#### e-Prescribing for End Users



#### Sending a New eRx



# **ePrescribing Process**

- An electronic prescription is sent via the Medication Module
- The user has the ability to send to a pharmacy. The pharmacy also must be enrolled in SureScripts
- Pharmacies include both Retail and Mail Order
  - Retail Pharmacies are downloaded in File Maintenance and added to the Pharmacy Table
  - Mail Order Pharmacies are added through the Formulary Data and added to the Pharmacy Table
- Confirmation and Status of the ePrescription are visible in the Medication Module



- Add new medication to the patients encounter
  - Choose Medication(s) to send electronically
    - Hold down shift or ctrl to select multiple medications
- Select eRX button in Medication Module Tool Bar

*	Current Medication View						
	Medication	Last Audit	Status	(A	Method	Start Date	Sto
	Status: Active (4 items)						
->	VASOTEC (enalapril maleate)	E	Active		10MG ORAL TABLET	01/14/2008	
	TYLAGESIC (acetaminophen)	Ε	Active		325MG ORAL TABLET	01/24/2008	07/
	ALLEGRA-D (p-ephed hcl/fexofenadin	Ε	Active		120-60MG ORAL TAB.SR 12H	11/01/2007	07/
	VICODIN (hydrocodone bit/acetamino	ε	Active		5-500MG ORAL TABLET	11/30/2007	
< 3	Prescribe New   🏤 Print 🙀 Erx 🔹 🦉 Rene	w 👻 🏀 stop	🔹 🧬 Interac	tions	Education Dose Range	X Delete	
*	Medication Details	-			send new prescript		
	VASOTEC (enalapril maleate) 10MG O Sig: Take 1/2 tablet by mouth daily	RAL TABLE			ically, select the ap ons and click the E		



- The selected medications display in the Send window
- The patients default pharmacy will display automatically if it is enrolled in SureScripts
  - The user can select a different pharmacy if necessary

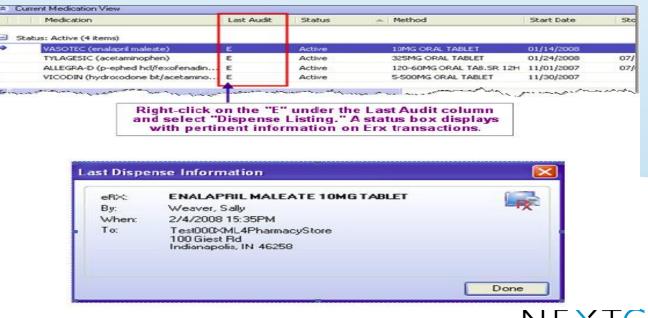
-	Status	- Medication	Method	Start Dale	Stop Date	Sg
R	atus: Active (4iter	ms)				
	Active	VASOTEC (enalapril maleate)	10MGORAL TABLET	01/14/2008		Take 1/2 tablet by mouth daily
	Active	TrLAGESEC (acetaminophen)	325M5 ORAL TABLET	01/24/2008	07/17/2008	Take 1/2 tablet by mouth daily
	Active	ALLEGRA-D (p-ephed hc)/fexofena	dn 120-60MG ORAL TAB.SR 12H	11/01/2007	07/01/2008	Take 1/2 tablet by mouth daily
	Active	VICODIN (hydrocodone bit/acetam	no 5-500MG ORAL TABLET	11/30/2007		Take 1/2 tablet by mouth daily
			Send Electronic Prescription	)		
Pre	scribe New	Print lightErx • 👸 Renew • 🦓	Medication			
			Medication			
Me	edication Details		VASOTEC			
	The patie	ations box. ent's default	To Destination Shold Test Pharmacy Motess: One Atlanta St			
1		automatically	City: Atlanta			
P	displa	ys in the	State: GA Z	ip: 30329		
P			0000. White 6	the sames		
Ľ	Destinat	tion box. A				
	Destinat lifferent p	harmacy can	Make this the pair	ent's default Phar	macy	
	Destinat lifferent p	THE REPORT OF A	Make this the pair	ent's default Phar	Second Second	ncel

• To search for a different pharmacy select the Ellipsis button

6	Marriada I	1						on reality orounae weithind rearo in Lon-
e C	unent Medication View				- Se	nd Elect	ronic Pres	
	Status 🗠	Medication		Method		no ciect	onne r res	l o select a different pharmacy, 📗
					Me	dications		click the Ellipsis button to search
	atus: Active (4 itens)					VWS	OTEC	for a SureScripts-certified
•	Active	VASOTEC (enala		10MG ORAL TABLET	_		AGESIC	pharmacy.
٠	Active	TYLAGESIC (acel	taminophen)	325MG ORAL TABLET				phannacy.
-1	Pharmacy Search				X			•
						stination	Ahold Test	Phamacy
C	Details			Contact Chief Pharmacist			One Atlanta	9
21	CVS - Fairburn					ACCEPTE.	OTHE PROBATE	
8	Addess			Phone Fax	_			
	9282 Fairburn Rd			[404] 992-2999 [404] 728	3-3939	City:	Atlanta	
						State:	GA	Zip: 30329
	City	State	Zp				Make h	is the patient's default Phamacy
	Atlanta	GA	30033					
	Anaka	U.A	30033	Search C	Clear		т	Send Cancel
- [	Nane		Chief Phama	Address Line 1	Address Li	-		
	CVS - Fairburn		Cherringing	9282 Fairburn Rd	Address D		Clie	k this check box to make the
	CVS Pharmacy # 9996			1322 BEACON STREET				
							ne	ewly selected pharmacy the nt's default pharmacy for future
							patier	nt's default pharmacy for future 📔 👘
								transactions.



