Medicaid Promoting Interoperability Program Stage 3
Eligible Professionals
Objectives and Measures for 2018

Objective 2 of 8

Updated: July 2018

Electronic Prescribing (eRx)	
Objective	Generate and transmit permissible prescriptions electronically.
Measure	More than 60 percent of all permissible prescriptions written by the eligible professional (EP) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).
Exclusion	Any EP who: (1) Writes fewer than 100 permissible prescriptions during the Promoting Interoperability (PI) reporting period; or (2) Does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her PI reporting period.

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Definition of Terms

Prescription – The authorization by an EP 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 where creation of an electronic prescription for the medication is feasible using CEHRT and allowable by state and local law.

Attestation Requirements

DENOMINATOR/NUMERATOR/THRESHOLD/EXCLUSIONS

- DENOMINATOR: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the PI reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the PI reporting period.[1]

[1] In the Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models; final rule at 81 FR 28227, we stated that the 2015 EHR Incentive Program final rule included a discussion of controlled substances in the context of the Stage 3 objective and measure (80 FR 62834), which we understand from stakeholders has caused confusion. Therefore, for both MIPS and for the EHR Incentive Programs, health care providers continue to have the option to include or not include controlled substances that can be electronically prescribed in the denominator.

- NUMERATOR: The number of prescriptions in the denominator that are generated, queried for a drug formulary, and transmitted electronically using CEHRT.
- THRESHOLD: The resulting percentage must be more than 60 percent in order for an EP to meet this measure.
- EXCLUSIONS: Any EP who:
  - Writes fewer than 100 permissible prescriptions during the PI reporting period; or
  - Does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her PI reporting period.

Additional Information

- To meet Stage 3 requirements, all providers must use technology certified to the 2015 Edition. A provider who has technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. A provider who has technology certified to the 2014 Edition **may not** attest to Stage 3.
- The provider 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 EP 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 by the EP during the PI reporting period.
- As electronic prescribing of controlled substances is now possible, providers may choose to include these prescriptions in their permissible prescriptions where feasible and allowable by state and local law. If a provider chooses to include such prescriptions, he or she must do so uniformly across all patients and across all allowable schedules for the duration of the PI reporting period.
- Over the counter (OTC) medications are excluded from the definition of prescription.
- An EP needs to use CEHRT as the sole means of creating the prescription, and when transmitting to an external pharmacy that is independent of the EP's organization such transmission must use standards adopted for EHR technology certification.
- EPs should include in the numerator and denominator both types of electronic transmissions (those within and outside the organization) for the measure of this objective.
- 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.
- Providers can use intermediary networks that convert information from the certified EHR into a computer-based fax in order to meet this measure as long as the EP 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 standards. However, an EP's EHR must meet all applicable certification criteria and be certified as having the capability of meeting the external transmission requirements of § 170.304(b). In addition, the EHR that is used to transmit prescriptions within the organization would need to be CEHRT. For more information, refer to Office of the National Coordinator (ONC) on Health Information Technology's FAQ at https://www.healthit.gov/topic/certification-ehrs/frequently-asked-questions.
- 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 provider may count the prescription in the numerator.
- EPs practicing at multiple locations are eligible for the exclusion if any of their practice locations that are equipped with CEHRT meet the exclusion criteria.
- EPs who are part of an organization that owns or operates its own pharmacy within the 10-mile radius are not eligible for the exclusion regardless of whether that pharmacy can accept electronic prescriptions from EPs outside of the organization.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.24 (d)(2)(i)(A) and (B). For further discussion please see 80 FR 62834.
- In order to meet this objective and measure, an EP must possess the capabilities and standards of CEHRT at 45 CFR 170.315(b)(3) and (a)(10)(ii).

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*	
§ 170.315(b)(3) Electronic prescribing	(i) Enable a user to perform all of the following prescription-related electronic transactions in accordance with the standard specified in §170.205(b)(2) and, at a minimum, the version of the standard specified in §170.207(d)(3) as follows: (A) Create new prescriptions (NEWRX). (B) Change prescriptions (RXCHG, CHGRES). (C) Cancel prescriptions (CANRX, CANRES). (D) Refill prescriptions (REFREQ, REFRES). (E) Receive fill status notifications (RXFILL).

	(F) Request and receive medication history information (RXHREQ, RXHRES) (ii) For each transaction listed in paragraph (b)(3)(i) of this section, the technology must be able to receive and transmit the reason for the prescription using the diagnosis elements in DRU Segment. (iii) Optional. For each transaction listed in paragraph (b)(3)(i) of this section, the technology must be able to receive and transmit the reason for the prescription using the indication elements in the SIG Segment. (iv) Limit a user's ability to prescribe all oral liquid medications in only metric standard units of mL (i.e., not cc). (v) Always insert leading zeroes before the decimal point for amounts less than one and must not allow trailing zeroes after a decimal point when a user prescribes medications.
§ 170.315(a)(10)(ii)	Automatically check whether a drug formulary exists for a given patient and medication.

**Note: Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion 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*	
§170.205(b)(2) Electronic Prescribing	NCPDP SCRIPT Standard, Implementation Guide, Version 10.6 (incorporated by reference in §170.299
§170.207(d)(2) Medications	(2) RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine, August 6, 2012 Release (incorporated by reference in §170.299).
§170.207(d)(3) Medications	(3) RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine, September 8, 2015 Release (incorporated by reference in §170.299).

**Note: Additional standards criteria may apply. Review the ONC 2015 Edition Final Rule for more information.*