

PHYSICIAN INCENTIVES WITH HEALTH CARE REFORM

As of May 27, 2011

PARTICIPATION INCENTIVE	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Physician Quality Reporting System (PQRS)	Pays 1% bonus of Medicare Part B allowed charges.	Pays 0.5% bonus	Pays 0.5% bonus	Pays 0.5% bonus	1.5% PENALTY if not successfully participating in PQRI program						
Bonus Payments on Selected Evaluation & Management (E&M) and general surgery codes to PCPs/general surgeons	10% incentive payment provided	10% incentive payment provided	10% incentive payment provided	10% incentive payment provided	10% incentive payment provided						

NOTES:

Applies to designation of family medicine, internal medicine, geriatric medicine, pediatric medicine or is an NP, clinical nurse specialist or PA and for whom primary care services accounted for at least 60% of allowed charges under Part B. Must be enrolled in Medicare.

Medicare Electronic Prescribing Incentive Program (eRx)	Successful electronic prescribers can receive a 1% incentive payment	Successful electronic prescribers can receive a 1% incentive payment	Successful electronic prescribers can receive a 0.5% incentive payment								
		For eligible professionals who are not successful electronic prescribers, the fee schedule shall be 1% LESS than the amount that would otherwise apply (see exemptions in NOTES).	For eligible professionals who are not successful electronic prescribers, the fee schedule shall be 1.5% LESS than the amount that would otherwise apply.	For eligible professionals who are not successful electronic prescribers, the fee schedule shall be 2% LESS than the amount that would otherwise apply.							

NOTES: To avoid the 2012 e-prescribing (eRx) penalty, CMS has issued a proposed rule in May 2011 by adding more exemption categories under the 2012 e-prescribing penalty program. Physicians are still required to e-prescribe using a qualifying e-prescribing system and report the G8553 code on at least 10 Medicare Part B claims from January 1, 2011 through June 30, 2011 to avoid the 2012 e-prescribing penalty. Physicians have an opportunity to attest through an on-line web portal they they should be eligible to avoid the 2012 e-prescribing penalty for one of the following exemptions: Practice is located in a rural area without high speed internet access; Practice is located in an area without sufficient available pharmacies for e-prescribing; Physician is registered to participate in the Medicare or Medicaid EHR Incentive Program and has adopted certified EHR technology; Physician is unable to e-prescribe due to local, State, or Federal law or Regulation (e.g., prescribes controlled substances); Physician infrequently prescribes (fewer than 10 prescriptions between 1/1/2011-6/30/2011); and There are insufficient opportunities to report the e-prescribing measure due to program limitations. Physicians will have to apply for an exemption from the 2012 e-prescribing penalty via the web-portal tool by **October 1, 2011**.

Medicare EHR Incentive Program		* Final year to begin Medicare EHR incentive program to receive maximum incentive (\$44,000)		*Final year to begin Medicare EHR incentive program participation	2015 and later, Medicare eligible professionals who do not successfully demonstrate meaningful use will have a payment adjustment to their Medicare reimbursement. The payment reduction starts at 1% and increases each year that a Medicare eligible professional does not demonstrate meaningful use, to a maximum of 5%.						
First Year 2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000						
First Year 2012		\$18,000	\$12,000	\$8,000	\$4,000	\$2,000					
First Year 2013			\$15,000	\$12,000	\$8,000	\$4,000					
First Year 2014				\$12,000	\$8,000	\$4,000					
Medicaid EHR Incentive Program. Delaware Medicaid expected launch date - Spring 2011	For calendar years 2011-2012, participants can receive up to \$63,750 over six years under the Medicaid EHR incentive program. EHR incentive payments are made by the State based on the calendar year.				** Final year to begin Medicaid EHR incentive program participation.						
First Year 2011	\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500					
First Year 2012		\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500				
First Year 2013			\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500			
First Year 2014				\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500		
First Year 2015					\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	
First Year 2016						\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500

NOTES:

To qualify for either incentive program, eligible professionals must successfully demonstrate meaningful use for each year of participation in either incentive program. For Medicare, incentive payments are made based on calendar year. The reporting period for the first year is any 90 continuous days during the calendar year. For subsequent years, the reporting period is the entire calendar year. For Medicare eligible professionals beginning in 2015 and later who do not successfully demonstrate meaningful use, those professionals will have a payment adjustment to their Medicare reimbursement starting at 1% and increasing each year that a Medicare EP does not demonstrate meaningful use, up to a maximum of 5%. Medicare eligible professionals who also qualify as Medicaid eligible professionals must choose between the Medicare and Medicaid incentive programs when they register. Medicaid eligible professionals and providers who are not eligible for either program will not be subject to payment adjustments. However, Medicaid EPs who also treat Medicare patients will have a payment adjustment to Medicare reimbursements starting in 2015 if they do not successfully demonstrate meaningful use. October 1, 2011 is the last day for eligible professionals to begin their 90-day reporting period for calendar year 2011 for the Medicare EHR Incentive Program. December 31, 2011 is when the reporting year ends for eligible professionals. February 29, 2012 is the last day for eligible professionals to register and attest to receive an Incentive Payment for calendar year 2011.