Quality Payment PROGRAM

2023 MIPS Data Validation - Promoting Interoperability Performance Category Criteria

Measure ID	Measure Name	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation*
PI_PPHI_1	Security Risk Analysis	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) in accordance with requirements in 45 CFR164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.	Required	Yes/No Statement	Security risk analysis of the CEHRT was performed or reviewed prior to the date of attestation on an annual basis and for the CEHRT used during the reporting period. • If you choose to submit for a 90-day MIPS performance period, it is acceptable for the security risk analysis to be conducted outside the performance period; however, it must be conducted within the calendar year of the MIPS performance period (January 1st – December 31st). An analysis must be done upon installation or upgrade to a new system and a review must be conducted covering each MIPS performance period.	A dated report or screenshot that documents the procedures performed during the analysis and the results. The report should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), CMS Certification Number (CCN), clinician name, practice name, etc.). Notes: • The measure requires clinicians to address encryption/security of data stored in CEHRT. At minimum, clinicians should be able to show a plan for correcting or mitigating deficiencies and steps that are being taken to implement that plan. • Any documentation of an analysis will suffice; the report does not necessarily need to come from CEHRT.

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PI_PPHI_2	High Priority Practices Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guides	Conduct an annual assessment of the High Priority Practices Guide SAFER Guide.	Required	Yes/No Statement	Submit a YES or NO to conducting an annual self-assessment of the High Priority Practices Guide of the SAFER Guides. (https://www.healthit.gov/topic/safety/safer-guides) for the 2023 performance period.	If submitting a "Yes": • A dated report or screenshot of the self-assessment checklist found on pages 5 – 6 of the Guide. OR • A dated report or screenshot of the recommended practice worksheets (1.1 – 3.3) on pages 9 – 26 of the Guide.
PI_EP_1	e-Prescribing	At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.	Required	Numerator/Denominator	At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically via CEHRT.	A dated report or screenshot of patient prescription/record that indicates the number of times where electronic prescribing was performed in accordance with CMS standards for electronic prescribing (45 CFR 423.160(b)).
PI_LVPP_1	e-Prescribing Exclusion	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.	Required only if submitting an exclusion for the e-Prescribing measure. Measure ID PI_EP_1.	Yes	The 2018 QPP final rule finalized an exclusion for the e-Prescribing measure for any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period. In order to submit an exclusion for this measure, MIPS eligible clinicians must select the exclusion for this measure. Any submission of a numerator or denominator for the e-Prescribing measure will void out the exclusion.	A dated report or screenshot from the CEHRT that shows the number of permissible prescriptions written by the MIPS eligible clinician during the performance period.
PI_EP_2	Query of Prescription Drug Monitoring Program (PDMP)	For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using CEHRT during the performance	Required	Yes/No Statement	Uses data from CEHRT to conduct a query of a PDMP for prescription drug history prior to electronically prescribing a patient	A dated report or screenshot that shows the MIPS eligible clinician used data from CEHRT to conduct a query of a PDMP for prescription

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		period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history.			a Schedule II opioid, Schedule III drug or Schedule IV drug using CEHRT. The 2020 QPP final rule finalized removing the numerator and denominator previously established and instead requires a “yes/no” response beginning with the 2019 performance period.	drug history for at least one patient prior to electronically prescribing the patient a Schedule II opioid, Schedule III drug or Schedule IV drug.
PI_EP_2_EX_1	Query of Prescription Drug Monitoring Program (PDMP) Exclusion 1	MIPS eligible clinician is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in accordance with applicable law during the performance period.	Required only if submitting an exclusion for the Query of Prescription Drug Monitoring Program measure. Measure ID PI_EP_2.	Yes	The 2023 QPP final rule finalized an exclusion for the Query of PDMP measure for any MIPS eligible clinician that is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs during the performance period. In order to submit an exclusion for this measure, MIPS eligible clinicians must select the exclusion for this measure. The submission of a "yes" for the Query of PDMP measure will void out the exclusion.	A written explanation of eligible clinician type or reference to the law.
PI_EP_2_EX_2	Query of Prescription Drug Monitoring Program (PDMP) Exclusion 2	MIPS eligible clinician writes fewer than 100 permissible prescriptions during the performance period.	Required only if submitting an exclusion for the Query of Prescription Drug Monitoring Program measure.	Yes	The 2023 QPP final rule finalized an exclusion for the Query of PDMP measure for any MIPS eligible clinician that writes fewer than 100 permissible to electronically prescribe Schedule II opioids and Schedule III and IV drugs during the performance period. In order to submit an exclusion for this measure, MIPS eligible clinicians must select the exclusion for this measure. The	A dated report or screenshot from the CEHRT that shows the number of permissible prescriptions written by the MIPS eligible clinician during the performance period.

