Merit-Based Incentive Payment System (MIPS)

Promoting Interoperability Performance Category Measure

2026 Performance Period

Objective:	**Electronic Prescribing** Generate and transmit permissible prescriptions electronically.
Measure:	**Query of Prescription Drug Monitoring Program (PDMP)** For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using certified electronic health record (EHR) technology (CEHRT) during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history.
Measure ID:	**PI_EP_2**
Exclusions:	Any MIPS eligible clinician who: 1. Is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in accordance with applicable law during the performance period. 2. Doesn't electronically prescribe any Schedule II opioids or Schedule III or IV drugs during the performance period.
Measure Exclusion IDs:	**1. PI_EP_2_EX_1** **2. PI_EP_2_EX_2**

Definition of Terms

Prescription – The authorization by a MIPS eligible clinician to a pharmacist to dispense a drug that the pharmacist wouldn't dispense to the patient without such authorization.

Permissible Prescriptions – All drugs meeting the current definition of a prescription as the authorization by a MIPS eligible clinician to dispense a drug that wouldn't 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 – Opioids listed as Schedule II controlled substances under 21 CFR 1308.12.

PDMP – An electronic database that tracks prescriptions of controlled substances at the State level.

Reporting Requirements

"Yes"/"No" Response

The MIPS eligible clinician must attest **"Yes"** to conducting a query of a PDMP for at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using CEHRT.

Scoring Information

- Required for MIPS Promoting Interoperability Performance Category Score: **Yes**
- Measure Score: **10 points**
- Eligible for Bonus Score: **No**

NOTE: A MIPS eligible clinicians must use technology certified to the Office of the National Coordinator for Health Information Technology (ONC) Certification Criteria for Health Information Technology (IT) ([45 CFR 170.315](#)) necessary to meet the CEHRT definition ([42 CFR 414.1305(2)](#)), and meet the following requirements to earn a score greater than zero for the MIPS Promoting Interoperability performance category:

- Provide their CMS EHR Certification ID from the [Certified Health IT Product List (CHPL)](#);
- Submit data for a minimum of 180 consecutive days within the calendar year;
- Submit 2 "Yes" attestations for completing both components of the Security Risk Analysis measure during the calendar year in which the performance period occurs;
- Submit a "Yes" attestation for the High Priority Practices Safety Assurance Factors for EHR Resilience (SAFER) Guide measure confirming the completion of an annual self-assessment using the 2025 High Priority Practices SAFER Guide during the calendar year in which the performance period occurs;
- Submit a "Yes" response for the ONC Direct Review attestation;
- Submit a "Yes" response for the Actions to Limit or Restrict Compatibility or Interoperability of CEHRT attestation;
- Submit their complete count of numerators (report at least a "1" for all required measures with a numerator) and denominators or "Yes" response (for attestation measures) for all required measures (or claim an exclusion, if available and applicable); and
- Submit their level of active engagement for the required measures under the Public Health and Clinical Data Exchange objective.

Also, as an optional attestation, a MIPS eligible clinician can attest (if they received a request for surveillance) to work in good faith with an ONC-Authorized Certification Bodies (ACB) that conducts surveillance of their health information technology certified under the ONC Health IT Certification Program.

Additional Information

- To check whether a health IT product has been certified to ONC Certification Criteria for Health IT, visit the [Certified Health IT Product List (CHPL)](#).
- Certified functionality must be used as needed for a measure action to count during a performance period. However, in some situations, the product may be deployed during the performance period but pending certification. In such cases, the product must be certified by the last day of the performance period.
- Actions must occur within the performance period.
- If an exclusion is claimed for the PI_EP_1: e-Prescribing measure, one of the Query of PDMP exclusions that is most applicable will need to be claimed.
- If an exclusion is claimed for the Query of PDMP measure, the 10 points are redistributed to the e-Prescribing measure.

- Query of the PDMP for prescription drug history must be conducted prior to the electronic transmission of the Schedule II opioid prescription, Schedule III or Schedule IV drug.
- MIPS eligible clinicians have flexibility to query the PDMP using data from CEHRT in any manner allowable by state and local law.
- Data from CEHRT would include any information that ensures the right patient is being queried in the PDMP, for example the patient's name, date of birth, and the electronically prescribed Schedule II opioid, or Schedule III or IV drug.
- Includes all permissible prescriptions and dispensing of Schedule II opioids as well as Schedule III and IV drugs regardless of the amount prescribed during an encounter.
- MIPS eligible clinicians may claim the exclusion if they are reporting as a group, virtual group, or Alternative Payment Model (APM) Entity. However, the group, virtual group, or APM Entity must meet the requirements of the exclusion as a group, virtual group, or APM Entity.
- When reporting as a group, virtual group, or APM Entity, data should be aggregated across all instances of CEHRT used by all MIPS eligible clinicians within a group/under one Taxpayer Identification Number (TIN), across all instances of CEHRT used by all TINs within a virtual group, or across all instances of CEHRT used by all participant TINs within an APM Entity. Such aggregation includes MIPS eligible clinicians who may qualify for a MIPS Promoting Interoperability Performance Category Hardship Exception due to being part of a small practice, being a non-patient facing MIPS eligible clinician, or having a hospital-based or ambulatory surgery center (ASC)-based status. For additional information, please review the 2026 MIPS Promoting Interoperability Performance Category Hardship Exception Application Guide available in the Quality Payment Program Resource Library.
- When reporting as a subgroup (MIPS Value Pathway), aggregated data of the affiliated group should be submitted.
- APM Entities can choose to report MIPS Promoting Interoperability performance category data at the individual, group, virtual group, or APM Entity level when participating in MIPS. Review the Frequently Asked Questions on the Shared Savings Program Requirement to Report Objectives and Measures for the MIPS Promoting Interoperability Performance Category (PDF, 271KB) for more information.

Regulatory References

The most recent regulatory references can be found in the Calendar Year (CY) 2024 Physician Fee Schedule final rule (88 FR 79451).

Certification Criteria

Below are the corresponding certification criteria for health IT that currently support this measure.

Certification Criteria
§170.315(b)(3) Electronic Prescribing

Version History Table

Date	Change Description
12/15/2025	Original posting.