Merit-Based Incentive Payment System (MIPS) 2017 Advancing Care Information Performance Category E-Prescribing Transition Measure

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 CEHRT.

Definition of Terms

Prescription – The authorization by a MIPS eligible clinician to dispense a drug that would not be dispensed without such authorization.

Permissible Prescriptions – All drugs meeting the definition of a prescription and may include electronic prescriptions of controlled substances where creation of an electronic prescription for the medication is feasible using CEHRT and where allowed by law in the jurisdiction where the clinician provides care.

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

BASE SCORE/PERFORMANCE SCORE/BONUS SCORE

- Required for Base Score (50%): **Yes**
- Percentage of Performance Score (up to 90%): **N/A**
- No bonus points available.

Note: MIPS eligible clinicians must earn the full base score in order to earn any score in the Advancing Care Information performance category. In addition to the base score, MIPS eligible clinicians have the opportunity to earn additional credit through a performance score and the bonus score.

Additional Information

- In 2017, MIPS eligible clinicians can report the 2017 Advancing Care Information Transition Measures if they have technology certified to the 2014 Edition, or technology certified to the 2015 Edition, or a combination of technologies certified to the 2014 and 2015 Editions.
- This measure contributes to the base score for the Advancing Care Information performance category. More information about Advancing Care Information 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 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 allowed by law in the jurisdiction where the clinician provides care.
- 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 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 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 certified EHR 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 MIPS eligible 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 clinicians' EHR must meet all applicable certification criteria and be certified as having the capability of meeting the external transmission requirements of § 170.314(b)(3) or § 170.315(b)(3). In addition, the EHR that is used to transmit prescriptions within the organization would need to be CEHRT.
- 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 MIPS eligible clinician may count the prescription in the numerator.
- MIPS eligible clinicians who write fewer than 100 permissible prescriptions in a performance period may elect to report their numerator and denominator (if they have at least one permissible prescription for the numerator), or they may report a "null" value.
- When reporting as a group for the Advancing Care Information performance category, the group combines the performance of its MIPS eligible clinicians' under one Taxpayer Identification Number (TIN). Therefore, the measure is not calculated based upon one MIPS eligible clinician's performance.

Regulatory References

- For further discussion, please see the Quality Payment Program final rule with comment period: 81 FR 77229.

- In order to meet this measure, MIPS eligible clinician must use the capabilities and standards of CEHRT at 45 CFR 170.314(b)(3) and (a)(10) or 45 CFR 170.315 (b)(3) and (a)(10).

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for EHR 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).

§ 170.315(b)(3) Electronic prescribing	(i) Enable a user to perform all of the following prescription-related electronic transactions in accordance with the standard specified in §170.205(b)(2) and, at a minimum, the version of the standard specified in §170.207(d)(3) as follows:
	    (A) Create new prescriptions (NEWRX).
	    (B) Change prescriptions (RXCHG, CHGRES).
	    (C) Cancel prescriptions (CANRX, CANRES).
	    (D) Refill prescriptions (REFREQ, REFRES).
	    (E) Receive fill status notifications (RXFILL).
	    (F) Request and receive medication history information (RXHREQ, RXHRES)
	(ii) For each transaction listed in paragraph (b)(3)(i) of this section, the technology must be able to receive and transmit the reason for the prescription using the diagnosis elements in DRU Segment.
	(iii) Optional. For each transaction listed in paragraph (b)(3)(i) of this section, the technology must be able to receive and transmit the reason for the prescription using the indication elements in the SIG Segment.
	(iv) Limit a user's ability to prescribe all oral liquid medications in only metric standard units of mL (i.e., not cc).

	(v) Always insert leading zeroes before the decimal point for amounts less than one and must not allow trailing zeroes after a decimal point when a user prescribes medications.
§ 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.
§ 170.315(a)(10) Drug-formulary checks	*Drug-formulary and preferred drug list checks.* The requirements specified in one of the following paragraphs (that is, paragraphs (a)(10)(i) and (a)(10)(ii) of this section) must be met to satisfy this certification criterion: (i) *Drug formulary checks.* Automatically check whether a drug formulary exists for a given patient and medication. (ii) *Preferred drug list checks.* Automatically check whether a 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) and/or, (g)(2), or 45 CFR 170.315(g)(1) and/or (g)(2), n order to assist in the calculation of this meaningful use measure.

For additional information, please review the ONC 2014 Standards Hub, ONC 2015 Standards Hub, and ONC Certification Companion Guides (CCGs).

Disclaimer: This document is intended only for informational purposes. It does not provide a complete summary of the applicable regulations and policies. We refer readers to the final rule with comment period titled Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models, 81 Fed. Reg. 77008-77831 (Nov. 4, 2016).