- Once the prescription has been sent the Last Audit column will display an "E" to indicate it was sent electronically
- Right click on the "E" to view the dispense information
  - Indicates Who sent the prescription, Where it was sent, and a status



HEALTHCARE INFORMATION SYSTEMS

# **Using Mail Order Pharmacies**

 New Prescriptions can be sent electronically to a Mail Order pharmacy if the patient has returned an eligible status for a formulary

 Mail Order Pharmacies are included with the Formulary data from SureScripts and added to File Maintenance

- RxHub offers six mail order pharmacies or Pharmacy Benefit Managers (PBMs) for new Rx: Medco, Express Scripts, Caremark, Wellpoint, RxSolutions and PrimeMail
- None of these currently support refill requests



# **Using Mail Order Pharmacies**

 Red note appears on Send eRx screen if provider is enrolled for eligibility and patient received a valid eligibility message back.

TYU	ENOL				
0					
Destination	Family Care	Phar - MO B			
Address:	3844 South	Lindberg			
City:	St Louis			=	
State:	MD	Zp	63104		
	Make this th	e patient's d	elault Pharm	всу	

HEALTHCARE INFORMATION SYSTEMS

# **Using Mail Order Pharmacies**

 Eligible mail order pharmacies will then appear in destination dropdown or you can choose the Mail Order Search Only option.

Details Name		Contact Chief Pharmac	sist	
Address	Phone	Fax		
City State	Zip	Mail Order F	'hamacie	s Only
	1	Searc	:h	Clear
Name	Chief Pharmac	Address Line 1		Address Lir
🕼 Caremark Mail Service Pharmacy		9501 E Shea Blvd		
ESI Mail Order Pharmacy				-
MEDCO MAIL ORDER		0.0000000000000000000000000000000000000	2010202	
PRESCRIPTION SOLUTIONS MAI		2858 LOKER AVE		_
PRIME MAIL		4580 Paradise Blvo	1NW	_
SWELLPOINT NEXTRX MAIL PHA		P.O. Box 961025		

#### **Refill Requests**



•Pharmacies send refill requests directly to prescribers to arrive in NEXTGEN Task List

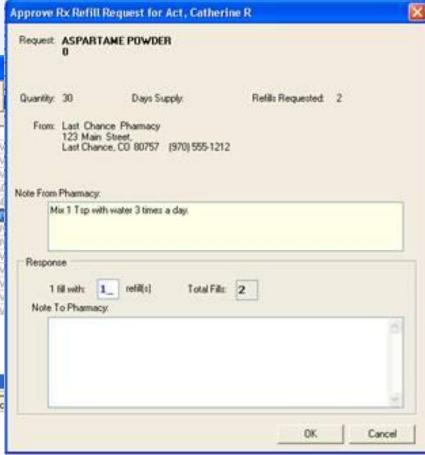
0	Irders		51	tudies	11	Bookmarks	1	0
All Tasks	Con	suits	Lab Tests	Phone Calls	Referrals	Refils	Letters	6
D V Due	Date T	Patient	/Subject	a management of	Description	Sector Sector	a market with	-
20 11/	20/2010	Anton	, Sarah/Erx S	end Failed	ERR: ADVIL	200 MG T	ABLET - The	20
20 11/	20/2010	Anton	, Sarah/Erx S	end Failed	ERR: TYLER	IOL 325 M	G TABLET	
20 11/	20/2010	Anton	, Sarah/Erx S	end Failed	ERR; TYLER	IOL 325 M	G TABLET	
2 11/	20/2010	Anton	, Sarah/Erx S	end Failed	ERR: TYLER	IOL 325 M	G TABLET	
30 11/	20/2010	Anton	, Sarah/Em S	end Failed	ERR: TYLER	IOL 325 MI	G TABLET	22
20 11/	14/2010	Adler,	Grace/Enr Se	end Failed	ERR: METO	PROLOL T.	ARTRATE 5	
	14/2010	Adler,	Grace/Erx Se	end Failed	ERR: METO	PROLOL T.	ARTRATE S	
20 11/	03/2010	Act, t	atherine R/H	omer, J	eRx Refill P	LAVIX (clog	nidogrel bisul.	
20 11/	03/2010	Unma	tched Refill B	eqs	Failed to Ma	tch SureSc	zipts Request	
A REAL PROPERTY.	Lor a Lo b L	MEL LA	and and the set of the particular	1.1	CONA THEM & SHA	A PLATE CONTRACTOR	the particular of particular	-
20 11/	02/2010		atherine R/H				[aspartame].	
CL 21 11/	6/2009	Ad D	ethergen R/Ry Ra	Request	Relation	AME POWERS	TR.	_
10 TT/	79/2009	Act, Ca	there's R/R×P	fill Request	REITASPART	AME POWER	ER	-
2. 11/0	9/2009	Act_C:	sthering R/Rx Ra	still Request	Relit ASPART	AME POWDE	ER:	
2.8 10/5	18/2009	Act, Ci	atherine R/Home	e.d	eFix Refit ASP	AFITAME Las	parterne) POW	
·	28/2009	Act. Ca	where R/Home	4. J	eRx Retā ASP	ARTAME (as	partame] POW.	
Q.M 10/2	28/2009	Act. Ca	athenine R/Home	1. J	eRa Relā ASP	ARTAME (as	patame) POW.	100
	A/2008	A	Marine D.Advine		D. Dall ACO	ADTAKE (AL	martiness Black	~



