

MIPS/MVP 2025: Promoting Interoperability

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The January 2025 article covered provider participation in the MIPS Value Pathways (MVP) and the February 2025 article covered how to participate in Quality and Improvement Activity categories for the traditional MIPS program. Please review these previous articles for in-depth information on how to determine your particular MIPS eligibility and the requirements of the other MIPS/MVP categories. This article will cover the details necessary to participate in the Promoting Interoperability (PI) category of traditional MIPS and the MVP options. Providers in small practices (15 or fewer providers) are exempt from the PI reporting requirements as are those who see fewer patients, provide fewer services or bill lower amounts to Traditional Medicare and Railroad Medicare.

The fourth category in MIPS/MVP is Cost. For most optometrists, the Cost section of MIPS and MVP will not be counted as there are no Cost measures that apply. Even for the rare OD who might be subject this section, Cost measures are always calculated by CMS and do not require any provider actions.

The Promoting Interoperability (PI) portion of MIPS 2025 accounts for 30% of the total MIPS score for large practices (16 or more providers). For small practices of 15 or fewer providers, the MIPS scoring is redistributed to Quality and Improvement Activities only. (See the January and February 2025 articles for details.) PI measures reporting varies with the specific measure and will be either a yes/no response or numerator/denominator response. All PI Measures must be performed for a minimum of continuous 180 days. The last day to begin a 180-day reporting period is July 5, 2025. Reporting PI is via attestation. Complete Promoting Interoperability information can be found [here](#). If multiple data submissions are received for a provider or practice, CMS will calculate a score for each qualifying data submission received and assign the highest of the scores. Providers are encouraged to review the [2025 PI FAQ sheet](#), the [2025 PI Quick Start Guide](#), and the [2025 PI Measure Specifications](#).

MIPS eligible providers are required to submit data for the at least 180 consecutive days for the following measures to earn a score greater than zero for the Promoting Interoperability performance categories:

- Complete the Security Risk Analysis measure and submit attestation of “YES”
- Complete the High Priority Practices SAFER Guide measure and submit attestation of “YES”
- Attest to the “Actions to limit or restrict compatibility/ interoperability of CEHRT” statement and submit attestation of “YES”
- Complete the ONC Direct Review attestation and submit attestation of “YES”
- Submit their complete numerator and denominator or Yes/No data for all required measures (6 or 7 measures)
- Submit their CMS certification identification number
- 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 their level of active engagement for the Public Health and Clinical Data Exchange measures

In addition to the required components for the Security Risk Analysis, the SAFER Guide measures, the CEHRT statement, the ONC Direct Review and the CMS certification identification number, the following categories have more than one component which are summarized in the MIPS PI Quick Start Guide referenced above:

Electronic Prescribing

e-Prescribing: 1-10 points

Query of Prescription Drug Monitoring Program (PDMP): 10 points

Health Information Exchange (Choose one option)

1. Enabling Exchange Under Trusted Exchange Framework Common Agreement (TEFCA): 30 points

2. Health Information Exchange (HIE) Bi-Directional Exchange: 30 points

3a. Support Electronic Referral Loops by Sending Health Information: 1-15 points

3b. Electronic Referral Loops by Receiving and Reconciling Health Information: 1-15 points

Provider to Patient Exchange

Provide Patients Electronic Access to Their Health Information: 1-25 points

Public Health and Clinical Data Exchange (Optional)

Electronic Case Reporting or Immunization Registry Reporting: 25 points

Clinical Data Registry Reporting – Optional Bonus 5 points

Public Health Registry Reporting - Optional Bonus 5 points
Syndromic Surveillance Reporting – Optional Bonus 5 points

In summary, for MIPS/MVP 2025 reporting requires provider action in order to avoid the possible penalty of up to 9% on all of your Medicare Part B payments in 2027. Please use the MIPS Guides, Summary Sheet for PI, the recorded webinar on AOA EyeLearn and the [QPP resources](#) to ensure you and/or your practice are successfully and properly reporting all required sections of MIPS 2025.

Happy Coding...