



e-Prescribing in Medicaid/CHIP Agencies: Implementation Approaches, Challenges, and Opportunities

*A Web-based Workshop
1:30 p.m. – 4:30 p.m. (EST)
September 29, 2009*

Workshop Workbook
Presentation Materials and Resources



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Welcome to the AHRQ Medicaid and CHIP TA Web-based Workshop

***e-Prescribing in Medicaid/CHIP Agencies:
Implementation Approaches, Challenges, and Opportunities***

Tuesday, September 29, 2009, 1:30 – 4:30 pm Eastern

Presented by

Jessica P. Kahn, MPH, Health Policy Analyst in the Center for Medicaid and State Operations within the Centers for Medicare and Medicaid Services (CMS)

Vicki M. Cunningham, RPh, Drug Utilization Review Coordinator for the West Virginia Bureau for Medical Services

Christopher Sullivan, PhD, Administrator of the Office of Health Information Technology within Florida's Agency for Health Care Administration

Moderated by

Robert Mayes, MS, RN, Senior Advisor on health information technology issues for the Agency for Healthcare Research and Quality (AHRQ), Health Information Technology Program

Overview

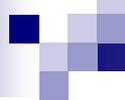
- **Welcome** – Robert Mayes, MS, RN, Senior Advisor on health information technology issues for the Agency for Healthcare Research and Quality (AHRQ), Health Information Technology Program
- **Introduction** – Robert Mayes
- **Icebreaker** – Robert Mayes
- **Presentations**
 - ***Module 1: e-Prescribing in Medicaid/CHIP Agencies: Implementation Approaches, Challenges, and Opportunities***
 - Presented by Jessica P. Kahn, MPH, Health Policy Analyst in the Center for Medicaid and State Operations within the Centers for Medicare and Medicaid Services (CMS)
 - ***Module 1: Discussion***
 - ***Module 2: WVeScript and MediWeb***
 - Presented by Vicki M. Cunningham, RPh, Drug Utilization Review Coordinator for the West Virginia Bureau for Medical Services
 - ***Module 2: Discussion***
 - ***Module 3: The Expanding Role of e-Prescribing in Florida Medicaid, 2003-2009***
 - Presented by Christopher Sullivan, PhD, Administrator of the Office of Health Information Technology within Florida's Agency for Health Care Administration
 - ***Module 3: Discussion***
- **Closing Remarks** – Robert Mayes



Module 1: e-Prescribing in Medicaid/CHIP Agencies: Implementation Approaches, Challenges, and Opportunities

Presented by

Jessica P. Kahn, MPH, Health Policy Analyst in the
Center for Medicaid and State Operations within the
Centers for Medicare and Medicaid Services (CMS)



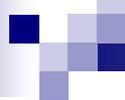
Medicaid Transformation Grants (MTGs)

- Of the MTGs funded in 2007–2008, those in the following states have e-prescribing components:
 - Alabama
 - Delaware
 - Florida
 - Connecticut
 - New Mexico
 - Arizona
 - Tennessee



The e-Rx Package

- Allergy alerts
- Preferred drug list (alerts)
- Benefit limitations
- Pharmacy co-pays
- Pre-authorization requirements
- Encouragement of generics (alerts)
- Clinical decision support
- Patient medication history
- Drug-to-drug interaction alerts
- Therapeutic duplication alerts
- Dosage alerts
- Ability to track drug over- and under-utilization



Various e-Rx Approaches

- Offer an interface between Medicaid information and COTS e-Rx tools (vendor neutral)
 - New Mexico
- Offer an e-Rx tool (online) for those who have nothing
 - Tennessee, Arizona, Alabama, Florida, Wyoming
- Offer either/both
 - Delaware, Connecticut

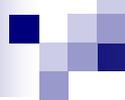


How to Choose?

- Existing levels of e-Rx adoption
 - If low, perhaps offer a free e-Rx tool
 - If high, perhaps the interface instead
 - If mixed levels of adoption, offer both
- Stand-alone or part of an EHR
 - If stand-alone, interoperability with EHRs is key
 - If part of an EHR, seen as just one functionality
 - Either way, what provider need(s) are filled?

Incentives for Use

- Offsetting/waiving transaction fees
- Free hardware (PDAs, notebooks)
- Free software (the e-Rx tool)
- Administrative streamlining (pre-auth requests)
- Financial incentives (a la Medicare) per e-script
- In-person training (workflow redesign, business process re-engineering)
- Technical assistance/support (ongoing)
- Public/private patient data all in one (Alabama, New Mexico)



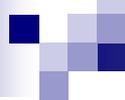
Issues for Consideration

- Role of incentives: what matters to providers? For how long?
 - Disincentives
 - Sustainability
- Small, independent pharmacies: what's the business case for them?
- Targeting new, high-volume, rural, safety net providers
- Rural broadband access?
- Leveraging outreach/training from other partners



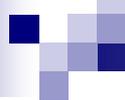
Monitoring Use and Outcomes

- Pre-auth requests (cost savings—Medicaid agency)
 - Can look at monthly, see early results
- Less pharmacy callbacks (time savings—providers and pharmacies)
 - Track via pharmacy logs
- Tracking generic and PDL adherence (cost savings—Medicaid agency)
 - Can look at monthly, see early results
 - Don't forget concurrent policy changes that may skew results (Delaware)
- Expected uptake/adoption?
 - Why/why not?
- Track utilization of functionalities (disabled alerts? changed scripts after alerts?) and results
- Be prepared for system tweaks
 - Allowing eligibility queries the night before (Delaware)



Future Considerations

- Scalability?
- Intersection between e-Rx and electronic health records?
- Intersection between e-Rx and meaningful use of electronic health records?
- e-Rx as a “foot in the door” of HIT
- Quality outcomes derived from clinical decision support and alerts
- Cost outcomes derived from generic/PDL alerts and time savings



Module 1: Discussion

- Are you currently implementing or planning to implement a medication management health IT program, such as e-Rx?
- If so, what type of medication management health IT program?
 - At what stage of the technology cycle is your state involved?
 - What benefits have you seen so far with your program?



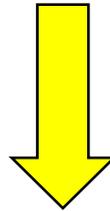
Module 2: WVeScript and MediWeb

Presented by

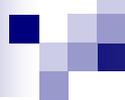
Vicki M. Cunningham, RPh, Drug Utilization Review
Coordinator for the West Virginia Bureau for
Medical Services

The Beginning.....

Enhanced Medication Management
Transformation Grant

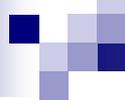


Automated Prior Authorization System
Clinical Web Portal
with Multiple Functions



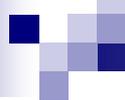
Including...

- Prescription history
- Electronic prior authorization submission
- Electronic prescribing function



Why Use Free Portal Access?

- Rate of e-Prescribing is 3.4%.
- Physicians reluctant to invest in e-Prescribing tools.
- Clinical decision support using Web portal and e-Prescribing functions.
- Provides no-cost introduction to health information exchange (HIE).



Lessons Learned From Other States

To encourage adoption, you must provide:

Outreach

Education

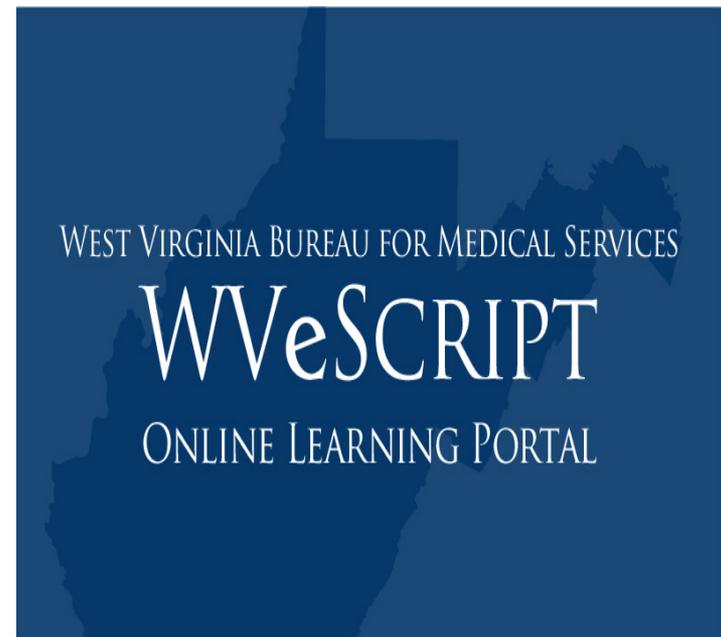
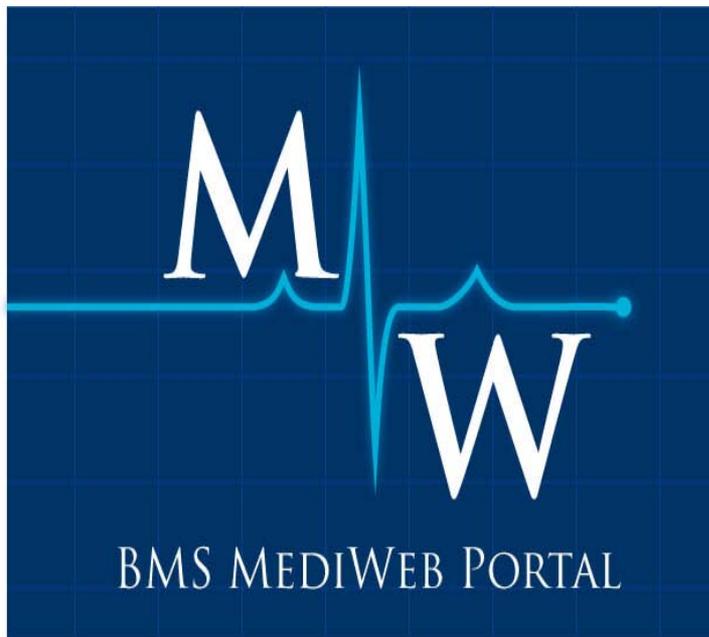
Training

