

# Medicare's 2009 ePrescribing Program

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# Overview

- Review MIPPA provisions relevant to new ePrescribing incentive.
- Review ePrescribing measure in 2008 PQRI
- Review implementation schedule for 2009 PQRI and ePrescribing incentive.

# MIPPA Legislation – PQRI

- The Medicare Improvements for Patients and Providers Act (MIPPA), passed in July 2008, contains several new authorities and requirements for quality reporting and PQRI for 2009 and beyond.
- Section 132 contains the new electronic prescribing incentive provisions.



## MIPPA Legislation – Successful Electronic Prescriber, Section 132

- The MIPPA provides for a 2% incentive payment to eligible professionals who successfully prescribe (as defined by the statute) their patient's medications electronically beginning in 2009.
- The legislation specifically refers to applicable electronic prescribing quality measures (i.e., ePrescribing measure #125).

# MIPPA Legislation – Successful Electronic Prescriber, Section 132 (cont)

- ePrescribing measure will be removed from PQRI for 2009 and added to the ePrescribing incentive program.
- The Secretary has the authority to update the specifications of the electronic prescribing measure in the future.

# 2008 PQRI – ePrescribing Measure

- Electronic Prescribing Structural Measure (measure #125) qualifies as one of three required measures in PQRI to earn an incentive payment.
- Requirement for 2008 PQRI is to report the measure on 80% or more of eligible patients.
- No separate incentive for successful ePrescribing in 2008 PQRI.

# Electronic Prescribing Measure in 2008 PQRI

- If you have not adopted an electronic prescribing system that meets the specifications of the measure, you cannot report on this measure.
- The measure is intended to be reported for EVERY patient visit in the denominator.

# Qualified Electronic Prescribing Systems – Measure #125

- The measure assesses an eligible professional's use of electronic prescribing using a qualified system.
- As a qualified system, the program must be able to perform the following tasks:
  - Generate a medication list incorporating electronic data received from pharmacies or PBMs (if available)
  - Select medications
  - Transmit prescriptions electronically and conduct safety alerts

# Qualified Electronic Prescribing Systems – Measure #125 (cont)

- Conduct safety alerts
  - 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
  - Warnings and cautions
- Provide information on lower cost alternatives (if any). (Tiered formulary information, if available, would satisfy this requirement for 2009)
- Provide information on formulary or tiered formulary medications, patient eligibility and authorization requirements received electronically from the patient's drug plan (if available).

# Additional eRx System Requirements

- The System must employ the current Part D standards for the functionalities they provide

# Part D Standards

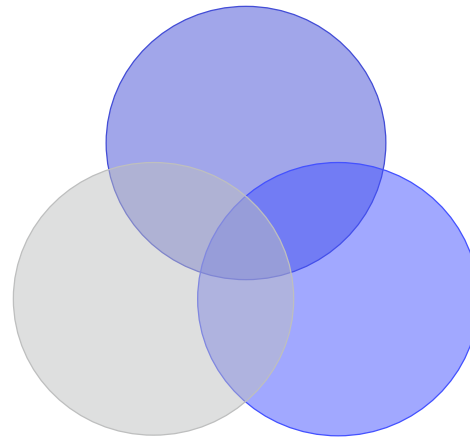
- The standards refer to the version of messaging that the ePrescribing program uses to send the information over the prescription network.
- It is similar to an update of a particular software product (i.e. Word '97 vs. Word 2003).

# How ePrescribing Works

- An eligible professional decides to order a prescription for a patient.
- The prescription is entered into an ePrescribing program and is transmitted to the desired pharmacy.
- Communication also occurs between the pharmacy benefit manager and the physician.

# ePrescribing Communication

Professional



PBM

Pharmacy



# SureScripts-RxHub

- Network where the prescription communication or messaging travels between the 3 entities involved in ePrescribing (i.e., the professional, pharmacy and PBM).
- Approximately 90% of US prescriptions use the SureScripts-RxHub network.
- ePrescribing vendors using the SureScripts-RxHub network must be certified by SureScripts-RxHub.



# Determining if your System is Part D Compliant

- Vendors listed on the SureScripts website, [www.surescripts.com/get-connected.aspx?ptype=physician](http://www.surescripts.com/get-connected.aspx?ptype=physician), meet the 2009 Part D standards for the functions they provide.



