

Meaningful Use Objective: ePrescribing

Florida Medicaid Promoting Interoperability Program

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Program Year 2019 – Basics



All providers have a minimum 90 day EHR reporting period



All providers attest to Stage 3 requirements



Providers must have 2015 certified technology



Clinical Quality
Measures (CQMs):
First time attesting to
Meaningful Use (MU):
90 days

2nd or later years: Full year reporting

Must report one outcome or priority CQM



Stage 3 Meaningful Use Objectives

- Protect Electronic Protected Health Information (ePHI)
- Electronic Prescribing
- Clinical Decision Support (CDS)
- Computerized Provider Order Entry (CPOE)

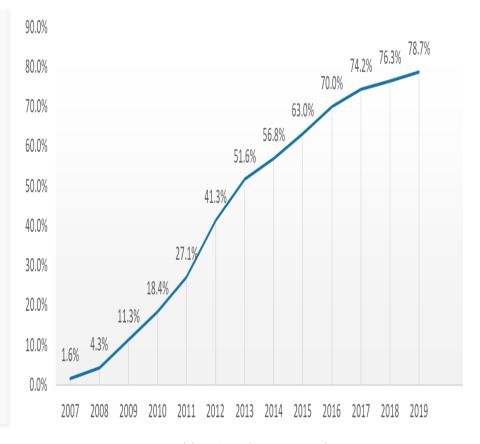
- Patient Electronic Access to Health Information
- Coordination of Care through Patient Engagement
- Health Information Exchange
- Public Health and Clinical Data Registry Reporting

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_2019.pdf



Eprescribing Facts

- The ePrescribing rate increased from 1.6% in 2007 to over 78.7% as of April 2019.
- The number of health care professionals who are ePrescribing increased by 3.5% between March 2018 and September 2018.
- The percentage of licensed prescribers increased by 1.7 % over the last quarter, continuing the steady progress made in previous years.







ePrescribing (eRX)

Objective:

Generate and transmit permissible prescriptions electronically.





ePrescribing (eRX)

Measure:

More than 60 percent of all permissible prescriptions written by the eligible professional (EP) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).

Exclusion:

An EP may take an exclusion if any of the following apply: (1) Writes fewer than 100 permissible prescriptions during the Promoting Interoperability (PI) reporting period; or (2) 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 EHR reporting period.



Additional Information



- Instances where patients specifically request a paper prescription may not be excluded from the denominator of this measure. The denominator includes all prescriptions written by the EP during the EHR reporting period.
- As electronically prescribing controlled substances is now possible, EPs may choose to include these prescriptions 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 EHR reporting period.
- EPs must use CEHRT as the sole means of creating the prescription. An EP must use standards adopted for certified EHR technology when transmitting to an external pharmacy independent of his or her organization.



Legislation Affecting ePrescribing

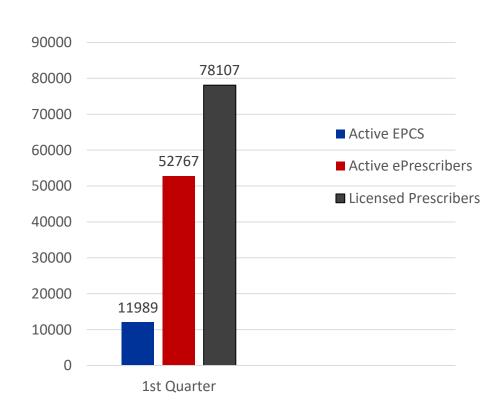
A prescriber or his or her designee must consult the PDMP to review their patient's controlled substance dispensing history prior to prescribing a controlled substance in Schedules II-V, as defined in section 893.03, F.S., for patients age 16 and older.*

2019 Session

 HB 831 requires the use of ePrescribing of medicinal drugs, with certain exceptions, by July 2021 or the practitioners licensure renewal date, whichever is first.



Florida ePrescriber Averages

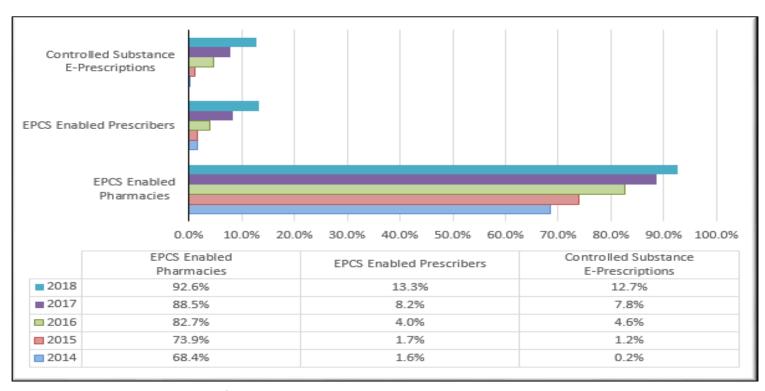


Florida Active
ePrescribers
compared to all
Licensed
Prescribers, at the
end of March 31,
2019



Electronic Prescribing of Controlled Substances (EPCS)

Percent of Electronic Prescribing of Controlled Substances (EPCS), EPCS Enabled Pharmacies and EPCS Enabled Providers in Florida¹, 2014 to 2018



Source: Surescripts National Progress Reports



Florida's PDMP



https://florida.pmpaware.net/login



Contacts and Resources



www.ahca.myflorida.com/medicaid/ehr

MedicaidHIT@AHCA.MyFlorida.com

Call Center 1.855.231.5472



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http://www.floridahealthfinder.gov/index.html

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