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			Measure ID PI_EP_2.		submission of a "yes" for the Query of PDMP measure will void out the exclusion.	
PI_EP_2_EX_3	Query of Prescription Drug Monitoring Program (PDMP) Exclusion 3	Querying a PDMP would impose an excessive workflow or cost burden prior to the start of the performance period they select in CY 2023.	Required only if submitting an exclusion for the Query of Prescription Drug Monitoring Program measure. Measure ID PI_EP_2.	Yes	The 2023 QPP final rule finalized an exclusion for the Query of PDMP measure for any MIPS eligible clinicians that believe that reporting this measure would impose and excessive workflow or cost burden. In order to submit an exclusion for this measure, MIPS eligible clinicians must select the exclusion for this measure. The submission of a "yes" for the Query of PDMP measure will void out the exclusion.	A written explanation of the excessive workflow or cost burden.
PI_HIE_1	Support Electronic Referral Loops by Sending Health Information	For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider — (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.	Required	Numerator/Denominator	When a patient is transitioned and/or referred to another setting or health care provider, the summary of care document must be generated by the CEHRT in a C-CDA format. The summary of care may be transmitted using a wide range of electronic options including secure email, Health Information Service Provider (HISP), query-based exchange or use of third party HIE.	A dated report or screenshot that indicates the number of summary of care documents that were created and exchanged electronically using CEHRT for transitions of care and/or referrals to another setting of care or health care provider during the performance period.
PI_LVOTC_1	Support Electronic Referral Loops by Sending Health Information Exclusion	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	Required only if submitting an exclusion	Yes	The 2018 QPP final rule finalized an exclusion for the Support Electronic Referral Loops by Sending Health Information measure for any MIPS eligible	A dated report or screenshot from the CEHRT that shows the number of times that the MIPS eligible clinician transfers and/or refers patients to another setting of care

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			for the Support Electronic Referral Loops by Sending Health Information Measure.		clinician who transfers a patient to another setting and/or refers a patient fewer than 100 times during the performance period.	or to another health care provider during the performance period.
PI_HIE_4	Support Electronic Referral Loops by Receiving and Reconciling Health Information	For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.	Required	Numerator/Denominator	Receives or retrieves and reconciles an electronic summary care record into the CEHRT when a patient is transitioned or referred to the clinician AND performs review of medication(s), medication allergies, and current problem list and reconciliation for at least one transition of care or referral received, or patient encounter in which the MIPS eligible clinician has not before encountered the patient.	A dated report or screenshot that shows the number of times the MIPS eligible clinician: • electronically retrieved or received and reconciled a summary of care document into the CEHRT for a transition of care received, referral received, or patient encounter in which the MIPS eligible clinician has never before encountered the patient during the performance period. • performed clinical reconciliation for 1) medication, including the name, dosage, frequency, and route of each medication, 2) medication allergies, and 3) current problem list for a transition of care or referral received, or patient the MIPS eligible clinician has never before encountered during the performance period.
PI_LVITC_2	Support Electronic Referral Loops by Receiving and	Any MIPS eligible clinician who receives transitions of care or referrals or has patient	Required only if submitting	Yes	The 2020 QPP final rule revised the wording of this exclusion beginning with the 2019	A dated report or screenshot from the CEHRT that shows the number of times the MIPS eligible clinician

