

## Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2020 Performance Period

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

### 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, queried for a drug formulary, 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:

- Submit a “yes” to the Prevention of Information Blocking Attestations; and
- Submit a “yes” to the ONC Direct Review Attestation, if applicable; and
- Submit a “yes” that they have completed the Security Risk Analysis measure during the calendar year in which the MIPS performance period occurs; and
- Report the required measures from each of the four objectives.

## Additional Information

- MIPS eligible clinicians must use 2015 Edition CEHRT. The 2015 Edition functionality must be in place by the first day of the performance period and the product must be certified to the 2015 Edition criteria by the last day of the performance period. MIPS eligible clinicians must be using the 2015 Edition functionality for the full performance period. In many situations the product may be deployed, but pending certification.
- MIPS eligible clinicians are required to report certain measures from each of the four objectives, with performance-based scoring occurring at the individual measure-level. Each measure is scored based on the MIPS eligible clinician’s performance for that measure, based on the submission of a numerator/denominator, or a “yes or no” statement.
- 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.
- More information about Promoting Interoperability performance category scoring is available on the [QPP website](#).
- 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 now 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.
- MIPS eligible clinicians should include in the numerator and denominator both types of electronic transmissions (those within and outside the organization) for this measure.
- For purposes of counting prescriptions "generated and transmitted electronically," we consider the generation and transmission of prescriptions to occur concurrently if the prescriber and dispenser are the same person and/or are accessing the same record in an integrated EHR to create an order in a system that is electronically transmitted to an internal pharmacy.
- MIPS eligible clinicians can use intermediary networks that convert information from the CEHRT into a computer-based fax in order to meet this measure as long as the MIPS eligible clinician generates an electronic prescription and transmits it electronically using the standards of CEHRT to the intermediary network, and this results in the prescription being filled without the need for the clinician to communicate the prescription in an alternative manner.
- Prescriptions transmitted electronically within an organization (the same legal entity) do not need to use the NCPDP standards. However, a MIPS eligible clinician's 2015 CEHRT must meet all applicable certification criteria and be certified as having the capability of meeting the external transmission requirements of §170.315(b)(3). In addition, the EHR that is used to transmit prescriptions within the organization would need to be 2015 CEHRT. For more information, refer to the [Certification Companion Guide for 2015 Edition e-prescribing criterion](#).
- ONC has published guidance (see <https://www.healthit.gov/test-method/electronic-prescribing>) that a product certified to "Electronic Prescribing" at 45 CFR 170.315(b)(3) can be updated to



the new NCPDP SCRIPT 2017071 standard and maintain certification. 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 new NCPDP SCRIPT 2017071 standard according to ONC's certification guidance, using the updated product to electronically transmit a prescription can count toward the numerator of the measure.

- MIPS eligible clinicians may limit their effort to query a formulary to simply using the function available to them in their CEHRT with no further action required. If a query using the function of their CEHRT is not possible or shows no result, a clinician is not required to conduct any further manual or paper-based action in order to complete the query, and the clinician may count the prescription in the numerator.
- The e-Prescribing measure is one of the measures that fulfills a statutory requirement under section 1848(o)(2)(A) of the Act.
- 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 the capabilities and standards of CEHRT at 45 CFR 170.315(a)(10) and (b)(3).

## Certification Criteria and Standards

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



### Certification Criteria

Information about certification for 2015 Edition CEHRT can be found at the links below:  
[§170.315\(a\)\(10\) Drug-formulary and Preferred Drug List checks](#)  
[§170.315\(b\)\(3\) Electronic Prescribing](#)

### Certification Standards

Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub:  
<https://www.healthit.gov/topic/certification/2015-standards-hub>