# •User can right-click on the task to complete the necessary action

•Approve

Orders		1 5	Studies		Bookmarks		
All Tas	ks	Consults	Lab Tests	Phone Calls	Referrals	Refils	Letters
1011	Due Date	T Patier	t/Subject	1	Description	1000000000	11202011/000
	11/09/200	19 Act, C	atherine R/Rx F	Refit Request	Refil ASPARTA	ME POWDE	R
2.	10/28/200	9 Act, C	atherine R/Horr	ver, J	eRx Refil ASPA	RTAME (asp	artame) P0
2.0	10/28/200	9 Act. C	atherine R/Hom	ier, J	eRx Refit ASPA	RTAME (asp	actame) PC
2.	10/28/200	19 Act. 0	atherine R/Hom	ver, J	eRx Refil ASP/	RTAME (asp	partame) PC
0.0	10/24/200	19 Act. 0	atherine R/Horr	ier, J	eRx Rehit ASPA	ARTAME (asp	partamé) Pr
0.0	10/24/200	19 Act, C	atherine R/Horr	ver, J	eRx Refil ASPA	RTAME (asp	vartame) P
13 1	10/24/200	19   Act, C	atherine R/Horn	Go to the	Patient's chart	TAME (asp	oartame) Pl
2.2	10/24/200	19 Act, C	atherine R/Hom	ver.		_ TAME (ass	partame) Pl
and the second s	10/24/200	19 Act. 0	atherine R/Horr	er, Modify		TAME (asp	oartame) Pl
0.0	10/23/200	19 Act, 0	atherine R/Horr	er. Delete		TAME (asp	sartame) PC
10 N	10/23/200	9 Act. 0	atherine R/Horr	er. Restore		TAME (asp	partame) PC
-	10/23/200	and the second se	atherine R/Horr			TAME (asp	vartame) PC
	10/23/200	9 Act. 0	atherine R/Horr	Reassign		TAME (asp	vartame) PC
- 2, 2	10/20/200	19 Act, C	atherine R/Hom				vartamel, Pf
12. €	10/20/200	19 Act. 0	atherine R/Hom	State of the second sec	and the second	10.000	h 3 refils
	10/20/200		atherine R/Hom	STATES (1939)		1 fill wit	h 2 refils
	10/15/200		atherine R/Hom		als	1 fill wit	h 1 refil
03	10/15/200	19 ANT	atherine R /Mon	<refresh< td=""><td><u>č</u></td><td>1 fill wit</td><td>h no refils</td></refresh<>	<u>č</u>	1 fill wit	h no refils
New Ta	isk - 🗙	Delete	Modify			Other	





# •User can right-click on the task to complete the necessary action

•Deny

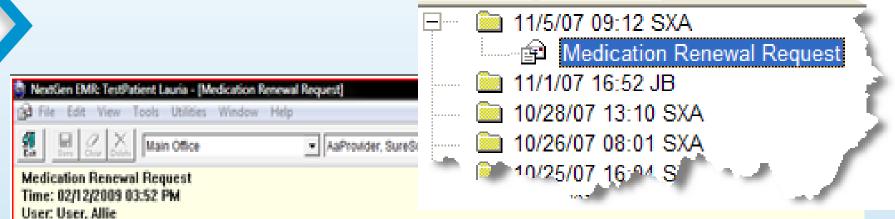
and a second	marks 🔊	ASPARTAME POWDER 0
Image: Weight of the state of the	DWDER ME (arpartame) PDW. ME (arpartame) PDW. ME (arpartame) PDW. ME (arpartame) PAC. ME (arpartame) PAC. ME (arpartame) PAW. ME (arpartame) PDW. ME (arpartame) PDW. ME (arpartame) PDW. ME (arpartame) PDW.	30 Days Supply: Refills Requested 2 Last Chance Pharmacy 123 Main Street, Last Chance, CD 80757 (970) 555-1212 Pharmacy: In 1 Tap with water 3 times a day.
New Task     X     Delete     Modify     Image: Second	Refil requested too soon	enial Reason: Other



**OK** 

Cancel

•Approvals are noted in the Med Module and both Approvals and Denials on the Patient History Bar with an email note



Pharmacy 1: Test000XML4PharmacyStore, 100 Giest Rd, Indianapolis, IN 46258 [215] 657-7010

Item 1: 01/23/2009 11:04 AM; LIPITOR 20MG TABLET; Take one tablet once a day.; Oty:90; Days supply:90; Refills:3; Last filled:01/24/2008 Note: This a a note for the unmatched refill request APPROVED (4 Refills)



#### Refill Request Process Additional Information

•If controlled substances are requested, you must Deny the refill request in your Task List and then call or fax the drug into the pharmacy

•Mail order pharmacies do not yet support e-Refills



#### Refill Request Process Additional Information

- Prescribers must send a total of five (5) new prescriptions before receiving Refill Requests from the pharmacies.
  - These can be all to the same pharmacy or different ones or any other combination.
- When approving, the user cannot change drug, quantity or form, but can change number of refills to the appropriate amount.
- RX does not have to be initially sent electronically in order to receive Refill Request for it
- Prescribers can only receive Refill Requests at one practice not at multiple practices.



# **Alternate Refill Approval Method**

Medi	ication Renewal									
<u>A</u> ction	าร									
Patient           Abbott, Sandra           1009 Owens Rd         (404) 948-8483 (H)           Atlanta, GA 30033         (404) 456-7890 (W)           10/19/1976         10/19/1976           Phamacy         SMITTY S           225 CLEVELAND AVENUE         (611) 111-1111           ST PAUL, MN 55105         Select medications and approve or deny:				When a receiving provider signs into a patient's chart, this refill popup appears and can be reviewed/approved instead of using workflow.						
Sei	Response Details	Medication		SIG	Quantity	Days Supply	Refills	Last Filled	Note	
	Heaponae Detaila	ACCUPRIL		Take two daily	90	90	3	03/30/2007	INOLO	
		SINGULAIR		Take one daily	90	90	3	03/30/2007		
1	1 Refill	DIGITOXIN		Take one daily	90	90	2	03/30/2007		
1	TINCIII	DIGITOXIN			50	50	2	03/30/2007		
<									>	
Sele	ect all Unselect all 🖌 Ag	pprove Refill 🔻 🗙 🛙	Deny Refill	• Reset				ОК Са	incel	

• Approving/denying here will update the workflow task and vice versa.





