ATTENTION!
TIME SENSITIVE INFORMATION!

DID YOU KNOW ABOUT THE JUNE 30TH MEDICARE E-PRESCRIBING DEADLINE TO AVOID PENALTIES?

The June 2011 deadline to avoid MIPPA e-prescribing penalties is approaching fast. Don’t let your practice miss the deadline! Start e-prescribing today and write 10 e-prescriptions by June 30th to avoid the costly 1% Medicare payment reductions and be eligible for an additional 1% increase in your reimbursement! You will need 25 e-prescriptions to receive the increase.

HOW CAN YOU AVOID THE FEDERAL PENALTIES?

Start e-prescribing immediately to avoid losing thousands of dollars in penalties and qualify to get a 1% increase in reimbursement incentive payments! Avoid the rush in May, scheduling for training is filling up quickly!

In July 2008, the federal government implemented the Medicare Improvements for Patients and Providers Act (MIPPA) as an initial step towards mandating e-prescribing technology by using a “carrot and stick” approach. Early adopters are eligible for incentive payments, and providers who delay utilization of e-prescribing technology past June 30, 2011 will be penalized for non-compliance. For 2011, MIPPA has been revised to simplify reporting, broaden eligibility, and allow group practices to qualify.

JUST 3 EASY STEPS TO AVOID LOSING MONEY- DON’T DELAY!

1. PURCHASE A QUALIFIED E-PRESCRIBING SYSTEM
2. ADD G8553 TO YOUR SUPERBILL
3. BILL G8553 FOR AT LEAST 25 UNIQUE ELECTRONIC PRESCRIBING EVENTS (10 MUST BE COMPLETED BY JUNE 30TH 2011 TO AVOID A 1% PENALTY!)

1. WHAT ARE THE PENALTIES FOR FAILING TO E-PRESCRIBE?

According to MIPPA, physicians who are eligible but choose not to participate in the 2012 or 2013 Medicare e-prescribing incentive program and do not qualify for a significant hardship exemption would be subject to a 1 percent Medicare payment reduction based on their Medicare Part B allowed charges (1.5 percent in 2013). CMS is basing the 2012 penalty on e-prescribing activity that occurs during Jan. 1, 2011 through June 30, 2011. Penalties for 2013 are based on e-prescribing activity for the entire 2011 calendar year.

2. WHAT E-PRESCRIBING ACTIVITY IS REQUIRED IN 2011 TO AVOID THE 2012 AND 2013 PENALTIES?

To avoid penalties in 2012 and 2013, an eligible physician must report the e-prescribing G-code, G8553, at least 25 times for Medicare office visits and other applicable services for applicable CPT codes included in the CMS e-prescribing measure specifications on your Medicare claim forms. To avoid penalties in 2012, at least 10 of your e-prescriptions must occur and must be reported on your Medicare claim forms during the January 1, 2011 through June 30, 2011 reporting period. All claims for services furnished between January 1, 2011 and June 30, 2011 must be received and processed by no later than one month after the reporting period. To avoid penalties in 2013, an additional 15 e-prescriptions must occur and be reported on your Medicare claim forms during calendar year 2011.
**DOES THIS BILL APPLY TO ME?**
If E&M services account for more than 10% of your annual total allowed Medicare charges, you are eligible to receive a bonus based on your total Part B payments, not just E&M.

**HOW MUCH MONEY CAN I EXPECT TO RECEIVE?**
This amount varies depending on all Medicare Part-B payments, and can be thousands of dollars. To calculate a ballpark for your potential earnings, take your part-B reimbursements from last year, and add 1%.

**HOW DO I EARN MY INCENTIVES?**
The simple answer is that you need to begin writing and transmitting your prescriptions using a qualified e-prescribing system. To receive the full benefits of e-prescribing and ensure smooth workflow in the office, we recommend that you utilize your e-prescribing system to write prescriptions for all patients, not just Medicare patients. The Centers for Medicare and Medicaid (CMS) will measure your e-prescribing activity on an annual basis, using the three easy steps outlined on the previous page and will award you the incentives if you meet the required levels of participation. In order meet the minimum requirements to capture the Medicare bonus, you should being e-prescribing immediately.

**HOW DO I VERIFY THAT MY E-PRESCRIBING SYSTEM MEETS ALL THE REQUIREMENTS?**
As a qualified system, Rcopia fulfills the following requirements:

- Generate a medication list
- Select medications, transmit prescriptions electronically and conduct safety checks
  - Safety checks include: automated prompts that offer information on the drug being prescribed, potential inappropriate dose or route of administration of the drug, drug-drug interactions, allergy concerns, and warnings/cautions.
- Provide information on lower cost alternatives
- Provide information on formulary or tiered formulary medications, patient eligibility and authorization requirements received electronically from the patient’s drug plan

As you search for a qualified e-prescribing system, be sure to speak with potential vendors and ask to see a demo of each of the requirements.

**HOW WILL MY E-PRESCRIBING BE MEASURED?**
As it stands currently, CMS will measure your participation through the billing codes you submit to Medicare. After a Medicare patient visit, on your superbill you will submit one of the CPT E/M service codes indicating that an ambulatory office visit occurred:

- 90801-9; 90862; 92002; 92004; 92012; 92014; 96150-2; 99201-5; 99211-5; 99304-10; 99315-16; 99341-5; 99347-50; G0101; G0108-9

Next you will need to check G8553 which indicates that at least one prescription created during the visit was generated and transmitted electronically using a qualified electronic prescribing system.