

Eligible Hospital and Critical Access Hospital EHR Incentive Program Objectives and Measures for 2015 Objective 4 of 9

Date issued: October 6, 2015

Electronic Prescribing (eRx)	
Objective	Generate and transmit permissible discharge prescriptions electronically (eRx).
Measure	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.
Exclusion	Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.
Alternate Exclusion	The eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2015 if they were either scheduled to demonstrate Stage 1, which does not have an equivalent measure, or if they are scheduled to demonstrate Stage 2 but do not select the Stage 2 eRx objective for an EHR reporting period in 2015.

Table of Contents

- Definition of Terms
- Attestation Requirements
- Additional Information
- Regulatory References
- Certification and Standards Criteria

Definition of Terms

Prescription – The authorization by an EP to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.

Permissible Prescriptions – “Permissible prescriptions” may include or not include controlled substances based on provider selection and where allowable by state and local law.

Attestation Requirements

DENOMINATOR/NUMERATOR/THRESHOLD/EXCLUSION/ALTERNATE EXCLUSION

- DENOMINATOR: Number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR Reporting Period.
- 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 10 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 is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.
- **ALTERNATE EXCLUSION:** The eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2015 if they were either scheduled to demonstrate Stage 1, which does not have an equivalent measure, or if they are scheduled to demonstrate Stage 2 but do not select the Stage 2 eRx objective for an EHR reporting period in 2015.

Additional Information

- The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology (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 EHR 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.
- 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 CAH's organization such transmission must use standards adopted for EHR technology certification.
- Eligible hospitals/CAHs should include in the numerator and denominator both types of electronic transmissions (those within and outside the organization) for the measure of this objective.
- 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.
- Providers 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 provider to communicate the prescription in an alternative manner.
- Prescriptions transmitted electronically within an organization (the same legal entity) do not need to use the NCPDP standards. However, an eligible hospital or CAH's 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 ONC's FAQ at http://healthit.hhs.gov/portal/server.pt/community/onc_regulations_fags/3163/faq_22/21286.
- Providers 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, a provider is not required to conduct any further manual or

paper based action in order to complete the query, and the provider may count the prescription in the numerator.

- Prescriptions from internal pharmacies and drugs dispensed on site may be excluded from the denominator.
- Providers are not required to exclude refill prescriptions; they can choose to include or exclude refill prescriptions.
- Please note, for 2015, eligible hospitals and CAHs may use an EHR reporting period from the beginning of the federal fiscal year to the end of the calendar year (October 1, 2014 through December 31, 2015). For eligible hospitals and CAHs, the action may occur at any point during that time so long as it is no earlier than October 1, 2014 and no later than the date of attestation for their 2015 EHR reporting period.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.22 (e)(1)(ii). For further discussion please see [80 FR 62800](#).
- In order to meet this objective and measure, an EP must possess the capabilities and standards of CEHRT at 45 CFR 170.314(a)(10) and (b)(3).

Certification and Standards Criteria

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

Certification Criteria*	
§ 170.314(a)(10) Drug formulary checks	EHR technology must automatically and electronically check whether a drug formulary (or preferred drug list) exists for a given patient and medication.
§ 170.314(b)(3) Electronic prescribing	Enable a user to electronically create prescriptions and prescription-related information for electronic transmission in accordance with: <ul style="list-style-type: none"> (i) The standard specified in § 170.205(b)(2); and (ii) At a minimum, the version of the standard specified in § 170.207(d)(2).

**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 170.314 (g)(1), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.*

Standards Criteria	
§ 170.205(b)(2) Electronic prescribing	NCPDP SCRIPT Version 10.6.
§ 170.207(d)(2) Medications	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).