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	Reconciling Health Information Exclusion	encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period.	an exclusion for the Support Electronic Referral Loops by Receiving and Reconciling Health Information measure.		performance period: Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period. The exclusion of less than 100 is any combination of transitions, referrals, or new patients.	receives a transition of care or referral or has patient encounters in which the clinician has never before encountered the patient during the performance period.
PI_HIE_5	Health Information Exchange (HIE) Bi-Directional Exchange	The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care.	Required only if submitting as an alternative to PI_HIE_1 and PI_HIE_4 or an alternative to PI_HIE_6.	Yes	Must establish the technical capacity and workflows to engage in bi-directional exchange via an HIE for all patients seen by the eligible clinician and for any patient record stored or maintained in their EHR, consistent with their attestation statements.	• A dated report or screenshot that documents successful receipt and transmission of patient data via the entity providing health information exchange services. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). AND/OR • Letter, email or other documentation from the entity providing health information exchange services confirming participation of MIPS eligible clinician, the date of on-boarding, a description of services provided, and a description of exchange network participants (e.g.

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						number/type of participating providers). OR • Letter, email or other documentation from the MIPS eligible clinician's CEHRT vendor confirming a connection between the eligible clinician's CEHRT and an entity providing health information exchange services, the date of on-boarding, a description of services provided, and a description of exchange network participants (e.g. number/type of participating providers) for the duration of the performance period.
PI_HIE_6	Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)	The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care.to the following: • Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on ONC's website) in good standing (i.e. not suspended) and enabling secure, bidirectional exchange of information to occur, in	Required only if submitting as an alternative to PI_HIE_1 and PI_HIE_4 or an alternative to PI_HIE_5	Yes	The MIPS eligible clinician must • Participate as a signatory to a Framework Agreement in good standing (i.e. not suspended) and enabling secure, bidirectional exchange of information to occur, in production, for every patient encounter, transition or referral, and record stored or maintained in the EHR during the performance period, in accordance with applicable law and policy.. • Uses the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.	• A dated report or screenshot that documents successful receipt and transmission of patient data via the entity providing health information exchange services. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). AND/OR • Letter, email or other documentation from the entity providing health information exchange services confirming participation of MIPS eligible clinician, the date of on-boarding, a

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		production, for every patient encounter, transition or referral, and record stored or maintained in the EHR during the performance period, in accordance with applicable law and policy.. • Using the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.				description of services provided, and a description of exchange network participants (e.g. number/type of participating providers). OR • Letter, email or other documentation from the MIPS eligible clinician's CEHRT vendor confirming a connection between the eligible clinician's CEHRT and an entity providing health information exchange services, the date of on-boarding, a description of services provided, and a description of exchange network participants (e.g. number/type of participating providers) for the duration of the performance period.
PI_PEA_1	Provide Patients Electronic Access to Their Health Information	For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to	Required	Numerator/Denominator	Provide the information necessary to grant access to the patient or their authorized representative in order to view, download, and transmit their health information using any application of the patient's choice meeting the technical specifications of the application programming interface of the clinician's CEHRT.	A dated report or screenshot that documents the number of times a patient or patient-authorized representative is given access to view, download, or transmit their health information. This could include instructions provided to the patient on how to access their health information, including: the website address they must visit, the patient's unique and registered username or password, and a record of the patient logging on to show that the patient can use any application of their choice to access

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		meet the technical specifications of the Application Programing Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).				the information and meet the API technical specifications.
PI_PHCDRR_1	Immunization Registry Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	Required	Yes/No Statement	Active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the registry/immunization information system.	•A dated report or screenshot that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.

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PI_PHCDRR_1_EX_1	Immunization Registry Reporting Exclusion 1	Any MIPS eligible clinician who does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the performance period.	Required only if submitting an exclusion for the Immunization Registry Reporting measure (PI_PHCDRR_1) and the other exclusions (PI_PHCDRR_1_EX_2 or PI_PHCDRR_1_EX_3) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Immunization Registry Reporting measure for a MIPS eligible clinician who does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the performance period.	A dated report or screenshot that indicates that the MIPS eligible clinician did not administer any immunizations to any population for which data is collected by its jurisdiction's immunization registry or immunization information system during the performance period.
PI_PHCDRR_1_EX_2	Immunization Registry Reporting Exclusion 2	Support Electronic Referral Loops By Receiving and Reconciling Health Information Exclusion	Required only if submitting an exclusion for the Immunization Registry Reporting measure (PI_PHCDRR_1) and the other	Yes	The 2019 QPP final rule finalized an exclusion for the Immunization Registry Reporting measure for a MIPS eligible clinician who operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.

