

Medicare Promoting Interoperability Program Modified Stage 2 Eligible Hospitals, Critical Access Hospitals, and Dual-Eligible Hospitals Attesting to CMS Objectives and Measures for 2018

Objective 2 of 7 *Updated: July 2018*

Electronic Prescribing (eRx)	
Objective	Generate and transmit permissible discharge prescriptions electronically.
Measure	e-Prescribing: More than 10 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 is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their Promoting Interoperability (PI) reporting period.

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Definition of Terms

Prescription – The authorization by an eligible hospital or CAH 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 selected by the eligible hospital or CAH and where allowable by state and local law.

Attestation Requirements

DENOMINATOR/NUMERATOR/THRESHOLD/EXCLUSION

- **DENOMINATOR:** Number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the PI 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 10 percent in order for an eligible hospital or CAH to meet this measure.



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- **EXCLUSION:** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their PI reporting period.

Additional Information

- The eligible hospital or CAH 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 eligible 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 PI reporting period.
- As electronic prescribing of controlled substances is now possible, an eligible hospital or CAH may choose to include these prescriptions where feasible and allowable by state and local law.
- An eligible hospital or CAH 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 or CAH'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.
- Eligible hospitals or CAHs 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 eligible hospital or CAH 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 or CAHs 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 for Health Information Technology's (ONC) FAQ at <https://www.healthit.gov/topic/certification-ehrs/frequently-asked-questions>.
- An eligible hospital or CAH may limit its 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.



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- Prescriptions from internal pharmacies and drugs dispensed on site may be excluded from the denominator.
- An eligible hospital or CAH is not required to exclude refill prescriptions; it can choose to include or exclude refill prescriptions.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.22 (f)(4)(i) and (ii). For further discussion please see [80 FR 62800](#).
- In order to meet this objective and measure, an eligible hospital or CAH must possess the capabilities and standards of CEHRT at 45 CFR 170.314(a)(10) and (b)(3).

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*	
§ 170.314(a)(10) Drug formulary checks	EHR technology must automatically and electronically check whether a drug formulary (or preferred drug list) exists for a given patient and medication.
§ 170.314(b)(3) Electronic prescribing	Enable a user to electronically create prescriptions and prescription-related information for electronic transmission in accordance with: (i) The standard specified in § 170.205(b)(2); and (ii) At a minimum, the version of the standard specified in § 170.207(d)(2).

**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 170.314 (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 Version 10.6.
§ 170.207(d)(2) Medications	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).

