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### E-Prescribing IDs May Be Invalid, Affecting Meaningful Use, 340B

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By Nina Youngstrom

Hospitals may not be tending to their e-prescribing identifiers, which are required for electronic prescribing. If identifiers are invalid or nonexistent at certain locations, it can affect their meaningful use percentages and, indirectly, their 340B drug programs.

“This is one of those little wrinkles people may not have been thinking about,” says Debi Weatherford, executive director of internal audit at Piedmont Healthcare in Atlanta, Georgia, which uses Surescripts Provider Identifiers (SPIs). “No one is really looking at this, but they should be.” She suggests auditing identifiers to ensure they’re active for physicians in electronic health record (EHR) systems.

The stakes are higher now, because more states, including New York, mandate e-prescribing for all prescriptions, and because the Merit-based Incentive Payment System (MIPS), which absorbed meaningful use, takes full effect in 2019 based on data going back to 2017.

With the advent of e-prescribing, new identifiers were introduced into EHR systems, says Tony Lesser, senior manager of Deloitte Risk and Financial Advisory in Chicago. Electronic prescribing vendors, such as Surescripts, facilitate the data exchange between the provider and pharmacy and assign an identifier—for example, an SPI—to a physician. Physicians may have multiple SPIs, Lesser says. SPIs may be unique to the EHR at a health care facility. Without this identifier, prescriptions can’t be sent electronically to the pharmacy.

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