2012 Electronic Prescribing (eRx) Incentive Program – Adoption/Use of Medication Electronic Prescribing Measure

2012 REPORTING FOR THE eRx MEASURE: ONLY FOR INDIVIDUAL CLAIMS-BASED AND REGISTRY-BASED REPORTING

(THESE SPECIFICATIONS DO NOT APPLY TO THE FOLLOWING REPORTING OPTIONS: PHYSICIAN QUALITY REPORTING SYSTEM eRx ELECTRONIC HEALTH RECORD [EHR]-BASED SUBMISSION, OR eRx GROUP PRACTICE REPORTING OPTION [GPRO].)

IN ORDER TO REPORT THIS MEASURE, A QUALIFIED ELECTRONIC PRESCRIBING (eRx) SYSTEM MUST HAVE BEEN ADOPTED

This specification applies to the eRx Incentive Program for incentive payment eligibility only and does not provide guidance for avoiding possible payment adjustment(s) for current or upcoming program years. Additional information on how to avoid future eRx payment adjustments can be found through supporting documentation available on the CMS website: http://www.cms.gov/ERxIncentive.

DESCRIPTION:

Documents whether the eligible professional has adopted a "qualified" eRx system and the extent of use in care settings defined in the specification's denominator. A "qualified" eRx system is one that:

1. Is capable of ALL of the following functionalities:
   - Generate a complete active medication list incorporating electronic data received from applicable pharmacies and pharmacy benefit managers (PBMs) if available
   - Select medications, print prescriptions, electronically transmit prescriptions, and conduct all alerts (defined below). This functionality must be enabled.
   - Provide information related to lower cost, therapeutically appropriate alternatives (if any)
   - Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan (if available)

   The system must employ, for the capabilities listed, the eRx standards adopted by the Secretary for Part D by virtue of the 2003 Medicare Modernization Act (MMA). Additional information can be found on CMS website: http://www.medicare.gov/navigation/medicare-basics/medicare-benefits/part-d.aspx.

   OR

2. Is Certified EHR Technology as defined at 42 CFR 495.4 and 45 CFR 170.102. EHR technologies that meet these definitions are listed on the ONC website, http://onc-chpl.force.com/ehrcert.

INSTRUCTIONS:

In order to report this measure, a qualified eRx system that meets one of the above requirements must have been adopted. For incentive payment purposes, the measure is to be reported for those patient visits that meet the denominator coding criteria for which an individual eligible professional has electronically prescribed at least one prescription for a patient with Medicare Part B (eligible case). Denominator coding criteria for this measure includes various care settings. There is no specific diagnosis required for this measure. Faxes do not qualify as successful electronic prescribing.

Measure Reporting via Claims:
Submit both a denominator CPT code and the numerator G-code on the claim. All measure-specific coding should be reported on the same claim(s) representing the eligible encounter. A successful individual eRx prescriber must generate and report an eRx event associated with a minimum of 25 unique denominator-eligible cases per reporting period.

Measure Reporting via Registry:
A denominator CPT code and an electronically generated and transmitted prescription (not faxed) are required to report the measure. A successful individual eRx prescriber must generate and report an eRx event associated with a minimum of 25 unique denominator-eligible cases per reporting period.

DENOMINATOR:
Any patient visit for which one (or more) of the following denominator codes applies and is included on the claim

Denominator Criteria (Eligible Cases):
Patient visit during the reporting period (CPT or HCPCS): 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90862, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0109

NUMERATOR:
A qualified eRx system has been adopted and an eRx event occurred during the patient visit

Numerator eRx Quality-Data Code for Successful Reporting:
Prescription(s) Generated and Transmitted via Qualified eRx System
G8553: At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system (not faxed from the eligible professional's office)

DEFINITIONS:
Electronic Prescribing (eRx) – The transmission, using electronic media, of prescription or prescription-related information between a prescriber, dispenser, pharmacy benefit manager, or health plan either directly or through an intermediary, including an eRx network. Electronic prescribing includes, but is not limited to, two-way transmissions between the point of care and the dispenser. Durable Medical Equipment (DME) and over the counter medications may be electronically prescribed for the purpose of this measure. (Faxes initiated from the eligible professional's office do not qualify as electronic prescribing).

Electronic Prescribing Event – For the purposes of this measure, an electronic prescribing event includes all prescriptions electronically prescribed during a patient visit.

Health Information Technology for Economic and Clinical Health (HITECH) Act –Enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology. Subtitle D of the HITECH Act addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the

HIPAA rules. More information regarding the Medicare/Medicaid EHR Incentive Program can be found on CMS website http://www.cms.gov/EHRIncentivePrograms/.

Meaningful Use – The American Recovery and Reinvestment Act of 2009 authorizes requirements for Certified EHR Technology to be used by the Medicare/Medicaid EHR Incentive Program. More information regarding the Medicare/Medicaid EHR Incentive Program can be found on CMS website http://www.cms.gov/EHRIncentivePrograms/.

Successful Individual Electronic Prescriber - Incentive Eligible –
The individual eligible professional who generates at least one eRx associated with a patient visit on 25 or more unique denominator-eligible cases during the reporting period (January 1 through December 31, 2012) will be considered a successful electronic prescriber for the 2012 eRx Incentive Program. Successful electronic prescribers who also have at least 10% of their Medicare Part B charges comprised of the codes in the denominator of the measure for the reporting period (January 1 through December 31, 2012) will be considered incentive eligible. An eligible professional's analysis is performed at the Tax Identification Number/National Provider Number (TIN/NPI) level. Eligible professionals practicing under multiple TINs must report the eRx measure under each of their TINs.

eRx events reported on allowed Part B Medicare claims but not associated with an eligible case may be utilized to avoid the eRx Incentive Program Payment Adjustment. For additional information on how to avoid future eRx payment adjustments, please see supporting documentation on the CMS website: http://www.cms.gov/ERxIncentive.

Alerts – Written or acoustic signals to warn prescriber of possible undesirable or unsafe situations, including potentially inappropriate dose or route of administration of a drug, drug-drug interactions, allergy concerns, or warnings and cautions.

RATIONALE:
Electronic prescribing is widely believed to improve accuracy of the prescription process and thereby reduce potential for medical errors and increase health care quality. Shekelle et al. (2006) observed that EMRs with electronic prescribing improve patient safety by reducing adverse drug events in the inpatient setting.

The use of health information technology (IT) broadly, and of electronic prescribing specifically, has the potential to decrease prescribing errors and adverse drug events. Thus far, much of the evidence for the benefits of e-prescribing comes from studies conducted in hospitals, where the use of such systems has resulted in safer medication use, more-appropriate prescribing for elderly patients, and reductions in the use of costly medications. However, a large proportion of prescribing takes place in outpatient settings, particularly in physicians' offices. If e-prescribing were widely used there, it could increase the safety and efficiency of prescribing for a substantial proportion of patients (DesRoches et al., 2010).

A Went et al.(2010) study revealed the overall compliance with nationally accepted standards was significantly higher with the electronic system (91.67%) compared with the paper system (46.73%). Electronically generated prescriptions were found to contain significantly fewer deviations (8.5%) than the written prescriptions (5.1%) and concluded taking an interdisciplinary approach to work on the creation of a system designed to minimize the risk of error resulted in a favored system that significantly reduces the number of errors made.

Jani, et al. (2011) conducted a study concluding electronic prescribing appears to reduce rates of dosing errors in pediatrics, though larger studies are required to assess the effect on the severity of these errors and in different settings.