

Understanding the New Medicare's E-Prescribing Incentive Program

More and more Electronic Medical Records Programs (EMR) now offer an integrated solution that includes electronic prescribing also referred to as e-Prescribing. Beginning January 2009 the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) begins. The purpose of this initiative from Medicare promotes the adoption use of e-prescribing systems for providers.

HealthCare providers can transmit new prescriptions and pharmacy refill requests electronically. Prescribers can use hand-held devices, tablet personal computers, laptops or desktop computers. There are incentives for starting e-prescribing but there are certain protocols that need to be met. Conversely, for doctors that do not become "successful e-prescribers" Medicare will provide "differential payments" which equal to penalties. See a quick overview of the incentives vs. penalties.

Calendar Year	Incentive for Successful E-Prescriber	Penalty for Not E-Prescribing
2009	2.0 % incentive	0.0%
2010	2.0% incentive	0.0%
2011	1.0 % incentive	0.0%
2012	1.0% incentive	-1.0%
2013	0.5% incentive	-1.5%
2014	0.0% incentive	-2.0%

Here is a Quick Look

Electronic prescribing has been around for many years and it has meant many different things to different people. The Centers for Medicare and Medicaid Services (CMS) provide an explanation in the final regulation in 42 CFR Part 423

"E-prescribing means 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 e-prescribing network. E-prescribing includes, but it not limited to, two-way transmissions between the point of care and the dispenser."

To begin with CMS has identified the below listing of eligible professionals.

- Physician
- Physical or occupational therapist
- Qualified speech-language pathologist
- Nurse practitioner
- Physician assistant
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Certified nurse midwife
- Clinical social worker
- Clinical psychologist
- Registered dietitian
- Nutrition professional
- Qualified audiologist

Choosing a Qualified E-Prescribing System

Currently CCHIT (Certification Commission for Healthcare Information Technology) serves as the recognized US certification authority for EMR and EHR networks. They are responsible for development and evaluation criteria. As of this time E-Prescribing programs are not evaluated by CCHIT or any other agency. How then does a provider choose a qualified E-Prescribing system?

First decide which type of e-Prescribing systems they will utilize -

1. Stand-Alone System – This solution can be a bridge to introduce the practice to integration with full Electronic Medical Record (EMR). Benefits are implementation time is relatively short, minimal training and low monthly subscription costs.
2. Full EMR with E-Prescribing – These programs have additional features that implement a system to address the entire workflow of a practice. It integrates, scheduling, charting, billing and e-prescribing into one paperless system. Implementation time is longer and investment is more than a stand-alone e-prescribing system.

Secondly investigate the E-Prescribing system. Does it...

- Use the Medicare Part D Standards? Will system be updated as needed to meet CMS requirements?
- Generate a complete medication list that can incorporate needed data from pharmacies
- Select medications, transmit prescriptions electronically* using the current standing and warn of adverse interactions or other possible undesirable or unsafe situations
- Provide information on lower-cost, therapeutically appropriate alternatives (for 2009, tiered formulary information, if available meets this requirement)

*If the network converts the electronic prescription into a fax because the pharmacy can't get electronic faxes, this will count as e-prescribing. If the e-prescribing system is only capable of sending a fax directly from the e-prescribing system is only capable of sending a fax directly from the e-prescribing system to the pharmacy, the system isn't a qualified e-prescribing system. Detailed system requirements are in Medicare #125 at www.cms.hhs.gov/pqri. Select "E-prescribing Incentive Program"

Third is report the E-Prescribing incentive program measure

"Successful E-Prescribers" must report on the e-prescribing quality measure with two components.

Component #1 Bill with one of the following denominator Codes. You must exceed 10% of your Medicare Revenues using the below:

90801 90808 96150 99204 99215 G0101
90802 90809 96151 99205 99241 G0108
90804 92002 96152 99211 99242 G0109
90805 92004 99201 99212 99243
90806 92012 99202 99213 99244
90807 92014 99203 99214 99245

Component #2 Report one of the three G-codes listed below on more than 50% of applicable cases for the numerator. Utilization of each code counts toward the e-prescribing incentive. One of the G codes must be reported on the same claim as the denominator code listed in Component #1.

G-Code Denominator Reference

Report If You.....

- | | |
|-------|---|
| G8443 | Used a qualified e-prescribing system for all of the prescriptions |
| G8445 | Had a qualified e-prescribing system, but didn't generate any prescriptions during this encounter |
| G8446 | Had a qualified e-prescribing system, but prescribed narcotics or other controlled substance* |
| G8446 | Had a qualified e-prescribing system, and state or Federal law required you to phone in or print the prescriptions |
| G8446 | Had a qualified e-prescribing system, and the patient asked that you phone in or print the prescriptions |
| G8446 | Had a qualified e-prescribing system, and the pharmacy system can't receive electronic transmission |

*The Drug Enforcement Agency (DEA) currently prohibits e-prescribing for controlled substances. G-code G8446 allows you to report on the e-prescribing measure for controlled substances without using an e-prescribing system to do so.

CMS does not require enrollment for this program. Under certain parameters providers are able to accept donations for E-Prescribing technology however they cannot violate the Stark law or the Anti-Kickback Statute.

Please visit either of the two websites below for more information:

www.cms.hhs.gov/PhysicianSelfReferral/01_overview.asp

www.oig.hhs.gov/fraud/safeharborregulations.asp

Effective April 1, 2009 there will be revised and additional standards for E-Prescribing under the Medicare Part D program. It is imperative that your E-Prescribing System can update to meet the required standards. Some requirements for E-Prescribing are State specific. Contact your state officials to ensure compliance.

E-Prescribing can provide efficiency to any practice. The MIPPA is an incentive program that can provide many benefits to practices and providers if you:

- Study requirements and investigate options for software
- Educate providers and billing staff on denominator codes and new G-Codes
- Report the Quality Measure (2 Steps) – Must be reported on 10% of Medicare Revenue
- Denominator Code
- Report appropriate G Code on more than 50% of cases for numerator

The five year incentive payments can contribute to offset implementation fees for E-Prescribing and full EMR program with E-Prescribing component. E-Prescribing helps clinically by including drug-to-drug adverse interactions, problem lists, integration with EMR or provides a bridge to future EMR integration. E-Prescribing complements full EHR and contributes to patient total record. From small one physician practice to multi-physician groups E-Prescribing is an affordable solution that benefits both patients and practices.

Resources:

“Medicare’s Practical Guide to the E-Prescribing Incentive Program. November 2008
<http://www.cms.hhs.gov/partnerships/downloads/11399.pdf>

“Electronic Prescribing: Becoming Mainstream Practice. A Collaborative Report From the eHealth Initiative and The Center for Improving Medication Manager – The Center for Improving Medication Management June 2008

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Publications related to this topic on website www.practicesupport.com:

[Understanding Medicare E-Prescribing & PQRI – Audio Program](#)

[Evaluating Computer Systems, Upgrading & EMR](#)