Technical support

Incentives

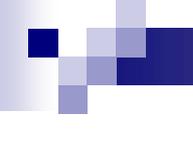
Outreach and Branding

BMS MediWeb Portal and WVeScript Online Learning Portal



Outreach





Incentive Program

Incentive program for physicians willing to participate in the pilot program:

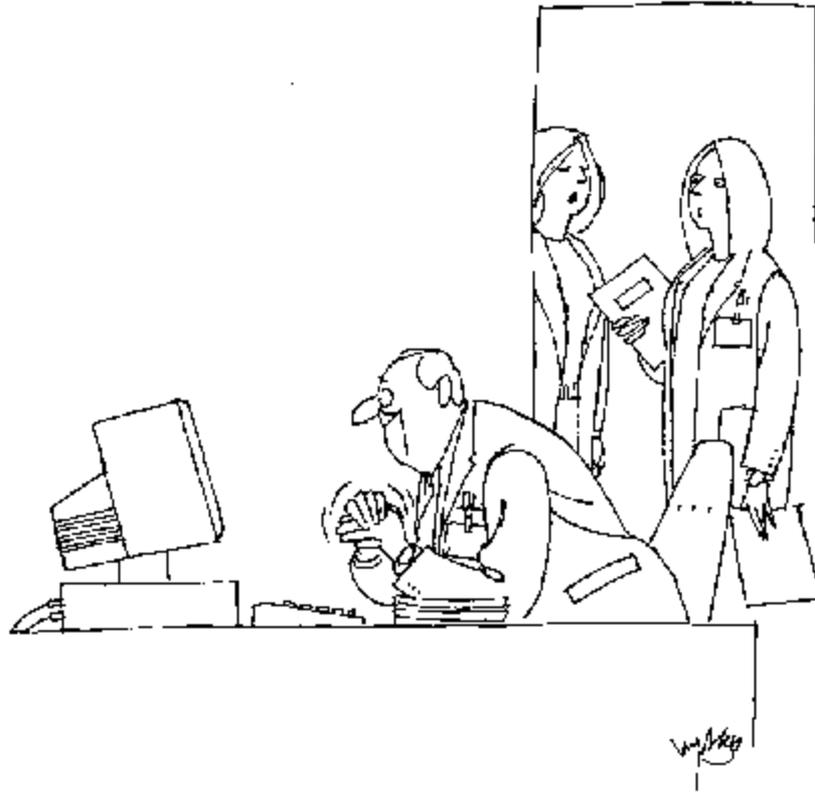
Cash incentive: 50% up front

Can be used for purchase of a personal computer, upgrade Internet access, provide staff training, or enhance workflow

Balance: remaining 50%

Will be paid after 6 months if 70% of prescriptions for Medicaid patients are electronically prescribed (excluding scheduled drugs)

To Avoid This.....



The doctor is going to try e-Prescribing now—alert the pharmacists!

A friendly face....Phil Better

Phil is the guide for our virtual classrooms that provide training and information about Medicare incentives and promote the value of e-Prescribing.



Virtual Classrooms

The screenshot shows the WVeScript website interface. At the top, there is a dark blue header with the text "WEST VIRGINIA BUREAU FOR MEDICAL SERVICES" and "WVeSCRIPT" in white. To the right of the logo, there are links for "Application | Student Login | Help Desk". On the left side, there is a vertical navigation menu with links for "Home", "FAQs", "Application", "Student Login", and "Help Desk". The main content area features a large banner with a green arrow pointing right, containing the text "Make the move to ePrescribing TODAY". Below this banner are two images: a male doctor in a white coat and tie, and a female doctor in a white coat smiling at a computer monitor. At the bottom of the banner area, there is a "Coming Soon..." section with a small image of a signpost and the text "Coming Soon..." followed by "Fall 2009 - your opportunity to ePrescribe via the WV BMS MediWeb portal, more details coming soon..." and a green play button icon. The footer of the page contains the copyright notice "© 2009 WVeScript Learning Portal".

WEST VIRGINIA BUREAU FOR MEDICAL SERVICES
WVeSCRIPT

Application | Student Login | Help Desk

[Home](#)
[FAQs](#)
[Application](#)
[Student Login](#)
[Help Desk](#)

Make the move to **ePrescribing** TODAY

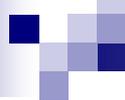
Coming Soon...
Fall 2009 - your opportunity to ePrescribe via the WV BMS MediWeb portal, more details coming soon...

© 2009 WVeScript Learning Portal

WVeScript Support

Training and technical support

- Online virtual classrooms: Web-based and available at all times (includes a step-by-step video demonstration of how to use the e-Prescribing tool)
- CMEs available (at no cost) to the pilot community for successful completion of the education program
- In-house technical support desk available 24/7
- Dedicated e-mail address for support:
DHHRMedicaideScript@wv.gov



Lessons Learned (So Far)

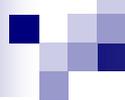
Sad, but true! Some things are beyond your control: so allow extra time.

- Contract negotiations always take longer than expected. (Surescripts requires several nondisclosure agreements. Make sure your vendors are aware of the attorney time required for these.)
- Surescripts: because of demand, classroom scheduling required for technology vendors and PBMs may not be available as soon as you would like. (Allow extra time in the schedule for delays.)
- Extra technical equipment may be required for your PBM. Allow time for acquiring and make your timelines for implementation clear.



More Lessons Learned

- Privacy rules and regulations are not nationally standardized. Work closely with the HIPAA officer in your organization and be aware of special regulations in your state.
- Communication with members is challenging and expensive. County DHHR offices can provide invaluable help with this: engage them early in the process.
- Make provisions for ongoing notification of new members and for tracking the responses of members who do not want their information available in a Web portal.



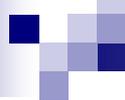
More Lessons Learned.....

- A personal touch with providers is important—many have requested individualized training.
- Interest comes in all types of packages:
 - Many specialists who are 5–10 years from retirement are not willing to invest in HIE, but have been very receptive to an option that requires no expenditures.
 - Physicians who have had bad experiences with electronic health records are willing to try an option that requires no special equipment.
 - Some very “techie” physicians have electronic health records, but are unable to use them for e-prescribing and have shown enthusiasm for a Web-based option.

Questions?

Vicki Cunningham
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Module 2: Discussion

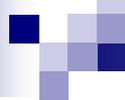
- Does your state anticipate any challenges to implementing eRx?
 - If so, what are those challenges and how do you plan to overcome them?
 - How have you worked with others in the state to train and integrate eRx into your state?



Module 3: The Expanding Role of e-Prescribing in Florida Medicaid, 2003–2009

Presented by:

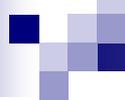
Christopher Sullivan, PhD, Administrator of the Office of Health Information Technology within Florida's Agency for Health Care Administration



Background to the Presentation

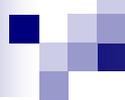
This presentation will cover the development of e-prescribing in Florida Medicaid, from a pilot program to a statewide rollout.

- A summary overview Florida Medicaid's e-Prescribing Pilot Project with a summary of cost savings and improved quality of health care in the program.
- Creation of the Medicaid Health Information Network to distribute claims records, medication histories and e-prescribing services to all Medicaid providers.
- How the Medicaid HIN will deliver e-prescribing and address the meaningful use of e-prescribing.



Florida Medicaid e-Prescribing Pilot Project

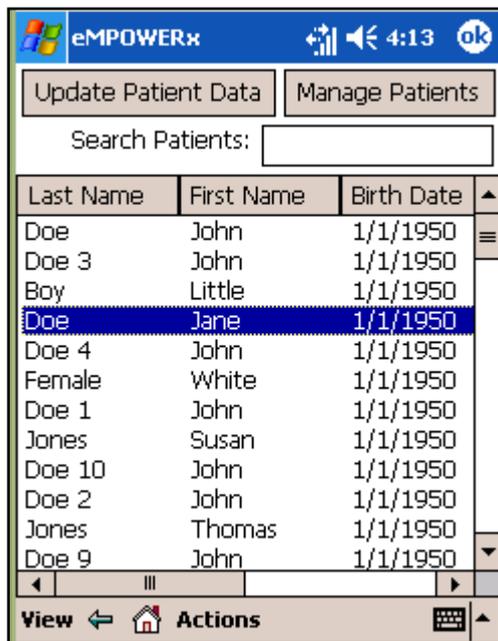
- In 2003, the Florida Legislature directed AHCA to develop a wireless handheld drug information application for prescribers to use at point of care.
- The Agency contracted with Gold Standard to provide 100 days of a patient's medication history available to Medicaid practitioners using handheld PDAs at the point of care.
- eMPOWERx, the e-prescribing application provides:
 - Information about coverage and restrictions, drug utilization and compliance and duplicate therapies
 - e-Prescribing functionality permits immediate transmission of prescription authorization to the patient's pharmacy.



e-Prescribing Pilot Drug Interaction Alerts

- Medicaid e-prescribing is integrated with a clinical information database, which includes screening tools to reduce the potential for medication errors before they occur.
 - Employs Clinical Pharmacology and clinical report tools, empowering clinicians to screen a prescription for adverse effects.
 - Alerts the provider to potential drug-drug or drug-allergy interactions and minimizes adverse drug reactions.
- Can mitigate against “doctor shopping” for medications.

