

Promoting Interoperability Requirements for MIPS 2019 Performance Period

Measures	Maximum Points and *Scoring	Exclusions/ Redistribution
<p>In addition to submitting measures, participants must submit a “yes” to:</p> <ul style="list-style-type: none"> • The Prevention of Information Blocking Attestation, • The ONC Direct Review Attestation, and; • The security risk analysis measure. <p>Further information is available at https://qpp.cms.gov.</p>	0	No exclusion
<p>E-prescribing At least one prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.</p>	10 Numerator/ Denominator	<i>Exclusion:</i> <100 e-prescriptions during reporting period <i>Redistribution:</i> Points split equally between two HIE measures
<p>Query of PDMP Prior to transmission of at least one Schedule II opioid electronic prescription, query the Prescription Drug Monitoring Program (PDMP) for prescription drug history.</p>	5 Yes/No Statement	N/A (Bonus 2019)
<p>Verify Opioid Treatment Plan Find signed opioid treatment agreement and incorporate it in EHR for at least one unique patient for whom a Schedule II opioid was electronically prescribed, if the total duration of the patient’s prescription is at least 30 cumulative days within a 6-month look-back period.</p>	5 Numerator/ Denominator	N/A (Bonus 2019)
<p>Support Electronic Referral Loops By Sending Health Information Electronically transmit summary of care to a receiving health care clinician when transitioning or referring patient to another care setting.</p>	20 Numerator/ Denominator	<i>Exclusion:</i> <100 transitions or referrals during reporting period <i>Redistribution:</i> Points assigned to patient electronic access
<p>Support Electronic Referral Loops By Receiving and Incorporating Health Information For at least one transition of care, referral received or patient encounter (of patient never seen before) receive or retrieve and incorporate into the patient’s record an electronic summary of care document; AND perform clinical information reconciliation of patient information.</p>	20 Numerator/ Denominator	<i>Exclusions:</i> 1) Unable to implement in 2019 2) <100 transitions during reporting period <i>Redistribution:</i> Points assigned to support e-referral loops by sending health info.
<p>Provide Patients Electronic Access to Their Health Information Patients provided timely access (four business days) to view/download/transmit (VDT) their health information.</p>	40 Numerator/ Denominator	No exclusion
<p>Report to <u>Two Different</u> Public Health Agencies or Clinical Data Registries</p> <ul style="list-style-type: none"> • Immunization Registry Reporting: https://immtrac.dshs.texas.gov • Electronic Case Reporting: None available in Texas for ambulatory practices. • Public Health Registry Reporting: https://www.dshs.texas.gov/tcr/reporting.aspx Texas Cancer Registry • Clinical Data Registry Reporting: Check with your specialty society for clinical data registries applicable to your specialty. • Syndromic Surveillance Reporting: https://www.dshs.texas.gov/txs2/ DSHS is only accepting syndromic surveillance reporting registrations from hospitals, and professionals in urgent care centers or free-standing emergency centers at this time. 	10 Yes/No Statement	<i>Exclusions:</i> Various exclusions available based on jurisdiction, treatment, and readiness <i>Redistribution:</i> Points assigned to patient electronic access

***Example of scoring:**

A numerator of 200 and denominator of 250 (200/250) yields a performance rate of 80%.

Performance rate * total possible measure points = points towards goal (.08 * 10 = 8)

Fractions are rounded to nearest whole number. If performance rate = <0.5, as long as one patient is reported, a score of 1 is awarded.