#### **Unmatched Refills**



### **Unmatched Refill Requests**

- Some refills come through as "unmatched"
  - pharmacy has a different patient name on file (Robert vs. Bob)
  - DOB is incorrect
  - drug is misspelled/does not match.
- Arrives in task list as an Unmatched Refill Medication task.
- If unmatched and denied, a message is sent back to the pharmacy.
- If matched, a new complete refill request is added to the prescriber's task list for approval.
- If approved from the unmatched window, the patients chart is updated accordingly
- NOTE: Match is for just ONE instance. Neither the patient's chart nor the pharmacy's records are changed with the new medicine or patient name.



#### **Unmatched Refill Requests**

#### • Matching an unmatched request

'Sub	ject	Reason Status		🖌 Due Date	∇ Patient/			Descript		
Г				01/26/200	)8 Unmat	ched Refill R	eqs	Failed	to Match Sure	Scripts
	🔜 Refill Req	uest Patient Matching								inophen
	Status	Request PatientName Me	edication	SIG			Qty	Refills	Written	
	Unmatched	Patient								
	None	Hartt, Robert VA	SOTEC 10MG TABLE1	Take or	e tablet twic	e a dav.	90	0	03/12/2006	
	None	Hart, Robert VA	SATEC 10MG TABLET		ie tablet twic		90	0	03/12/2006	
Ч	🕨 🛯 🕨	matched task	s ao into	the pro	ovide	r's tasl	c lis	t		
			-	-						
	Dou	ble click on th	ie task to	map s	Sures	script p	atie	ents		
	<								>	L N Roy
	Tax Manua	. Calle				<b>F</b> 11				♦ E Cha
	To: Weave	-		10050		Filter by:	Weave	r, Sally	~	$\nabla$
	From: Test00	0XML4PharmacyStore, 100 Gies	t Rd, Indianapolis, IN	46258						
		Request Data				NextG				
	PatientName						envata	l		
		HARTT, ROBERT		ookup F	atientName	HART, ROBER		l		
	Address	100 SHADY BLVD., APT 2028.		ookup F		HART, ROBER 234 CENTRAL,	T		0324	
		100 CHARVIELVE APT 2020		Match	Address	234 CENTRAL	T		0324	
	D.O.B	100 SHADY BLVD., APT 2028, PROVIDENCE, RI 02903			Address D.O.B	234 CENTRAL, 01/06/1943	T		0324	
	D.O.B	100 SHADY BLVD., APT 2028.		Match nmatch	Address D.O.B Phone	234 CENTRAL, 01/06/1943 (404) 247-7442	T ATLAN	TA, GA 3	0324	
	D.O.B	100 SHADY BLVD., APT 2028, PROVIDENCE, RI 02903		Match	Address D.O.B	234 CENTRAL, 01/06/1943	T ATLAN	TA, GA 3	0324	
	D.O.B Phone ID	100 SHADY BLVD., APT 2028, PROVIDENCE, RI 02903		Match nmatch	Address D.O.B Phone	234 CENTRAL, 01/06/1943 (404) 247-7442 5C659071-00F(	T ATLAN	TA, GA 3	0324	Go to Char



# **Unmatched Refill User Types**

This screen can be treated in two ways or two different types of users (not tied to Sys Admin security rights):

- Matchers Practice staff can match/process unmatched refills and then queue them up for prescribers to answer individually in his/her inbox
- 2. Approvers Prescribers can match AND approve refills directly from this screen. With this method, they do not filter to workflow as individual refill requests to answer.

This is determined by the user(s) in the eRX error workgroup in the Provider Table in File Maintenance.



# **Unmatched Refill Request Types**

Three types of unmatched refills received from retail pharmacies in Unmatched Refill window:

- Unmatched patient SSN, DOB, Last/First Name incorrect
- 2. Unmatched medication Medication Name, Form, Dose
- 3. Unmatched prescription Med is not in patient's chart



# **Unmatched Refill Matching Criteria**

- If a PON (prescriber order number) is received with refill, the user can match on just that
- Patients: If SSN is sent from the pharmacy, the user match on that plus DOB and Last Name.
- Patients: If no SSN sent, the user will match on DOB, First name & Last name.
- Drugs: If no PON, but an NDC#, the user can match on just that.
- Drugs: If no PON or NDC, the user need to try to match on Name, Dose and Form.



### **Unmatched Refill Final Thought**

\*\*\*If a valid medication is received but is not part of the chart, the easiest solution is to add the medication to the chart and THEN go into the Workflow and Approve the request



# Eligibility



# Eligibility

- We offer eligibility checking through SureScripts signed PBMs
- Returns a formulary ID to NEXTGEN EHR so the provider can search and prescribe medications based on the appropriate formulary
- Performed once per 24 hour period for each patient based on current date, not encounter date



# **Accessing Eligibility Data**

• Eligibility results show here and can be clicked on to bring up informational box

