

NYS Medicaid E-Prescribing Incentive Program:

Interface with HITECH and Meaningful Use

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*Presented by
James J. Figge, M.D., M.B.A.
Medical Director,
Office of Health Insurance Programs*





Vision: Patient-Centered State Medicaid HIT/HIE Plan for NY

- NY Medicaid will leverage the Recovery Act “meaningful use” incentive funds and the 90/10 Medicaid administrative funds, together with NY State Health Budget initiatives, to create and implement a five-year patient-centered state Medicaid HIT/HIE plan for NY.



Patient-Centered State Medicaid HIT/HIE Plan for NY

- Support HIT adoption and clinical practice workflow re-engineering.
- Incentivize “meaningful use” of EHR technology.
- Improve quality of care delivery by supporting the patient-centered medical home model.



Patient-Centered State Medicaid HIT/HIE Plan for NY (cont'd)

- Improve patient safety by incentivizing e-prescribing.
- Promote improvements in quality of care as documented by clinically-based electronically-reported quality metrics.
- Improve care coordination via use of clinical data distributed through interoperable HIE utilizing NY Medicaid's HIE/MITA enterprise architecture.



E-Prescribing Improves Medication Safety in Community-Based Office Practices

- Prospective non-randomized pre-post design using commercial e-prescribing system with clinical decision support, concurrent paper-based controls.
- At 1 year f/u, error rates for e-prescribing adopters decreased from 42.5 / 100 scripts at baseline to 6.6 / 100 scripts, significantly lower than for non-adopters ($p < 0.001$).

Kaushal et al., 2010. Weil Medical College of Cornell University study. [JGIM](#) 2-26-2010.

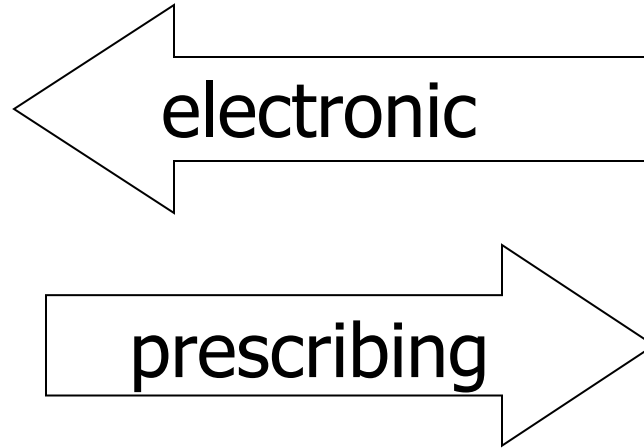


National E-Prescribing Volume

- In 2009, nationwide, 12% of 1.63 billion original prescriptions (excluding refills) were e-prescriptions.
- Accelerating trend: 191 million e-prescriptions in 2009, compared with 68 million in 2008.

Source: Surescripts LLC, per the Wall Street Journal, April 20, 2010

NY Medicaid e-Prescribing Incentive





NYS Fiscal Year 2009-2010 Health Budget

- Provides for an incentive payment of \$0.80 to Medicaid prescribers per dispensed ambulatory Medicaid e-prescription, and \$0.20 to pharmacies per dispensed ambulatory Medicaid e-prescription.
- Enrolled Physicians (MD, DO), Dentists, NPs, Podiatrists, Optometrists, and Licensed Midwives are eligible.



Incentives for Electronic Transmission Only

- Incentive applies only to electronically transmitted interoperable computer-to-computer e-prescriptions; faxed scripts are **not** eligible.
- Electronic transaction must comply with Medicare Part D standards (NCPDP SCRIPT standard 8.1; 10.6). The prescriber's individual NPI is required.



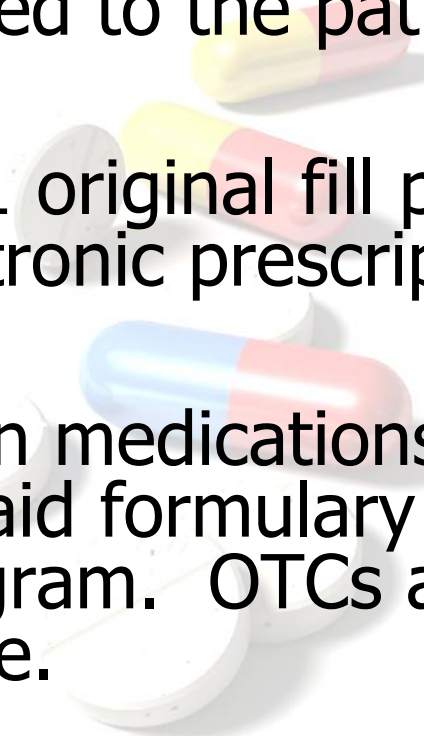
Incentives for Electronic Transmission Only (Cont'd)

- Participating pharmacies will report the Prescription Origin Code on claims beginning in 2010.*
- Code 3 = e-Prescription.
- Errors should be corrected electronically.

