

# Promoting Interoperability Measures

## [PI Facts Sheet](#)

### [2025 Promoting Interoperability Measures](#)

#### Measures:

#### Health Information Exchange

##### **PI-HEI-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.

Exclusions: Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.

MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period.

Required unless submitting one of the alternatives, HIE Bi-Directional Exchange measure (PI\_HIE\_5) or the Enabling Exchange Under TEFCA measure (PI\_HIE\_6) - Measure Score: 15 points No Bonus Points

##### **PI-HEI-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.

Exclusions: 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.

Required unless submitting one of the alternatives, HIE Bi-Directional Exchange measure (PI\_HIE\_5) or the Enabling Exchange Under TEFCA measure (PI\_HIE\_6) - Measure Score: 15 points No Bonus Points

##### **PI-HEI-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 if submitting as an alternative to the Support Electronic Referral Loops by Sending Health Information and the Support Electronic Referral Loops by Receiving and Reconciling measures (PI\_HIE\_1 and PI\_HIE\_4) or an alternative to the Enabling Exchange Under TEFCA measure (PI\_HIE\_6) - Measure Score: 30 points No Bonus Points

##### **PI-HEI-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 Information Interoperability as published in the Federal Register and on ONC's website) in good standing (that is, 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 certified electronic health information technology (CEHRT) to support bi-directional exchange of patient information, in production, under this Framework Agreement.

Required if submitting as an alternative to the Support Electronic Referral Loops by Sending Health Information and the Support Electronic Referral Loops by Receiving and Reconciling measures (PI\_HIE\_1 and PI\_HIE\_4) or an alternative to the HIE Bi-Directional Exchange measure (PI\_HIE\_5)

Measure Score: 30 points No Bonus Points

## **Protect Patient Health Information**

### **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 security deficiencies as part of the MIPS eligible clinician's risk management process.

Exclusions: None – Required but no score and no bonus

### **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.

Exclusions: None – Required but no score and no bonus

## **Public Health and Clinical Data Exchange**

### **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).

Exclusions: Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Immunization Registry Reporting measure if the MIPS eligible clinician:

1. 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. OR
2. 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. OR
3. 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: Measure Score: 25 points No bonus Points

### **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.

Exclusions: None – Not required but 5 bonus points if completed

### **PI-PHCDRR-5 Clinical Data Registry Reporting**

The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.

Exclusions: None – Not required but 5 bonus points if completed

### **PI-PHCDRR-3 Electronic Case Reporting**

The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.

Exclusions: Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Electronic Case Reporting measure if the MIPS eligible clinician:

1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period. OR
2. 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 certified electronic health record technology (CEHRT) definition at the start of the performance period. OR
3. 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.

Required: Measure score-25 points No bonus points

#### **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.

Exclusions: None Not required No measure points. 5 bonus points.

#### **e-Prescribing**

##### **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).

Exclusions: Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.

Required: Measure Score-10 points No bonus Points

##### **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 certified electronic 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.

Exclusions: Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the PDMP measure if the MIPS eligible clinician:

1. Is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in accordance with applicable law during the performance period.
2. Does not electronically prescribe any Schedule II opioids or Schedule III or IV drugs during the performance period.

Required: Measure Score: 10 No bonus points

#### **Provider to Patient Exchange**

##### **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 meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).

No exclusions

Required: Measure Score- 25 points No bonus Points

#### **SAFER GUIDELINES**

SAFER goal of increasing safety and use of EHRs. The SAFER Guides are a set of self-assessment tools that aim to help healthcare organizations evaluate their EHR safety practices, identify potential risks, and mitigate those risks.

#### **Note: In order to earn a score greater than zero for the Promoting Interoperability performance category, MIPS eligible clinicians must:**

- Complete the Security Risk Analysis measure
- Complete the High Priority Practices SAFER Guide measure
- Complete the ONC Direct Review attestation
- Attest to the "Actions to limit or restrict compatibility or interoperability of CEHRT" statement
- Submit their complete numerator and denominator or Yes/No data for all required measures
- Submit their CMS certification identification number
- Submit their level of active engagement for the Public Health and Clinical Data Exchange measures
- Failure to report at least a "1" in all required measures with a numerator or reporting a "No" for a Yes/No response measure will result in a total score of 0 points for the Promoting Interoperability performance category
- Submit data for a minimum of 180 consecutive days within the calendar year

### **Additional Information**

- MIPS eligible clinicians must use technology certified to ONC Certification Criteria for Health IT necessary to meet the CEHRT definition (88 FR 79307).
- 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) at <https://chpl.healthit.gov/>.
- Certified functionality must be used as needed for a measure action to count in the numerator during a performance period. However, in some situations the product may be deployed during the performance period but pending certification. In such cases, the product must be certified by the last day of the performance period.
- Failure to complete the required actions for the Security Risk Analysis will result in no score for the Promoting Interoperability performance category, regardless of whether other measures in this category are reported. The Security Risk Analysis measure is not scored and does not contribute any points to the MIPS eligible s total score.

It is acceptable for the security risk analysis to be conducted or reviewed outside the performance period; however, the analysis must be unique for each performance period, the scope must include the full performance period, and it must be conducted within the calendar year of the 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 performance period. Any security updates and deficiencies that are identified should be included in the clinician's risk management process and implemented or corrected as dictated by that process.

The security risk analysis requirement under 45 CFR 164.308(a)(1) must assess the potential risks and vulnerabilities to the confidentiality, availability, and integrity of all ePHI that an organization creates, receives, maintains, or transmits. This includes ePHI in all forms of electronic media, such as hard drives, floppy disks, CDs, DVDs, smart cards or other storage devices, personal digital assistants, transmission media, or portable electronic media.

At a minimum, MIPS eligible clinicians should be able to show a plan for correcting or mitigating deficiencies and that steps are being taken to implement that plan.

The parameters of the security risk analysis are defined at 45 CFR 164.308(a)(1), which was created by the HIPAA Security Rule. MIPS does not impose new or expanded requirements on the HIPAA Security Rule nor does it require specific use of every certification and standard that is included in certification of EHR technology. More information on the HIPAA Security Rule can be found at

HHS Office for Civil Rights (OCR) has issued guidance on conducting a security risk analysis in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule:

Additional free tools and resources available to assist clinicians include a Security Risk Assessment (SRA) Tool developed by ONC and OCR: <https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool>.