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			exclusions (PI_PHCDRR_1_EX_1 or PI_PHCDRR_1_EX_3) do not apply.			
PI_PHCDRR_1_EX_3	Immunization Registry Reporting Exclusion 3	Any MIPS eligible clinician who operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.	Required only if submitting an exclusion for the Immunization Registry Reporting measure (PI_PHCDRR_1) and the other exclusions (PI_PHCDRR_1_EX_1 or PI_PHCDRR_1_EX_2) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Immunization Registry Reporting measure for a MIPS eligible clinician who operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
PI_PHCDRR_1_PRE	Immunization Registry Reporting Active Engagement Level 1	Option 1 – Pre-Production and Validation: The MIPS eligible clinician must first register to submit data with the PHA or, where applicable, the clinical	Required only if PI_PHCDRR_1_PROD	Yes	The 2023 QPP final rule finalized that MIPS eligible clinicians must submit their level of active engagement, either OPTION 1 (Pre-production and Validation) or	•A dated report or screenshot that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was

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		data registry (CDR) to which the information is being submitted. Registration must be completed within 60 days after the start of the performance period, while awaiting an invitation from the PHA or CDR to begin testing and validation. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and validation of the electronic submission of data. The MIPS eligible clinician must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within a performance period would result in the MIPS eligible clinician not meeting the measure.	does not apply.		OPTION 2 (Validated Data Production) for each measure they report beginning with the performance period in CY 2023.	generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_1_PROD	Immunization Registry Active Engagement Level 2	Option 2 – Validated Data Production: The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	Required only if PI_PHCDRR_1_PRE does not apply.	Yes	The 2023 QPP final rule finalized that MIPS eligible clinicians must submit their level of active engagement, either OPTION 1 (Pre-production and Validation) or OPTION 2 (Validated Data Production) for each measure they report beginning with the performance period in CY 2023.	A dated report or screenshot of successful electronic transmissions (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.).
PI_PHCDRR_2	Syndromic Surveillance Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit	Bonus	Yes/No Statement	Active engagement with a public health agency or clinical data registry to submit syndromic	• A dated report or screenshot from CEHRT that document successful registration or submission to the

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		syndromic surveillance data from an urgent care setting.			surveillance data from an urgent care setting where the jurisdiction accepts syndromic data from such settings and the standards are clearly defined. The 2020 QPP final rule confirmed the measure description for the Syndromic Surveillance Reporting measure as follows: "The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting".	registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_2_PRE	Syndromic Surveillance Reporting Active Engagement Level 1	Option 1 – Pre-Production and Validation: The MIPS eligible clinician must first register to submit data with the PHA or, where applicable, the clinical data registry (CDR) to which the information is being submitted. Registration must be completed within 60 days after the start of the performance period, while	Required only if reporting the Syndromic Surveillance Reporting Measure (PI_PHCDRR_2) and	Yes	The 2023 QPP final rule finalized that MIPS eligible clinicians must submit their level of active engagement, either OPTION 1 (Pre-production and Validation) or OPTION 2 (Validated Data Production) for each measure they report beginning with the performance period in CY 2023.	•A dated report or screenshot that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.).

