Quality Payment
PROGRAM

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

Objective:	**Health Information Exchange** The MIPS eligible clinician provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and reconciles summary of care information from other healthcare providers into their electronic health record (EHR) using the functions of certified EHR technology (CEHRT).
Measure:	**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.
Measure ID:	**PI_HIE_5**

Definition of Terms

Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum this includes all transitions of care and referrals that are ordered by the MIPS eligible clinician.

Referral – Cases where one MIPS eligible clinician refers a patient to another, but the referring MIPS eligible clinician maintains his or her care of the patient as well.

Current Problem List – At a minimum a list of current and active diagnoses.

Current Medication List – A list of medications that a given patient is currently taking.

Current Medication Allergy List – A list of medications to which a given patient has known allergies.

Allergy – An exaggerated immune response or reaction to substances that aren't generally harmful.

Health Information Exchange (HIE) – "HIE" broadly refers to arrangements that facilitate the exchange of health information and may include arrangements commonly denoted as exchange "frameworks", "networks", or using

other terms.

Reporting Requirements

"Yes"/"No" Response

The MIPS eligible clinician must attest "YES" to the following statements:

- I participate in an HIE to enable secure, bi-directional exchange to occur 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.
- The HIE that I participate in is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHRs and doesn't engage in exclusionary behavior when determining exchange partners.
- I use the functions of CEHRT to support bi-directional exchange with an HIE.

Scoring Information

- Required for MIPS Promoting Interoperability Performance Category Score: **Yes, unless submitting one of the alternative measures: Support Electronic Referral Loops by Sending Health Information and Support Electronic Referral Loops by Receiving and Reconciling Health Information (PI_HIE_1 and PI_HIE_4), or Enabling Exchange Using the Trusted Exchange Framework and Common Agreement™ (TEFCA™) (PI_HIE_6)**
- Measure Score: **30 points**
- Eligible for Bonus Score: **No**

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

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

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

Additional Information

- To check whether a health IT product has been certified to ONC Certification Criteria for Health IT, visit the Certified Health IT Product List (CHPL).
- Certified functionality must be used as needed for a measure action to count during a performance period. However, in some situations, the product may be deployed during the performance period but pending certification. In such cases, the product must be certified by the last day of the performance period.
- Actions must occur within the performance period.
- Successfully attesting to the measure may include enabling the ability to query for, or receive health information for, all new and existing patients seen by the MIPS eligible clinician, as well as enabling sending or sharing information for all new and existing patients seen by the MIPS eligible clinician.
- Exchange networks that wouldn't support attestation to the second attestation statement would include exchange networks that only support information exchange between affiliated entities, such as networks that only connect health care providers within a single health system, or networks that only facilitate sharing between health care providers that use the same EHR vendor.
- A MIPS eligible clinician attesting to the third statement wouldn't be required to use all the certified health IT modules identified as relevant to the measure to support their connection with an HIE, nor must a connection with an HIE be solely based on certified health IT modules.
- When reporting as a group, virtual group, or Alternative Payment Model (APM) Entity, data should be aggregated across all instances of CEHRT used by all MIPS eligible clinicians within a group/under one Taxpayer Identification Number (TIN), across all instances of CEHRT used by all TINs within a virtual group, or across all instances of CEHRT used by all participant TINs within an APM Entity. Such aggregation includes MIPS eligible clinicians who may qualify for a MIPS Promoting Interoperability Performance Category Hardship Exception due to being part of a small practice, being a non-patient facing MIPS eligible clinician, or having a hospital-based, or ambulatory surgery center (ASC)-based status. For additional information, please review the 2026 MIPS Promoting Interoperability Performance Category Hardship Exception Application Guide available in the Quality Payment Program Resource Library.
- When reporting as a subgroup (MIPS Value Pathway), aggregated data of the affiliated group should be submitted.
- APM Entities can choose to report MIPS Promoting Interoperability performance category data at the individual, group, virtual group, or APM Entity level when participating in MIPS. Review the Frequently Asked Questions on the Shared Savings Program Requirement to Report Objectives and Measures for the MIPS Promoting Interoperability Performance Category (PDF, 271KB) for more information.

Regulatory References

The most recent regulatory references can be found in the Calendar Year (CY) 2023 Physician Fee Schedule final rule (87 FR 70071).

Certification Criteria

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

Certification Criteria
Examples of certified health IT capabilities to support the actions of this measure may include, but aren't limited to, technology certified to the following criteria. §170.315(b)(1) Transitions of Care §170.315(b)(2) Clinical Information Reconciliation and Incorporation § 170.315(g)(7) Application access — Patient Selection § 170.315(g)(9) Application access — All Data Request § 170.315(g)(10) Application access — Standardized API for Patient and Population Services

Version History Table

Date	Change Description
12/15/2025	Original posting.