

Quality Payment PROGRAM



2025 MIPS Data Validation – Promoting Interoperability Performance Category Criteria

Measure ID	Measure Title	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 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified	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 180-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	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

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		security deficiencies as part of the MIPS eligible clinician's risk management process.			new system and a review must be conducted covering each MIPS performance period. Notes: - The security risk analysis must be performed on the actual CEHRT(s) that cover the selected performance period and hold the production data being used to report on the Promoting Interoperability performance category measures. - If you are using data for the Promoting Interoperability performance category from two or more different CEHRTs you would need a security risk analysis for each CEHRT.	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.
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 to conducting an annual self-assessment of the High Priority Practices Guide of the SAFER Guides (https://www.healthit.gov/topic/safety/safer-guides) during the 2025 performance period. Note: It is acceptable for program year 2025 to use either the 2025 or the 2016 High Priority Practices SAFER Guides.	- A dated report or screenshot of the self-assessment checklist found in the 2025 High Priority Practices SAFER Guides on pages 6 -7 or the 2016 High Priority Practices SAFER Guides on pages 5 – 6 of the Guide. OR - A dated report or screenshot of the recommended practice worksheets (1.1 – 3.3) in the 2025 High Priority Practices SAFER Guides on pages 10 - 27

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						or the 2016 High Priority Practices SAFER Guides 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 certified electronic health record technology (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)). Notes: • Paper prescriptions may not be excluded from the denominator of this measure. • The denominator includes all prescriptions written by the MIPS eligible clinicians during the performance period.
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 PI_EP_1: e-Prescribing measure.	Yes	In order to submit an exclusion for the e-Prescribing measure, MIPS eligible clinicians must select the PI_LVPP_1 exclusion. 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	For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using certified electronic	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 Schedule II opioid,	A dated report or screenshot that shows the MIPS eligible clinician used data from CEHRT to conduct a query of a PDMP for prescription drug

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	Program (PDMP)	health record 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.			Schedule III drug or Schedule IV drug using CEHRT. Notes: • A direct interface between the clinician's CEHRT and the PDMP is not required. • You may manually enter the results of your query of the PDMP into your CEHRT.	history for at least one patient prior to electronically prescribing the patient a Schedule II opioid, or Schedule III or IV drug. Note: • Data from CEHRT would include anything that ensures the right patient is being queried in the PDMP, for example the patient's name, DOB, and the electronically prescribed schedule II, III, or IV drug.
PI_EP_2_EX_1	Query of Prescription Drug Monitoring Program (PDMP) Exclusion 1	Any MIPS eligible clinician who 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 PI_EP_2_EX_1 for PI_EP_2: Query of Prescription Drug Monitoring Program.	Yes	In order to submit an exclusion for PI_EP_2, MIPS eligible clinicians must select an exclusion (PI_EP_2_EX_1 or PI_EP_2_EX_2). The submission of a "yes" for PI_EP_2: Query of PDMP 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	Any MIPS eligible clinician who does not electronically prescribe any Schedule II opioids or Schedule III or IV drugs during the performance period.	Required only if submitting PI_EP_2_EX_2 for PI_EP_2: Query of Prescription	Yes	In order to submit an exclusion for PI_EP_2, MIPS eligible clinicians must select an exclusion (PI_EP_2_EX_1 or PI_EP_2_EX_2). The submission of a "yes" for PI_EP_2: Query of PDMP 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.

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			Drug Monitoring Program.			
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 or referred to another setting or health care provider, the summary of care document must be generated by the CEHRT in a Consolidated Clinical Document Architecture (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 health information exchange (HIE). Notes: • A MIPS eligible clinician must verify that the fields for current problem list, current medication list, and current medication allergy list are not blank and include the most recent information known by the MIPS eligible clinician as of the time of generating the summary of care document or include a notation of no current problem, medication and/or medication allergies.	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.

