

Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2022 Performance Period

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| <u>Objective:</u> | e-Prescribing |
| <u>Measure:</u> | e-Prescribing At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT. |
| <u>Measure ID:</u> | PI_EP_1 |
| <u>Exclusion:</u> | Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period. |
| <u>Measure Exclusion ID:</u> | PI_LVPP_1 |

Definition of Terms

Prescription – The authorization by a MIPS eligible clinician to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.

Permissible Prescriptions – All drugs meeting the current definition of a prescription as the authorization by a clinician to dispense a drug that would not be dispensed without such authorization and may include electronic prescriptions of controlled substances where creation of an electronic prescription for the medication is feasible using CEHRT and where allowable by state and local law.

Reporting Requirements

NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of prescriptions in the denominator generated and transmitted electronically using CEHRT.
- **DENOMINATOR:** Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the performance period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the performance period.

Scoring Information

- Required for Promoting Interoperability Performance Category Score: **Yes**
- Measure Score: **Up to 10 points**
- Eligible for Bonus Score: **No**

Note: In order to earn a score greater than zero for the Promoting Interoperability performance category, MIPS eligible clinicians must:

- Complete the activities required by the Security Risk Analysis and High Priority Practices SAFER Guide¹, submit their complete numerator and denominator or Yes/No data for all required measures, and attest to the Actions to limit or restrict compatibility or interoperability of CEHRT statement.
- Failure to report at least a “1” in all required measures with a numerator or reporting a “No” for a Yes/No response measure (except for the SAFER Guides measure²) will result in a total score of 0 points for the Promoting Interoperability performance category.

Additional Information

- In 2022, MIPS eligible clinicians may use certified technology meeting the existing 2015 Edition certification criteria, updated to the 2015 Edition Cures Update, or a combination of the two, to meet the CEHRT definition. (85 FR 84472)

¹ The SAFER, or Safety Assurance Factors for EHR Resilience, Guides measure was added in the CY 2022 Physician Fee Schedule Final Rule but will not affect Promoting Interoperability performance category participants' scores in 2022.

² In 2022, eligible clinicians will be required to submit one “yes/no” attestation statement for completing an annual self-assessment of the High Priority Practices SAFER Guide, but the “yes” or “no” attestation response will not affect the Promoting Interoperability performance category score.

- To learn more about the 2015 Edition Cures Update and the changes to 2015 Edition certification criteria finalized in the 21st Century Cures Act final rule (85 FR 25642), we encourage MIPS eligible clinicians to visit <https://www.healthit.gov/curesrule/final-rule-policy/2015-edition-cures-update>.
- To check whether a health IT product has been certified to criteria updated for the 2015 Edition Cures Update, visit the Certified Health IT Product List (CHPL) at <https://chpl.healthit.gov/>.
- 2015 Edition or 2015 Edition Cures Update functionality must be used as needed for a measure action to count in the numerator during a performance period. However, in some situations the product may be deployed during the performance period, but pending certification. In such cases, the product must be certified to the 2015 Edition or the 2015 Edition Cures Update by the last day of the performance period.
- If an exclusion is claimed for the e-Prescribing measure, the 10 points for the e-Prescribing measure will be redistributed equally among the measures associated with the Health Information Exchange objective: 5 points to the Support Electronic Referral Loops by Sending Health Information measure and 5 points to the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure.
- Actions included in the numerator must occur within the performance period.
- Authorizations for items, such as durable medical equipment, or other items and services that may require a MIPS eligible clinician's authorization before the patient could receive them, are not included in the definition of prescriptions. These are excluded from the numerator and the denominator of the measure.
- Instances where patients specifically request a paper prescription may not be excluded from the denominator of this measure. The denominator includes all prescriptions written by the MIPS eligible clinicians during the performance period.
- As electronic prescribing of controlled substances is possible, MIPS eligible clinicians may choose to include these prescriptions in their permissible prescriptions where feasible and allowable by state and local law. If a MIPS eligible clinician chooses to include such prescriptions, he or she must do so uniformly across all patients and across all allowable schedules for the duration of the performance period.
- Over the counter (OTC) medications are excluded from the definition of prescription.
- A MIPS eligible clinician needs to use CEHRT as the sole means of creating the prescription, and when transmitting to an external pharmacy that is independent of the clinician's organization, such transmission must use standards adopted for EHR technology certification.
- ONC has published guidance (see <https://www.healthit.gov/test-method/electronic-prescribing>) that a product certified to the 2015 Edition "Electronic Prescribing" at 45 CFR 170.315(b)(3) can be updated to the NCPDP SCRIPT Version 2017071 standard and maintain certification, prior to being certified for the updated criterion under the 2015 Edition Cures Update. For the Quality Payment Program, the CEHRT definition is based on the reference to the ONC certification of the product. Therefore, if a MIPS eligible clinician has a certified product that has been updated to the NCPDP SCRIPT Version 2017071 standard according to ONC's

certification guidance, using the updated product to electronically transmit a prescription will count toward the numerator of the measure.

- MIPS eligible clinicians may claim the exclusions if they are reporting as a group. However, the group must meet the requirements of the exclusion as a group.
- When MIPS eligible clinicians choose to report as a group, data should be aggregated for all MIPS eligible clinicians under one Taxpayer Identification Number (TIN). This includes those MIPS eligible clinicians who may qualify for reweighting through an approved Promoting Interoperability hardship exception, hospital or ASC-based status, or in a specialty which is not required to report data to the Promoting Interoperability performance category.

Regulatory References

- For further discussion, please see the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: [81 FR 77227](#).
- For additional discussion, please see the 2018 Physician Fee Schedule final rule – Quality Payment Program final rule: [83 FR 59795](#).
- In order to meet this objective and measure, MIPS eligible clinicians must use technology certified to the criterion at 45 CFR 170.315 (b)(3).

Certification Criteria

Below are the corresponding certification criteria for electronic health record technology that support this measure.

| Certification Criteria |
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| §170.315(b)(3) Electronic Prescribing |