e-Prescribing Provides a Medication History



emPOWERx 4:13

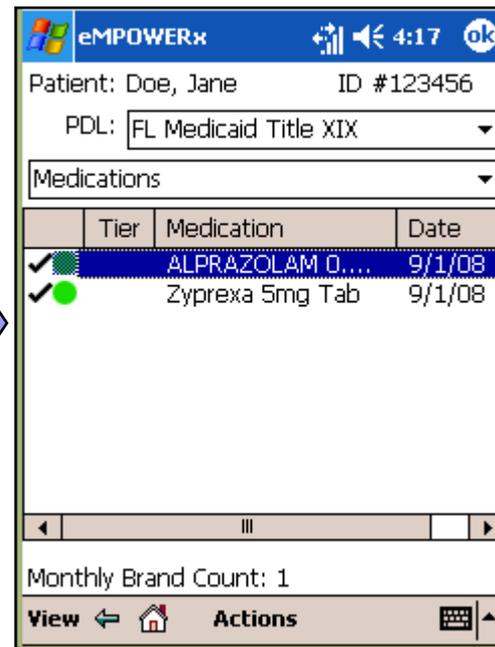
Update Patient Data Manage Patients

Search Patients:

Last Name	First Name	Birth Date
Doe	John	1/1/1950
Doe 3	John	1/1/1950
Boy	Little	1/1/1950
Doe	Jane	1/1/1950
Doe 4	John	1/1/1950
Female	White	1/1/1950
Doe 1	John	1/1/1950
Jones	Susan	1/1/1950
Doe 10	John	1/1/1950
Doe 2	John	1/1/1950
Jones	Thomas	1/1/1950
Doe 9	John	1/1/1950

View Actions

Patient Manifest



emPOWERx 4:17

Patient: Doe, Jane ID #123456

PDL: FL Medicaid Title XIX

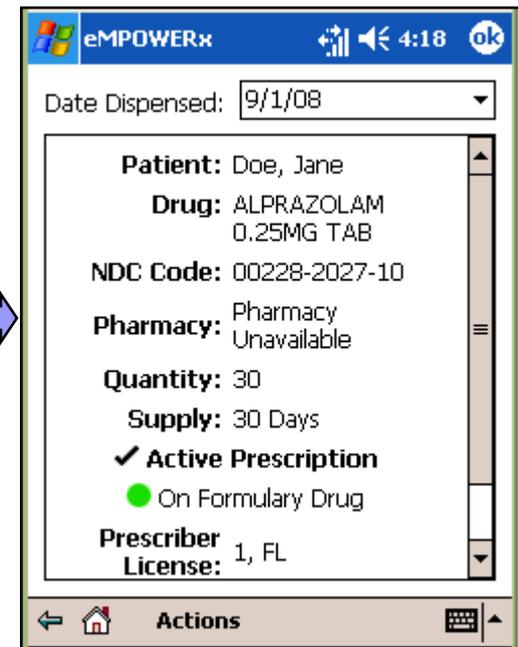
Medications

Tier	Medication	Date
✓	ALPRAZOLAM 0...	9/1/08
✓	Zyprexa 5mg Tab	9/1/08

Monthly Brand Count: 1

View Actions

Rx History and Preferred Drug List



emPOWERx 4:18

Date Dispensed: 9/1/08

Patient: Doe, Jane

Drug: ALPRAZOLAM 0.25MG TAB

NDC Code: 00228-2027-10

Pharmacy: Pharmacy Unavailable

Quantity: 30

Supply: 30 Days

✓ **Active Prescription**

● On Formulary Drug

Prescriber License: 1, FL

View Actions

Prescription Details

e-Prescribing Alerts Clinicians to Drug Interactions

emPOWERx 4:22

Prescription Alert

Interactions, therapy duplications and allergy alerts were found with this prescription. What would you like to do?

View Interactions/Duplications

View Allergy Alerts

View Alternates

Use Current Medication

Discontinue

Clear Prescription **Next**

Clinical Alerts

emPOWERx 4:22 ok

Drug Interactions

- CLARITHROMYCIN (Biaxin XL 500mg Tab)
- CLARITHROMYCIN (Biaxin XL 500mg Tab)
- LOPINAVIR; RITONAVIR (Kaletra 133.3)
- ALBUTEROL (ALBUTEROL 0.083% SO)
- CLARITHROMYCIN (Biaxin XL 500mg Tab)
- CLARITHROMYCIN (Biaxin XL 500mg Tab)
- CLARITHROMYCIN (Biaxin XL 500mg Tab)

Therapeutic Duplications

Antiinfective Agents > Macrolides

- Biaxin XL 500mg Tab
- Biaxin XL 500mg Tab

Drugs containing CLARITHROMYCIN

- Biaxin XL 500mg Tab
- Biaxin XL 500mg Tab

View

Drug Interaction Alerts

emPOWERx 4:23 ok

CLARITHROMYCIN (Biaxin XL 500mg Tab) and ATORVASTATIN (Lipitor 20mg Tab)

Severity: High

Macrolide antibiotics potently inhibit the metabolism of certain HMG Co-A reductase inhibitors ('statins') via the CYP3A4 isoenzyme and increase the risk of myopathy and rhabdomyolysis. Specifically, the administration of either erythromycin or clarithromycin is not recommended during lovastatin or simvastatin therapy. According to the manufacturer, if no alternative to a short course of erythromycin or clarithromycin therapy is available, brief interruption of lovastatin or simvastatin

View

Drug Interaction Detail

e-Prescribing Made Easy

eMPowerx 10:58

Location: LOCATION2

Patient: John, Doe 2 LA

Birth Date: 01/01/1950

Pharmacy: Walgreens Drug 10537

Medication: Not Selected

Indication: Not Selected

Discontinue

Clear Prescription Next

View Actions

ePrescription Pad

eMPowerx 11:00

Select a Medication

Find: Biaxin XL 500mg

In: Products with Biaxin® XL

PDL: LA Medicaid

Tier	Medication
●	Biaxin 125mg/5ml Pwd for Susp
●	Biaxin 250mg/5ml Pwd for Susp
●	Biaxin Filmtab 250mg Tab
●	Biaxin Filmtab 500mg Tab
⊗	Biaxin XL 500mg Tab
⊗	Biaxin XL Pac 500mg Tab
●	CLARITHROMYCIN 125MG/5ML
●	CLARITHROMYCIN 250MG TAB

* No longer on the market

View Actions

Preferred Drug List

eMPowerx 11:20

Patient: John, Doe 2 LA ID #200022

PDL: LA Medicaid

Medications

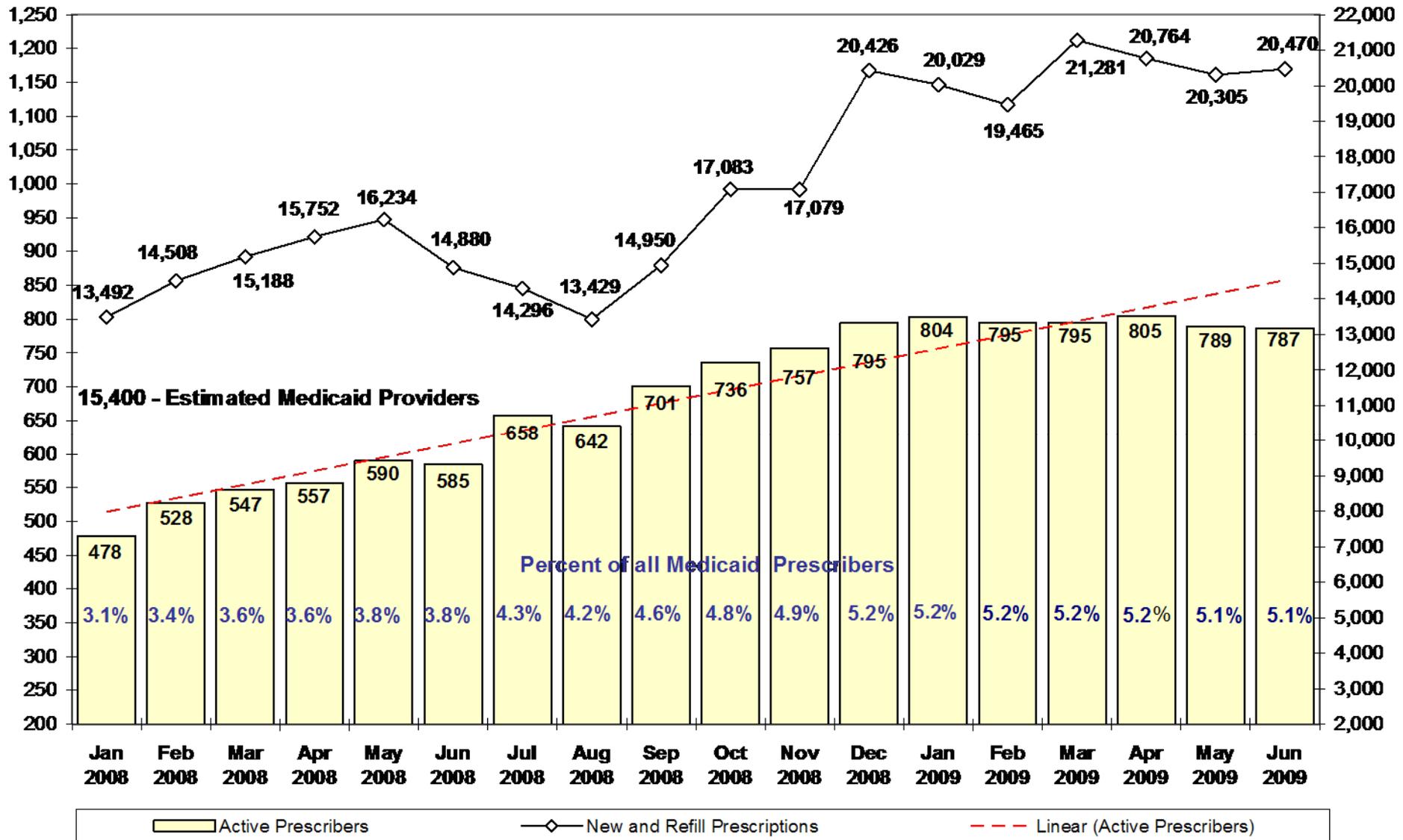
	Tier	Medication	Date
○	●	AZITHROMYCIN ...	3/24/08
✓	●	Lipitor 10mg Tab	3/18/08
✓	●	Plendil 10mg ER ...	3/18/08