(*Note: Effective in 2010, CMS requires Part D sponsors to obtain the Prescription Origin Code from network pharmacies, per the 2010 CMS Call Letter 3-30-2009).



Refills & Formulary

- Refills are **each** eligible for incentive payments when dispensed to the patient.
 - Maximum of 1 original fill plus 5 refills within 180 days per electronic prescription.
 - All prescription medications with NDC numbers on the NY Medicaid formulary are eligible for the incentive program. OTCs and pharmacy supplies are not eligible.
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Incentive Payments Driven by the Paid Pharmacy Claim



- Incentive is payable when the prescription is dispensed to the beneficiary.
 - Pharmacy incentive will be an add-on to the dispensing fee.
 - Prescriber identity will be captured from the pharmacy claim (individual NPI). Only enrolled prescribers are eligible.



Incentive Payments Driven by the Paid Pharmacy Claim (Cont'd)

- Prescriber incentives will be bundled into quarterly payments.
- Claim (and incentive) is voided if patient fails to pick up the medication.
- Incentivizes both e-prescribing adoption and promotion of patient medication adherence.

Medication History



Medication History



■ Features

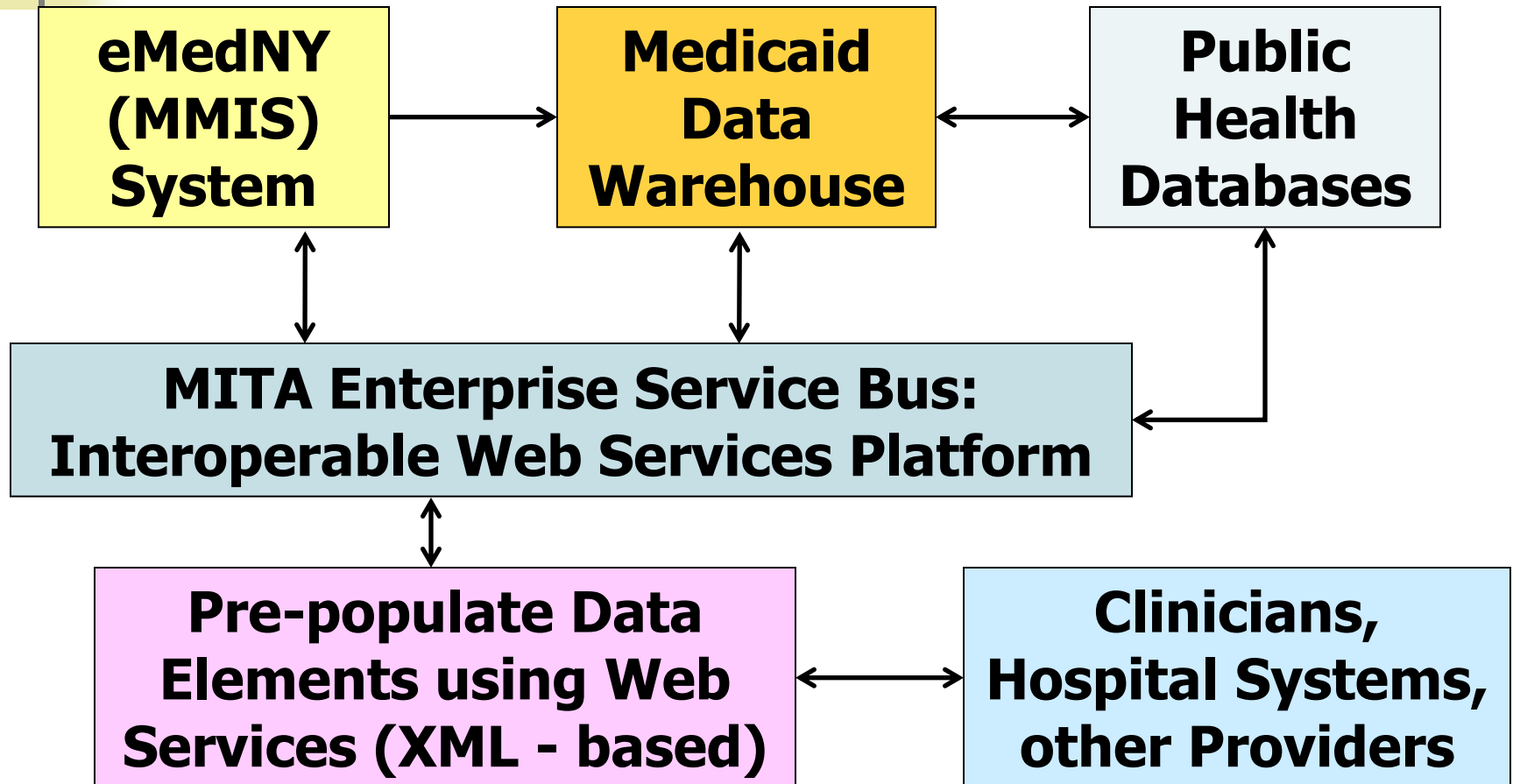
- 180 days of Medicaid paid pharmacy claims (fee-for-service and managed care).
- Medicare Part D claims (critical information regarding dual eligible beneficiaries).



