GETTING READY FOR 2009 PQRI & eRX

Legislation passed in July 2008 reaffirmed CMS’s commitment to physician quality reporting and the PQRI process in general. The 2009 incentive was increased to 2% of allowable charges. The same legislation removed the electronic prescribing (eRX) bonus from the PQRI program and, for 2009, established a separate 2% payment to eligible professionals who successfully use an electronic prescription system.

CMS is now allowing the use of electronic reporting registries for 2009. To use an electronic reporting registry, the registry must be approved by CMS as a “qualified” registry. A listing of qualified registries is provided on the CMS web site and includes some large group practices, professional associations and other organizations. There is currently no specific qualified registry for radiation oncology.

Electronic prescribing (eRX) requires the use of an electronic prescribing program that meets the CMS requirements. The CMS Administrator may refine the eRX requirements before the end of the year. Currently, a qualified system must be able to perform the following tasks.

- 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 for the patient’s drug plan.

The measure is intended to be reported on EVERY patient in the denominator.\(^1\)

Successful reporting is defined as reporting the measure on at least 50% of eligible patients. The limitation is that CPT® codes that make up the denominator MUST account for at least 10% of the providers total allowed charges for Medicare Part B covered services. This standard will likely represent a hurdle for many radiation oncologists, since evaluation and management services are unlikely to comprise 10% or more of many radiation oncologist’s eligible Medicare charges.

The bonus for using eRX will be 2% for 2010. In 2011 and 2012 the payment incentive drops to 1% of covered Medicare Part B charges. In 2013, the incentive drops to 0.5%. Eligible professionals who are not successfully using eRX by 2012 will be penalized 1% of their covered Medicare Part B charges. In 2013, this penalty will increase to 1.5% and be 2% for 2014.

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\(^1\) The denominator codes are primarily evaluation and management codes. The current listing of acceptable denominator codes excludes weekly treatment management codes. The specific CPT codes included in the denominator can be found in the detailed description of indicator 125 of the 2008 PQRI measure set.
Useful web resources: cms.gov/PQRI