

## CMS MIPS 2025 Part 2: Overview - MVP & MIPS Reporting Options

### Promoting Interoperability and Cost Categories

Rebecca Wartman OD March 2026

Last month the 2026 MVP and MIPS Reporting options for Quality and Improvement Activity Categories were discussed, along with the overall participation requirements and special status exemptions that are in place. This article will discuss the two remaining categories of Cost and Promoting Interoperability (PI).

The majority of Optometrists are exempt from the Cost Category. However, an Optometrist practicing in an OD-OMD practice or in a multispecialty setting might be impacted by Cost. Cost is calculated by CMS and there is no action required on the part of the providers.

The PI category is designed to encourage the use of technology to exchange and make use of information, make the communication of patient information easier and to improve the communication of patient outcomes. The goal of emphasizing the use of Certified Electronic Health Records technology (CEHRT) is to improve patients' access to their own health information, streamline the exchange of information between providers and pharmacies, and to provide a more systemized system to collect, analyze and interpret healthcare data.

The Promoting Interoperability Category (PI) is required and will be counted for MVP or traditional MIPS reporting if you are in a practice of sixteen or more providers. Practice of 15 or fewer providers receive an automatic exemption from PI under the [Small Practice Status](#). There are [Special Statuses](#) for a few other classes of providers such as those practicing in rural areas or in Health Professional Shortage Areas. There are some hardship exemptions in place for providers who are required to submit PI. Each provider must apply and have their exemption [2026 Promoting Interoperability Performance Category Hardship application](#) approved. The application deadline is December 31, 2026.

The PI Reporting period for 2026 is 180 days. A provider's reporting can start at any time but must run for a continuous 180-day period. The last day any provider can start is July 5, 2026 in order to meet the 180-day reporting period. The same electronic health records should be used during the entire reporting period. Providers may be eligible to report as an Individual or as a Group. Your [participation eligibility](#) should be checked on the QPP website.

For 2026, providers must perform and attest "YES" for the three required measures in order to get any credit for this category. These three required measures fall under the "Protect Patient Health Information" measure for PI. There is another optional measure that can be completed. The measures are"

1. [Complete Security Risk Analysis](#)
  - a. Conduct or review security risk analysis on your CEHRT functionality (ONC's health IT certification criteria)
  - b. Implement security risk management to sufficiently reduce risks and vulnerabilities
2. [Complete High Priority Practices SAFER Guide measure](#)

Annual self-assessment in 2026 using 2025 High Priority Practices Guide
3. [Attest to "Actions to limit or restrict compatibility or interoperability of CEHRT" statement](#)
4. Complete ONC Direct Review attestation (optional)

The other objectives under 2026 PI are as follows, with most having some exemptions available:

1. Electronic Prescribing
    - a. E-prescribing (1-10 points)
    - b. Query of Prescription Drug Monitoring Program (10 points)
  2. A. Health Information Exchange (HIE)
    - a. Support Electronic Loop by sending health information (15 point)
    - b. Support Electronic Loop by receiving health information (15 points)

**OR**

  - B. Health Information Exchange Bi-directional Exchange (30 points)
- OR**

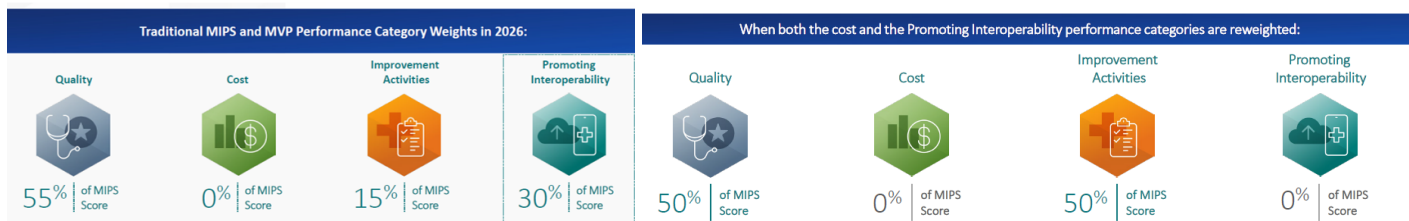
- C. Enabling Exchange under TEFCA (30 points)
- 3. Provider to Patient Exchange
  - Provide patient with electronic access to their health information
- 4. Public Health and Clinical Data Exchange
  - A. Report to Public Health or Clinical Data Registries (25 points)
    - Immunization Registry
    - Electronic Case Reporting
  - B. Option to report one of health agency or clinical data registry measures (5 Bonus Points)
    - a. Public Health Registry Reporting or
    - b. Clinical Data Registry Reporting or
    - c. Syndromic Surveillance Reporting or
    - d. Public Health Reporting using TEFCA
- 5. Protect Patient Health Information (required activity – see above)
  - A. Conduct a security risk analysis
  - B. Perform security risk management activities

Providers should review each measure for details on the requirements for completions which can be found [here](#).

## Overview

### Practices ≥ 16 providers

### Practices ≤ 15 providers



Happy Coding...

## Resources:

PI Quick Start Guide: <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3599/2026-Promoting-Interoperability-Quick-Start-Guide.pdf>

2026 Promoting Interoperability Performance Category Hardship application: [Exception Applications - QPP](#)

Special Statues: [Special Statues - QPP](#)

MIPS Cost Performance Fact Sheet: <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2294/MIPS%20Cost%20Performance%20Category%20Fact%20Sheet.pdf>

QPP Eligibility: <https://qpp.cms.gov/eligibility-participation/eligibility/check>

SAFER Guidelines: <https://healthit.gov/clinical-quality-and-safety/safer-guides/>

PI Measure Specifications, Activity Inventory, and Documentation Specifications: <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3607/Links-to-2026-MIPS-Measure-Specs-Activity-Inventory-and-Supporting-Documentation.pdf>