

## **“How To” Implement the Medicare E-Prescribing Incentive Program**

### *The Medicare Improvements for Patients and Providers Act (MIPPA)*

Since the release of HIMSS' E-Prescribing Tip Sheet #1, "How To" Implement the Medicare E-Prescribing Incentive Program - (10/2/2008), CMS has released updates to the MIPPA program.

### **What Are the Key Updates for 2010?**

Reporting requirements have been significantly lessened. In summary:

- Only one G-code now applies: G8553.
- Only have to report the eligible visits based on CPT codes with electronic submissions.
- Only 25 electronic prescribing events are required over the course of the year to qualify for incentive payments.

Additional changes:

- E-prescribing measure data will be accepted by CMS if submitted by a qualified\* registry on behalf of an Eligible Professional or e-prescribing measure data extracted from a qualified electronic health record (EHR) product.

### **How Do I Get Started?**

Make sure your e-prescribing or EHR system is “qualified.” A qualified system must be able to do the following:

1. Generate a complete active medication list (with information from Pharmacy Benefits Manager (PBMs) or pharmacies if available).
2. Select medications, print prescriptions, transmit prescriptions electronically using the applicable standards, and warn the prescriber of possible undesirable or unsafe situations.
3. Provide information on lower-cost, therapeutically-appropriate alternatives, if any.
4. Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan.

### **How Do I Know If My System Is ‘Qualified’?**

Ask your vendor if your EHR or e-prescribing system meets the requirements of a ‘qualified’ system under MIPPA. Then confirm that your particular system is configured for the specific connectivity that supports these requirements – in particular electronic connectivity with pharmacies (fax-based connectivity does not meet requirements), and electronic connectivity with payer/pharmacy benefit management organizations.

## Who Can Participate?

Any medical professional defined as 'eligible' by CMS may participate. In general, an eligible professional is one of the following:

- 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 (as of 2009)

## What Are the Reporting Requirements?

- An eligible prescriber is considered a "successful e-prescriber" based on a count of the number of times said professional reports that at least one prescription created during a patient encounter was generated using a qualified e-prescribing system. The minimum threshold for this reporting is 25 electronic prescribing events during the 2010 calendar year.
- The numerator includes the applicable G Code: G8553 — at least one prescription created during the encounter was generated and transmitted electronically using a qualified electronic prescribing system.
- The prescriber must identify whether the encounter is an applicable case using the following denominator codes:  
90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90862, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0109
- Note - At least 10% of the prescriber's total Medicare-allowed charges must be for services in the measure denominator.

## What Is the Incentive Payment Structure?

Eligible professionals who are successful electronic prescribers will receive 2 percent incentive payments on their Part B billings in 2009 and 2010, 1 percent incentive payments in 2011 and 2012, and 0.5 percent incentive payments in 2013.

Those not adopting e-prescribing by 2012 will face penalties starting at 1%, which will rise to 2% after 2013.

	2009	2010	2011	2012	2013	Beyond
Incentive*	2%	2%	1%	1%	0.5%	None
Penalty**	None	None	None	1%	1.5%	2%

\* Increase in amount of total estimated allowed charges for covered professional services (Part B charges).

\*\* Decrease in amount of total estimated allowed charges for covered professional services (Part B charges).

## What Other Benefits Are There For My Practice?

- Medicare and Medicaid incentive programs for meaningful use begin in 2011. Participation in MIPPA e-prescribing can help a practice prepare and be eligible to benefit from these programs. See “How To” Tip Sheet at [http://www.himss.org/ASP/topics\\_FocusDynamic.asp?faid=266](http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=266)
- Beginning January 1, 2012 Part D prescriptions can no longer be sent to pharmacies by computer generated fax. If your EMR or e-prescribing system is not enabled to send prescriptions to pharmacies electronically by this date prescriptions must be printed and handed to the patient, or manually faxed.
- As of October 1, 2008, CMS requires all written Medicaid prescriptions to be on a tamper resistant blank. Electronic prescriptions are excluded from this requirement.
- Health plans offering Medicare Part D drug programs must begin supporting e-prescribing by May, 2009.

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### Notes:

- The Secretary of HHS 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.
- The MIPAA E-Prescribing incentives are not available if the eligible medical professional earns an incentive payment under the HITECH provisions for those qualifying as “meaningful EHR users.”

### Resources:

- For more information about the MIPPA E-Prescribing Incentive Program, please visit CMS’ online resource page at [www.cms.hhs.gov/eprescribing/](http://www.cms.hhs.gov/eprescribing/)
- For a list of EHR and standalone e-prescribing systems – and their certification for connectivity to payers/PBMs and pharmacies, please visit [www.surescripts.com/certified](http://www.surescripts.com/certified)
- To access the PQRI toolkit related to this program:  
[http://www.cms.hhs.gov/PQRI/31\\_PQRIToolKit.asp](http://www.cms.hhs.gov/PQRI/31_PQRIToolKit.asp)
- For more information on implementing e-prescribing in your practice:  
*Electronic Prescribing for the Medical Practice: Everything You Wanted to Know But Were Afraid to Ask*, Patricia L. Hale, PhD, MD, FACP, Editor [www.himss.org/bookstore](http://www.himss.org/bookstore) and also [http://www.himss.org/ASP/topics\\_eprescribing.asp](http://www.himss.org/ASP/topics_eprescribing.asp)

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