

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

Objective:	e-Prescribing
Measure:	<p>Verify Opioid Treatment Agreement</p> <p>For at least one unique patient for whom a Schedule II opioid was electronically prescribed by the MIPS eligible clinician using CEHRT during the performance period, if the total duration of the patient’s Schedule II opioid prescriptions is at least 30 cumulative days within a 6-month look-back period, the MIPS eligible clinician seeks to identify the existence of a signed opioid treatment agreement and incorporates it into the patient’s electronic health record using CEHRT.</p>
Measure ID:	PI_EP_3

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.

Reporting Requirements

NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of unique patients in the denominator for whom the MIPS eligible clinician seeks to identify a signed opioid treatment agreement and, if identified, incorporates the agreement in CEHRT. A numerator of at least one is required to fulfill this measure.
- **DENOMINATOR:** Number of unique patients for whom a Schedule II opioid was electronically prescribed by the MIPS eligible clinician using CEHRT during the performance period and the total duration of Schedule II opioid prescriptions is at least 30 cumulative days as identified in the patient's medication history request and response transactions during a 6-month look-back 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 verification of opioid treatment agreement 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](#).
- The 6-month look-back period begins on the date on which the MIPS eligible clinician electronically transmits their Schedule II opioid prescription using CEHRT.
- Includes all Schedule II opioids prescribed for a patient electronically using CEHRT by the MIPS eligible clinician during the performance period, as well as any Schedule II opioid prescriptions identified in the patient's medication history request and response transactions during the 6-month look-back period, where the total number of days for which a Schedule II opioid was prescribed for the patient is at least 30 days.
- 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 as defined for CEHRT at 45 CFR 170.315 (a)(10)(i), (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\(a\)\(10\)\(i\) Drug Formulary Checks](#)
[§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>