

MIPS 2025 Promoting Interoperability Requirements | 180-day Performance Period

Measures at a Glance	Maximum Points and *Scoring	Exclusions/ Redistribution
<p>In addition to submitting measures, participants must positively attest to:</p> <ul style="list-style-type: none"> The Actions to Limit or Restrict Compatibility or Interoperability of CEHRT Attestation, The ONC Direct Review Attestation, Completing or updating the security risk analysis, and Completion of Safety Factors for EHR Resilience (SAFER) Guides, High Priority Practices. <p>Must use an EHR that meets the ONC health IT certification criteria.</p>	<p>0</p> <p>(required but not scored)</p>	<p>No exclusions</p>
<p>E-prescribing At least one prescription written by the MIPS eligible clinician is transmitted electronically using certified EHR technology.</p>	<p>10 Numerator/ Denominator</p>	<p>Exclusion: <100 e-prescriptions during reporting period Redistribution: Points split between two HIE measures</p>
<p>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.</p>	<p>10 Yes/No Statement</p>	<p>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</p>
<p>There are three options for the Health Information Exchange Measure:</p> <ol style="list-style-type: none"> 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 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 Enabling health information exchange under Trusted Exchange Framework and Common Agreement (TEFCA). 	<p><u>Option 1A</u> 15 Numerator/ Denominator</p>	<p>Exclusion: <100 transitions or referrals during reporting period Redistribution: Points assigned to patient electronic access</p>
	<p><u>Option 1B</u> 15 Numerator/ Denominator</p>	<p>Exclusion: <100 transitions during reporting period Redistribution: Points assigned to support e-referral loops by sending health information</p>
	<p><u>Options 2&3</u> 30 Yes/No Statement</p>	<p>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.</p>
<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>	<p>25 Numerator/ Denominator</p>	<p>No exclusion</p>
<p>Report the following two measures</p> <ul style="list-style-type: none"> Immunization Registry Reporting: https://dshs.texas.gov/immunize/ImmTrac/ Electronic Case Reporting (eCR): Texas DSHS eCR 	<p>25 Yes/No Statement</p>	<p>Exclusions: Various exclusions available based on jurisdiction, treatment, and readiness Redistribution: Points assigned to patient electronic access</p>
<p>Report to one of the following:</p> <ul style="list-style-type: none"> 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/ 	<p>5 Yes/No Statement</p>	<p>N/A Optional / bonus</p>