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		awaiting an invitation from the PHA or CDR to begin testing and validation. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and validation of the electronic submission of data. The MIPS eligible clinician must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within a performance period would result in the MIPS eligible clinician not meeting the measure.	PI_PHCDRR_2_PROD does not apply.			Or• Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_2_PROD	Syndromic Surveillance Reporting Active Engagement Level 2	Option 2 – Validated Data Production: The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	Required only if reporting the Syndromic Surveillance Reporting Measure (PI_PHCDRR_2)and PI_PHCDRR_2_PRE does not apply.	Yes	The 2023 QPP final rule finalized that MIPS eligible clinicians must submit their level of active engagement, either OPTION 1 (Pre-production and Validation) or OPTION 2 (Validated Data Production) for each measure they report beginning with the performance period in CY 2023.	A dated report or screenshot of successful electronic transmissions (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.).
PI_PHCDRR_3	Electronic Case Reporting	The MIPS eligible clinician is in active engagement with a public health agency to electronically	Required	Yes/No Statement	Active engagement with a public health agency or clinical data registry to electronically submit	• A dated report or screenshot from CEHRT that document successful registration or submission to the registry or public health agency.

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		submit case reporting of reportable conditions.			case reporting of reportable conditions.	Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_3_EX_1	Electronic Case Reporting Exclusion 1	Any MIPS eligible clinician who does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period.	Required only if submitting an exclusion for the Electronic Case Reporting measure (PI_PHCD	Yes	The 2019 QPP final rule finalized an exclusion for the Electronic Case Reporting measure for a MIPS eligible clinician who does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period.	A dated report or screenshot that indicates that the MIPS eligible clinician does not treat or diagnose any reportable diseases for which data is collected by the jurisdiction's reportable disease system during the performance period.

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			RR_3) and the other exclusions (PI_PHCDRR_3_EX_2 or PI_PHCDRR_3_EX_3) do not apply.			
PI_PHCDRR_3_EX_2	Electronic Case Reporting Exclusion 2	Any MIPS eligible clinician who operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period.	Required only if submitting an exclusion for the Electronic Case Reporting measure (PI_PHCDRR_3) and the other exclusions (PI_PHCDRR_3_EX_1 or PI_PHCDRR_3_EX_3) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Electronic Case Reporting measure for a MIPS eligible clinician who operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
PI_PHCDRR_3_EX_3	Electronic Case Reporting Exclusion 3	Any MIPS eligible clinician who operates in a jurisdiction where no public health agency has	Required only if submitting	Yes	The 2019 QPP final rule finalized an exclusion for the Electronic Case Reporting measure for a	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter

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		declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period.	an exclusion for the Electronic Case Reporting measure (PI_PHCDRR_3) and the other exclusions (PI_PHCDRR_3_EX_1 or PI_PHCDRR_3_EX_2) do not apply.		MIPS eligible clinician who operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period.	or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
PI_PHCDRR_3_PRE	Electronic Case Reporting Active Engagement Level 1	Option 1 – Pre-Production and Validation: The MIPS eligible clinician must first register to submit data with the PHA or, where applicable, the clinical data registry (CDR) to which the information is being submitted. Registration must be completed within 60 days after the start of the performance period, while awaiting an invitation from the PHA or CDR to begin testing and validation. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and	Required only if PI_PHCDRR_3_PROD does not apply.	Yes	The 2023 QPP final rule finalized that MIPS eligible clinicians must submit their level of active engagement, either OPTION 1 (Pre-production and Validation) or OPTION 2 (Validated Data Production) for each measure they report beginning with the performance period in CY 2023.	•A dated report or screenshot that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the

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		validation of the electronic submission of data. The MIPS eligible clinician must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within a performance period would result in the MIPS eligible clinician not meeting the measure.				submission and name of sending and receiving parties.
PI_PHCDRR_3_PROD	Electronic Case Reporting Active Engagement Level 2	Option 2 – Validated Data Production: The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	Required only if PI_PHCDRR_3_PRE does not apply.	Yes	The 2023 QPP final rule finalized that MIPS eligible clinicians must submit their level of active engagement, either OPTION 1 (Pre-production and Validation) or OPTION 2 (Validated Data Production) for each measure they report beginning with the performance period in CY 2023.	A dated report or screenshot of successful electronic transmissions (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.).
PI_PHCDRR_4	Public Health Registry Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.	Bonus	Yes/No Statement	Active engagement with a public health agency or clinical data registry to electronically submit data to public health registries.	• A dated report or screenshot from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include