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					Reasonable certainty of receipt includes not receiving a bounce back, or receiving a message, fax, phone call or other communication to the referring doctor that the summary of care document has been received.	
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 PI_LVOTC_1 for PI_HIE_1: Support Electronic Referral Loops by Sending Health Information.	Yes	The PI_LVOTC_1 exclusion can be selected by any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	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 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	Required	Numerator/ Denominator	Receives or retrieves and reconciles an electronic summary of care record into the CEHRT when a patient is transitioned or referred to the MIPS eligible clinician AND the MIPS eligible clinician performs a review of medication(s), medication allergies, and current problem list and reconciliation for at least one transition of care or referral	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

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		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.			received, or patient encounter in which the MIPS eligible clinician has not before encountered the patient.	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. Note: - If no update is necessary, the process of reconciliation may consist of simply verifying that fact or reviewing a record received on referral and determining that such information is merely duplicative of existing information in the patient record.
PI_LVITC_2	Support Electronic Referral Loops by Receiving and Reconciling Health	Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before	Required only if submitting PI_LVITC_2 for PI_HIE_4: Support	Yes	The exclusion of less than 100 is the sum total of fewer than 100 referrals, transitions or patients never before encountered by the MIPS eligible provider during the performance period, regardless	A dated report or screenshot from the CEHRT that shows the number of times the MIPS eligible clinician receives a transition of care or referral or has patient encounters in which the clinician has never

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	Information Exclusion	encountered the patient fewer than 100 times during the performance period.	Electronic Referral Loops by Receiving and Reconciling Health Information.		of if there was an electronic summary of care document received/retrieved.	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/No Statement	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 CEHRT, consistent with their attestation statements. Note: • Full bi-directional functionality must be turned on and being used for the entire selected performance period.	• 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. number/type

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						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 to the following: Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Interoperability as published in the Federal Register and on ONC's website) in good	Required only if submitting as an alternative to PI_HIE_1 and PI_HIE_4 or an alternative to PI_HIE_5.	Yes/No Statement	The MIPS eligible clinician must be able to attest to the following: Participate as a signatory to a Framework Agreement in good standing (i.e. not suspended) and enabling secure, bi-directional 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	- 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

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		standing (i.e. not suspended) and enabling secure, bi-directional 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. • Using the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.			and policy.- • Uses the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.	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. 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	For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized	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	A dated report or screenshot that documents the number of times a patient or patient-authorized representative is given access to view,

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	Their Health Information	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 meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).			health information using any application of the patient's choice meeting the technical specifications of the application programming interface of the clinician's CEHRT. Notes: • The measure requires that the patient be provided all of the necessary information needed to access their health information on the first visit of the performance period including access through the API, so that should they choose to access their health information between the first visit and second visit, they may do so. • The patient does not have to access their information to meet the numerator requirements. • The patient cannot be counted in the numerator if the MIPS eligible clinician does not continue to update the information accessible to the patient each time new information is available.	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 the information and meet the API technical specifications. Note: • Each unique patient will only be counted once in the numerator/denominator.
PI_PHCDRR_1	Immunization Registry Reporting	The MIPS eligible clinician is in active engagement with a	Required	Yes/No Statement	The MIPS eligible clinician must attest YES to being in active engagement with a PHA to	• A dated report or screenshot that document successful registration or submission to

