Promoting Interoperability Requirements for MIPS 2023 Performance Period

Measures at a Glance	Maximum Points and *Scoring	Exclusions/ Redistribution
In addition to submitting measures, participants must submit a "yes" to: • **The Prevention of Information Blocking Attestation,** • **The ONC Direct Review Attestation,** • **Safety Factors for EHR Resilience (SAFER) Guides, High Priority Practices (yes or no attestation),** and; • **The security risk analysis measure.** Must use updated 2015 Certified EHR. Further information is available at https://qpp.cms.gov.	0	No exclusions
E-prescribing At least one prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.	10 Numerator/ Denominator	*Exclusion:* <100 e-prescriptions during reporting period *Redistribution:* Points split between two HIE measures
Query of PDMP Prior to electronic transmission of at least one Schedule II opioid and schedule III or IV drugs, query the Prescription Drug Monitoring Program (PDMP) for prescription drug history.	10 Yes/No Statement	*Exclusions:* 1) Unable to electronically prescribe schedule II, III, or IV drugs; or 2) <100 permissible prescriptions during reporting period; or 3) Excessive workflow or cost burden. *Redistribution:* Points assigned to the e-prescribing measure

There are three options for the Health Information Exchange Measure:
1. A. 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. **AND**
   B. 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. **OR**
2. Health Information Exchange Bi-Directional Exchange
   Alternative to other two health information exchange measures related to sending and receiving health information. Must attest to participating in an HIE that is capable of bi-directional exchange of health information for every patient encounter, transition, or referral. **OR**
3. Enabling health information exchange under Trusted Exchange Framework and Common Agreement (TEFCA).
	Option 1A
	15
	Numerator/ Denominator
		Exclusion: <100 transitions or referrals during reporting period
		
		Redistribution: Points assigned to patient electronic access

	Option 1B 15 Numerator/ Denominator	*Exclusion:* <100 transitions during reporting period *Redistribution:* Points assigned to support e-referral loops by sending health information
	Options 2&3 30 Yes/No Statement	No exclusions for options 2 and 3. If this measure cannot be met, go back to the other two HIE measures that do have exclusions.
Provide Patients Electronic Access to Their Health Information Patients provided timely access (four business days) to view/download/transmit (VDT) their health information.	25 Numerator/ Denominator	No exclusion

Report the following two measures
• **Immunization Registry Reporting:**
  https://dshs.texas.gov/immunize/ImmTrac/
• **Electronic Case Reporting (eCR):**
  Texas DSHS eCR
	25
	Yes/No Statement
		Exclusions:
		Various exclusions available based on jurisdiction, treatment, and readiness
		
		Redistribution:
		Points assigned to patient electronic access

Report to one of the following:
• **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/
	5
	Yes/No Statement
		N/A
		Optional / bonus

Visit the Quality Payment Program website for measure specification, scoring information, and other program details. https://qpp.cms.gov/