

Centers for Medicare & Medicaid Services

# **E-Prescribing Incentive**

## **As Described in the MIPPA Legislation**

**Daniel H. Green, MD**

**Medical Officer, Quality Measures and Health Assessment Group  
Office of Clinical Standards and Quality  
Centers for Medicare & Medicaid Services  
Baltimore, MD**



# Overview



- Review MIPPA provisions relevant to new E- Prescribing incentive
- How E-Prescribing works
- Earning an incentive payment
- Review E-Prescribing measure in 2008 PQRI
- E-Prescribing system selection
- Implementation schedule for 2009 PQRI and E- Prescribing incentive

# MIPPA Legislation - PQRI

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

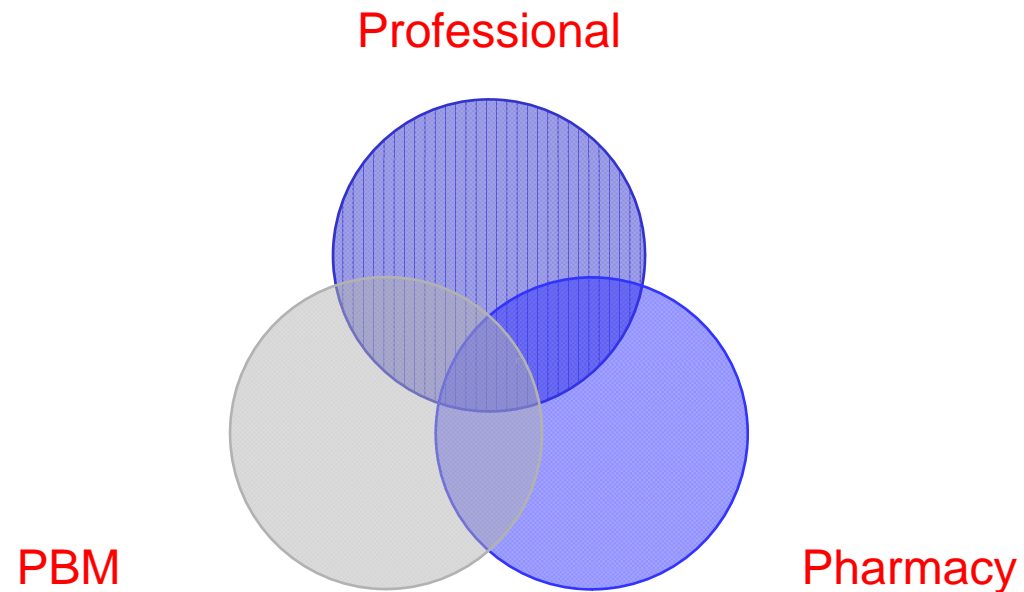
# MIPPA Legislation – Successful Electronic Prescriber, Section 132

- 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. E- Prescribing measure #125).
- E-Prescribing measure will be removed from PQRI for 2009 and added to the E-Prescribing incentive program.

# How eRx works

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

# eRx Communication



# Earning 2% Through eRx

- You must HAVE and USE a “qualified” eRx system.
- Patient must have an encounter with one of these CPT or G-codes:

**CPT Service Codes or HCPCS 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 eRx (cont)

Report on all eligible patients to ensure success.

3 G-codes can be used in this measure

- **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 e-Prescribing 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

## 2008 PQRI E-Prescribing 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 E-Prescribing in 2008 PQRI

## 2008 PQRI E-Prescribing Measure (cont)

- Currently eligible professionals (EPs) can report that they electronically prescribe medications using a qualified program as defined in PQRI measure #125 Adoption/Use of E-Prescribing by reporting one of the G-codes in the measure.
- You must have and regularly use an electronic prescribing program to report the measure.
- The electronic prescribing program must meet ALL of the requirements listed in PQRI measure #125.
- 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 on for EVERY patient visit in the denominator.

# Qualified Electronic Prescribing Systems – Measure #125

- The measure assesses 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:
  - Generating a medication list
  - Selecting medications, transmitting prescriptions electronically and conducting safety checks\*
  - Providing information on lower cost alternatives
  - Providing information on formulary or tiered formulary medications, patient eligibility and authorization requirements received electronically from the patient's drug plan
    - \*Safety checks include: 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, and warnings/cautions.

## Qualified Electronic Prescribing Systems for 2009 Part D Standards

- To the extent possible, electronic prescribing systems for 2009 should be compliant with the Medicare Part D standards which go into effect 4/1/09.

## Part D Standards



- The standards refer to the version of messaging that the e-prescribing 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).

## Part D Standards (cont)

- As part of SureScripts-RxHub's vetting process, all vendors who are listed on the SureScripts website:  
<http://www.surescripts.com/get-connected.aspx?ptype=physician> meet the 2009 Part D standards for the functions they provide.
  - If an eRx 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.

# Selection of a System

- After you have checked on the Part D standards, a professional should ask the eRx vendor if their system meets the functionality requirements listed in our measure.
- Ask to see each function demonstrated.

# CCHIT

- CCHIT currently certifies EHRs which contain eRx modules
  - These systems meet the functionality requirements of the measure if they have 2008 certification
- Some of the CCHIT certified programs may the eRx component available for purchase separately
- Some products are designated “partners” of CCHIT certified EHRs
- CCHIT expects to review stand-alone systems for certification in 2009

## 2009 E-Prescribing Measure #125

A decorative graphic consisting of several overlapping lines in blue and yellow. A thick blue vertical line runs down the left side. A thick yellow vertical line runs down the left side, slightly to the right of the blue one. A thick blue horizontal line runs across the top. A thick yellow horizontal line runs across the top, slightly below the blue one. In the top right corner, there are several diagonal lines in blue and yellow, some overlapping each other.

- The Secretary may change the measure specifications until 12/31/08

# Additional Information

- CMS currently has an eRx section on the PQRI website at [www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri)
- This section contains information on:
  - The MIPPA legislation
  - A Fact Sheet describing the MIPPA E-Prescribing Incentive Provisions
- Additional information will soon be available including:
  - Part D standards
  - “e-Prescribing Made Simple”

## Reporting of the eRx 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 MUST account for at least 10% of the provider's total allowed charges for Medicare Part B covered services for the reporting period (January 1-December 31, 2009)

## Incentives for Successful E- Prescribing under MIPPA

- A 2% payment incentive for successful use of e-prescribing 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.
- Limitation applies as for incentives
- 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% will be deducted from covered Medicare Part B services.
  - Professionals will receive 98.5% of the physician fee schedule for the covered services they provide.
- In 2014 and beyond the penalty will increase to a 2% deduction from covered Medicare Part B services.
  - 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 E-Prescribing in the future.
- The MIPPA legislation allows for future use of Part D data in lieu of claims-based reporting by eligible professionals.

# Implementation Schedule for 2009 PQRI and the E-Prescribing 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
  - Those relevant to 2009 are included in the PFS Final Rule published electronically on 10/30/08 or otherwise implemented.

## Additional PQRI & E-Prescribing Resources

**For more information on PQRI and E-  
Prescribing please visit our website at:  
<http://www.cms.hhs.gov/pqri>**

**Thank you!**