

CMS Response to Public Comments Received for CMS-10482

The Centers for Medicare and Medicaid Services (CMS) received comments from a Physician Group related to CMS-10482. This is the reconciliation of the comments.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment from a physician group stating that many physicians are automatically excluded from the incentives and penalties associated with the eRx Incentive Program. To ensure accuracy of the results, the survey should make clear what professionals are eligible for the eRx Incentive Program as well as make clear the applicable hardship exemptions. With multiple federal quality programs operating concurrently some may not realize they are exempt from the eRx Incentive Program.

Response:

CMS provides continual guidance to physicians and other practitioners who qualify as eligible professionals to participate in the Electronic Prescribing (eRx) Incentive Program. They are given information on the conditions under which the payment adjustment does not apply and the conditions under which an eligible professional can avoid payment adjustments. CMS has defined distinct circumstances under which an eligible professional or group practice can request a hardship exemption to the eRx payment adjustment. Eligible professionals and group practices are given information on how to submit a “hardship exemption request.” For example, the 2013 Hardship Exemption Circumstances and Codes are as follows:

- The eligible professional is unable to electronically prescribe due to state, federal, or local law or regulation.
- The eligible professional prescribes fewer than 100 prescriptions during a 6-month payment adjustment reporting period.
- The eligible professional practices in a rural area without sufficient high-speed Internet access (G8642).
- The eligible professional practices in an area without sufficient available pharmacies for electronic prescribing (G8643).

In addition, eligible professionals can find additional information about the eRx Incentive Program on the CMS Web site; they can get additional help by telephone and email.

The survey is being sent to only those physicians and other professionals who are eligible to participate in the eRx Incentive Program.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment from the same physician group proposing to include “anesthesiology” in the drop down menu in section B1 of the eligible professional survey. The term “nurse anesthesiology” should be removed from the survey. Just as surgery, cardiology, pathology, radiology and gynecology are medical specialties, so is anesthesiology. Nurse anesthesiology is incorrect as would be nurse surgery or nurse cardiology. Anesthesiology is the branch of medicine concerned with anesthesia and anesthetics.

Response:

CMS agrees that “anesthesiology” should be added to the list of specialties in the drop-down menu in section B1 of the eligible professional survey. CMS has revised the B1 list to add “anesthesiology” and revised “nurse anesthesiology” to read “nurse anesthetist.” Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant) is one of CMS’ eligible professionals as specified in the statute.

Comment:

The Centers for Medicare and Medicaid and Medicaid Services (CMS) received a third comment from the physician group stating that question 1 in the Medicare beneficiary survey would include a “provider named below” that provided care to the beneficiary in the last 12 months. The survey follows with a list of questions, many which are not applicable to physician anesthesiologists. For example, one of those questions include “has the provider talked to you about osteoporosis and fracture prevention.” While relevant to some eligible professionals it is not relevant to all. While this survey does not have direct policy implications, we want to ensure that physicians are evaluated fairly.

Response:

CMS is aware of the non-applicable items to certain professions on the beneficiary survey. The sample of beneficiaries will include those who visit participating and non-participating health care professionals. The survey of Medicare beneficiaries will use the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician and Group Survey with the Patient Centered Medical Home (PCMH) module. Minor revisions will be made to address the unique needs of the PQRS and eRx programs. The analysis of the data will account for the appropriateness of visits to the various specialties. For example, osteoporosis would only be reported/shown for those who saw someone in the appropriate profession.