Monthly Brand Count: 2

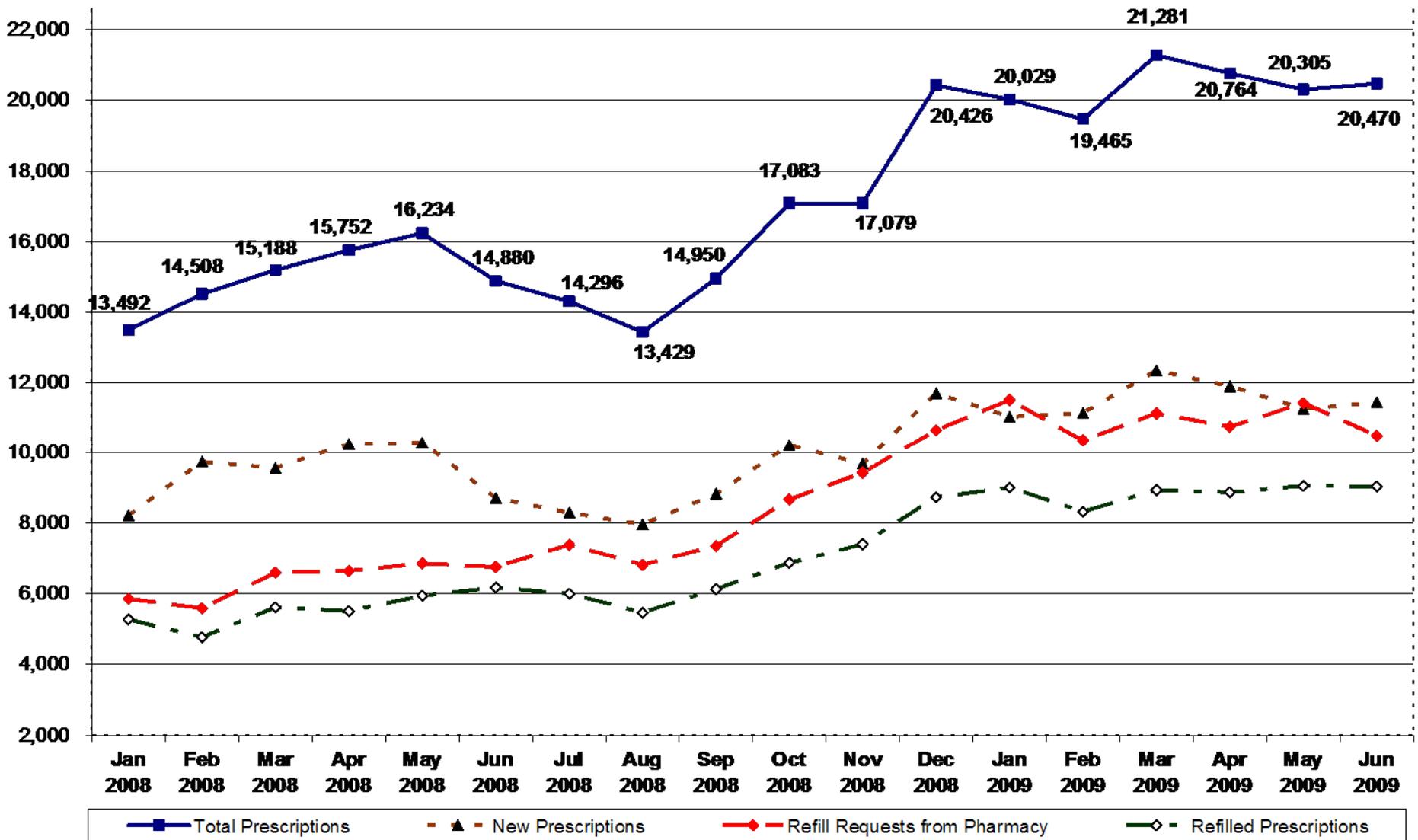
View Actions

Script Sent and Adherence

Medicaid e-Prescribing Activity, Jan 2008 – June 2009

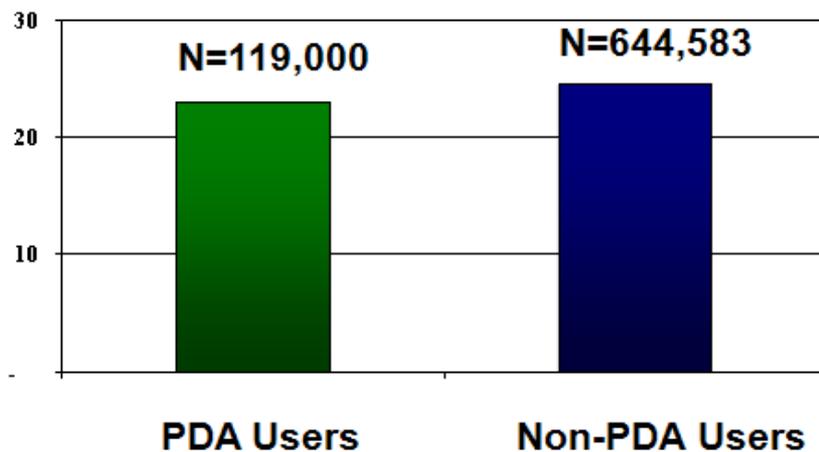


Medicaid e-Prescribing Rates, Jan 2008 to June 2009

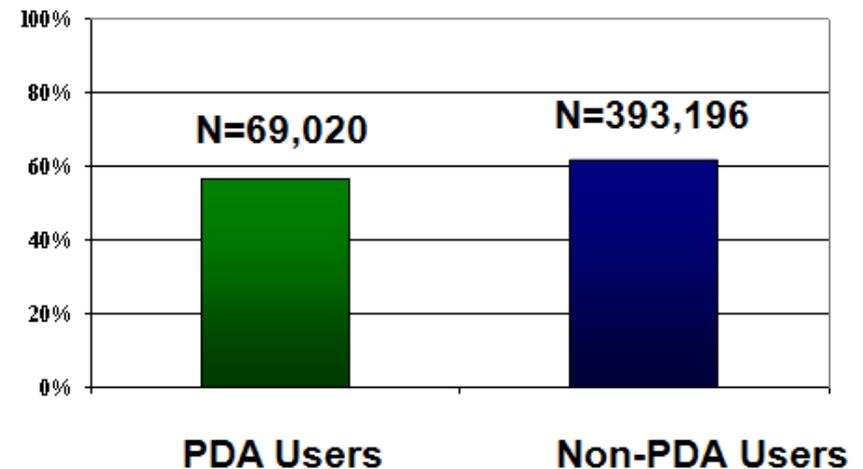


Medicaid Patients Well Matched in Both Groups

The sample Medication beneficiary population for the study showed no significant differences in age or in gender between the PDA Users group, the experimental group, and the non-PDA Users group, the control group.

