



## Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2026 Performance Period

<b>Objective:</b>	<b>Electronic Prescribing</b> Generate and transmit permissible prescriptions electronically.
<b>Measure:</b>	<b>e-Prescribing</b> At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using certified electronic health record (EHR) technology (CEHRT).
<b>Measure ID:</b>	<b>PI_EP_1</b>
<b>Exclusion:</b>	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
<b>Measure Exclusion ID:</b>	<b>PI_LVPP_1</b>

### 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.

### Reporting Requirements

#### Numerator/Denominator

- **NUMERATOR:** Number of prescriptions in the denominator generated and transmitted electronically using CEHRT.

- **DENOMINATOR:** Number of prescriptions written for drugs requiring a prescription to be dispensed, other than controlled substances, during the performance period; or number of prescriptions written for drugs requiring a prescription to be dispensed during the performance period.

## 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 in the numerator 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 included in the numerator must occur within the performance period.
- If an exclusion is claimed for the e-Prescribing measure, the 10 points are redistributed to the Health Information Exchange objective.
- 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.
- Authorizations for items, such as durable medical equipment, or other items and services that may require a MIPS eligible clinician’s authorization before the patient could receive them, aren’t included in the definition of prescriptions. Such authorizations are excluded from the numerator and the denominator of the measure.

- Instances where patients specifically request a paper prescription can't be excluded from the denominator of this measure. The denominator includes all prescriptions written by the MIPS eligible clinicians during the performance period.
- As electronic prescribing of controlled substances is possible, MIPS eligible clinicians may choose to include these prescriptions in their permissible prescriptions where feasible and allowable by state and local law. If a MIPS eligible clinician chooses to include such prescriptions, he or she must do so uniformly across all patients and across all allowable schedules for the duration of the performance period.
- Over the counter (OTC) medications are excluded from the definition of permissible prescription.
- A MIPS eligible clinician must use CEHRT as the sole means of creating the prescription, and when transmitting to an external pharmacy that is independent of the MIPS eligible clinician's organization, such transmission must use standards adopted for EHR technology certification.
- 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	
<a href="#">§170.315(b)(3) Electronic Prescribing</a>	

## Version History Table

Date	Change Description
12/15/2025	Original posting.