

## **321 – PAYMENT REFORM - E-PRESCRIBING**

EFFECTIVE DATE: 10/01/14, 10/01/15, 07/01/16

REVISION DATE: 10/15/15, 04/04/16

STAFF RESPONSIBLE FOR POLICY: DHCM FINANCE

### **I. PURPOSE**

This Policy applies to Acute Care, ALTCS/EPD, CRS, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. The purpose of this Policy is to define parameters for the Payment Reform-E-Prescribing Initiative.

### **II. DEFINITIONS**

**ELECTRONIC PRESCRIPTION OR E-PRESCRIPTION** Electronic Prescriptions or E-Prescriptions include those prescriptions generated through a computer-to-computer electronic data interchange protocol, following a national industry standard and identified by Origin Code 3.

**ORIGIN CODE** The field located in the National Council for Prescription Drug Programs (NCPDP) standardized code set known as the Prescription Origin Code and also referred to as the NCPDP Prescription Origin Code.

### **III. POLICY**

#### **A. GENERAL**

E-Prescribing is a recognized and proven effective tool to improve members' health outcomes and reduce costs. Benefits afforded by the electronic transmission of prescription-related information include, but are not limited to, reduced medication errors, reductions of drug and allergy interactions, and therapeutic duplication, patient adherence, and increased prescription accuracy.

The following parameters shall apply for the Payment Reform - E-Prescribing Initiative.

1. Only those prescriptions that meet the definition of an E-Prescription shall be included for the purpose of the initiative. The initiative shall not include other electronic methods of transmitting prescriptions including computer-generated paper prescriptions or facsimiles or telephone-generated prescriptions. The initiative also shall not include E-Prescriptions converted to computer-generated facsimile when the E-Prescription is sent via an intermediary that is unable to complete the transaction.

2. Refills retain the origin of the prescription. Each time a prescription that meets the definition of an E-Prescription is refilled, it counts as an E-Prescription. Consequently, refills shall not be counted toward as electronic originations for this initiative as they overstate the number of prescriptions generated in this manner.
3. Controlled substances can be E-Prescribed and therefore, may be counted as an E-Prescription if the electronic origination meets the definition of an E-Prescription.
4. Prescriptions generated by nurse practitioners and physician assistants may be counted as electronic originations if they meet the definition of an E-Prescription.

AHCCCS may sanction the Contractor for failure to meet the requirements in Section C of this Policy.

**B. AHCCCS RESPONSIBILITIES**

1. For CYE 15: AHCCCS shall determine a CYE 14 baseline of original prescriptions generated as E-Prescriptions by line of business for each Contractor based on encounter data with dates of service between January 1 and May 31, 2014 with adjudication dates through August 31, 2014. For RBHAs, this policy applies to the Maricopa County RBHA only. AHCCCS shall determine a baseline of original prescriptions generated as E-Prescriptions for the Maricopa County RBHA based on encounter data with dates of services during a span of multiple months to be determined based on encounter completeness. These dates of service may in part or whole include dates in CYE 15 but this will still be considered the CYE 14 baseline. The single baseline shall include data for all members (integrated and non-integrated) and all services (behavioral and physical). Improvement shall be measured in total.
2. For CYE 15: AHCCCS shall measure original prescriptions generated as E-Prescriptions by line of business for each Contractor based on encounter data with dates of services between July 1, 2015 and September 30, 2015 extracted no sooner than December 31, 2015 against the baseline to determine the percent of increase.
3. For CYE 16: AHCCCS shall determine a CYE 15 baseline of original prescriptions generated as E-Prescriptions by line of business for each Contractor based on encounter data with dates of service between October 1, 2014 and September 30, 2015 with adjudication dates through December 31, 2015. Once computed, the baseline data of original prescriptions generated as E-Prescriptions by line of business for each Contractor will be made available no sooner than January 31, 2016.
4. For CYE 16: AHCCCS shall measure original prescriptions generated a E-Prescriptions by line of business for each Contractor for each quarter based on encounter data with dates of services between October 1, 2015 and September 30, 2016 extracted no sooner than December 31, 2016. AHCCCS will choose the quarter with the highest percentage of original prescriptions generated as E-Prescriptions by line of business for each Contractor to represent the Contractor's "peak" quarter to measure against the CYE 15 baseline of original prescriptions generated as E-Prescriptions by line of business for

each Contractor to determine the percent of increase. The percent of increase from the CYE 15 baseline of original prescriptions generated as E-Prescriptions by line of business for each Contractor to the CYE16 peak quarter of original prescriptions generated as E-Prescriptions by line of business for each Contractor will be used to determine compliance with the E-Prescribing Initiative requirement in C 2 below.

5. For CRS, AHCCCS shall determine all data inclusive of all coverage types for all contract years covered by this Policy.
6. It is AHCCCS' intent to include the RBHA in the North and the RBHA in the South in the CYE 17 E-Prescribing Initiative.

**C. CONTRACTOR RESPONSIBILITIES**

1. For CYE 15: The Contractor shall increase the percent of prescriptions originating through E-Prescribing by 20% as compared to the baseline identified by AHCCCS for the Contractor.
2. For CYE 16: The Contractor shall increase the percent of prescriptions originating through E-Prescribing by 20% of the difference between the CYE 15 baseline percentage of original prescriptions generated as E-Prescriptions by line of business and the goal percentage of original prescriptions generated as E-Prescriptions as defined below, utilizing the CYE 16 peak quarter (as calculated in B 4 above) to determine compliance with the E-Prescribing Initiative.

Goal (Percentage of Original Prescriptions Generated as E-Prescriptions)

Acute	60%
Maricopa County RBHA	70%
CMDP, CRS and DDD	65%
ALTCS/EPD	40%

The required increase in the percent of prescriptions originating through E-Prescribing will be calculated as follows:

- G = E-Prescribing percentage Goal
- B = CYE 15 Baseline E-Prescribing percentage
- R = Required E-Prescribing percentage increase from CYE 15 Baseline E-Prescribing percentage per Contractor
- T = Target E-Prescribing percentage per Contractor
- P = CYE 16 Peak Quarter E-Prescribing percentage

Calculation

$$(G - B) * 20\% = R$$

$$B + R = T$$

$$P \geq T$$

Example

$$(60\% - 45\%) * 20\% = 3\%$$

$$45\% + 3\% = 48\%$$

$$49\% > 48\%$$

3. Prescription origination data must be submitted on all pharmacy encounter records, as outlined in the AHCCCS NCPDP Post Adjudicated History Transaction Companion Guide.
4. The Prescription Fill Number (Original or Refill Dispensing) must be submitted on all pharmacy encounter records, as outlined in the AHCCCS NCPDP Post Adjudicated History Transaction Companion Guide.
5. For CYE 15: The Contractor shall submit an Executive Summary identifying the Contractor's strategies to increase E-Prescribing to the DHCM Finance Manager by October 31, 2014. The Executive Summary shall include whether or not the Contractor will utilize any payment incentives or disincentives.

For CYE 15: For ADHS/DBHS, the Executive Summary is due within two months from notification of the baseline.

#### **IV. REFERENCES**

- Acute Care Contract, Section D
- ALTCS/EPD Contract, Section D
- CRS Contract, Section D
- DCS/CMDP Contract, Section D
- DES/DDD Contract, Section D
- RBHA Contract, Scope of Work
- AHCCCS NCPDP Post Adjudicated History Transaction Companion Guide