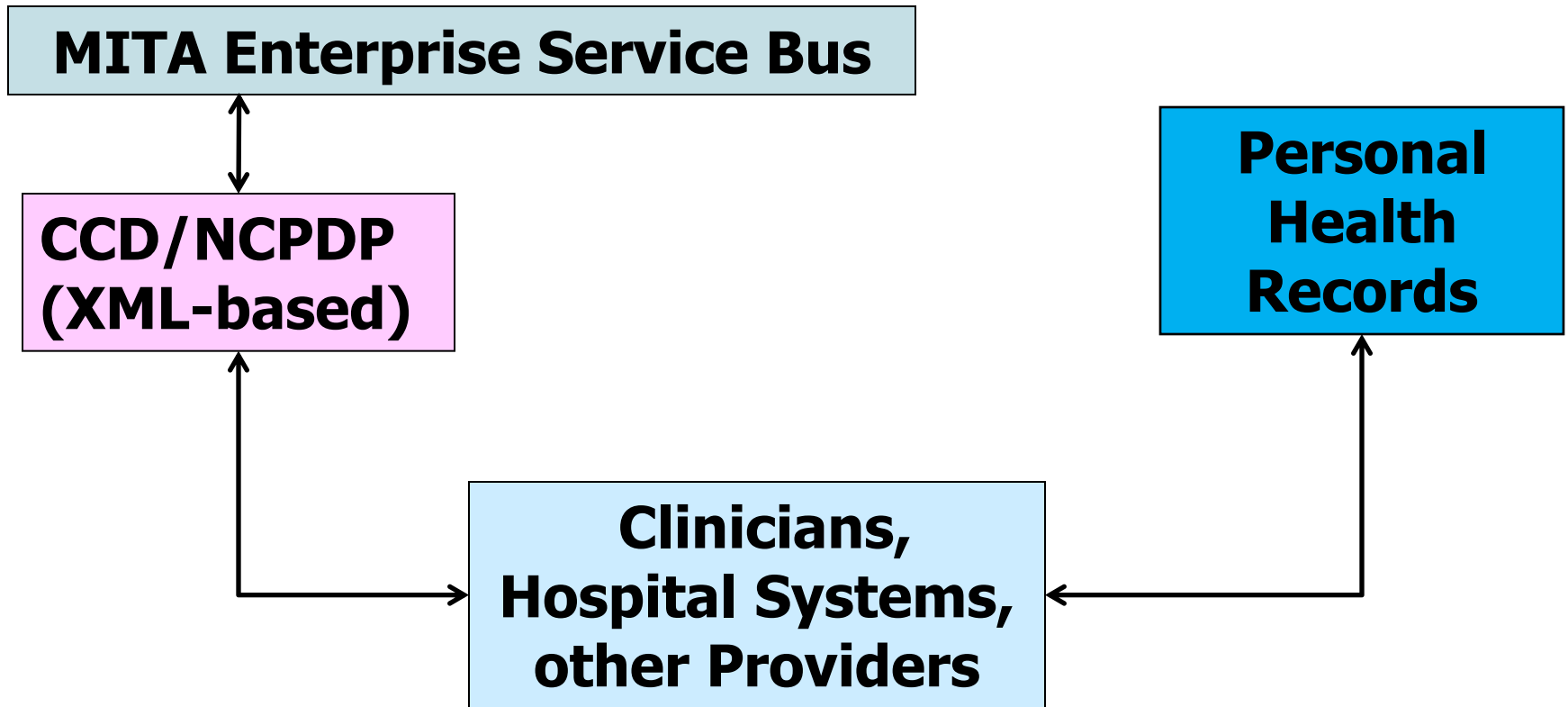
Medication History Data Standards

- NCPDP Script 10.6 (XML implementation).
- HL7 Continuity of Care Document (CCD), featuring HITSP C32 data content.