2	, 📑 NextGen	•		63 Year(s) Old Male	e Weighing 150.00 lb   68.04 Kg   N	o eligiblility
d	lication View					
	Status	Medication	Method	Start Date 🛛 🔻 Stop Date	Sig NDC	C Id
	Active	TYLENOL (acetaminophen)	325MG ORAL TABLET	7/22/2008 12:00 07/24/2008	take 1 tablet (325MG) by ORAL r 000	45045250
	Active	OXYCONTIN (oxycodone hcl)	40MG ORAL TAB.SR 12H	6/23/2008 12:00	take 1 tablet (40MG) by ORAL ro 548	68381500
	Active	IMITREX (sumatriptan)	5MG NASAL SPRAY	6/23/2008 12:00	inhale 1 spray (5MG) by Intrana 001	73052400
	Active	ZITHROMAX (azithromycin)	250MG ORAL TABLET	6/23/2008 12:00	take 2 tablet (500MG) by ORAL r 000	69306075
	Active	IMITREX (sumatriptan succinate)	6MG/0.5ML SUB-Q PEN IJ KIT	6/23/2008 12:00	inject (6MG) by Subcutaneous ro 001	73047900
	Active	TYLENOL-CODEINE NO.3 (acetamino	300MG-30MG ORAL TABLET	6/17/2008 12:00	take 1 tablet by ORAL route ev 000	45051360
	Active	ZITHROMAX (azithromycin)	250MG ORAL TABLET	6/17/2008 12:00	take 2 tablet (500MG) by ORAL r 000	69306075
	Active	OXYCONTIN (oxycodone hcl)	40MG ORAL TAB.SR 12H	6/17/2008 12:00	take 1 tablet (40MG) by ORAL ro 548	68381500
	Active	IMITREX (sumatriptan)	5MG NASAL SPRAY	6/17/2008 12:00	inhale 1 spray (5MG) by Intrana 001	73052400
	Active	IMITREX (sumatriptan succinate)	6MG/0.5ML SUB-Q CARTRI	6/17/2008 12:00	inject (6MG) by Subcutaneous ro 001	73047800
	Active	ZITHROMAX (azithromycin)	250MG ORAL TABLET	6/16/2008 12:00	take 2 tablet (500MG) by ORAL r 000	69306075
	Active	TYLENOL-CODEINE NO.3 (acetamino	300MG-30MG ORAL TABLET	6/16/2008 12:00	take 1 tablet by ORAL route ev 000	45051360
	Active	OXYCONTIN (oxycodone hcl)	40MG ORAL TAB.SR 12H	6/16/2008 12:00	take 1 tablet (40MG) by ORAL ro 548	68381500
	Active	IMITREX (sumatriptan succinate)	6MG/0.5ML SUB-Q PEN IJ KIT	6/16/2008 12:00	inject (6MG) by Subcutaneous ro 001	73047900
	Active	LISINOPRIL	5MG ORAL TABLET	6/13/2008 12:00	take 1 tablet (5MG) by ORAL rou 001	43126601



# **Eligibility Statuses Returned**

- Patient is "Eligible"
- Patient is "Not Eligible"
- "Pending" or "No Eligibility Status" patient match was not possible or system error occurred somewhere in the process between NEXTGEN, SureScripts and the payer/PBM.



# **Eligibility Data Returned**

a	tient Eligibility		
	Benefit Source:	PBMA	~
	Health Plan:	PLANA5	
	Eligibility Status:	Eligible	
	Name:	DOCKENDORF, TAD A	
	Suffix	JR	
	Address:	32 RANCH PASS	
		APT 105	
		CHEYENNE, WY 82001	
	Date of Birth:	7/5/1975	
	Gender:	Male	
	Cardholder:	DOCKENDORF, TAD A	
	Suffix	JR	
	Mail Order Authorized:	Yes	

- Benefit Source (RxHub)
- Health Plan (Anthem, Cigna, etc)
- Patient information
- Plan holder
- Mail order authorized
- Retail Authorized



# Important Eligibility Notes!

• Eligibility is checked by sending patient's name, DOB and Zip Code to SureScripts. We do not rely on RTS, EPM or EHR-entered insurance data to pull results back.



#### **PBM** Initials

In some cases, SureScripts sometimes returns/displays initials, rather than full names:

ESI – Express Scripts MHS – MEDCO CMX – Caremark ARGS – Argus WLP – WellPoint RXS – Prescription Solutions PRIMIL – PrimeMail



#### **Formulary Searching**



# **Formulary Searching**

 Can search for formulary information via the Medication Search window or Prescribe New icon

Medication Search				
nd:	<ul> <li>Search   Formulary</li> </ul>	(Aetna Arizona Three Tier)	Use Non Formulary	
opay Summary:				
Drug		Formulary	Coverage	
			Patient may be	
			eligible for	
			multiple plans	
			View formulary	
			data in the drop-	
			down	
			Sele	ect

# **Formulary Searching**

- Formulary Search window is accessed through the main Medication Search window
  - Can also be set as the default search window through EHR User
     Preferences

General       Main Toolbar       Medical Records       Templates       Medications       Formulary       Documents         General       Image: Comparison of the second
Drug Information       Formulary Status         Image: Display Only Drugs       Images Only         Image: Display OTC Meds       Images Only         Image: On Formulary Only       Images Only
OK Cancel Apply

Does not incorporate Medication Favorites List



# **Viewing Formulary Data**

nd: Zypeene Search Fo	mulary PEMA (PLANAS)	1	Use Non Formulary
opay Summary Preferred: Mail Order.15%+10, MIN: \$25, M In Formulary: Mail Order, \$25+10%, MIN: \$25, 90 Days Sup	WX: \$35, 90 Days Supply sply		
Drug	Formulary	Copay Cov	Formulary Note:
Zyprexa (olanzapine)			
- 2.5 mg Oral Tab	✓ On Formulary		
- 5 mg Oral Tab	V On Formulary		
- 7.5 mg Oral Tab	✓ On Formulary		
- 10 mg Oral Tab	✓ On Formulary		Canada
- 15 mg Oral Tab	✓ On Formulary		here or click
- 20 mg Oral Tab	V On Formulary	VICVV	TICLE OF CIER
Alternatives for Zyprexa (ANTIPSYCHOTIC.		on to	bring up
Clozapine (Generic)			
<ul> <li>Clozapine 12.5 mg Tab, Rapid Dissolve</li> </ul>	Pr Preferred	sona	rate popup wit
<ul> <li>Clozapine 25 mg Tab</li> </ul>	Pr Preferred	seha	nale popup wi
<ul> <li>Clozapine 25 mg Tab, Rapid Dissolve</li> </ul>	Pr Preferred	idont	ical°info
<ul> <li>Clozapine 50 mg Tab</li> </ul>	Pr Preferred	IUEIII	
<ul> <li>Clozapine 100 mg Tab</li> </ul>	Pr Preferred		
<ul> <li>Clozapine 100 mg Tab, Rapid Dissolve</li> </ul>	Pr Preferred		
<ul> <li>Clozapine 200 mg Tab</li> </ul>	Pr Preferred		
Olanzapine (Generic)			
Clantanina 2.5 mm Tah	Pr Preferred	>	