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		public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).			submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS). Notes: • Bi-directionality is required and provides that certified health IT must be able to receive and display a consolidated immunization history and forecast in addition to sending the immunization record. • Non-vaccinating clinicians can get credit for the Immunization Registry Reporting measure for Promoting Interoperability if they can query and receive results (i.e., the consolidated immunization record and forecast) into their electronic health record (EHR) from the Immunization Information System (IIS) in accordance with HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5 (October 2014).	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 PI_PHCDRR_1_EX_1 for PI_PHCDRR_1: Immunization Registry Reporting.	Yes	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. 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.).
PI_PHCDRR_1_EX_2	Immunization Registry Reporting Exclusion 2	Any 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 certified electronic health record technology (CEHRT) definition at the start of the performance period.	Required only if submitting PI_PHCDRR_1_EX_2 for PI_PHCDRR_1: Immunization Registry Reporting.	Yes	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. Note: • Exclusion PI_PHCDRR_1_EX_2 does not apply if an entity designated by the immunization registry or IIS can receive electronic	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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					immunization data submissions.	
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 PI_PHCDRR_1_EX_3 for PI_PHCDRR_1: Immunization Registry Reporting.	Yes	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. Note: • If the registry has not declared readiness by July 1st of the year prior to the upcoming performance year that the registry they are offering will be ready by January 1 of the upcoming performance year, this exclusion may be claimed regardless of the selected performance period.	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 CDR to which the information is being	Required only if PI_PHCDRR_1_PROD does not apply.	Yes	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 Public Health and Clinical Data Exchange measure they report. Note:	• A dated report or screenshot that document successful registration with 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

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		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. MIPS eligible clinicians that have registered in previous years do not need to submit an additional registration for subsequent performance periods. 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.			• MIPS eligible clinicians should attest to whatever level they are at the final day of their chosen performance period.	Identifier (NPI), clinician name, practice name, etc.). Or • Letter or email from registry or public health agency confirming registration.

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PI_PHCDRR_1_PROD	Immunization 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 PI_PHCDRR_1_PRE does not apply.	Yes	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 Public Health and Clinical Data Exchange measure they report. Note: MIPS eligible clinicians should attest to whatever level they are at the final day of their chosen performance period.	- A dated report or screenshot that document successful 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 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.). - Or - Letter or email from registry or public health agency confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.

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PI_PHCDRR_2	Syndromic Surveillance Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	Bonus	Yes/No Statement	Active engagement with a public health agency or clinical data registry to submit syndromic surveillance data from an urgent care setting where the jurisdiction accepts syndromic data from such settings and the standards are clearly defined. Note: • Must satisfy the required measures in the PHCDRR Objective to earn bonus points for any of the three optional measures.	• 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 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_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 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. MIPS eligible clinicians that have registered in previous years do not need to submit an additional registration for subsequent performance periods. 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	Required only if reporting the Syndromic Surveillance Reporting Measure (PI_PHCDRR_2) and PI_PHCDRR_2_PROD does not apply.	Yes	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 Public Health and Clinical Data Exchange measure they report. Note: • MIPS eligible clinicians should attest to whatever level they are at the final day of their chosen performance period.	• A dated report or screenshot that document successful registration with 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 including the date of the submission and name of sending and receiving parties.

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		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	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	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 Public Health and Clinical Data Exchange measure they report. Note: • MIPS eligible clinicians should attest to whatever level they are at the final day of their chosen performance period.	• A dated report or screenshot that document successful 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 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.). - Or

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						Letter or email from registry or public health agency confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_3	Electronic Case Reporting	The MIPS eligible clinician is in active engagement with a Public Health Agency (PHA) to electronically submit case reporting of reportable conditions.	Required	Yes/No Statement	Active engagement with a public health agency or clinical data registry to electronically submit case reporting of reportable conditions.	- 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 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

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						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 PI_PHCDRR_3_EX_1 for PI_PHCDRR_3: Electronic Case Reporting.	Yes	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. 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.).
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 eCR data in the specific standards required to meet the CEHRT definition at the start of the performance period.	Required only if submitting PI_PHCDRR_3_EX_2 for PI_PHCDRR_3: Electronic Case Reporting.	Yes	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.	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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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 declared readiness to receive eCR data as of 6 months prior to the start of the performance period.	Required only if submitting PI_PHCDRR_3_EX_3 for PI_PHCDRR_3: Electronic Case Reporting.	Yes	A 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. Note: • If the registry has not declared readiness by July 1st of the year prior to the upcoming performance year that the registry they are offering will be ready by January 1 of the upcoming performance year, this exclusion may be claimed regardless of the selected performance period.	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_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 CDR to which the information is being submitted. Registration must be completed within 60 days after the start of the performance	Required only if PI_PHCDRR_3_PROD does not apply.	Yes	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 Public Health and Clinical Data Exchange measure they report. Note: • MIPS eligible clinicians should attest to whatever level they are at the final day of their chosen performance period.	• A dated report or screenshot that document successful registration with 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

