Used for Incentive.
Method of Reporting (Individuals only) or Pre-selected Method of Reporting (eRx GPROs only)	Represents how the individual NPI or the eRx GPRO submitted data for the eRx Incentive e Program. The three methods include: claims, qualified registries, or qualified EHR systems.

Term	Definition
Incentive Eligibility Rationale	<p>The rationale for those NPIs or CMS-selected eRx GPROs who were or were not eligible for incentive.</p> <p>NPI</p> <p>Eligible</p> <ul style="list-style-type: none"> ○ Reporting Requirements Met <p>Not Eligible</p> <ul style="list-style-type: none"> ○ Insufficient number of eRx events reported (≥ 25 required) ○ Reporting Requirements Met: NPI Ineligible due to earning Medicare EHR Incentive Program incentive payment ○ Insufficient percentage of allowed charges met from the measure's denominator codes ($\geq 10\%$ required) ○ Insufficient number of eRx events reported (≥ 25 required) and insufficient percentage of allowed charges from the measure's denominator codes ($\geq 10\%$ required) <p>CMS-Selected GPRO I</p> <p>Eligible</p> <ul style="list-style-type: none"> ○ Reporting Requirements Met <p>Not Eligible</p> <ul style="list-style-type: none"> ○ Insufficient percentage of allowed charges met from the measure's denominator codes ($\geq 10\%$ required) ○ Insufficient number of eRx events reported ($\geq 2,500$ required) ○ Insufficient number of eRx events reported ($\geq 2,500$ required) and insufficient percentage of allowed charges from the measure's denominator codes ($\geq 10\%$ required) <p>CMS-Selected GPRO II</p> <p>Eligible</p> <ul style="list-style-type: none"> ○ Reporting Requirements Met <p>Not Eligible</p> <ul style="list-style-type: none"> ○ Insufficient number of eRx events reported (requirements depend on tier size) ○ Insufficient percentage of allowed charges met from the measure's denominator codes ($\geq 10\%$ required) ○ Insufficient number of eRx events reported (requirements depend on tier size) and insufficient percentage of allowed charges from the measure's denominator codes ($\geq 10\%$ required) <p>More information regarding incentive calculations can be found on the CMS website, http://www.cms.gov/ERxIncentive.</p>
Total Estimated Allowed Medicare Part B PFS Charges	The total estimated amount of Medicare Part B PFS charges associated with services rendered during the reporting period. The PFS claims included were based on the 12-month reporting period.
NPI Total Earned Incentive Amount (Individuals only)	The 2.0% incentive for each incentive-eligible professional's TIN/NPI, based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the reporting period for which a TIN/NPI was eligible. If N/A, the NPI was not eligible to receive an incentive. If \$0.00, the NPI was incentive eligible but did not have any Part B PFS allowed charges.
Tax ID Total Earned Incentive Amount (eRx GPROs only)	The 2.0% incentive for the eRx GPRO TIN, based on the total estimated allowed Medicare Part B PFS charges for services performed within the length of the reporting period for which the eRx GPRO TIN was eligible. If N/A, the TIN was not eligible to receive an incentive. If \$0.00, the TIN was incentive eligible but did not have any Part B PFS allowed charges.
Reporting Numerator: eRx Instances Reported	The number of reporting events where the QDCs or quality action data submitted met the measure-specific reporting criteria. Individuals should have at least 25 eligible events. GPRO I requires at least 2,500 eligible events. GPRO II requirements depend on tier size.
% of Total Estimated Allowed Medicare Part B PFS Charges ($\geq 10\%$ required)	A successfully reported measure has denominator codes on at least 10% of total estimated allowed Medicare Part B PFS charges.