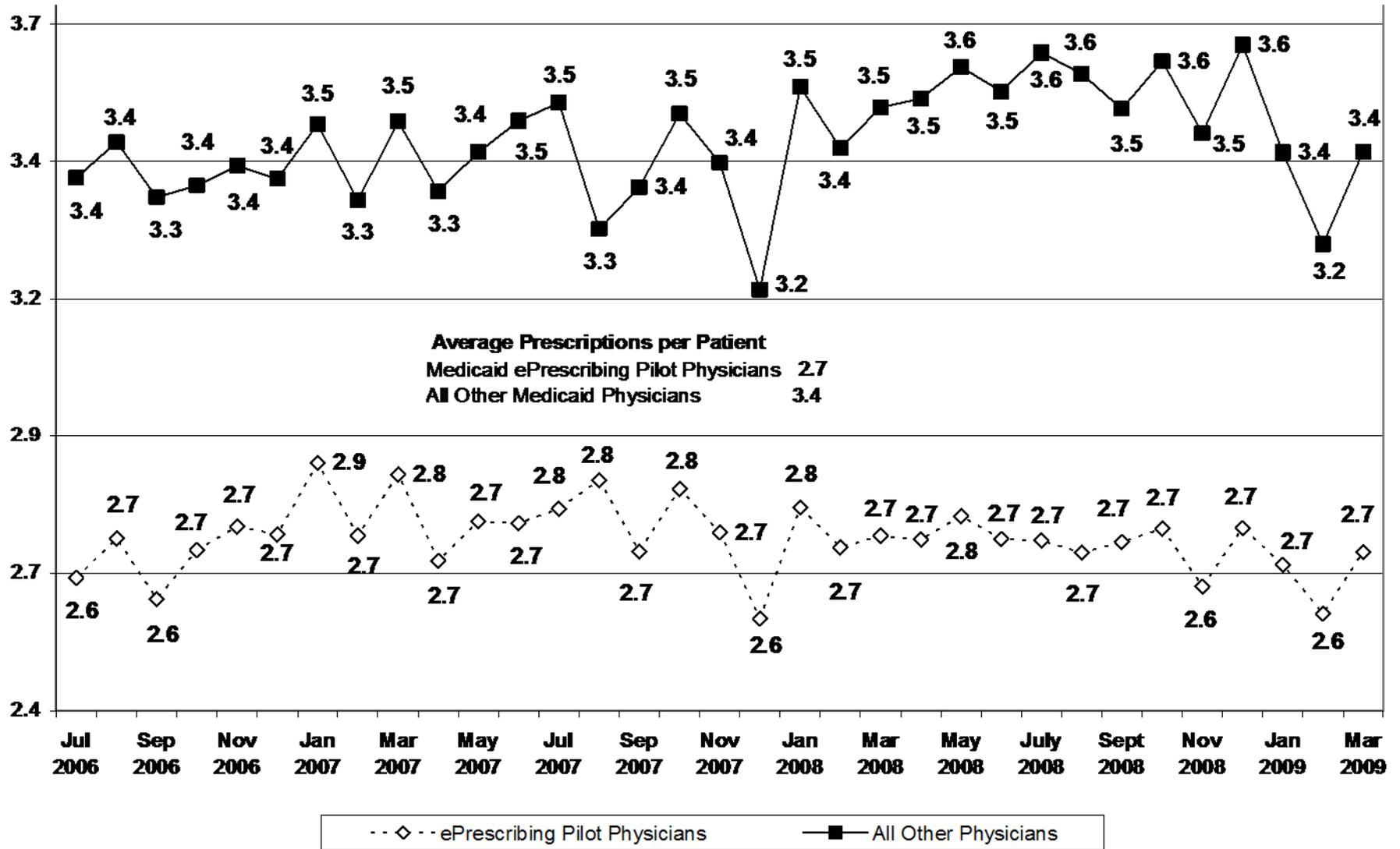


Average Age



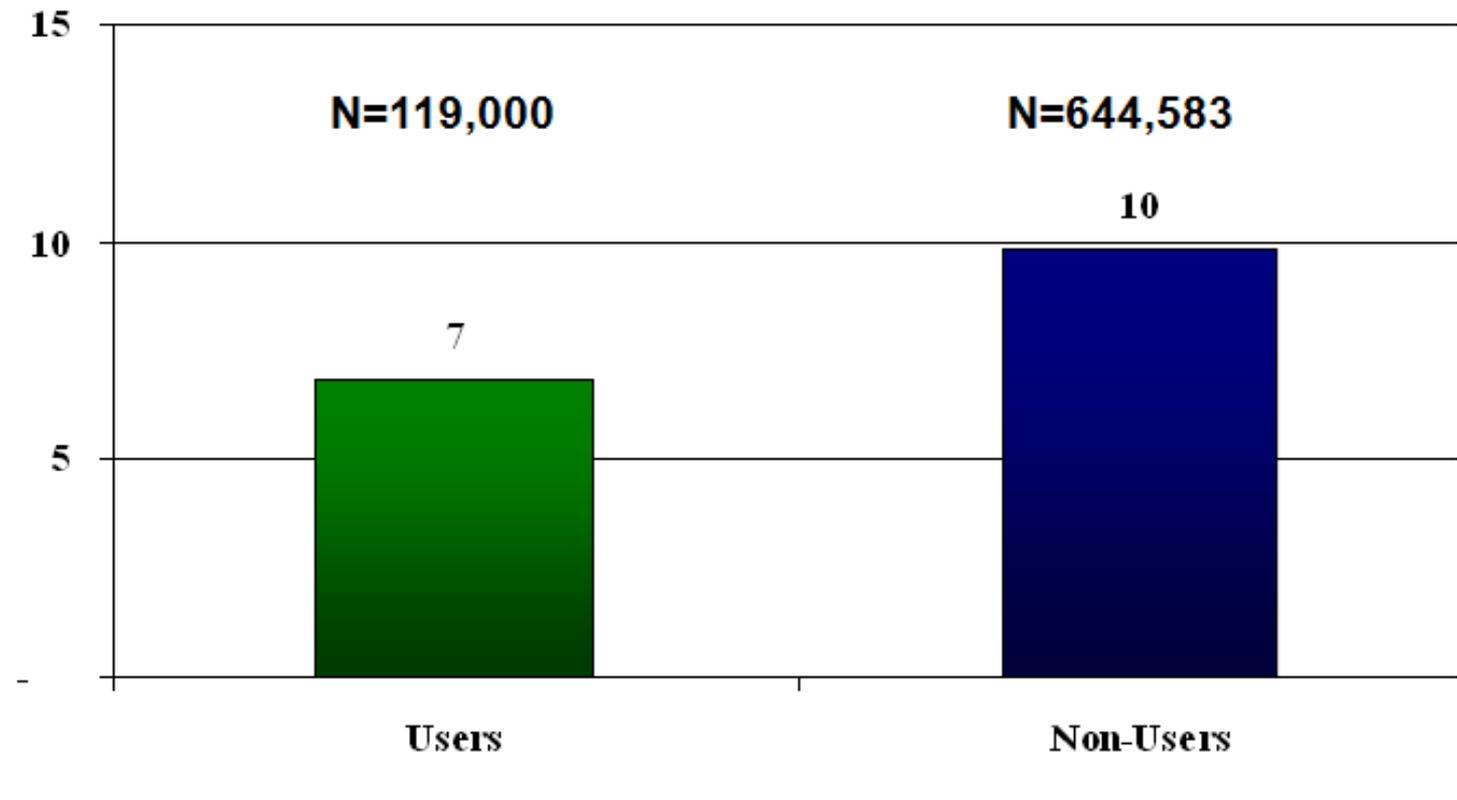
Percent Female

Medicaid Prescription Claims per Patient, 2006–2008



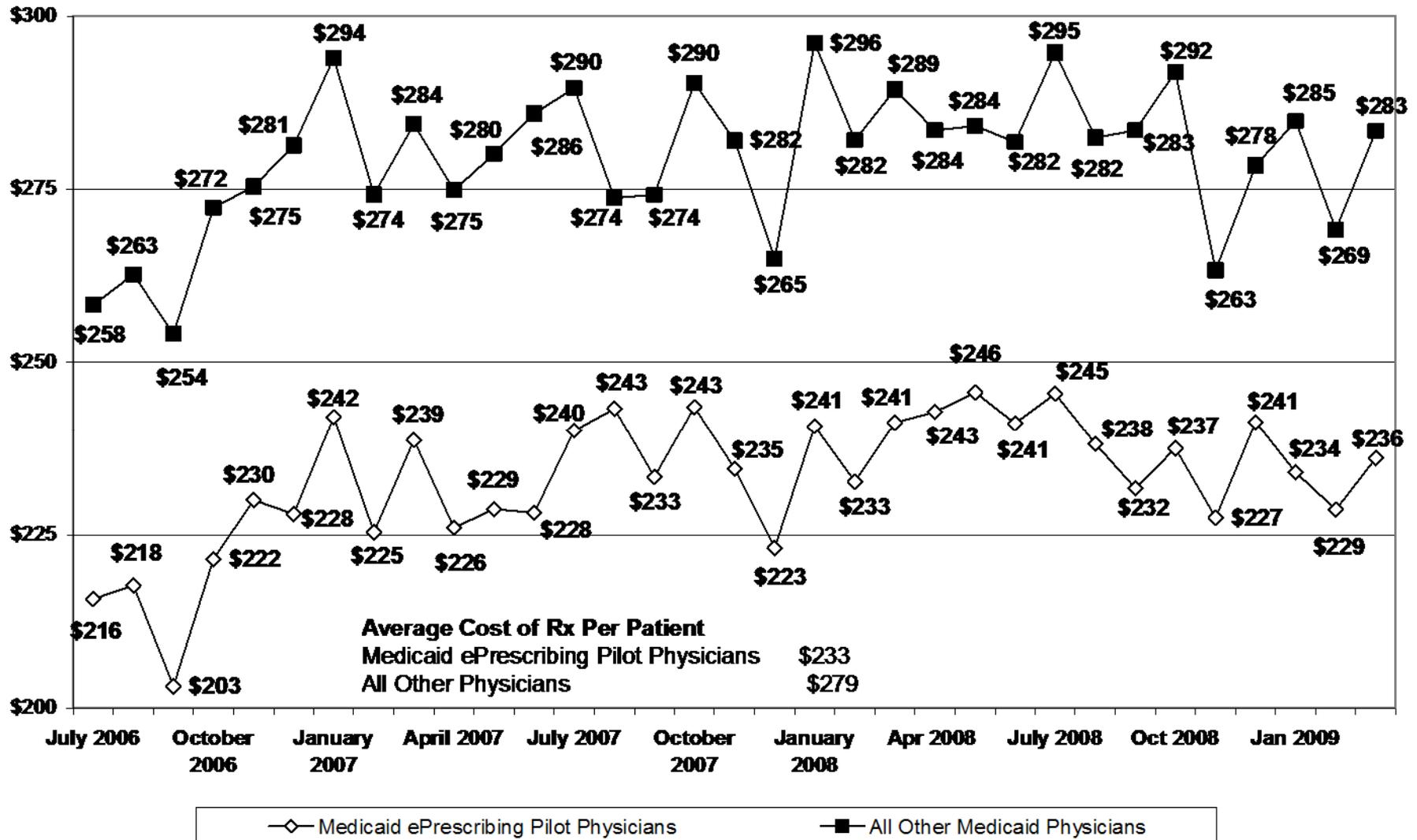
Patterns of Prescribing Differ Between Groups

Medicaid physicians who used the PDAs prescribed three fewer medications for their patients in 2007.