Depending on drug (e.g. Tylenol), it could take additional seconds for the drug list to load if many alternatives are available.



### Viewing Formulary Data cont.

Capacity Communic Deduced Mad (	Search Formula	-					Use NorrFormulary
Copay Summary: Preferred: Mail 0 On Formulary: Mail Order., \$25+10	1%, MIN: \$25, 90 Days Supply	100.	30 blays Supply				
Drug		ut-	Formulary	Cop	oay	Co. ^	Formulary Note:
Zyprexa (olanzapine)		-					
- 2.5 mg Oral Tab		1	On Formulary				
- 5 mg Oral Tab		1	On Formulary				
- 7.5 mg Oral Tab		1	On Formulary				
- 10 mg Oral Tab		1	On Formulary				0
- 15 mg Oral Tab		~	On Formulary				Copay:
- 20 mg Oral Tab		1	On Formulary				
Alternatives for Zypr	exa (ANTIPSYCHOTIC					- 11	
🚊 Clozapine (Generi	c)						
- Clozapine 12.5 mg	Tab, Rapid Dissolve	Pr	Preferred				
- Clozapine 25 mg 1	ab	Pr	Preferred				
- Clozapine 25 mg 1	ab, Rapid Dissolve	Pr	Preferred				Coverage:
- Clozapine 50 mg 1	fab	Pr	Preferred				
- Clozapine 100 mg	Tab	Pr	Preferred				
- Clozapine 100 mg	Tab, Rapid Dissolve	Pr	Preferred				
- Clozapine 200 mg	Tab	Pr	Preferred				
S Olanzapine (Gene	ric)						
Olanzanina 25m		Pr	Preferred	-		2	
K.	- Billion	_				1	8

By clicking on individual dose in the drug list, users can see more specific data if available



# **Important Formulary Note!**

•Formulary Medication Search and Medication Search differ due to the medications that the patients are eligible for under their appropriate formulary.

•A medication must be selected under the patients formulary med search in order for the mail order pharmacies to appear.

•The medication must be an On-Formulary Med. If the med is not on their formulary or does not have the ability to be ERX'd to the mail order, the user will be alerted that the medication is not on the patients formulary



### **Formulary Results**

Formulary search results will contain any or all of the following data:

- Formulary Status (at a minimum)
- Formulary Notes
  - Restriction note restricts use of a drug
  - Advisory note informational message
- Copay
- Coverage

Availability of information is dependent upon the PBM and medication selected. Could also provide alternatives, prior authorization flag, gender limit or age limit



## **Formulary Status Definitions**

Status	Definition
Preferred	Drug is favorable over all other drugs in same
Levels 1-7	therapeutic category. The higher the Preferred level,
	the lesser the co-pay.
On Formulary	Drug is authorized for reimbursement for pertinent
	payer.
Prior	Reimbursement will be allowed only when claim has
Authorization	been submitted to payer by a physician for review prior
	to the issuance of an rx.
Approved	Med is approved to be dispensed.
Unknown	Selected payer does not provide pertinent information
	for med under selected formulary.
Not Covered	Medication is not covered.
Non	Specified by payer as not on formulary or on formulary
Formulary	at a higher copay level. May or may not be
	reimbursable.
Not	Payer does not pay for drug. Patient will be required to
Reimbursed	pay for med if she or she chooses to do so.



#### **Medication History**



### **Medication History**

- Medication History will give prescribers a view into all medications prescribed/filled for a patient for <u>past 12</u> <u>months</u> at any retail pharmacy or PBM
- Pulled only once every 24 hours just like eligibility.
- SureScripts provide this data to us. POS data from retail pharmacies and claims data from PBMs
- We allow prescribers to make a request for a single patient and pull back all collected/merged results to view
- Future version will integrate these returns into Medication Module with drugs prescribed to patient at that practice.
- Requires patient consent entry before bringing back data



### **Accessing Medication History**

#### **Click Medication History icon**

👶 📴 🔂

Next/Gen

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33 Year(s) Old Male Multiple eligibilities