Measure ID	Measure Name	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation*
						evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_4_PRE	Public Health Registry Reporting Active Engagement Level 1	Option 1 – Pre-Production and Validation: The MIPS eligible clinician must first register to submit data with the PHA or, where applicable, the clinical data registry (CDR) to which the information is being submitted. Registration must be completed within 60 days after the start of the performance period, while awaiting an invitation from the PHA or CDR to begin testing and validation. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and validation of the electronic submission of data. The MIPS eligible clinician must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to	Required only if reporting the Syndromic Surveillance Reporting Measure (PI_PHCDRR_4) and PI_PHCDRR_4_PROD does not apply.	Yes	The 2023 QPP final rule finalized that MIPS eligible clinicians must submit their level of active engagement, either OPTION 1 (Pre-production and Validation) or OPTION 2 (Validated Data Production) for each measure they report beginning with the performance period in CY 2023.	•A dated report or screenshot that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.

Measure ID	Measure Name	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation*
		respond twice within a performance period would result in the MIPS eligible clinician not meeting the measure.				
PI_PHCDRR_4_PROD	Public Health Registry Reporting Active Engagement Level 2	Option 2 – Validated Data Production: The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	Required only if reporting the Syndromic Surveillance Reporting Measure (PI_PHCDRR_4)and PI_PHCDRR_4_PRE does not apply.	Yes	The 2023 QPP final rule finalized that MIPS eligible clinicians must submit their level of active engagement, either OPTION 1 (Pre-production and Validation) or OPTION 2 (Validated Data Production) for each measure they report beginning with the performance period in CY 2023.	A dated report or screenshot of successful electronic transmissions (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.).
PI_PHCDRR_5	Clinical Data Registry Reporting	The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.	Bonus	Yes/No Statement	Active engagement with a clinical data registry to electronically submit clinical data.	• A dated report or screenshot from the CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include

Measure ID	Measure Name	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation*
						evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_5_PRE	Clinical Data Registry Reporting Active Engagement Level 1	Option 1 – Pre-Production and Validation: The MIPS eligible clinician must first register to submit data with the PHA or, where applicable, the clinical data registry (CDR) to which the information is being submitted. Registration must be completed within 60 days after the start of the performance period, while awaiting an invitation from the PHA or CDR to begin testing and validation. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and validation of the electronic submission of data. The MIPS eligible clinician must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to	Required only if reporting the Syndromic Surveillance Reporting Measure (PI_PHCDRR_5) and PI_PHCDRR_5_PROD does not apply.	Yes	The 2023 QPP final rule finalized that MIPS eligible clinicians must submit their level of active engagement, either OPTION 1 (Pre-production and Validation) or OPTION 2 (Validated Data Production) for each measure they report beginning with the performance period in CY 2023.	•A dated report or screenshot that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.

Measure ID	Measure Name	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation*
		respond twice within a performance period would result in the MIPS eligible clinician not meeting the measure.				
PI_PHCDRR_5_PROD	Clinical Data Registry Reporting Active Engagement Level 2	Option 2 – Validated Data Production: The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	Required only if reporting the Syndromic Surveillance Reporting Measure (PI_PHCDRR_5)and PI_PHCDRR_5_PRE does not apply.	Yes	The 2023 QPP final rule finalized that MIPS eligible clinicians must submit their level of active engagement, either OPTION 1 (Pre-production and Validation) or OPTION 2 (Validated Data Production) for each measure they report beginning with the performance period in CY 2023.	A dated report or screenshot of successful electronic transmissions (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.).

Version History

Date	Change Description
02/07/2023	Original version.
04/06/2023	Updated PI_EP_2 description to include Schedule III drug and Schedule IV drug prescriptions.

* Documentation needs to be from certified electronic health record technology (CEHRT) and be inclusive of:
1) The time period the report covers (performance period),
2) Clinician identification, e.g., National Provider Identifier (NPI), and
3) Evidence to support that the report was generated by the CEHRT (e.g., screenshot of the report before it was printed from the system).

Because some CEHRT are unable to generate reports that limit the calculation of measures to a prior time period, CMS suggests that clinicians download and/or print a copy of the report used at the time of data submission for their records.