

MEDICAID PROMOTING INTEROPERABILITY PROGRAM ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS OBJECTIVES AND MEASURES FOR 2019 OBJECTIVE 2 of 8

Electronic Prescribing	
Objective	Generate and transmit permissible discharge prescriptions electronically.
Measure	Measure 1: More than 25 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).
Exclusion	Any eligible hospital or critical access hospital (CAH) that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

Table of Contents

- Definition of Terms
- Attestation Requirements
- Additional Information
- Regulatory References
- Certification and Standards Criteria

Definition of Terms

Prescription: The authorization by an authorized provider to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.

Permissible Prescriptions: “Permissible prescriptions” may include or not include controlled substances based on provider selection and where allowable by state and local law.

Attestation Requirements

Measure 1:

- **DENOMINATOR:** The number of new or changed prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the EHR reporting period.



- **NUMERATOR:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.
- **THRESHOLD:** The resulting percentage must be more than 25 percent in order for an eligible hospital or CAH to meet this measure.
- **EXCLUSION:** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

Additional Information

- Eligible hospitals must use [2015 Edition CEHRT](#) to meet Stage 3 meaningful use.
- The hospital is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using CEHRT.
- Authorizations for items such as durable medical equipment, or other items and services that may require hospital authorization before the patient could receive them, are not included in the definition of prescriptions. These are excluded from the numerator and the denominator of the measure.
- Instances where patients specifically request a paper prescription may not be excluded from the denominator of this measure. The denominator includes all prescriptions written during the EHR reporting period.
- As electronic prescribing of controlled substances is now possible, hospitals may choose to include these prescriptions where feasible and allowable by state and local law. If a hospital chooses to include such prescriptions, they must do so uniformly across all patients and across all allowable schedules for the duration of the EHR reporting period. Over the counter (OTC) medications are excluded from the definition of prescription.
- An eligible hospital needs to use CEHRT as the sole means of creating the prescription, and when transmitting to an external pharmacy that is independent of the eligible hospital's organization such transmission must use standards adopted for EHR technology certification.
- For purposes of counting prescriptions "generated and transmitted electronically," we consider the generation and transmission of prescriptions to occur concurrently if the prescriber and dispenser are the same person and/or are accessing the same record in an integrated EHR to creating an order in a system that is electronically transmitted to an internal pharmacy.
- Hospitals can use intermediary networks that convert information from the CEHRT into a computer-based fax in order to meet this measure as long as the eligible hospital generates an electronic prescription and transmits it electronically using the standards of CEHRT to the

intermediary network, and this results in the prescription being filled without the need for the provider to communicate the prescription in an alternative manner.

- Prescriptions transmitted electronically within an organization (the same legal entity) do not need to use the National Council for Prescription Drug Programs (NCPDP) standards. However, an eligible hospital's EHR must meet all applicable certification criteria and be certified as having the capability of meeting the external transmission requirements of [45 C.F.R. §170.315\(b\)\(3\)](#). In addition, the EHR that is used to transmit prescriptions within the organization would need to be CEHRT.
- Providers may limit their effort to query a formulary to simply using the function available to them in their CEHRT with no further action required. If a query using the function of their CEHRT is not possible or shows no result, a provider is not required to conduct any further manual or paper-based action in order to complete the query, and the hospital may count the prescription in the numerator.
- Prescriptions from internal pharmacies and drugs dispensed on site may be excluded from the denominator.
- Hospitals can choose to include or exclude refill prescriptions.

Regulatory References

This objective may be found at [42 C.F.R. § 495.24 \(d\)\(2\)\(ii\)\(A\) and \(B\)](#). For further discussion please see [80 FR 62834](#).

Certification Standards and Criteria

Below is the corresponding certification and standards criteria for EHR technology that supports achieving the meaningful use of this objective.

Certification Criteria

Information about certification for 2015 Edition CEHRT can be found at:

[§170.315\(a\)\(10\)\(ii\) Drug-formulary and preferred drug list checks](#)

[§170.315\(b\)\(3\) Electronic prescribing](#)

**Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criteria adopted at 45 CFR 170.315 (g)(1), (g)(2), or both, in order to assist in the calculation of this PI measure.*

Standards Criteria

Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub:

<https://www.healthit.gov/topic/certification/2015-standards-hub>