	Status	Medication	Method	Start Date 🛛 👻	Stop Date	Sig	NDC Id
	Active	DEMADEX (torsemide)	SMG ORAL TABLET	6/26/2008 12:00		take 2 tablet (10MG) by ORAL ro	00004026201
	Active	ZYPREXA (olanzapine)	10MG ORAL TABLET	6/13/2008 12:00		take 1 tablet (10MG) by ORAL ro	00002411701
	Active	ZYRTEC-D (p-ephed hd/cetirizine hd)	120-5MG ORAL TAB.SR 12H	6/4/2008 12:00:		take 1 tablet by ORAL route ev	00069163066
	Active	SEMPREX-D (pseudoephedrine hcl/acr	60-8MG ORAL CAPSULE	6/4/2008 12:00:		take I capsule by ORAL route e	53014040410
	Active	SINGULAIR (montelukast sodium)	SMG ORAL TAB CHEW	6/4/2008 12:00:		chew 2 tablet (10MG) by ORAL r	00006027528
	Active	ZYRTEC-D (p-ephed hd/cetirizine hd)	120-5MG ORAL TAB.SR 12H	6/4/2008 12:00:		take I tablet by ORAL route ev	00069163066
	Active	SINGULAIR (montelukast sodium)	4MS ORAL TAB CHEW	6/4/2008 12:00:		infuse S MG by Intracavernosal r	00006071128
	Active	SINGULAIR (montelukast sodium)	SMG ORAL TAB CHEW	6/4/2008 12:00:		chew 2 tablet (10MG) by ORAL r	00006027528
	Active	ALLEGRA (fexofenadine hcl)	60MG ORAL TABLET	6/4/2008 12:00:		take 1 tablet (60MG) by ORAL ro	00088110747
	Active	LANCETS	MISCELL EACH	5/30/2008 12:00		Mix with water	08189001666
	Active	AMOXICILLIN (amoxicilin trihydrate)	125MG/SML ORAL SUSP RE	3/26/2008 12:00		take 10 milliter (250MG) by ORA	00093415073
Statu	s: Inactive (2 items)						
	Inactive	LOTRIMIN AF (miconazole nitrate)	2% TOPICAL AERO POWD	6/27/2008 12:00	06/28/2008	apply by Topical route 2 times ev	11017025050
			11				



### **Accessing Medication History**

• If no previous consent given, you will be prompted with Medication History Consent box.

Medicatio	n History Consent	_ 🗆 🔀
<u>Has no</u>	t been requested.	
Consent:	Granted by Patient for any prescriber	~
Expires:	□07/22/2011 🕶 in 3 Years 💌	
Memo:		
Sł	ow History Accept	Cancel

- Can also access/modify consent via Main Menu >Tools>Medication History Consent
- For retail, consent is either yes/no and the data is for whatever is available via SureScripts.
- For PBMs, they can choose to grant consent for either the requesting prescriber or any prescriber SureScripts has data for.

#### **Viewing Medication History**

Next

Close

Previous.

Medication history provided	may be incomplete.	ROCHUBPBM
Medication	Prescriber	Pharmacy
OXYCODONE W/APAP 5/325 TAB Refil: 0 Quantity:60.0 Substitution:True Writt	JOHN SMETH MERCY CLINIC ST. PAUL, MN, 55101	WALGREENS #00000 1 CENTRAL STREET INDIANAPOLIS, IN, 46 Phone: 800-555-5551
HUMULIN 70/30 VIAL Refil: 0 Quantity:10.0 Substitution:True Writt	JOHN SMITH MERCY CLINIC ST. PAUL, MN, S5101	WALGREENS #00000 1 CENTRAL STREET INDIANAPOLIS, IN, 46 Phone: 800-555-5551
OXYCODONE W/APAP 5/325 TAB Refil: 0 Quantity: 60.0 Substitution: True Writt	XOHN SMITH MERCY CLINIC ST. PAUL, MN, 55101	WALGREENS #00000 1 CENTRAL STREET INDIANAPOLIS, IN, 46 Phone: 800-555-5551
CITALOPRAM HBR 20 MG TABLET Refil: 0 Quently: 30.0 Substitution: True Writt	JOHN SMITH MERCY CLINIC ST. PAUL, MN, 55101	WALGREENS #00000 1 CENTRAL STREET INDIANAPOLIS, IN, 4E Phone: 800-555-5551
TRAZODONE 100 MG TABLET Refil: 0 Quantity:68.0 Substitution: True Writt	JOHN SMITH MERCY CLINIC ST. PAUL, MN, 55101	WALGREENS #00000 1 CENTRAL STREET INDIANAPOLIS, IN, 46 Phone: 800-555-5551
ACETAMINOPHEN/COD #3 TABLET Refill 0 Cuantity: 40.0 Substitution: True Writt	JOHN SMETH MERCY CLINIC ST. PAUL, MN, 55101	WALGREENS #00000 1 CENTRAL STREET INDIANAPOLIS, IN, 4€ Phone: 800-555-5551
METHOCARBAMOL S08 MG TABLET Refil: 0 Quantity:70.0 Substitution: True Writt	JOHN SMETH MERCY CLINIC ST. PAUL, MN, 55101	WALGREENS #00000 1 CENTRAL STREET INDIANAPOLIS, IN, 46 Phone: 800-555-5551
FOLIC ACID 1 MG TABLET Refit: 0 Quantity: 30.0 Substitution: True Writt	JOHN SMETH MERCY CLINIC ST. PAUL, MN, 55101	WALGREENS #00000 1 CENTRAL STREET INDIANAPOLIS, IN, 4€ Phone: 800-555-5551
BD SINGLE USE SWAB Refil: 0 Quantity: 100.0 Substitution: True Writ	XOHN SMITH MERCY CLINIC ST. PAUL, MN, 55101	WALGREENS #00000 1 CENTRAL STREET INDIANAPOLIS, IN, 46 Phone: 800-555-5551
CYCLOBENZAPRINE 10 MG TABLET Refil: 0 Ouenthy 14.0. Substitution: True Writt	JOHN SMITH MERCY CLINIC ST. PAUL, MN, 55101	WALGREENS #00000 1 CENTRAL STREET INDIANAPOLIS, IN, 46 Phone: 800-555-5551

Retail/PBM can be toggled via drop-down

Can view 50 results at a time

Disclaimer: Certain information may not be available or accurate in this report, including items that the patient asked not be disclosed due to patient privacy concerns, over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

#### NEXTGEN HEALTHCARE INFORMATION SYSTEMS

#### **Medication History Caveat**

- A positive eligibility must be returned for a patient's prescription information to be displayed
- All pharmacies and PBMs do not report prescription information but the list of ones that do is rapidly expanding