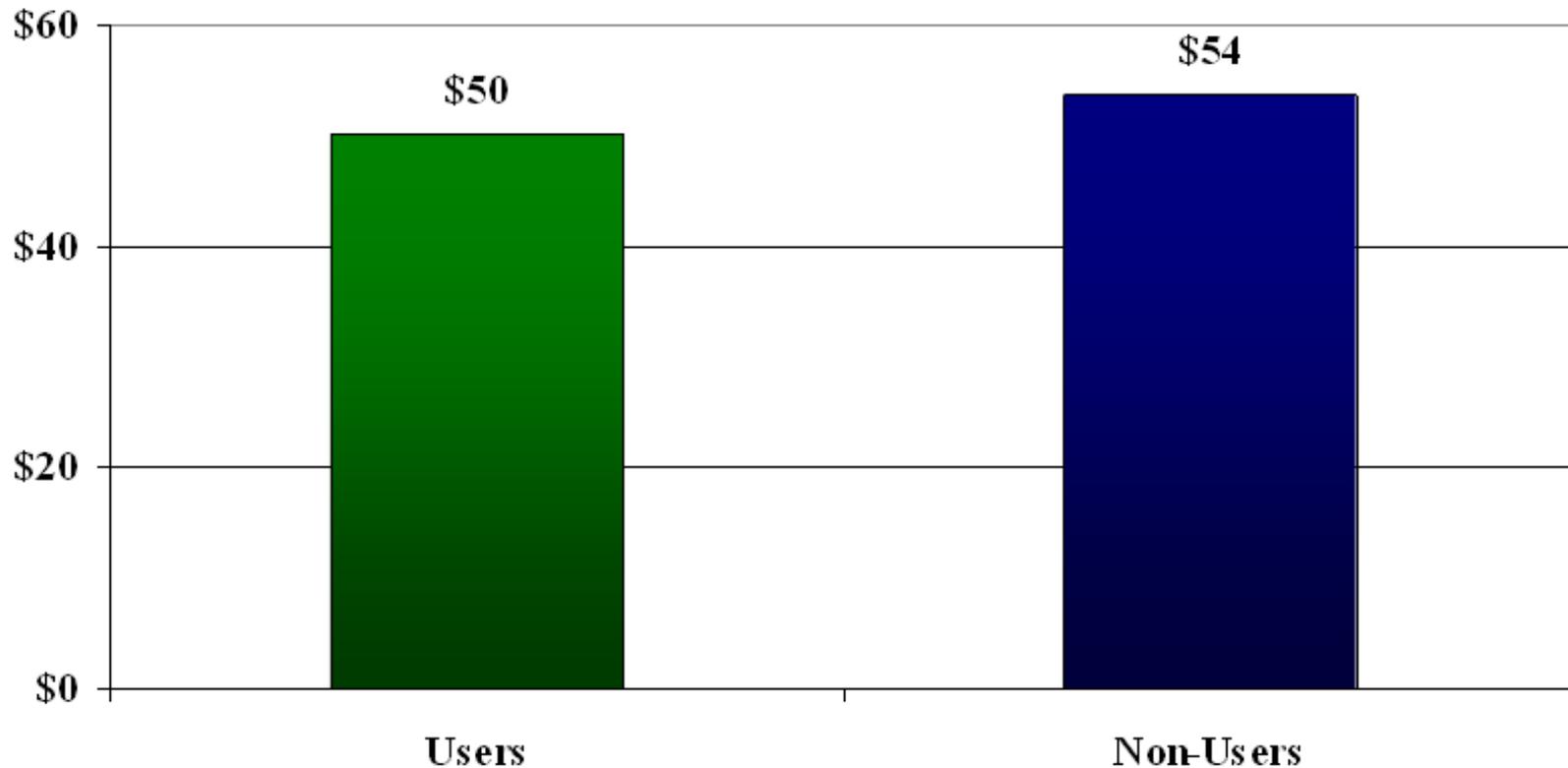
Average Prescriptions per Patient

Medicaid Prescription Savings per Patient, 2006-2009



Patterns of Prescribing Differ Between Groups

Physicians who use the PDA save Medicaid an average of \$4 per prescription annually.



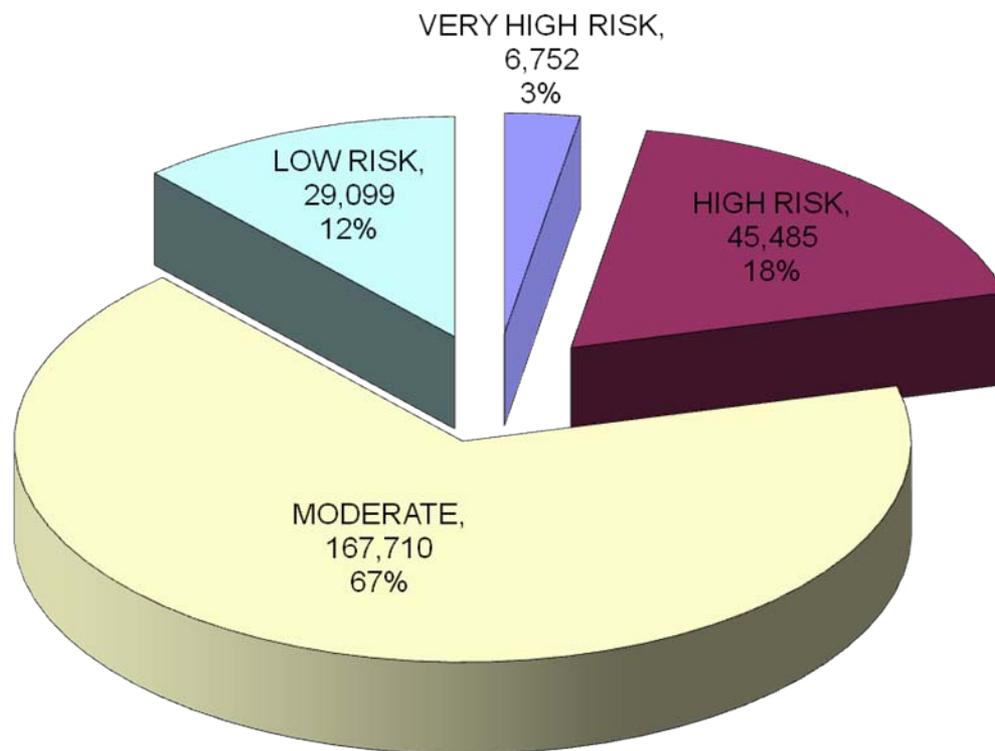
Average Cost of Prescription

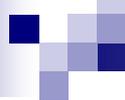


e-Prescribing Helps Avoid Adverse Drug Events

- **Time Savings**—The physician sees the drug interaction at the point of care and can alter the selected medication before the drug is even prescribed.
- **Better Visibility**—The physician can see interactions for all drugs the patient is using regardless of who prescribed it and regardless of where it was filled.
- **Allergy Checks**—The physician can also note allergies for patients and run drug interactions against other types of interactions, such as drug-food combinations.

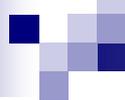
Drug Interaction Alerts to PDA Users in 2008





Outcomes of the Medicaid e-Prescribing Pilot Project

- Prescribers in the Medicaid pilot write 25% fewer prescriptions than physicians not using the system.
- Prescribers in the Medicaid pilot save Medicaid an average of \$46 more per month per patient on prescription claims.
- Estimates of annual savings for Florida Medicaid due to physicians using e-prescribing range from \$24 million to \$36 million estimates \$1.8–\$2 million.
- During 2008, e-prescribing physicians received an average of 20,753 drug interaction alerts per month.



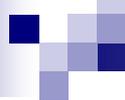
Medicaid Health Information Network

- In 2008 the Agency issued a Request for Information to determine the capability of vendors to offer a statewide, multipayer health information exchange that would include Florida Medicaid claims data.
- In 2009 the Agency contracted with Availity, LLC to deliver Medicaid claims history along with claims from multiple payers to providers.
- The Medicaid Health Information Network will offer eligibility checking, multipayer claims-based encounter histories, and e-prescribing capability.



Medicaid Claims-Based EHR

- Provides a Web portal for providers.
- Allows providers to submit claims, verify eligibility, and view health records for their patients derived from multiple payer sources.
- Provides access to a patient's medical and prescription claims history, eventually from multiple payers in an integrated view.
- Will provide access to lab results as such information becomes available.



Medicaid Claims-Based EHR

- The Medicaid HIN will provide access to allow providers to submit claims, verify eligibility, and view health records for their patients derived from multiple payer sources.
- The Medicaid claims-based EHR is based on the Availity Care Profile.
- Provides access to a patient's medical and prescription claims history, eventually from multiple payers in an integrated view.
- Will provide access to lab results as such information becomes available.



Patient Consent to Acquire Records



Karen Gallagher
Tuesday, February 17, 2009
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CareProfile Disclaimer

CareProfile™

Information provided through the Care Profile capability includes only information submitted to participating insurer for payment purposes.

