Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2019 Performance Period

Objective:	e-Prescribing
Measure:	**Query of Prescription Drug Monitoring Program (PDMP)** For at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.
Measure ID:	PI_EP_2

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.

Opioids – Schedule II controlled substances under 21 CFR 1308.12, as they are recognized as having a high potential for abuse with potential for severe psychological or physical dependence.

PDMP – an electronic database that tracks prescriptions of controlled substances at the State level.

Reporting Requirements

NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of Schedule II opioids prescriptions in the denominator for which data from CEHRT is used to conduct a query of a PDMP for prescription drug history except where prohibited and in accordance with applicable law.

- **DENOMINATOR:** Number of Schedule II opioids electronically prescribed using CEHRT by the MIPS eligible clinician during the performance period.

Scoring Information

- Required for Promoting Interoperability Performance Category Score: **No**
- Measure Score: **N/A**
- Eligible for Bonus Score: **Yes, 5 points**

Note: MIPS eligible clinicians must:

- Submit a "yes" to the Prevention of Information Blocking Attestations

- Submit a "yes" to the ONC Direct Review Attestation, if applicable

- Submit a "yes" that they have completed the Security Risk Analysis measure during the calendar year in which the MIPS performance period occurs

- Must report the required measures from each of the four objectives in order to earn a score greater than zero for the Promoting Interoperability performance category

Additional Information

- MIPS eligible clinicians must use EHR technology certified to the 2015 Edition certification criteria to support the Promoting Interoperability performance category objectives and measures.
- 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.
- MIPS eligible clinicians must report at least one query of the PDMP in the numerator to report on this new measure and earn a 5 point bonus.
- 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.

- Query of the PDMP for prescription drug history must be conducted prior to the electronic transmission of the Schedule II opioid prescription.
- MIPS eligible clinicians have flexibility to query the PDMP using CEHRT in any manner allowed under their State law.
- Includes all permissible prescriptions and dispensing of Schedule II opioids regardless of the amount prescribed during an encounter.
- 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 a 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 2018 Physician Fee Schedule final rule – Quality Payment Program final rule: 83 FR 59788.
- 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)(ii) and (b)(3).

Certification Standards and Criteria

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

Certification Criteria
Information about certification for 2015 Edition CEHRT can be found at the links below: §170.315(a)(10)(ii) Preferred Drug List Checks §170.315(b)(3) Electronic Prescribing

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