# Qualified ePrescribing Systems for 2009

- If an ePrescribing system is not on the SureScripts network, a potential customer should look at the Part D standards on the CMS website and check with the product's vendor.
- You must **HAVE** and **USE** a “qualified” ePrescribing system.
- If purchasing a system, have the vendor demonstrate each functionality described in the measure



# Earning 2% Through ePrescribing

- Patient must have an encounter with one of these CPT or G-codes:

90801, 90802, 90804, 90805, 90806, 90807,  
90808, 90809, 92002, 92004, 92012, 92014,  
96150, 96151, 96152, 99201, 99202, 99203,  
99204, 99205, 99211, 99212, 99213, 99214,  
99215, 99241, 99242, 99243, 99244, 99245,  
99381, 99382, 99383, 99384, 99385, 99386,  
99387, 99391, 99392, 99393, 99394, 99395,  
99396, 99397, G0101, G0108, G0109

# Earning 2% Through ePrescribing

- Report on all eligible patients to ensure success.
- 3 G-codes can be used in this measure:
  - G8443
  - G8445
  - G8446

# ePrescribing G-codes

- **G8443**

All prescriptions created during the encounter were generated using a qualified e-Prescribing system.

**OR**

- **G8445**

No prescriptions were generated during the encounter. Provider does have access to a qualified e-Prescribing system.

**OR**

- **G8446**

Provider does have access to a qualified ePrescribing system. Some or all prescriptions generated during the encounter were printed or phoned in as required by state or federal law or regulations, patient request or pharmacy system being unable to receive electronic transmission; OR because they were for narcotics or other controlled substances.

# Measure #125 for 2009 ePrescribing

- The Secretary may change the measure specifications until December 31, 2008



# Additional Information

- CMS has an ePrescribing section page on the PQRI website at [www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri)
- This section will contain information on:
  - The MIPPA legislation
  - A fact sheet describing the MIPPA ePrescribing incentive provisions
  - Part D standards
  - “ePrescribing Made Simple”
  - Other documents/instructions

# CCHIT

- CCHIT currently certifies EHRs which contain ePrescribing modules.
  - 2008 CCHIT certified systems meet the functionality requirements of the measure
- Some of the eRx modules may be available for purchase separately.

# CCHIT (cont)

- Some products are designated “partners” of 2008 CCHIT certified EHRs.
  - These “partners” would meet the functionality requirements
- CCHIT expects to review stand-alone systems for certification starting in mid-2009.

# Reporting of the ePrescribing Measure as Described Under the MIPPA Statute

- Successful reporting is defined as reporting the measure on at least 50% of eligible patients.
  - Limitation: CPT codes that make up the denominator of the eRx measure **MUST** account for at least 10% of the provider's total allowed charges for Medicare Part B covered services during the reporting period.

# Incentives for Successful ePrescribing Under MIPPA

- A 2% payment incentive for successful use of ePrescribing is available for 2009 & 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% of the covered Medicare Part B charges.



# Future Penalties for Not Electronically Prescribing

- Eligible professionals who are not successfully using electronic prescribing by 2012 will be penalized 1% of their covered Medicare Part B charges.
  - This means that these providers will be paid at 99% for their covered Medicare Part B fee schedule services.

## Future Penalties for Not Electronically Prescribing (cont)

- Fee reduction is prospective, providers will have to electronically prescribe by a date to be determined to be sure their fees are not reduced in 2012.
- This date will not be before 2010.
- Hardship exemption.

## Future Penalties for Not Electronically Prescribing (cont)

- In 2013 – 1.5% deducted from their covered Medicare Part B services.
  - Professionals will be paid at 98.5% of the physician fee schedule for covered services.
- In 2014 and beyond penalty will increase to 2%.
  - Professionals will receive 98% of the physician fee schedule for the covered services they provide.

# Part D Information

- The Secretary has the authority to change the requirements for successful ePrescribing in the future.
- The MIPPA legislation allows for future use of Part D data (i.e., a specific number of electronically written prescriptions) in lieu of claims-based reporting by eligible professionals.

# Implementation Schedule for 2009 PQRI and ePrescribing Incentive

- 2009 PQRI
  - 2009 PFS Rule – posted July 1, 2008; comment period for proposed rule ended 8/29/08.
  - MIPPA provisions – enacted July 15, 2008.
- 2009 Electronic Prescribing Incentive
  - Details of the program were Published in the Physician Fee Schedule Final Rule section of the Federal Register in November, 2008



# Additional PQRI Resources

For more information on PQRI and ePrescribing, please visit our website at: [www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri)

Thank you!

