

Medicaid Promoting Interoperability (PI) Program Frequently Asked Questions: Program Year 2019 Electronic Prescribing

#	Question and Answer
1	<p>Q: What is a prescription?</p> <p>A: The authorization by an EP to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.</p> <p>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.</p> <p>Over the counter (OTC) medications are not included in the definition of prescription.</p>
2	<p>Q: What are permissible prescriptions?</p> <p>A: Permissible prescriptions may include or not include controlled substances based on EP selection where creation of an electronic prescription for the medication is feasible using certified electronic health record technology (CEHRT) and allowable by state and local law.</p>
3	<p>Q: Must the EP use the CEHRT when creating the prescription to count towards meeting the measure?</p> <p>A: Yes, the EP must use the CEHRT as the sole means of creating the prescription for it to be considered electronic and included in the numerator of the electronic prescribing measure. All prescriptions, regardless of how they are created, should be included in the denominator for the measure.</p>
4	<p>Q: What standards must be used to transmit electronic prescriptions to external pharmacies?</p> <p>A: For the prescription to be counted towards meeting the measure, an EP must use standards adopted for CEHRT when transmitting to an external pharmacy independent of his or her organization.</p>
5	<p>Q: Does an EP transmitting electronic prescriptions within an organization (the same legal entity) have to use the National Council for Prescription Drug Program standards?</p> <p>A: No, if the EP is transmitting electronic prescriptions within an organization (the same legal entity) the EP does not have to use the National Council for Prescription Drug Program standards. However, an EP's EHR must meet all the applicable certification criteria and be certified as having the capability of meeting the external transmission requirements of 45 C.F.R. § 170.315(b)(3).</p>

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6	<p>Q: Is an EP able to use intermediary networks to convert electronic prescriptions from the CEHRT into a computer-based fax and the electronic prescription still be included in the numerator?</p> <p>A: Yes, an EP is allowed to use intermediary networks that convert electronic prescriptions from the CEHRT 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 EP to communicate the prescription in an alternative manner.</p>
7	<p>Q: Does an electronic prescription have to be queried for a drug formulary in the EP's CEHRT?</p> <p>A: Yes, to be included in the numerator, the prescription must be queried for a drug formulary. The EP may simply use the formulary query function available to them in their CEHRT with no further action required. If a query using their CEHRT is not possible or shows no result, an EP is not required to conduct any further manual or paper-based action in order to complete the query, and he or she may count the prescription in the numerator.</p>
8	<p>Q: Is an EP required to limit the measure of objective 2 to those patients whose records are maintained with CEHRT?</p> <p>A: No, an EP is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained with CEHRT.</p>
9	<p>Q: If a patient requests a paper prescription is the EP able to exclude the prescription from the denominator?</p> <p>A: No, when a patient requests a paper prescription the EP may not exclude the prescription from the denominator. The denominator includes all prescriptions written by the EP during the PI (EHR) reporting period.</p>
10	<p>Q: Is an EP allowed to include an electronic prescribed controlled substance to the measure?</p> <p>A: Yes, EPs may choose to include electronic prescribed controlled substances in their permissible prescriptions where feasible and allowable by state and local law. If an EP 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 (EHR) reporting period.</p>
11	<p>Q: What changed between Modified Stage 2 (2018) and Stage 3 (2019) for objective 2?</p> <p>A: The following changes occurred between Modified Stage 2 (2018) and Stage 3 (2019) for objective 2:</p> <ul style="list-style-type: none"> • The measure was formerly objective 4 in Program Year 2018 for Modified Stage 2. It is now objective 2 in Program Year 2019 for Stage 3. • The threshold increased from 50% to 60%.

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12	<p>Q: What should the documentation show to reflect the EP meets objective 2?</p> <p>A: The EP should submit a CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:</p> <ul style="list-style-type: none"> • Provider’s Name • Numerator • Denominator • Measure Percentage <p>*In certain situations a non-CEHRT generated report may be necessary. The use of non-CEHRT generated reports may be permitted upon AHCCCS review and approval.</p>
13	<p>Q: What exclusions are available to an EP for objective 2?</p> <p>A: An EP may take an exclusion if any of the following apply:</p> <ul style="list-style-type: none"> • Number of permissible prescriptions exclusion: Writes fewer than 100 permissible prescriptions during the PI (EHR) reporting period. • Pharmacy proximity exclusion: 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 (EHR) reporting period.
14	<p>Q: Does the EP meet the exclusion if the EP is part of an organization that operates its own pharmacy within the 10-mile radius but does not accept electronic prescriptions from EPs outside of the organization?</p> <p>A: No, 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.</p>
15	<p>Q: Is an EP eligible for the pharmacy proximity exclusion if the EP practices at multiple locations and one of the locations equipped with CEHRT meets the pharmacy proximity criteria discussed in question 13?</p> <p>A: Yes, 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.</p>
16	<p>Q: What should the documentation show to reflect that the EP meets the number of permissible prescriptions exclusion discussed in question 13?</p> <p>A: The following types of documentation would be sufficient to support that the EP meets the number of permissible prescriptions exclusion:</p> <ul style="list-style-type: none"> • The CEHRT dashboard shows that the EP wrote fewer than 100 permissible prescriptions during the PI (EHR) reporting period; or • Provide supporting documentation, other than the CEHRT dashboard, that demonstrates the EP has fewer than 100 permissible prescriptions.

^A [AHCCCS Program Year 2019 – Electronic Prescribing](#)

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17	<p data-bbox="196 310 1518 405">Q: What should the documentation show to reflect that the EP meets the pharmacy proximity exclusion discussed in question 13?</p> <p data-bbox="196 405 1518 447">A: The EP should provide documentation supporting the following:</p> <ul data-bbox="245 472 1518 546" style="list-style-type: none"><li data-bbox="245 472 1518 504">• Show the closest pharmacies to the practice at the start PI (EHR) reporting period; and<li data-bbox="245 514 1518 546">• Demonstrate how the EP determined no pharmacy is within 10 miles of the practice.