Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Transition Measure 2018 Performance Period

Objective:	**Electronic Prescribing**
Measure:	**E-Prescribing** At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).
Measure ID:	**PI_TRANS_EP_1**
Exclusion:	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
Measure Exclusion ID:	**PI_TRANS_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 provider 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:** The 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

BASE SCORE/PERFORMANCE SCORE/BONUS SCORE

- Required for Base Score: **Yes**
- Percentage of Performance Score: **0%**
- Eligible for Bonus Score: **No**

Note: MIPS eligible clinicians must fulfill the requirements of base score measures to earn a base score in order to earn any score in the Promoting Interoperability performance category. In addition to the base score, MIPS eligible clinicians have the opportunity to earn additional credit through the submission of performance measures and a bonus measure and/or activity.

Additional Information

- In 2018, MIPS eligible clinicians can alternatively report the Promoting Interoperability transition objectives and measures if they have technology certified to the 2015 Edition, or technology certified to the 2014 Edition, or a combination of technologies certified to the 2014 and 2015 Editions.
- This measure is worth up to 10 percentage points towards the Promoting Interoperability performance category score. More information about Promoting Interoperability scoring is available on the QPP website.
- 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 clinician during the MIPS performance period.

- As electronic prescribing of controlled substances is now possible, clinicians may choose to include these prescriptions in their permissible prescriptions where feasible and allowable by state and local law.
- 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 MIPS eligible 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 the measure of this objective.
- 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 creating 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 clinicians 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 provider 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 clinicians' EHR must meet all applicable certification criteria and be certified as having the capability of meeting the external transmission requirements of §170.304(b). In addition, the EHR that is used to transmit prescriptions within the organization would need to be CEHRT. For more information on electronic prescriptions, refer to ONC's FAQs.
- 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 MIPS eligible clinician is not required to conduct any further manual or paper based action in order to complete the query, and the provider may count the prescription in the numerator.
- 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 such as a significant hardship exception, hospital or ASC-based status, or in a specialty which is not required to report data to the Promoting Interoperability performance category. If these MIPS eligible clinicians choose to report as part of a group practice, they will be scored on the Promoting Interoperability performance category like all other MIPS eligible clinicians.

Regulatory References

- For further discussion, please see the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: 81 FR 77229.
- In order to meet this objective and measure, MIPS eligible clinicians must use the capabilities and standards of CEHRT at 45 CFR 170.314(b)(3) and (a)(10).

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this measure.

Certification Criteria*	
§ 170.314(b)(3) Electronic prescribing	Enable a user to electronically create prescriptions and prescription related information for electronic transmission in accordance with: (i) The standard specified in § 170.205(b)(2); and (ii) At a minimum, the version of the standard specified in § 170.207(d)(2).
§ 170.314(a)(10) Drug formulary checks	EHR technology must automatically and electronically check whether a drug formulary (or preferred drug list) exists for a given patient and medication.

**Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.314 (g)(1), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.*

Standards Criteria	
§ 170.205(b)(2) Electronic Prescribing	NCPDP SCRIPT Version 10.6.
§ 170.207(d)(2) Medications	RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine, August 6, 2012 Release (incorporated by reference in § 170.299)

Additional standards criteria may apply. Review the ONC 2015 Edition Final Rule for more information.