1. Terms and Conditions

In addition to the provisions of the Organizational Access Agreement, your use of the Care Profile capability is subject to the following:

- To view Medicaid data, health care providers must obtain and maintain on file a patient authorization that provides consent for the use and release of all medical and billing records including explicit consent for the use and release of sensitive data.
- Health care providers may view Medicaid data without consent if the health care provider documents that the patient was unable to give consent in a medical emergency and that the patient and/or family will be notified as soon as possible after the event.
- Only physicians treating the subject patient of this health record (or such physician's designee) may access this information and they must only use it, and are responsible for ensuring that it is only used, for such treatment purposes.
- Physicians must use their professional judgment to verify this information and should not exclusively rely on this information to treat their patients.

2. Disclaimers

- The information is not a medical record, nor is it intended to be a complete record of a patient's health information and may contain errors.
- Certain information may have been intentionally excluded (due to its sensitivity – mental health, substance abuse, HIV/AIDS, sexually transmitted diseases, and abortion related data – or for other reasons).

3. Confidential/Proprietary Information: Limited Use

The information contained in this Care Profile is confidential and proprietary, protected by copyright and subject to protection under federal and state law. A printed copy may be included in the physician's own medical file for the subject patient. No other distribution, transmission or copying is permitted.

* Patient Consent on File:

-----Select One-----

- Signed patient consent form on file
- NO signed patient consent form on file
- Emergency Access Required — Patient unable to sign consent form

By clicking 'I Agree' below, you confirm that you are a physician or a physician's designee and acknowledge and accept the foregoing obligations.



Availity Care Profile Report – All View



Karen Gallagher
Monday, February 23, 2009
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Eligibility & Benefits Results

Care Profile for:

Age: 21 Gender: Male Address: ORLANDO, FL 32817-2464
 DOB: Phone:
 PCP: Specialty:
 Payer: BCBSF Phone:
 Dates of Service ? From: 08 / 09 / 2006 To: 09 / 24 / 2008 Filter Refresh

Provider Diagnosis Prescription Immunization Lab Lab Results Radiology Hospital All

Provider - Summary

Date of Last Visit	Name	Specialty	Phone	City/State	# of Visits
09/24/2008	BARRY S. YARCKIN, MD	Pediatrics- Not Specified	407-290-9355	OCOOE, FL	1
09/08/2007	ST VINCENTS MEDICAL CENTER	Radiology- Diagnostic Radiology Ophthalmology- Not Specified	904-308-7300	JACKSONVILLE, FL	1
08/22/2007	PHILLIP M. MIHM, MD		941-488-7781	VENICE, FL	4
08/21/2006	THOMAS O. STEEDLE, MD		407-834-7776	ALTAMONTE SPRINGS, FL	1

Diagnosis - Details

Date	Diagnosis	Description	Place of Service	Rendering Provider	Data Source
09/24/2008	493.90	Asthma unspecified unspecified	Office	BARRY S. YARCKIN, MD	BCBSF
09/08/2007	959.01	Other and unspecified injury to head	Outpatient Hospital	ST VINCENTS MEDICAL CENTER	BCBSF
08/22/2007	959.01	Other and unspecified injury to head	Office	PHILLIP M. MIHM, MD	BCBSF
08/22/2007	E88.52	Accidental fall from skateboard	Office	PHILLIP M. MIHM, MD	BCBSF
08/10/2007	959.01	Other and unspecified injury to head	Office	PHILLIP M. MIHM, MD	BCBSF
08/10/2007	E88.52	Accidental fall from skateboard	Office	PHILLIP M. MIHM, MD	BCBSF
08/28/2006	959.01	Other and unspecified injury to head	Office	PHILLIP M. MIHM, MD	BCBSF
08/28/2006	E88.52	Accidental fall from skateboard	Office	PHILLIP M. MIHM, MD	BCBSF
08/21/2006	366.30	Cataracta complicata unspecified	Office	THOMAS O. STEEDLE, MD	BCBSF
08/09/2006	959.01	Other and unspecified injury to head	Office	PHILLIP M. MIHM, MD	BCBSF
08/09/2006	E88.52	Accidental fall from skateboard	Office	PHILLIP M. MIHM, MD	BCBSF

Prescription - Details

Date Filled	Drug Name	New or Refill	Dosage	Quantity Filled	Route	Prescribing Physician	Data Source
09/24/2008	AZITHROMYCIN 250 MG TABLET	New	250MG	0000006.000	ORAL	YARCKIN	BCBSF

Immunization - Details

No data was found. This may be because claim activity is either not available or has been excluded for the requested patient.

Lab - Details

No data was found. This may be because claim activity is either not available or has been excluded for the requested patient.

Lab Results - Details

No data was found. This may be because claim activity is either not available or has been excluded for the requested patient.

Radiology - Details

Date	Procedure Code	Description	Ordering Physician	Rendering Provider	Data Source
09/08/2007	70450	Ct head/brain w/o dye		ST VINCENTS MEDICAL CENTER	BCBSF
08/22/2007	70450	Ct head/brain w/o dye		PHILLIP M. MIHM, MD	BCBSF
08/10/2007	70450	Ct head/brain w/o dye		PHILLIP M. MIHM, MD	BCBSF
08/28/2006	70450	Ct head/brain w/o dye		PHILLIP M. MIHM, MD	BCBSF
08/09/2006	70450	Ct head/brain w/o dye		PHILLIP M. MIHM, MD	BCBSF

Hospital - Details

Date of Service From	Date of Service To	Diagnosis	Description	Place of Service	Rendering Provider	Data Source
09/08/2007	09/08/2007	959.01	Other and unspecified injury to head	Outpatient Hospital	ST VINCENTS MEDICAL CENTER	BCBSF

- Eligibility and Benefits Inquiry
- Delayed Response
- Online Batch Management
- Auths and Referrals
- Claims Management
- EDI File Management
- CareCollect
- My Account
- Patient Communication
- CarePrescribe
- CareProfile
- Administrative Reporting
- Payer Support
- Availity Administration
- Customer Support
- Account Administration



Availity Care Profile Provider Screen

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- Eligibility and Benefits
 - Eligibility and Benefits Inquiry
 - Delayed Response
 - Online Batch Management
- Auths and Referrals
- Claims Management
- EDI File Management
- CareCollect
- My Account
- Patient Communication
- CarePrescribe
- CareProfile
- Administrative Reporting
- Payer Support

Karen Gallagher
 Tuesday, February 17, 2009
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Care Profile for: **ERIK C. HANSON** Eligibility & Benefits Results

Age: 21 **Gender:** Male **Address:** :
DOB: **Phone:** ORLANDO, FL
PCP: **Specialty:** **Phone:**
Payer: FL Medicaid

Dates of Service ? **From:** 08 / 09 / 2006 **To:** 09 / 24 / 2008

Provider - Summary

Date of Last Visit	Name	Specialty	Phone	City/State	# of Visits
09/24/2008	BARRY S. YARCKIN, MD	Pediatrics- Not Specified	407-290-9355	OCOE, FL	1
09/08/2007	ST VINCENTS MEDICAL CENTER		904-308-7300	JACKSONVILLE, FL	1
08/22/2007	PHILLIP M. MIHM, MD	Radiology- Diagnostic Radiology	941-488-7781	VENICE, FL	4
08/21/2006	THOMAS O. STEEDLE, MD	Ophthalmology- Not Specified	407-834-7776	ALTAMONTE SPRINGS, FL	1



Availity Care Profile Diagnosis Screen



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[Eligibility & Benefits Results](#)

Care Profile for: ERIK C. HANSON

Age: 21 Gender: Male Address:
 DOB: Phone: ORLANDO, FL
 PCP: Specialty: Phone:
 Payer: FL Medicaid

Dates of Service ? From: 08 / 09 / 2006 To: 09 / 24 / 2008

Diagnosis - Summary

[View Details](#)

Latest Date	Diagnosis	Description	# of Occurrences
09/24/2008	493.90	Asthma unspecified unspecified	1
09/08/2007	959.01	Other and unspecified injury to head	5
08/22/2007	E88.52	Accidental fall from skateboard	4
08/21/2006	366.30	Cataracta complicata unspecified	1

- Eligibility and Benefits
- Eligibility and Benefits Inquiry
- Delayed Response
- Online Batch Management
- Auths and Referrals
- Claims Management
- EDI File Management
- CareCollect
- My Account
- Patient Communication
- CarePrescribe
- CareProfile
- Administrative Reporting



Availity Care Profile Prescriptions

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- Eligibility and Benefits
 - Eligibility and Benefits Inquiry
 - Delayed Response
 - Online Batch Management
- Auths and Referrals
- Claims Management
- EDI File Management
- CareCollect
- My Account
- Patient Communication
- CarePrescribe
- CareProfile
- Administrative Reporting

Karen Gallagher
 Tuesday, February 17, 2009
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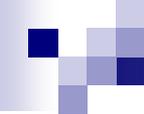
Care Profile for: **ERIK C. HANSON** Eligibility & Benefits Results

Age: 21 **Gender:** Male **Address:** ORLANDO, FL
DOB: **Phone:** **Phone:**
PCP: **Specialty:** **Phone:**
Payer: FL Medicaid

Dates of Service ? **From:** 08 / 09 / 2006 **To:** 09 / 24 / 2008

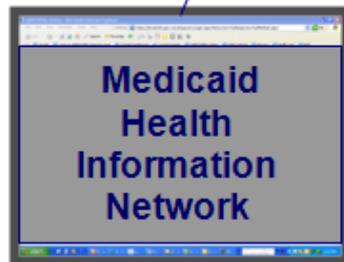
Prescription - Details

Date Filled	Drug Name	New or Refill	Dosage	Quantity Filled	Route	Prescribing Physician	Data Source
09/24/2008	<input type="text" value="All"/> AZITHROMYCIN 250 MG TABLET	New	250MG	0000006.000	ORAL	YARCKIN	BCBSF



Medicaid HIN e-Prescribing

- The Medicaid HIN will give providers full e-prescribing functionality including the following:
 - information about a patient's drug benefit coverage, co-pay and formulary information;
 - up-to-date patient-specific medication histories;
 - real-time drug-drug and drug-allergy interaction checks; and
 - proactive identification of patients who are not following evidence-based treatment protocols.



