Electronic Prescribing Standards for Medicare Part D

Andrew Morgan MBA
E-prescribing Lead
Office of E-Health Standards and Services
Centers for Medicare & Medicaid Services
May 18, 2009
What is E-Prescribing (E-Rx)?

- Under Part D:
  E-prescribing is the transmission of prescription or prescription related information between prescriber, dispenser, pharmacy benefit manager, or health plan, either directly or through an intermediary using electronic media.

- Employs adopted Part D e-prescribing standards initiated through MMA.

- E-prescribing is voluntary under Part D.
What is E-Prescribing (E-Rx)?

- Does **not** require manual transcription at either end
- Traditional faxing is **NOT** electronic prescribing
- Secure E-mail is **NOT** electronic prescribing
Benefits of e-prescribing

- Actively promotes appropriate drug usage
- Reduces medication errors
- Provides information about formulary-based drug coverage, including formulary alternatives and co-pay information
- Speeds up the process of renewing medications
- Provides instant connectivity between the health care provider, the pharmacy, health plans/PBM, and other entities
Key CMS Standards Activities

- Foundation Standards implemented January 1 2006
- E-prescribing pilots conducted CY 2006
- Report to Congress delivered April 2007
- Final Uniform Standards published April 2008, effective April 2009
Approach – Building Suite of Standards

- Not a “one shot deal”
- Look for mature standards with a track record
- Work with industry to “grow” other standards as needed
Standards – Round One

- Foundation standards effective January 2006
- Enabled basic functions
  - Prescriber and pharmacy checking patient’s eligibility with plans
  - Exchange of new prescriptions, refill requests, cancellations, and changes between prescribers and pharmacies
- Advantages
  - Eliminates errors associated with handwriting and mis-keying
  - Reduces administrative costs associated with phone calls
Standards – Round Two

2006 Pilot Test looked at additional standards

- Formulary and benefits
- Medication history
- Rx-fill
- RxNorm
- Structured / codified Sig
- Prior Authorization
Final Rule

- Published April 2008, effective April 2009
- CMS adopted the following standards
  - Medication History
  - Formulary and Benefits
  - RxFill
  - Retired NCPDP 5.0 and replaced with version 8.1
  - Use of National Provider Identifier (NPI) as an individual identifier
Next Steps – Standards and Adoption

- Re-test RxNorm and Structured / Codified Sig and test new Standards
  - Modifications made as a result of 2006 pilot and February 2008 industry experts meeting on next steps for standards that were not ready for adoption
  - RAND awarded contract to pilot test RxNorm and Structured / Codified Sig NCPDPT SCRIPT 10.5-
- Continue to develop Prior Authorization business process and standards
- Future standards work as need is identified
E-Prescribing of Controlled Substances

- DEA NPRM-Comment period closed September 25, 2008
- Advocates a technical solution, for example
  - 2 Factor authentication
  - In-person proofing
  - Two minute timeout
- HHS will continue to work with DEA on integrating e-prescribing of controlled substances in a way that is:
  - Interoperable with existing e-prescribing systems
  - Scaleable to work throughout the healthcare system without imposing an undue burden
  - Promotes overall e-prescribing adoption
Where do we go from here?

- From a standards perspective
  - Finish the initial standards suite
  - Work with the DEA to develop a scaleable, interoperable, commercially viable solution to e-prescribing and controlled substances
  - Look at lifting the long-term care exemption
  - Continue to monitor the effective use of standards
  - Work with the SDOs and NCVHS on additional standards requirements