



E-PRESCRIBING – IS YOUR PRACTICE READY AND DO YOU QUALIFY FOR THE NEW MEDICARE BONUS?



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One of the new initiatives that was authorized under the Medicare Improvements for Patients and Providers Act of 2008 was a program to incentivize physicians who participate in e-prescribing for patients. E-prescribing is the transmission of prescription or prescription-related information through electronic media. Both new and renewal prescriptions can be sent electronically. E-prescribing can save time, enhance productivity and improve patient safety.

Prior to 2009, there was an e-prescribing quality measure that was part of the Physician Quality Reporting Initiative; however, it was only one of the criteria measured. For 2009, physicians and other eligible professionals who meet the e-prescribing criteria will be able to receive a **bonus equal to 2%** of the total estimated allowed charges for professional services covered by Medicare Part B and furnished during that calendar year.

In order to be eligible for the incentive in 2009, you must be an eligible professional whose estimated allowed Medicare Part B charges for the e-prescribing measure codes are at least 10% of your total Medicare Part B allowed charges. These Healthcare Common Procedure Coding System codes are in the denominator of the E-prescribing Incentive Program measure and are listed below:

90801-90809	92002	92004	92012	92014	96150-96152
99201-99205	99211-99215	99241-99245	G0101	G0108	G0109

This means that at least 10% of the charges for an eligible professional must be from the various “visit” codes listed above. After choosing the appropriate visit code for the patient interaction, the eligible professional selects one of the G-codes listed below. Each of the three codes, including the code for not generating prescriptions, counts toward the calculation of the e-prescribing incentive.

- G8443 Used a qualified e-prescribing system for all of the prescriptions
- G8445 Had a qualified e-prescribing system, but didn’t generate any prescriptions during this encounter
- G8446 Had a qualified e-prescribing system but prescribed narcotics or other controlled substances*
- G8446 Had a qualified e-prescribing system and state or federal law required you to phone in or print the prescriptions
- G8446 Had a qualified e-prescribing system and the patient asked that you phone in or print the prescriptions
- G8446 Had a qualified e-prescribing system and the pharmacy system can’t receive electronic transmission

* At this time, the Drug Enforcement Administration prohibits e-prescribing for controlled substances.

For 2009, a successful e-prescriber (one who qualifies for the bonus payments) is a qualified professional who reports the e-prescribing quality measure through the Medicare Part B claims on at least 50% of applicable cases during the year.

The incentives to be paid for the next five years are as follows:

2009	2.0%
2010	2.0%
2011	1.0%
2012	1.0%
2013	0.5%

Eligible professionals who are not e-prescribers by 2012 will be subject to a penalty beginning in 2012. The penalty would result in the provider getting 99% of the total allowable charges in 2012, 98.5% in 2013 and 98% in 2014.

Healthcare providers who wish to start e-prescribing can choose from stand-alone e-prescribing systems or systems that are part of an Electronic Health Record system. A qualified system according to the law must be able to meet the following criteria:

1. Generate a complete medication list that incorporates data from pharmacies and benefit managers (if available).
2. Select medications, transmit prescriptions electronically using the applicable standards and warn the prescriber of possible undesirable or unsafe situations.
3. Provide information of lower-cost, therapeutically-appropriate alternatives.
4. Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan.

Before committing to a system, make sure it will meet the requirements and help facilitate the prescribing process in your office.

As one of the leading accounting and consulting firms for medical practitioners, Cowan, Guteski & Co., P.A. is well-versed in the issues and trends that affect the growth and profitability of physician practices. To find out more, contact Michael S. Lewis, MBA, FACMPE – Principal/Director of Healthcare Consulting, at 732-349-6880 extension 147 or mlewis@cowanguteski.com.

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