**Florida
Medicaid
Providers**

Medication History:

- Review Patient Compliance
- Identify Doctor Shopping and other Fraud and Abuse
- Identify Excessive Medication Usage

- Reduced fraud
- Fewer unnecessary prescriptions

Integrated Clinical Software:

- Clinical Pharmacology™ Reference
- Detailed Drug Monographs
- Dosing Guidelines
- Interactions

- More appropriate prescribing
- More accurate use of medications

Clinical Alerts:

- Drug-Drug Alerts
- Drug-Lifestyle Alerts
- Polypharmacy

- Saves lives
- Saves money
- Eases burden on doctors to remember drugs

Formulary:

- Screening for Generic alternatives
- Screened, Safe, and On-Formulary Alternatives

- Better formulary compliance
- More generic utilization

Best Practice Guidelines:

- Behavioral Health Guidelines (MDTMP)
- Clinical Calculators

- Optimize drug utilization
- Best practice dissemination and compliance

Advanced Analytics:

- Comprehensive medical history
- Chronic care index
- Motivational index
- Complies with all NQF guidelines

- Better management of patients with complex chronic conditions
- Meets meaningful use criteria



Medicaid HIN Advanced Analytics

- The overarching goal of the integrated analytics is to
 - reduce risk factors,
 - prevent/delay chronic disease,
 - promote wellness, and
 - better manage chronic conditions.
- Allows physician to review medications, conditions, and compliance when treating patient
- Meets proposed criteria for meaningful use criteria under the Medicare/Medicaid incentive program.



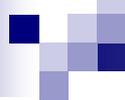
Medicaid HIN e-Prescribing Can Meet Proposed Meaningful Use Criteria

- Implement drug-drug, drug-allergy, drug-formulary checks.
- Maintain up-to-date problem list of current and active diagnoses based on ICD-9.
- Generate and transmit permissible prescriptions.
- Maintain active medication list.
- Maintain active medication allergy list.
- Record demographics
- Incorporate lab-test results into EHR as structured data.



Medicaid HIN e-Prescribing Can Meet Proposed Meaningful Use Criteria

- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities and outreach.
- Provide clinical summaries for patients for each encounter.
- Capability to exchange key clinical information (i.e., problem list, medication list, etc.).
- Manage chronic conditions using patient lists and decision support.
- Provide clinical decision support at point of care.
- Report to external disease registries.



Implementing the Medicaid Health Information Network

- The Medicaid HIN will provide one-stop shopping for Medicaid providers including the following:
 - eligibility and benefits coverage and Medicaid formulary,
 - claims-based encounter histories,
 - medication history and fully informed e-prescribing functionality,
 - clinical pharmacology, clinical report tools and alerts to potential drug-drug or drug-allergy interaction, and
 - reports of drug utilization and compliance and duplicate therapies.
- The Medicaid HIN will be available to all of Florida's treating providers in October 2009.



Christopher B. Sullivan, Ph.D.

Agency for Health Care Administration

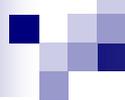
Florida Center for Health Information

and Policy Analysis

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Module 3: Discussion

- Are you currently working with physicians to promote adoption of e-Rx in your Medicaid/CHIP program?
 - If so, how are you helping with promotion?
 - How do you plan to sustain the program?

Subscribe to the listserv

- Subscribe to the AHRQ Medicaid—CHIP Listserv to receive announcement about program updates and upcoming TA Webinars and workshops.
- [Click here to subscribe to the listserv](#) – a prefilled message will open; enter your name after the text in the body of the message and send.
- Or follow the instructions below
 - Send an e-mail message to: listserv@list.ahrq.gov.
 - On the subject line, type: Subscribe.
 - In the body of the message type: sub Medicaid-SCHIP-HIT and your full name. For example: sub Medicaid-SCHIP-HIT John Doe.
- You will receive a message asking you to confirm your intent to sign up.



Comments and Recommendations for Future Sessions

- Please send your comments and recommendations for future sessions to the project's e-mail address:

Medicaid-SCHIP-HIT@ahrq.hhs.gov



Project Information

Please send comments and recommendations to:

Medicaid-SCHIP-HIT@ahrq.hhs.gov

or call toll-free:

1-866-253-1627

<http://healthit.ahrq.gov/Medicaid-SCHIP>

RESOURCES

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<http://www.himss.org/content/files/ePrescribingQuickTips/HIMSSe-prescribingTipSheetMedicareIncentive.pdf>

WORKSHOP PRESENTERS AND FACILITATORS

Moderator

Robert Mayes, MS, RN

Robert Mayes currently serves as a senior advisor on health information technology issues for the Agency for Healthcare Research and Quality, Health Information Technology Program. Throughout his career in the U.S. Public Health Service (USPHS), he has worked on a wide variety of health informatics topics ranging from policy and standards to systems development and implementation. From 2000 to until coming to AHRQ in July, 2007, he was the senior health information systems advisor for the President's Emergency Plan for AIDS Relief (PEPFAR) and worked in Africa with a number of countries and international agencies such as WHO, UNAIDS, and World Bank to develop and implement national health information systems. Prior to his work in Africa, Mr. Mayes held a senior management post at the Health Care Financing Administration (now CMS) where he was responsible for the quality of care data systems for the U.S. Medicare program. Previous USPHS assignments include the Office of the Surgeon General and the U.S. Indian Health Service. He has chaired a number of national committees dealing with health data standards, including development of HIPAA regulations and has represented the United States on international standards committees. In addition to his informatics work, Mr. Mayes is a registered nurse with experience in both acute care and community nursing. Mr. Mayes holds degrees in anthropology, nursing, and information management.

Module 1 – e-Prescribing in Medicaid/CHIP Agencies: Implementation Approaches, Challenges, and Opportunities



Jessica Kahn, MPH

At CMS, Jessica Pollak Kahn serves as a health policy analyst in the Center for Medicaid and State Operations. She is the project officer for the Medicaid Transformation Grants and serves as a subject matter expert for: health information technology, quality/evaluation of care, the CMS Emergency Room Diversion Grants, and the CMS High-Risk Insurance Pool Grants. Over the years, her work has focused on assuring access to quality primary care and HIV/STD/Family Planning services for low-income and vulnerable populations. She has 19+ years of experience in state and federal government, having worked domestically and internationally as both a civil servant and contractor. She has an MPH from the Tulane University School of Public Health and served in the U.S. Peace Corps in West Africa.

Module 2 – WVeScript and MediWeb



Vicki Cunningham, RPh

Vicki Cunningham is a graduate of the West Virginia University School of Pharmacy. She has practiced pharmacy for the past 36 years, working in hospital and community pharmacies, as a consultant for long-term care facilities, and an instructor of pharmacology in the University of Charleston, School of Nursing. Before coming to the Bureau for Medical Services, she practiced at West Virginia Health Right, a free clinic for the under- and uninsured, both dispensing and working on formulary development and access issues. She continues to serve there as a volunteer pharmacist and as a member of the Board of Directors.

Vicki joined the West Virginia Bureau for Medical Services in 2001 and serves as the Drug Utilization Review Coordinator. Her responsibilities include retrospective and prospective drug utilization review and special projects involving disease management. Vicki coordinated and served on the West Virginia Team selected to participate in the National Governor's Association Policy Academy on Chronic Disease, served as project manager for West Virginia's Medicaid Transformation Program, Mountain Health Choices, and is manager of the Enhanced Medication Management Transformation Grant.

Module 3 – The Expanding Role of e-Prescribing in Florida Medicaid, 2003-2009



Christopher Sullivan, PhD

Christopher Sullivan, PhD, is the Administrator of the Office of Health Information Technology in the Florida Center for Health Information and Policy Analysis in the Agency for Health Care Administration. The Office of Health Information Technology (HIT) is responsible for implementing information technology in Florida's health care system by advancing the development of a statewide health information network, promoting the adoption of electronic health record and e-prescribing systems, and acquiring federal and state grant funding to facilitate the advancement of electronic health exchange across the state.

Since 2006 the Office of HIT has administered millions of dollars of state funds to leverage the creation of regional health information organizations and to support the installation of electronic health record systems. The Office of HIT currently administers a \$9.6 million award from the FCC to build a broadband health care network in Florida's rural Panhandle. All of these activities are listed at www.fhin.net, the Web site for HIT in Florida.

Dr. Sullivan is active in many state and local HIT activities. He serves on the steering committee for AHIMA's State Level Health Information Exchange Project, is a member of the Advisory Council for ePrescribe Florida, represents health care as a member of the Broadband Workgroup for the Florida Office of Economic Recovery, and is a past board member of the Central / North Florida Chapter of HIMSS. Dr Sullivan has addressed numerous state and national audiences and has participated in many workgroups and projects focused on HIT. He is currently the project manager for the Florida Medicaid Health

Information Network initiative and for a research project funded by AHRQ on standardizing hospital laboratory values using LOINC.

Dr. Sullivan is a graduate of the University of Washington in Seattle, WA, and serves as adjunct faculty with the Florida State University College of Medicine. He also owns a successful communication research consulting firm, Image Research.