Medicare Promoting Interoperability Program Stage 3
Eligible Hospitals, Critical Access Hospitals, and Dual-Eligible Hospitals Attesting to CMS
Objectives and Measures for 2018

Objective 2 of 6
Updated: July 2018

Electronic Prescribing	
Objective	Generate and transmit permissible discharge prescriptions electronically.
Measure	**e-Prescribing:** More than 25 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).
Exclusion	Any eligible hospital or critical access hospital (CAH) that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their Promoting Interoperability (PI) reporting period.

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Definition of Terms

Prescription – The authorization by an eligible hospital or CAH to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.

Permissible Prescriptions – All drugs meeting the current definition of a prescription as the authorization by an eligible hospital or CAH to dispense a drug that would not be dispensed without such authorization and may include electronic prescriptions of controlled substances where creation of an electronic prescription for the medication is feasible using CEHRT and where allowable by state and local law.

Attestation Requirements

DENOMINATOR/NUMERATOR/THRESHOLD/EXCLUSION

- DENOMINATOR: The number of new or changed prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the PI reporting period.[1]

[1] In the Medicare Program; Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models; final rule at 81 FR 28227, we stated that the 2015 EHR Incentive Program final rule included a discussion of controlled substances in the context of the Stage 3 objective and measure (80 FR 62834), which we understand from stakeholders has caused confusion. We are therefore allowing for both MIPS and for the EHR Incentive Programs that health care providers would continue to have the option to include or not include controlled substances that can be electronically prescribed.

- NUMERATOR: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.
- THRESHOLD: The resulting percentage must be more than 25 percent in order for an eligible hospital or CAH to meet this measure.
- EXCLUSION: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their PI reporting period.

Additional Information

- To meet Stage 3 requirements, all eligible hospitals or CAHs must use technology certified to the 2015 Edition. An eligible hospital or CAH who has technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. An eligible hospital or CAH who has technology certified to the 2014 Edition **may not** attest to Stage 3.
- The eligible hospital or CAH is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using CEHRT.
- Authorizations for items such as durable medical equipment, or other items and services that may require eligible hospital 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.
- Instances where patients specifically request a paper prescription may not be excluded from the denominator of this measure. The denominator includes all prescriptions written during the PI reporting period.
- As electronic prescribing of controlled substances is now possible, providers may choose to include these prescriptions where feasible and allowable by state and local law. If an eligible hospital or CAH chooses to include such prescriptions, they must do so uniformly across all patients and across all allowable schedules for the duration of the PI reporting period. Over the counter medications are excluded from the definition of prescription.
- An eligible hospital or CAH needs to use CEHRT as the sole means of creating the prescription, and when transmitting to an external pharmacy that is independent of the eligible hospital or CAHs organization such transmission must use standards adopted for EHR technology certification.
- For purposes of counting prescriptions "generated and transmitted electronically," we consider the generation and transmission of prescriptions to occur concurrently if the prescriber and dispenser are the same person and/or are accessing the same record in an integrated EHR to creating an order in a system that is electronically transmitted to an internal pharmacy.
- Eligible hospitals or CAHs can use intermediary networks that convert information from the certified EHR into a computer-based fax in order to meet this measure as long as the eligible hospital or CAH 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 eligible hospital or CAH to communicate the prescription in an alternative manner.

- Prescriptions transmitted electronically within an organization (the same legal entity) do not need to use the National Council for Prescription Drug Programs (NCPDP) standards. However, an eligible hospital or CAHs EHR must meet all applicable certification criteria and be certified as having the capability of meeting the external transmission requirements of §170.304(b). In addition, the EHR that is used to transmit prescriptions within the organization would need to be CEHRT. For more information, refer to Office of the National Coordinator for Health Information Technology's (ONC) FAQ at https://www.healthit.gov/topic/certification-ehrs/frequently-asked-questions.
- Eligible hospitals or CAHs may limit their effort to query a formulary to simply using the function available to them in their CEHRT with no further action required. If a query using the function of their CEHRT is not possible or shows no result, an eligible hospital or CAH is not required to conduct any further manual or paper based action in order to complete the query, and the eligible hospital or CAH may count the prescription in the numerator.
- Prescriptions from internal pharmacies and drugs dispensed on site may be excluded from the denominator.
- Eligible hospitals or CAHs are not required to exclude refill prescriptions; they can choose to include or exclude refill prescriptions.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.24 (c)(2)(i) and (ii). For further discussion please see 80 FR 62834.
- In order to meet this objective and measure, an eligible hospital or CAH must possess the capabilities and standards of CEHRT at 45 CFR 170.315 (a)(10) and (b)(3).

Certification Standards and Criteria

Below is the corresponding certification and standards criteria for EHR technology that supports achieving the meaningful use of this objective.

Certification Criteria	
§ 170.315(a)(10)(ii) Drug formulary checks	Automatically check whether a drug formulary exists for a given patient and medication.
§ 170.315(b)(3) Electronic prescribing	(i) Enable a user to perform all of the following prescription-related electronic transactions in accordance with the standard specified in §170.205(b)(2) and, at a minimum, the version of the standard specified in §170.207(d)(3) as follows: (A) Create new prescriptions (NEWRX). (B) Change prescriptions (RXCHG, CHGRES). (C) Cancel prescriptions (CANRX, CANRES). (D) Refill prescriptions (REFREQ, REFRES). (E) Receive fill status notifications (RXFILL).

	(F) Request and receive medication history information (RXHREQ, RXHRES). (ii) For each transaction listed in paragraph (b)(3)(i) of this section, the technology must be able to receive and transmit the reason for the prescription using the diagnosis elements in DRU Segment. (iii) Optional. For each transaction listed in paragraph (b)(3)(i) of this section, the technology must be able to receive and transmit the reason for the prescription using the indication elements in the SIG Segment. (iv) Limit a user's ability to prescribe all oral liquid medications in only metric standard units of mL (i.e., not cc). (v) Always insert leading zeroes before the decimal point for amounts less than one and must not allow trailing zeroes after a decimal point when a user prescribes medications.

**Note: Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.315 (g)(1), (g)(2), or both, to assist in the calculation of this PI measure.*

Standards Criteria	
§ 170.205(b)(2) Electronic prescribing	NCPDP SCRIPT Standard, Implementation Guide, Version 10.6 (incorporated by reference in §170.299).
§ 170.207(d)(2)(3) Medications	(2) RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine, August 6, 2012 Release (incorporated by reference in §170.299). (3) RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine, September 8, 2015 Release (incorporated by reference in §170.299).

**Note: Additional standards criteria may apply. Review the ONC 2015 Edition Final Rule for more information.*