



2026 Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category: Actions to Limit or Restrict Compatibility or Interoperability of Certified Electronic Health Record (EHR) Technology (CEHRT) Attestation Fact Sheet

Overview

To prevent actions that block the exchange of health information, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and the Quality Payment Program require MIPS eligible clinicians to show that they haven't knowingly and willfully limited or restricted the compatibility or interoperability of their CEHRT. MIPS eligible clinicians show that they're meeting this requirement by attesting to the Actions to Limit or Restrict Compatibility or Interoperability of CEHRT statement.

Is an Attestation Required?

To meet the requirements for the MIPS Promoting Interoperability performance category, a MIPS eligible clinician **must** attest to the Actions to Limit or Restrict Compatibility or Interoperability of CEHRT attestation statement. Only a "Yes" response will fulfill the attestation's requirement.

If reporting as a group, virtual group, or Alternative Payment Model (APM) Entity, the Actions to Limit or Restrict Compatibility or Interoperability of CEHRT attestation by the group, virtual group, or APM Entity applies to all MIPS eligible clinicians within the group, virtual group, or APM Entity. Therefore, if one MIPS eligible clinician in the group, virtual group, or APM Entity fails to meet the requirements of the attestation, then the entire group, virtual group, or APM Entity would fail to meet the requirement.

What Actions Are Required?

To earn a score greater than zero for the MIPS Promoting Interoperability performance category, a MIPS eligible clinician must act in good faith when implementing and using CEHRT to exchange electronic health information. This includes working with technology developers and others who built CEHRT to ensure that the technology is used correctly and connected (and enabled) to meet applicable standards and laws.

A MIPS eligible clinician **must** also ensure that their organizational policies and workflows are enabled and don't restrict the CEHRT's functionality in any way. For example, if a MIPS eligible clinician's CEHRT gives patients

access to their electronic health information or exchanges information with other MIPS eligible clinicians, a MIPS eligible clinician's practice must use these capabilities.

We recognize that circumstances beyond a MIPS eligible clinician's control may limit the exchange or use of electronic health information. Thus, the Actions to Limit or Restrict Compatibility or Interoperability of CEHRT attestation statement focuses on whether a MIPS eligible clinician acts in **good faith** to exchange electronic health information within their circumstances.

The Actions to Limit or Restrict Compatibility or Interoperability of CEHRT attestation considers a MIPS eligible clinician's individual circumstances, such as:

- Practice or organization size.
- How much technology they have.
- What their CEHRT can do.

The attestation **doesn't**:

- Assume how much a MIPS eligible clinician knows about technology.
- Hold a MIPS eligible clinician responsible for outcomes they cannot reasonably influence or control.

What Is Being Attested To?

The Actions to Limit or Restrict Compatibility or Interoperability of CEHRT attestation is based on section 106(b)(2)(A) of MACRA, which pertains to how MIPS eligible clinicians implement and use CEHRT. The attestation requires MIPS eligible clinicians to demonstrate that they didn't knowingly and willfully take action to limit or restrict the compatibility or interoperability of CEHRT.

Actions to Limit or Restrict Compatibility or Interoperability of CEHRT Attestation Statement:

The MIPS eligible clinician must attest "Yes" to not knowingly and willfully taking action (such as to disable functionality) to limit or restrict the compatibility or interoperability of CEHRT.

When attesting "Yes," a MIPS eligible clinician is confirming that they've acted in good faith to:

- Support the appropriate exchange of electronic health information.
- Not knowingly and willfully limit or restrict the compatibility or interoperability of the CEHRT.

Failure to attest "Yes" to the Actions to Limit or Restrict Compatibility or Interoperability of CEHRT attestation statement will result in a score of zero for the MIPS Promoting Interoperability performance category.

Examples of actions that may restrict compatibility or interoperability include:

- Implementing or configuring CEHRT, so access to certain types of data elements or to the "structure" of the data is limited.
- Implementing CEHRT in ways that limit the people or entities that can access and exchange information, or the types of technologies they can use.

We **don't expect** a MIPS eligible clinician to have any special technical skills or to personally deal with the technical details of implementing their health information technology (IT). However, we **do expect** that a MIPS eligible clinician take reasonable steps to ensure that they didn't knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of CEHRT. A MIPS eligible clinician

should inform their health IT developers, implementers, and others who are responsible for implementing and configuring their CEHRT to meet the requirements.

Also, a MIPS eligible clinician should receive adequate assurances from their health IT developers, implementers, and others who are responsible for implementing and configuring their CEHRT that their CEHRT is connected:

- To meet the standards and laws that apply.
- In a way that enables a MIPS eligible clinician to show that they haven't knowingly and willfully restricted its compatibility or interoperability.

Does a MIPS Eligible Clinician Need to Provide Any Documentation to Attest?

A MIPS eligible clinician doesn't have to provide any documentation showing they acted in good faith to:

- Implement and use their CEHRT to support the appropriate exchange of electronic health information.
- Not block information.

What Are the Other MIPS Promoting Interoperability Requirements?

In addition to attesting "Yes" for the Actions to Limit or Restrict Compatibility or Interoperability of CEHRT attestation, a MIPS eligible clinician must use technology certified to Office of the National Coordinator for Health Information Technology (ONC) Certification Criteria for Health 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" attestation for the ONC Direct Review 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 Body (ONC-ACB) that conducts surveillance of their health information technology certified under the ONC Health IT Certification Program.

Need Assistance?

Contact the Quality Payment Program (QPP) Service Center by emailing QPP@cms.hhs.gov, creating a [QPP Service Center ticket](#), or calling 1-866-288-8292 (Monday through Friday 8 a.m. – 8 p.m. ET). Please consider calling during non-peak hours, before 10 a.m. and after 2 p.m. ET. People who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Visit the [Quality Payment Program website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

Additional Resources

The [Quality Payment Program Resource Library](#) houses fact sheets, specialty guides, technical guides, user guides, helpful videos, and more.

Version History

If we need to update this document, changes will be identified here.

| Date | Change Description |
|------------|--------------------|
| 12/15/2025 | Original version |