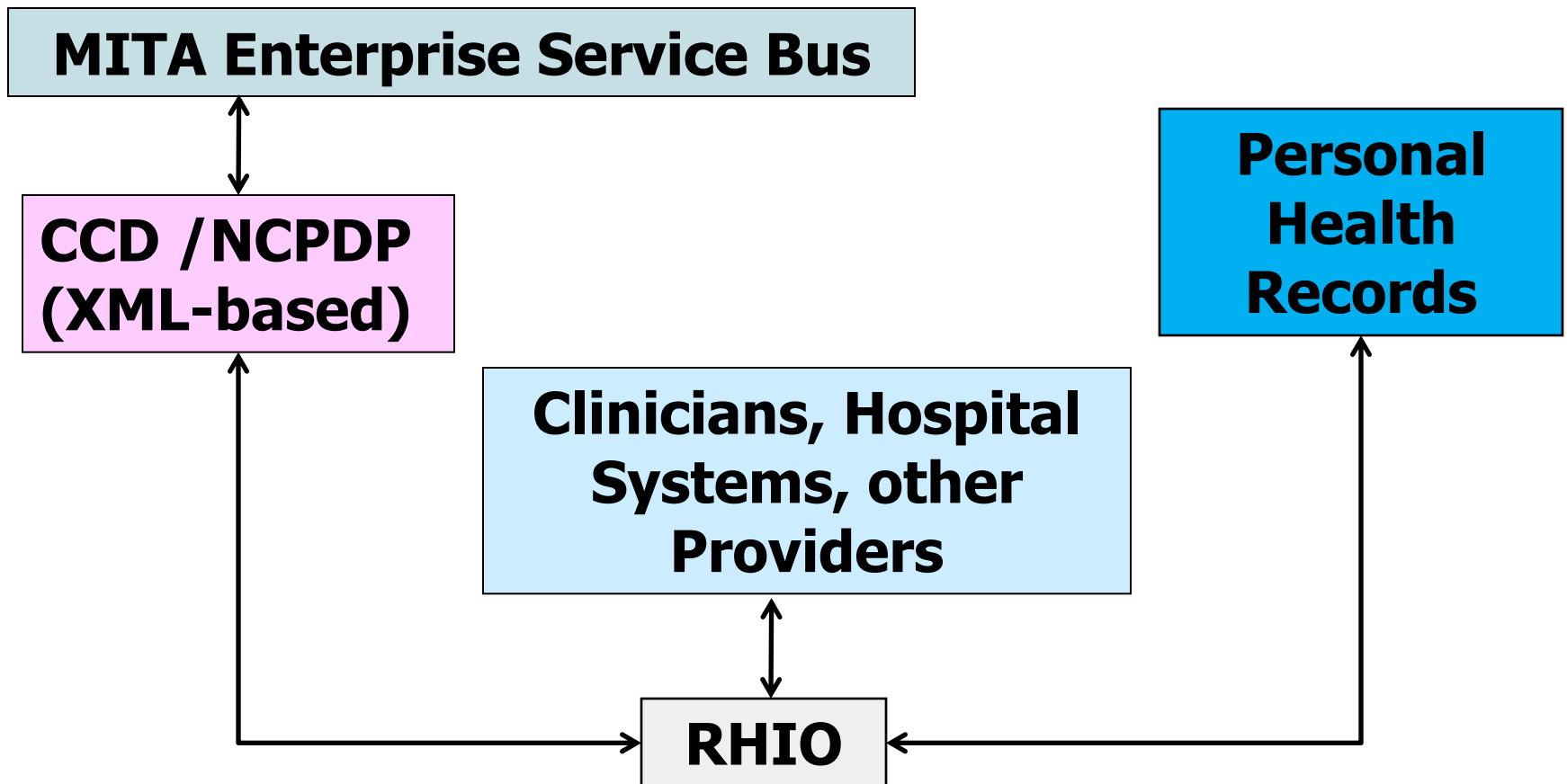
NY Medicaid HIE/MITA Enterprise Architecture: Develop a Continuity of Care Document (CCD) for each Patient



Conceptual Data Flows for Medication History – Pattern 1: Direct



Conceptual Data Flows for Medication History - Pattern 2: via RHIO/HIE



Contact Information

James J. Figge, MD, MBA
Medical Director
New York State Department of Health
Office of Health Insurance Programs

One Commerce Plaza, 8th Fl, Suite 826
99 Washington Ave.
Albany, NY 12210

Phone: (518) 474 - 8045
Fax: (518) 473 - 0601
Email: jjf06@health.state.ny.us

