Questions and answers about e-prescribing

Q: What kinds of concerns do providers have about electronic prescribing (e-prescribing)?

A: Providers have expressed the most concern about not being able to submit electronic prescriptions for controlled substances. CMS has opened this issue for public comment; more information is available on the CMS Web site.

Q: If program outreach activities are to be focused on PCPs, then how will other types of providers be informed?

A. Although the initial focus will be on PCPs, as the program is deployed and other provider types become interested in it, we expect to extend our outreach efforts to additional groups.

Q: How many provider representatives will be available to support this effort?

A: Initially, one HIT Specialist is devoted to the project. Other personnel will be made available as the volume of activity increases.

Q: How much will it cost physicians and pharmacies to participate in e-prescribing?

A: Fees for electronic prescribing services will vary because prescribers' options will vary. Many prescribers will incur costs for purchasing and setting up software.

A physician who already has a Practice Management System (PMS) and/or an Electronic Health Record (EHR) may be able just to activate the e-prescribing feature of that software. A physician who does not yet have a PMS and /or EHR but who wants to e-prescribe will have to invest in the necessary software and setup. Medicaid will not charge physicians a "per transaction" fee for using e-prescribing.

A pharmacy that is already set up for e-prescribing may not incur any start-up expense. A pharmacy that cannot yet accept e-prescriptions will have to make some investment to get set up. "Per transaction" fees apply to pharmacies.

Q: Will training be provided to pharmacies?

A: Yes.

Q: What will be the "per transaction" fees?

A: A fee will be charged to the pharmacy for each new-prescription and renewal-request transaction. The standard retail fee is $0.215 per successful transaction, but this amount is affected by the volume of electronic prescriptions received and whether or not the pharmacy is connected directly to SureScripts RxHub. The pharmacy's vendor may also charge a per-transaction fee.

Nevertheless, pharmacies can expect savings over the costs of filling paper prescriptions. An older study by Walgreens found that the chain saved 42¢ per electronic prescription. A newer study by M. Rupp showed savings for e-prescribing of 97¢ per new prescription and 37¢ per refill.

Q: When a patient is covered by more than one payer, how will conflicts between payers' policies be resolved? For example, suppose only two drugs are available to treat a patient's condition. The patient is covered by two payers: One payer accepts claims only for drug A and rejects claims for drug B. The other payer, Medicaid, rejects claims for drug A and accepts claims only for drug B. Will Medicaid change its formulary to correct this situation?

A: These situations are not new; they exist today. Medicaid expects to continue to follow current policies for resolving them.

Q: In a hospital setting will a medication history request use an HL7 link?

A: Yes, SureScripts RxHub translates the HL7 transaction into NCPDP format. During the admission process, an HL7 transaction is used. This transaction is sent to SureScripts RxHub for patient identification. After the patient is uniquely identified, the request is sent to all active payers. The payers will send the medication history response back to SureScripts RxHub. Then SureScripts RxHub will return the medication history back to the requester. Our focus initially will be the PCPs – we will work with hospitals in the future.

Q: Will Medicaid pick up e-prescribing transaction fees to facilitate the program rollout?

A: No, Arkansas Medicaid's position is that long-term benefits, such as improved patient care and safety, and the savings demonstrated over paper systems compensate for the transaction fees.

Q: Can the doctor's office see the Medicaid history data and other insurance too?

A: The amount of data the doctor's office can see depends on the software the office has chosen. For example, if an office chooses only the most basic level of software, the patient's complete prescription history may not be viewable. That is, the physician may be able only to e-prescribe, not to view the patient's history data.

Using fully functional software the physician will be able to see any medication-history information available to the SureScripts RxHub, regardless of the insurer.

Q: Does the doctor have to use different systems to see different payers' formularies?

A: RxHub will show any information it has for the recipient, regardless of source. But, even if a Medicaid-eligible beneficiary is somehow not listed in RxHub, the doctor can still prescribe electronically for that individual.