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
		period, while awaiting an invitation from the PHA or CDR to begin testing and validation. MIPS eligible clinicians that have registered in previous years do not need to submit an additional registration for subsequent performance periods. 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.				or public health agency confirming registration including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_3_PROD	Electronic Case Reporting Active	Option 2 – Validated Data Production: The MIPS eligible clinician has completed testing	Required only if PI_PHCDRR_	Yes	MIPS eligible clinicians must submit their level of active engagement, either OPTION 1 (Pre-production and Validation)	• A dated report or screenshot that document successful submission to the registry or public health agency. Should

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
	Engagement Level 2	and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	3_PRE does not apply.		or OPTION 2 (Validated Data Production) for each Public Health and Clinical Data Exchange measure they report. Note: • MIPS eligible clinicians should attest to whatever level they are at the final day of their chosen performance period.	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 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.). Or • Letter or email from registry or public health agency confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.
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 to electronically submit data to public health registries. Note: • Must satisfy the required	• A dated report or screenshot from CEHRT that document successful registration or submission to the public health agency. Should include evidence to support that it

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
					measures in the PHCDRR Objective to earn bonus points for any of the three optional measures.	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 a 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 CDR to which the	Required only if reporting the Public Health Registry Reporting Measure	Yes	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 Public Health and Clinical Data Exchange measure they report.	• A dated report or screenshot that document successful registration with the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g.,

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
		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. MIPS eligible clinicians that have registered in previous years do not need to submit an additional registration for subsequent performance periods. 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	(PI_PHCDRR_4) and PI_PHCDRR_4_PROD does not apply.		Note: MIPS eligible clinicians should attest to whatever level they are at the final day of their chosen performance period.	identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or Letter or email from registry or public health agency confirming registration.

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
		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 Public Health Registry Reporting Measure (PI_PHCDRR_4) and PI_PHCDRR_4_PRE does not apply.	Yes	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 Public Health and Clinical Data Exchange measure they report. Note: MIPS eligible clinicians should attest to whatever level they are at the final day of their chosen performance period.	- A dated report or screenshot that document successful 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 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.). - Or - Letter or email from registry or public health agency confirming receipt of submitted data, including the date of the submission and

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
						name of sending and receiving parties.
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. Note: • Must satisfy the required measures in the PHCDRR Objective to earn bonus points for any of the three optional measures.	• A dated report or screenshot from the CEHRT that document successful registration or submission to the registry. 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

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
						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 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. MIPS eligible clinicians that have registered in previous years do not need to submit an additional registration for subsequent performance periods. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and validation of the electronic	Required only if reporting the Clinical Data Registry Reporting Measure (PI_PHCDRR_5) and PI_PHCDRR_5_PROD does not apply.	Yes	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 Public Health and Clinical Data Exchange measure they report. Note: • MIPS eligible clinicians should attest to whatever level they are at the final day of their chosen performance period.	• A dated report or screenshot that document successful registration with 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.

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
		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_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 Clinical Data Registry Reporting Measure (PI_PHCDRR_5) and PI_PHCDRR_5_PRE does not apply.	Yes	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 Public Health and Clinical Data Exchange measure they report. Note: • MIPS eligible clinicians should attest to whatever level they are at the final day of their chosen performance period.	• A dated report or screenshot that document successful 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 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),

Measure ID	Measure Title	Measure Description	Required/ Bonus	Reporting Requirement	Validation	Suggested Documentation
						clinician name, practice name, etc.). Or • Letter or email from registry or public health agency confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.

Version History

Date	Change Description
6/06/2025	Original version.