#### **ePrescribing Incentives**



#### ePrescribing Workflow Process

- Prescriptions are added to the Medications Module and ePrescribed
- E&M coding is done from E&M Coding Template and procedure codes posted to generate charges

	Intake	Histories	Summary	SOAP	Finalize O	/ Checkout	Protocols
Visit type: Office Visit Medical decision ma Straight forward Low complexity Moderate complex High complexity Counseling Counseled great time and docum	view RiskT xity ter than 50% of ented content	d patient BCBS O late Assessment PE calculation PE calculation Multi syst C Single system C Single Syst	stem:	E&M codes New patient: 99201 99202 99203 99204 99205 Established: 99211 99212 99213	Consultation: C 99241 C 99242 C 99243 C 99244 C 99245 Preventive counseling: C 99401 C 99402	Preventive new:	<ul> <li>View Other Codes</li> <li>Preventive established:</li> <li>○ 99391</li> <li>○ 99392</li> <li>○ 99393</li> <li>○ 99394</li> <li>○ 99395</li> <li>○ 99396</li> <li>○ 99397</li> </ul>
Total visit time ( Submit code	minutes):	Total counsel time ( E&M Guidelines:		C 99214 C 99215	C 99403 C 99404		
Visit code: Modifi 99213	_` <u>Q</u> _a	culate Code		Prenatal: Visit 4-6: © 59425 Visits greater tha © 59426	an 6:	Behavioral health cont Individual therapy: C 90804 (20 - 30 m C 90806 (45 - 50 m C 90808 (75 - 80 m Individual therapy with	ins) ins)
Submit Code(s) Provider sign off – Physician sign off Submit to sup		Calculated isit Code: 99213 eRx:	Submitted	Post Op: C 99024 Behavioral health: C 90882 (Case o C 90847 (Family, C 90853 (Group	consultation) /couple therapy)	C 90805 (10 - 30 m C 90807 (45 - 50 m C 90809 (75 - 80 m C 90801 (Initial psyc C 90862 (Med manag C 90857 (Medication	ins) ins) n eval/intake) iement)

NEXTGEN HEALTHCARE INFORMATION SYSTEMS

### ePrescribing Workflow Process

- Stored procedure in HQM service fires from EM Coding template and inserts row into the HQM client table to "process" medications on that encounter
  - Stored Procedure is added to the database when HQM utility is installed
  - Triggered on the Submit Code Button

	Intake	Histories	Summary	SOAP	Finalize 0	V Checkout	Protocols
Visit type:	C New patier Established		r insurance: f California	E&M codes	Consultations		View Other Codes
Visit type: Office Visit Medical decision m Straight forward Low complexity Moderate comple High complexity Counseling Counseled grea time and docum	aking View Risk Ta Exity	Ate Assessment PE calculation Multi syst C Single system C System	em stem:	New patient: C 99201 C 99202 C 99203 C 99204 C 99205 Established: C 99211 C 99212 C 99212	Consultation: C 99241 C 99242 C 99243 C 99244 C 99245 Preventive counseling: C 99401 C 99401	Preventive new: C 99381 C 99382 C 99383 C 99384 C 99385 C 99386 C 99387	Preventive established: C 99391 C 99392 C 99393 C 99394 C 99395 C 99395 C 99396 C 99397
Total visit time Submit code Visit code: Modif 99213	ier(s):	Total counsel time (r E&M Guidelines: culate Code ditional E&M Code	·	<ul> <li>99213</li> <li>99214</li> <li>99215</li> <li>Prenatal:</li> <li>Visit 4-6:</li> <li>59425</li> <li>Visits greater the</li> <li>59426</li> </ul>	C 99402 C 99403 C 99404 an 6:	Behavioral health contin Individual therapy: C 90804 (20 - 30 mir C 90806 (45 - 50 mir C 90808 (75 - 80 mir Individual therapy with	s) s)
Submit Code(s) Provider sign off Physician sign off Submit to sup		Calculated isit Code: 99213 eRx:	Submitted	Post Op: C 99024 Behavioral health C 90882 (Case o C 90847 (Family C 90853 (Group	consultation) /couple therapy)	C 90805 (10 - 30 mir C 90807 (45 - 50 mir C 90809 (75 - 80 mir C 90809 (75 - 80 mir C 90801 (Initial psych C 90852 (Medication of	is) is) eval/intake) ment)

ARE INFORMATION S

#### ePrescribing Workflow Process

- HQM picks up the row to process and determines if Gcode is necessary based on information from Prescription Audit table
- The associated diagnosis codes are also determined
- G-code is inserted into Procedures table and charges are created in EPM



#### **G-code Logic**

- NextGen HQM Utility has built in logic which carries over the • ePrescribing G-Code to the correct EPM claim without requiring any provider intervention other than the typical prescribing workflow
- Provider IS NOT enrolled with ePrescribing but prints or faxes one or more medications
  - No G-Code is generated
- Provider IS enrolled and submits one ore more meds • electronically, but does not bill for one for the necessary visit codes
  - No G-Code is generated
- Provider IS enrolled but no prescriptions were sent in encounter •
  - No G-Code is generated
- Provider IS enrolled and one or more medications is sent • electronically with the correct visit code
  - G8553 is generated



#### **Additional Resources**

#### **User Guide:**

https://client.nextgen.com/cust\_ng5/documentationtest/EHR/NextGen%20EMR%20e-Prescribing%20Functionality%20Guide%2C%20Vers ion%205.5.28%20%28SP1%29.pdf

#### **Available eRx Documentation:**

https://client.nextgen.com/cust\_ng5/eRx.asp

#### SureScripts – Pharmacy availability checking

www.surescripts.com

